

**TERRILL L. HILL**  
MAYOR - COMMISSIONER

**MARY LAWSON BROWN**  
VICE MAYOR - COMMISSIONER

**RUFUS J. BOROM**  
COMMISSIONER

**JUSTIN R. CAMPBELL**  
COMMISSIONER

**JAMES NORWOOD, JR.**  
COMMISSIONER



**BETSY JORDAN DRIGGERS**  
CITY CLERK

**MATTHEW D. REYNOLDS**  
FINANCE DIRECTOR

**JAMES A. GRIFFITH**  
INTERIM CHIEF OF POLICE

**MICHAEL LAMBERT**  
CHIEF FIRE DEPT

**DONALD E. HOLMES**  
CITY ATTORNEY

*Regular meeting 2nd and 4th Thursdays each month at 6:00 p.m.*

**AGENDA**  
**CITY OF PALATKA WORKSHOP MEETING**  
**FLUORIDATION OF WATER SUPPLY**  
April 23, 2015; 4:00 p.m.

**CALL TO ORDER/Reading of Workshop Meeting Call – Mayor Hill**

- a. Invocation
- b. Pledge of Allegiance
- c. Roll Call

2. **WORKSHOP TOPIC – Request to Fluoridate Community Water Supply - Johnny Johnson, Jr., DMD, MS, Co-Chair, Fluoridation Action Team, Oral Health Florida; speaking at the request of Dr. Eric Jump and Mary Garcia, and on behalf of the Florida Dental Association, Oral Health Florida's Fluoridation Action Team, and as a private practice pediatric dentist; and Steve Chapman, DDS, Orthodontist**

**Mr. Johnson will present on behalf of himself and others listed above – Attachments #1, #2 and #3**

3. **OTHER PRESENTATIONS on behalf of citizens opposed to request for fluoridation: Jan Pettit, on behalf of herself and others – Attachments #4, #5, #6 & #7**
4. **PUBLIC COMMENT regarding Community Water Fluoridation**
5. **COMMISSION DISCUSSION**
6. **PUBLIC COMMENTS on topics other than Workshop Topic (limited to 3 minutes – no action will be taken on topics of discussion)**
7. **ADJOURN (Requested adjournment by a Time Certain of 5:45 p.m.)**

ANY PERSON WISHING TO APPEAL ANY DECISION MADE BY THE CITY COMMISSION WITH RESPECT TO ANY MATTER CONSIDERED AT SUCH MEETING WILL NEED A RECORD OF THE PROCEEDINGS, AND FOR SUCH PURPOSE MAY NEED TO INSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH RECORD INCLUDES THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED. FS 286.105

PERSONS WITH DISABILITIES REQUIRING ACCOMMODATIONS IN ORDER TO PARTICIPATE IN THIS MEETING SHOULD CONTACT THE CITY CLERK'S OFFICE AT 329-0100 AT LEAST 24 HOURS IN ADVANCE TO REQUEST ACCOMMODATIONS.

**TERRILL L. HILL**  
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*Regular meeting 2nd and 4th Thursdays each month at 6:00 p.m.*

**March 24, 2015**

**TO COMMISSIONERS: MARY LAWSON BROWN, RUFUS BOROM,  
JUSTIN CAMPBELL AND JAMES NORWOOD, Jr.:**

You are hereby notified that a Workshop Meeting is hereby called to be held on Thursday, April 23, 2015, commencing at 4:00 p.m. This called workshop will be held at the regular meeting place of the Palatka City Commission at Commission Chambers, 201 N. 2<sup>nd</sup> Street, Palatka.

The purpose of the Workshop is to discuss a request for community water fluoridation.

*/s/ Terrill L. Hill*

Terrill L. Hill, MAYOR

We acknowledge receipt of a copy of the foregoing notice of a workshop meeting on the 24<sup>th</sup> day of March, 2015.

*/s/ Mary Lawson Brown*

COMMISSIONER

*/s/ Justin Campbell*

COMMISSIONER

*/s/ James Norwood, Jr.*

COMMISSIONER

*/s/ Rufus Borom*

COMMISSIONER

PERSONS WITH DISABILITIES REQUIRING ACCOMMODATIONS IN ORDER TO PARTICIPATE IN THIS MEETING SHOULD CONTACT THE CITY CLERK'S OFFICE AT 329-0100 AT LEAST 24 HOURS IN ADVANCE TO REQUEST ACCOMMODATIONS.



**CITY COMMISSION AGENDA ITEM**

**SUBJECT:**

**REQUEST FOR COMMUNITY WATER FLUORIDATION** - Johnny Johnson, Jr., DMD, MS, Co-Chair, Fluoridation Action Team, Oral Health Florida; speaking at the request of Dr. Eric Jump and Mary Garcia, and on behalf of the Florida Dental Association, Oral Health Florida's Fluoridation Action Team, and as a private practice pediatric dentist; and Steve Chapman, DDS, Orthodontist

**SUMMARY:**

This is a called workshop regarding a request to resume fluoridation of city water made by and on behalf of the named entities. A Power Point presentation will be given by Dr. Johnson; copies of documents submitted on behalf of Dr. Johnson and those he represents are attached as follows:

1. Email and letter from Johnny Johnson 4/22/15 with attachments
2. Correspondence received from Pro-Fluoridation sources since February 20<sup>th</sup>, 2015
3. Agenda Package from February 26 (condensed)

Dr. Johnson has provided condensed information for the Commission's consideration, which is contained under Attachment 1.

A rebuttal presentation will be provided by Jan Pettit, 418 Emmett Street, Palatka. Her literature is attached and will be accompanied by a Power Point Presentation. Correspondence on behalf of those opposed to Community Water Fluoridation are attached as follows:

4. Jan Pettit's Presentation material
5. Letter from Cathy Justus re Chronic Fluoride Poisoning
6. Material supplied by Leon Moore
7. Email from Carol Kopf dated 4/22/15

The City of Palatka ceased injecting sodium fluoride into its water system in 2011. The history of that event and minutes from the February 26, 2015 City Commission are attached and listed as follows:

8. Ordinance No. 11-06 adopted 14 April 2011
9. History and items from Agenda Package 14 April 2011
10. Minutes of the February 26, 2015 City Commission meeting

As this is a Workshop, no official action can be taken at this meeting. Dr. Johnson has requested this item be scheduled for consideration and official action on the May 14, 2015 City Commission Agenda.

**RECOMMENDED ACTION:**

**Workshop discussion, public comment, staff direction on request.**

**REVIEWERS:**

Department	Reviewer	Action	Date
City Clerk	Driggers, Betsy	Approved	4/22/2015 - 1:35 PM

# *Agenda Attachments*

**1**

## Betsy Driggers

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**From:** Johnny Johnson [drjohnnyjohnson@gmail.com]  
**Sent:** Wednesday, April 22, 2015 12:26 PM  
**To:** Betsy Driggers  
**Cc:** Johnny Johnson  
**Subject:** Email with information for City Commission  
**Attachments:** 1. CDC Statement on CWF.pdf; 2. CDC info on CWF and opposition's claims.pdf

Dear Mayor Hill, Vice Mayor Lawson-Brown, and Commissioners Campbell, Borom, and Norwood,

I am looking forward to speaking with you at Thursday's community water fluoridation (CWF) Workshop. In preparation for the Workshop, I wanted to send you some information on water fluoridation. In this way, my presentation can be made shorter on Thursday which will allow us more time for questions and answers.

Document #1 is the CDC's official "STATEMENT ON THE EVIDENCE SUPPORTING THE SAFETY AND EFFECTIVENESS OF COMMUNITY WATER FLUORIDATION".

The information in document #2 below is taken directly from the CDC's website. The highlights are my addition to this information. I have included material that directly addresses claims as cited by those who oppose CWF.

Thank you for your time in reading this material, and again, I look to seeing you Thursday.

Sincerely,

Johnny

Johnny Johnson, Jr., DMD, MS  
Pediatric Dentist  
Diplomate American Board of Pediatric Dentistry  
Co-chair Oral Health Florida's Fluoridation Action Team  
Fluoridation Spokesperson for Florida Dental Association, Putnam County  
c: 727.409.1770



Centers for Disease Control  
and Prevention (CDC)  
Atlanta, GA 30341-3724

April 2, 2015

STATEMENT ON THE EVIDENCE SUPPORTING THE SAFETY AND EFFECTIVENESS OF COMMUNITY  
WATER FLUORIDATION

On behalf of the Centers for Disease Control and Prevention (CDC), I am pleased to provide a statement on the evidence regarding the safety and benefits of community water fluoridation. For the record, this statement is not testimony for or against any specific legislative proposal.

Good oral health is an important part of good overall health and an essential part of our everyday lives. Diet, sleep, psychological status, social interaction, school, and work are all affected by impaired oral health. Over the past several decades, there have been major improvements in the nation's oral health that have benefitted most Americans.<sup>1</sup>

However, profound disparities in oral health status remain for some population subgroups, such as the poor, the elderly, and many members of racial and ethnic minority groups.<sup>1</sup> Tooth decay is one of the most common chronic diseases among American children with 1 of 4 children living below the federal poverty level experiencing untreated tooth decay.<sup>2</sup> Untreated decay can cause pain, school absences, difficulty concentrating, and poor appearance—all contributing to decreased quality of life and ability to succeed.<sup>3</sup>

Tooth decay and its complications are preventable, and several preventive and early treatment options are safe, effective, and economical. The CDC leads national efforts to improve oral health by using proven strategies such as community water fluoridation and school-based dental sealant programs that prevent oral diseases.

An Effective Intervention

Community water fluoridation is "the controlled addition of a fluoride compound to a public water supply to achieve a concentration optimal for dental caries prevention."<sup>1</sup> The process of adding fluoride to public water systems in the United States began in 1945 in Grand Rapids, Michigan. Soon after, dramatic declines in dental caries were noted among school children in Grand Rapids compared with school children from surrounding areas. Since then, community water fluoridation has been adopted by communities across the country, providing the cornerstone of caries prevention in the United States.<sup>1</sup> In 2012, more than 210 million people, or 74.6% of the U.S. population served by public water supplies, drank water with optimal fluoride levels to prevent tooth decay.<sup>4</sup>

Water fluoridation is beneficial for reducing and controlling tooth decay and promoting oral health across the lifespan. Evidence shows that water fluoridation prevents tooth decay by providing frequent and consistent contact with low levels of fluoride, ultimately reducing tooth decay by 25% in children and adults.<sup>5-8</sup> Additional evidence shows that schoolchildren living in communities

where water is fluoridated have, on average, 2.25 fewer decayed teeth compared to similar children not living in fluoridated communities.<sup>9</sup>

The safety and benefits of fluoride are well documented and have been reviewed comprehensively by several scientific and public health organizations. The U.S. Public Health Service; the United Kingdom's National Institute for Health Research, Centre for Reviews and Dissemination, at the University of York; and the National Health and Medical Research Council, Australia have all conducted scientific reviews by expert panels and concluded that community water fluoridation is a safe and effective way to promote good oral health and prevent decay.<sup>10-12</sup> The U.S. Community Preventive Services Task Force, on the basis of systematic reviews of scientific literature, issued a strong recommendation in 2001 and again in 2013, for community water fluoridation for the prevention and control of tooth decay.<sup>9,13</sup>

#### A Cost-saving Intervention

Although other fluoride-containing products such as toothpaste, mouth rinses, and dietary supplements are available and contribute to the prevention and control of dental caries, community water fluoridation has been identified as the most cost-effective method of delivering fluoride to all members of the community regardless of age, educational attainment, or income level.<sup>14,15</sup> Analyses have also shown that water fluoridation provides additional benefits across the lifespan beyond what is gained from using other fluoride-containing products.<sup>8,11,16</sup>

By preventing tooth decay, community water fluoridation has been shown to save money, both for families and the health care system.<sup>7,17</sup> The return on investment (ROI) for community water fluoridation varies with size of the community, increasing as community size increases, but, as noted by the U.S. Community Preventive Services Task Force, community water fluoridation is cost-saving even for small communities.<sup>17,18</sup> The estimated annual ROI for community water fluoridation, excluding productivity losses, ranged from \$5.03 in small communities of 5,000 people or less, to \$31.88 in large communities of 20,000 or more people.<sup>7</sup> The estimated ROI for community water fluoridation including productivity losses was \$6.71 in small communities and \$42.57 in large communities.<sup>19</sup>

A study of a community water fluoridation program in Colorado used an economic model to compare the program costs associated with community water fluoridation with treatment savings achieved through reduced tooth decay. The analysis, which included 172 public water systems, each serving populations of 1,000 individuals or more, found that 1 year of exposure to fluoridated water yielded an average savings of \$60 per person when the lifetime costs of maintaining a restoration were included.<sup>20</sup> Analyses of Medicaid claims data in 3 other states (Louisiana, New York, and Texas), have also found that children living in fluoridated communities have lower caries related treatment costs than do similar children living in non-fluoridated communities; the difference in annual per child treatment costs ranged from \$28 to \$67.<sup>21-23</sup>

#### A Safe Intervention

Expert panels consisting of scientists from the United States and other countries, with expertise in various health and scientific disciplines, have considered the available evidence in peer-reviewed literature and have not found convincing scientific evidence linking community water fluoridation with any potential adverse health effect or systemic disorder such as an increased risk for cancer,

Down syndrome, heart disease, osteoporosis and bone fracture, immune disorders, low intelligence, renal disorders, Alzheimer disease, or allergic reactions.<sup>9,11</sup>

Documented risks of community water fluoridation are limited to dental fluorosis, a change in dental enamel that is cosmetic in its most common form. Changes range from barely visible lacy white markings in milder cases to pitting of the teeth in the rare, severe form. In the United States, most dental fluorosis seen today is of the mildest form, affecting neither aesthetics nor dental function.<sup>24</sup> Fluorosis can occur when young children—typically less than 8 years of age, whose permanent teeth are still forming under the gums—take in fluoride from any source.<sup>9,11</sup>

### Conclusion

In the seminal report, *Oral Health in America: A Report of the Surgeon General*, Surgeon General David Satcher observed a “‘silent epidemic’ of dental and oral diseases [...] with those suffering the most found among the poor of all ages.”<sup>1</sup> The report affirms that community water fluoridation is “an inexpensive means of improving oral health that benefits all residents of a community, young and old, rich and poor alike.” Because of its contribution to the dramatic decline in tooth decay over the past 70 years, CDC named community water fluoridation 1 of 10 great public health achievements of the 20th century.<sup>14</sup>

Katherine Weno, DDS, JD  
Director, Division of Oral Health  
National Center for Chronic Disease Prevention  
and Health Promotion  
Centers for Disease Control and Prevention

### References

1. US Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.
2. Dye BA, Li X, Thornton-Evans G. Oral Health Disparities as Determined by Selected Healthy People 2020 Oral Health Objectives for the United States, 2009–2010. NCHS data brief no. 104. Hyattsville, MD: National Center for Health Statistics; 2012. <http://www.cdc.gov/nchs/data/databriefs/db104.htm>. Accessed February 17, 2015.
3. Guarnizo-Herreno CC, Wehby GL. Children's dental health, school performance, and psychosocial well-being. *J Pediatr*. 2012;161:1153-9.
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5. Koulourides T. Summary of session II: fluoride and the caries process. *J Dent Res*. 1990;69(Spec Iss):558.
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10. Public Health Service. Review of fluoride: benefits and risks. Report of the Ad Hoc Subcommittee on Fluoride of the Committee to Coordinate Environmental Health and Related Programs. Washington, DC: US Department of Health and Human Services; 1991. <http://www.health.gov/environment/ReviewofFluoride/default.htm>. Accessed February 17, 2015.
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12. Australian Research Centre for Population Oral Health. The use of fluorides in Australia: Guidelines. *Aust Dent J*. 2006;51:195-199.
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15. Burt BA, ed. Proceedings for the workshop: cost-effectiveness of caries prevention in dental public health, Ann Arbor, Michigan, May 17--19, 1989. *J Public Health Dent*. 1989;49(special issue):331-337.
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24. Beltrán-Aguilar ED, Barker L, Dye BA. Prevalence and severity of dental fluorosis in the United States, 1999-2004. NCHS Data Brief no. 53. Hyattsville, MD: National Center for Health Statistics; 2010. <http://www.cdc.gov/nchs/data/databriefs/db53.pdf>. Accessed February 17, 2015.

## Community Water Fluoridation



For 70 years, people in the United States have benefitted from drinking water with fluoride, leading to better dental health.

Fluoride is a mineral that occurs naturally on earth and is released from rocks into the soil, water, and air. Nearly all water on earth contains some fluoride, but usually not enough to help prevent tooth decay or cavities. Drinking water with the right amount of fluoride keeps the tooth surface strong and solid and prevents about 25 percent of cavities during a person's lifetime. Community water systems can add the right amount of fluoride to that community's drinking water to prevent tooth decay.

Although there have been large decreases in tooth decay since the 1960s, it remains one of the most common chronic diseases of childhood. Tooth decay or cavities still affect one in every two children from low-income families and more than half of all adolescents. Untreated decay can cause pain, school absences, difficulty concentrating, and poor appearance. These conditions can decrease quality of life and ability to succeed. Because of this, population-level measures such as water fluoridation are still needed.

Water fluoridation is safe and effective and has undergone [extensive research and reviews](#) by panels of experts from different health and scientific fields to be sure it is safe and effective. Community water fluoridation is recommended by nearly all public health, medical, and dental organizations including the American Dental Association, American Academy of Pediatrics, U.S. Public Health Service, and World Health Organization. Because of the dramatic decline in cavities in

the United States since the 1960s, the Centers for Disease Control and Prevention (CDC) named community water fluoridation one of 13 great public health achievements of the 20th century.

<http://www.cdc.gov/fluoridation/index.htm>

## Overview: Infant Formula and Fluorosis

The proper amount of fluoride from infancy through old age helps prevent and control tooth decay. is a widely accepted practice for preventing and controlling tooth decay by adjusting the concentration of fluoride in the public water supply.

Fluoride intake from water and other fluoride sources, such as toothpaste and mouthrinses, during the ages when teeth are forming (from birth through age 8) also can result in changes in the appearance of the tooth's surface called dental fluorosis. In the United States, the majority of dental fluorosis is mild and appears as white spots that are barely noticeable and difficult for anyone except a dental health care professional to see.

Recent evidence suggests that mixing powdered or liquid infant formula concentrate with fluoridated water on a regular basis may increase the chance of a child developing the faint, white markings of very mild or mild enamel fluorosis.

You can use fluoridated water for preparing infant formula. However, if your child is exclusively consuming infant formula reconstituted with fluoridated water, there may be an increased chance for mild dental fluorosis. To lessen this chance, parents can use low-fluoride bottled water some of the time to mix infant formula; these bottled waters are labeled as de-ionized, purified, demineralized, or distilled.

[http://www.cdc.gov/fluoridation/safety/infant\\_formula.htm](http://www.cdc.gov/fluoridation/safety/infant_formula.htm)

## **Water Fluoridation Additives Fact Sheet:**

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm>

### **Sources of Fluoride Additives**

Most fluoride additives used in the United States are produced from phosphorite rock. Phosphorite is mainly used for manufacturing phosphate fertilizer. Phosphorite contains calcium phosphate mixed

with limestone (calcium carbonates) minerals and apatite—a mineral with high phosphate and fluoride content. It is refluxed (heated) with sulfuric acid to produce a phosphoric acid-gypsum (calcium sulfate-CaSO<sub>4</sub>) slurry.

The heating process releases hydrogen fluoride (HF) and silicon tetrafluoride (SiF<sub>4</sub>) gases, which are captured by vacuum evaporators. These gases are then condensed to a water-based solution of approximately 23% FSA (fluorosilicic acid).

Approximately 95% of FSA used for water fluoridation comes from this process. The remaining 5% of FSA is produced in manufacturing hydrogen fluoride or from the use of hydrogen fluoride to etch silicates and glasses when manufacturing solar panels and electronics.

Since the early 1950s, FSA has been the main additive used for water fluoridation in the United States. The favorable cost and high purity of FSA make it a popular additive. Sodium fluorosilicate and sodium fluoride are dry additives that come from FSA.

FSA can be partially neutralized by either table salt (sodium chloride) or caustic soda to get sodium fluorosilicate. If enough caustic soda is added to completely neutralize the fluorosilicate, the result is sodium fluoride. About 90% of the sodium fluoride used in the United States comes from FSA.

Sodium fluoride is also produced by mixing caustic soda with hydrogen fluoride.

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm>

## **EPA Regulatory Criteria for Fluoride Additives**

All additives used by water treatment plants, including fluoride additives, must meet strict quality standards that assure the public's safety. These additives are subject to a stringent system of standards, testing, and certificates by AWWA and NSF International. Both of these organizations are nonprofit, nongovernmental organizations.

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm>

## **Measured Levels of Impurities**

Fluoride additives are analyzed for potential impurities including arsenic, lead, and radionuclides. Verification of compliance with NSF/ANSI Standard 60 must also be certified. NSF hosts a detailed fact sheet on the [documented quality of fluoride additives, including impurities](#) (PDF-142KB). The fact sheet is based on separate product samples analyzed from 2000 to 2011.

Consumers may raise concerns about arsenic in drinking water and that fluoride additives may contain some arsenic. The EPA allowable amount for arsenic in drinking water is 10 parts per billion. NSF quality testing has found that most fluoride additive samples do not have detectable levels of arsenic. For those samples that do have some amount of arsenic, the arsenic level that an average consumer would experience over an entire year of drinking water at a concentration of 1.2 mg/L fluoride is extremely small – only about 1.2% of the EPA allowable amount.

Other impurities in the NSF International-certified fluoride product testing were found to be even lower than the arsenic levels, with only 1%–3% of fluoride products containing detectable levels of metals. The average exposure to a typical consumer would be less than 0.1% of the EPA allowable levels.

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm>

### **Fluoride Additives Are Not Different From Natural Fluoride**

Some consumers have questioned whether fluoride from natural groundwater sources, such as calcium fluoride, is better than fluorides added "artificially," such as FSA or sodium fluoride. Two recent scientific studies, listed below, demonstrate that the same fluoride ion is present in naturally occurring fluoride or in fluoride drinking water additives and that no intermediates or other products were observed at pH levels as low as 3.5. In addition, the metabolism of fluoride does not differ depending on the chemical compound used or whether the fluoride is present naturally or added to the water supply.

- Finney WF, Wilson E, Callender A, Morris MD, Beck LW. [Re-examination of hexafluorosilicate hydrolysis by fluoride NMR and pH measurement](#). *Environ Sci Technol* 2006; 40:8:2572.
- G.M. Whitford, F.C. Sampaio, C.S. Pinto, A.G. Maria, V.E.S. Cardoso, M.A.R. Buzalaf. [Pharmacokinetics of ingested fluoride: Lack of effect of chemical compound.](#), *Archives of Oral Biology*, 53 (2008) 1037–1041.

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm>

### **United States Pharmacopeia (USP) Grade Fluoride Products**

Some have suggested that pharmaceutical grade fluoride additives should be used for water fluoridation. Pharmaceutical grading standards used in formulating prescription drugs are not appropriate for water fluoridation additives. If applied, those standards could actually exceed the amount of impurities allowed by AWWA and NSF/ANSI in drinking water.

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm>

## FDA Regulatory Criteria for Fluoride

The U.S. Food and Drug Administration (FDA) does not regulate additives used for community drinking water (i.e., tap water), because its regulatory reach concerns the safety and efficacy of food, drugs, or cosmetic-related products. However, because the FDA has authority over bottled water as a consumer beverage (Federal Register, Volume 44, No. 141, July 20, 1979), they do regulate the intentional addition of fluoride to bottled water and require labeling identifying the additive used. Bottlers typically use NSF/ANSI Standard 60-certified fluoride product.

In 2006, FDA announced that bottled water with fluoride levels greater than 0.6 and up to 1.0 mg/L could be labeled with the following statement: "Drinking fluoridated water may reduce the risk of tooth decay." CDC's fact sheet, [Bottled Water and Fluoride](#), provides additional information on FDA requirements

FDA also regulates fluoride in over-the-counter drug products, such as toothpaste and mouthwash, and in prescription items, such as pediatric fluoride tablets and professional-strength gels and foams. FDA does not have criteria on allowable impurities in sodium fluoride or fluorosilicate products.

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm>

*Agenda  
Attchments*

**2**

## Betsy Driggers

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**From:** Johnny Johnson [drjohnnyjohnsonjr@gmail.com]  
**Sent:** Tuesday, March 03, 2015 3:53 PM  
**To:** James Norwood; Terill Hill; Justin Campbell; Rufus Borom; Mary Brown  
**Cc:** Betsy Driggers; Melvin Register; Eric Jump D.O.; Mary L Garcia; Sean Isaac  
**Subject:** City Commission meeting this past Thursday  
**Attachments:** Florida Department of Health Fluoridation Grant Application 2015.pdf; ATT00001.htm; Form # 12-002 Florida Fluoridation Project Allowable Costs.doc; ATT00002.htm; Form # 12-002 Florida Fluoridation Project Allowable Costs.pdf; ATT00003.htm; Form # 12-003 Cost Estimate Budget Summary Form 2015.doc; ATT00004.htm; Form # 12-003 Cost Estimate Budget Summary Form 2015.pdf; ATT00005.htm; Florida Department of Health Fluoridation Grant Application 2015.doc; ATT00006.htm

Dear Mayor Hill, Vice Mayor Lawson-Brown, and Commissioners Borom, Campbell, and Norwood,

I want to let you all know how much it means to the dental and medical communities throughout Palatka, Putnam County, and the state, that you put community water fluoridation on the agenda last week. The impact, both from the medical/dental benefits for your residents, to the savings in cost and pain for them, is huge. There is no risk of any adverse health effects at the levels of fluoride in the water when it is adjusted to optimal levels. There is only an upside of reduced cavities and saved teeth for everyone, but especially for the most needy who have a disproportionate burden of cavities.

I also wanted to pay a compliment to you on Mr. Melvin Register. Mr. Register took the time to meet and show me around the water plant last Thursday before the meeting. The water plant is very impressive and clean. He and I spoke about the history of water fluoridation in Palatka, and why it was stopped altogether in 2011. I truly appreciate his willingness to take his time to discuss this, and his straightforward approach in answering the questions that I had.

To hold a Workshop committed to hearing from everyone on water fluoridation is a huge commitment of your time. It shows the depths that you go to for the needs of your residents to make sure you do your due diligence. I commend you on this move. I look forward to speaking to the commission about the scientific benefits and risks of community water fluoridation. I will be at the Workshop on behalf of the Florida Dental Association, Oral Health Florida's Fluoridation Action Team, and as a private practice pediatric dentist of 30 years.

As I recall, Mayor Hill said that the Workshop would need to be in April. I spoke with Betsy Driggers a few minutes ago and she indicated that the date has not been decided upon as yet. As I've been asked to by Dr. Eric Jump and Ms. Mary Garcia to speak with you all, I want to respectfully ask if the Workshop could be scheduled so that I can be present. I will be attending the National Oral Health Conference in Kansas City, MO, from April 24th-30th. Other than those days, I am available. I would be grateful for your consideration of having it on days other than those.

Lastly, I've attached the Florida Department of Health Fluoridation Equipment Grant forms in both Word and pdf formats. Hard copies of these were given to Mr. Mczymbor last Thursday, but I wanted to be certain that they reached you all too. The contact person at the Florida Department of Health is Sean Isaac. His contact information is below. He is available to speak with you all at any time.

Respectfully

Johnny

Johnny Johnson, Jr., D.M.D., M.S.

## Betsy Driggers

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**From:** Kristen Mizzi [kmizzi@pewtrusts.org]  
**Sent:** Wednesday, February 25, 2015 11:20 AM  
**To:** Rufus Borom; Mary Brown; Terill Hill; James Norwood; Justin Campbell; Betsy Driggers  
**Subject:** Pew letter: fluoridation support  
**Attachments:** Palatka fluoride ltr 2-26-15.pdf

Dear Palatka Mayor, Vice Mayor, and City Commissioners,

Please find the attached letter from Shelly Gehshan, Director of the Pew children's dental campaign. She would like to share some information with you about community water fluoridation and the important role it plays in protecting your constituents' health. Please feel free to share the letter with your colleagues and community as you discuss the issue of water fluoridation.

Please don't hesitate to contact me if you have any questions, or if there is anything I can do to assist you.

Sincerely,  
Kristen Mizzi

**Kristen Mizzi**  
Senior Associate | Children's Dental Campaign  
The Pew Charitable Trusts | 901 E Street, NW | Washington, DC 20004  
p: 202-540-6636 | e: [kmizzi@pewtrusts.org](mailto:kmizzi@pewtrusts.org) | [www.pewtrusts.org/dental](http://www.pewtrusts.org/dental)

*The Pew Children's Dental Campaign strives for cost-effective policies that will mean millions more children get the routine dental care they need to grow, learn and lead healthy lives. Keep informed of oral health issues by subscribing to Pew's e-newsletter [here](#).*



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February 25, 2015

Mayor Terrill Hill  
Vice Mayor Mary Lawson-Brown  
Commissioner Rufus Borom  
Commissioner Justin Campbell  
Commissioner James Norwood, Jr.  
City Clerk Betsy Driggers

Dear Palatka Mayor, Vice Mayor, and City Commissioners:

I write on behalf of the Pew children's dental campaign to share information about water fluoridation as you explore this topic in your community.

Having worked with many lawmakers and experts committed to dental health for children, we welcome the opportunity to provide you with information that we hope will be of use to you in your deliberations. Untreated tooth decay can undermine children's ability to eat, sleep, grow, and learn.<sup>1</sup> A 2011 study found that schoolchildren with oral health problems are more likely to miss class and perform poorly.<sup>2</sup> A 2012 study revealed that teens with toothaches were four times more likely to have a low grade point average than their peers.<sup>3</sup>

Fluoridation benefits people of all ages, including adults.<sup>4</sup> Seniors benefit from fluoridation partly because it helps prevent decay on the exposed root surfaces of teeth—a condition that especially affects older adults.<sup>5</sup> In fact, the Florida Department of Elder Affairs has noted:

“Because older Americans are now keeping their teeth longer, fluoride will continue to be even more important for preventing tooth decay in this age group. Older Americans are especially susceptible to tooth decay because of exposed root surfaces and mouth dryness that may result from many of the medications they might be using to treat certain chronic conditions.”<sup>6</sup>

Fluoridation reduces the incidence of decay by about 25 percent over a person's lifetime.<sup>7</sup> As you may know, fluoride is a mineral that exists naturally in water.<sup>8</sup> Fluoridation is simply the process of adjusting fluoride to the optimal level that prevents tooth decay. Fluoride counteracts tooth decay and strengthens teeth from harmful acids and helps draw calcium and other minerals back into the enamel. Drinking water is an ideal vehicle for fluoride because it offers these benefits without requiring families to spend extra money or change their routine. At a time when many families lack dental insurance, this form of decay prevention is especially crucial.

Even in an era when fluoride toothpaste is widely used, fluoridated water still provides critical, added protection. Research from the past few years demonstrates this benefit:

- Recent studies in Alaska and New York have demonstrated that fluoridated water helps to protect teeth from decay.<sup>9</sup> The Alaska study revealed that children living in non-fluoridated

areas had a 32 percent higher rate of decayed, missing or filled teeth than kids in fluoridated communities.

- A 2010 Nevada study examined teenagers' oral health and found that living in a non-fluoridated community was one of the top three factors associated with high rates of decay.<sup>10</sup>
- A 1998 study of communities in Illinois and Nebraska found that children in the fluoridated town had a tooth decay rate that was 45 percent lower than the rate among kids in the non-fluoridated communities. This benefit occurred even though the vast majority of children in *all* of these communities were using fluoridated toothpaste.<sup>11</sup>

The American Academy of Pediatrics, the American Dental Association, the Institute of Medicine and many other respected medical and health organizations support fluoridation.<sup>12</sup> The U.S. Centers for Disease Control and Prevention (CDC) has praised water fluoridation as one of “10 great public health achievements of the 20th century.”<sup>13</sup> The American Water Works Association points out that “water providers undergo thorough and extensive training to safely apply fluoride in the amount recommended by the world’s most respected public health authorities.”<sup>14</sup>

Compare these credible, science-based sources with the kinds of assertions that anti-fluoride groups make. For example, some claim that the fluoride added to water is a “toxic” waste by-product, but the evidence does not back them up. First, all fluoride additives are required to meet strict quality and safety standards.<sup>15</sup> Second, PolitiFact—an independent fact-checking service—investigated the “toxic” claim and two other common arguments used by anti-fluoride activists. PolitiFact found that each one of these claims was deceptive.<sup>16</sup>

Many of the studies cited by anti-fluoride groups were conducted in other nations under conditions that do not reflect how water is fluoridated in the United States.

For example, anti-fluoride groups claim that fluoride causes lower IQ scores in children, but many of the studies they cite were from areas in China, Mongolia and Iran in which the *natural* fluoride levels were at least four or five times higher than the level used to fluoridate water in Palatka. One study included fluoride levels that reached as high as 11.5 milligrams per liter—a concentration that is roughly 10 times higher than the level that is used to fluoridate American communities. In addition, the Harvard researchers who examined these IQ studies found that each of the studies “had deficiencies, in some cases rather serious, which limit the conclusions that can be drawn.”<sup>17</sup> Furthermore, the Harvard researchers publicly distanced themselves from the way that anti-fluoride groups were misrepresenting these IQ studies, noting that the results do not allow one to make any judgment regarding possible risk from fluoridation in the U.S.<sup>18</sup>

As the Centers for Disease Control and Prevention notes, “For many years, panels of experts from different health and scientific fields have provided strong evidence that water fluoridation is safe and effective.”<sup>19</sup> Residents of St. Louis, Denver, Chicago, and many other U.S. cities have consumed fluoridated water for more than 50 years. If the safety concerns raised by anti-fluoride groups were valid, researchers would likely have seen ample evidence of it by now.

In these tough fiscal times, cities and states are increasingly looking for ways to save money. Research shows that water fluoridation offers perhaps the greatest return-on-investment of any public health strategy. By reducing the need for fillings and tooth extractions, fluoridation saves money for families and taxpayers. Consider these facts:

- For most cities, every \$1 invested in water fluoridation saves \$38 by reducing the need for fillings and other dental treatments.<sup>20</sup>
- A Texas study in 2000 confirmed that the state saved \$24 per child, per year in Medicaid expenditures because of the cavities that were prevented by fluoridated water.<sup>21</sup>
- A 2003 study estimated that Fort Collins, Colorado—which then had a population of nearly 101,000—saved about \$429,000 each year by fluoridating its water.<sup>22</sup> Researchers estimated that in the same year, Colorado saved nearly \$149 million in unnecessary health costs by fluoridating public water supplies: an average savings of roughly \$61 per person.<sup>23</sup>
- By protecting the enamel of teeth, fluoridation makes it less likely that decay will occur and develop into more serious dental problems that drive people to hospital emergency rooms (ERs)—where treatment is expensive and taxpayers shoulder much of this cost. More than 830,000 Americans were treated in ERs during 2009 for preventable dental conditions.<sup>24</sup>

It's important that everyone understand the solid scientific evidence that supports fluoridation. More facts about this public health practice are available at [iLikeMyTeeth.org](http://iLikeMyTeeth.org)—a website supported by a coalition of more than 100 organizations, including Pew and the American Academy of Pediatrics.

If you have any questions or need additional information, please feel free to contact me or Pew's Kristen Mizzi at 202-540-6636 or [kmizzi@pewtrusts.org](mailto:kmizzi@pewtrusts.org). Thank you very much for your consideration.

Sincerely,



Shelly Gehshan, Director  
Pew children's dental campaign



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<sup>1</sup> "Poor Oral Health Can Mean Missed School, Lower Grades," Ostrow School of Dentistry of the University of Southern California, August 2012, <http://dentistry.usc.edu/2012/08/10/poor-oral-health-can-mean-missed-school-lower-grades/>.

<sup>2</sup> S.L. Jackson et al., Impact of Poor Oral Health on Children's School Attendance and Performance," *American Journal of Public Health* (October 2011), Vol. 101, No. 10, 1900-1906, <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2010.200915>.

<sup>3</sup> "Poor Oral Health Can Mean Missed School, Lower Grades," Ostrow School of Dentistry of USC, August 2012, <http://dentistry.usc.edu/2012/08/10/poor-oral-health-can-mean-missed-school-lower-grades/>.

<sup>4</sup> S.O. Griffin, E. Regnier, P.M. Griffin and V. Huntley, "Effectiveness of Fluoride in Preventing Caries in Adults," *The Journal of Dental Research*, (2007), Vol. 86, No. 5, 410-415, <http://www.ncbi.nlm.nih.gov/pubmed/17452559>.

<sup>5</sup> "Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, (October 22, 1999), Vol. 48, No. 41, 933-940, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4841a1.htm>.

<sup>6</sup> "Fluoride Helps Prevent Tooth Decay," *Elder Update*, Florida Department of Elder Affairs (November-December 2005) 5, accessed on August 29, 2011 at <http://www.doh.state.fl.us/family/dental/senior/ElderUpdateNovDec05.pdf>.

<sup>7</sup> "Community Water Fluoridation: An Overview," Centers for Disease Control and Prevention, <http://www.cdc.gov/fluoridation/benefits/background.htm>.

<sup>8</sup> J. Fawell et al., "2.1 Fluoride distribution in water," *Fluoride in Drinking-Water*, World Health Organization (2006), 6, [http://www.who.int/water\\_sanitation\\_health/publications/fluoride\\_drinking\\_water\\_full.pdf](http://www.who.int/water_sanitation_health/publications/fluoride_drinking_water_full.pdf).

<sup>9</sup> J.V. Kumar, O. Adekugbe and T.A. Melnik, "Geographic Variation in Medicaid Claims for Dental Procedures in New York State: Role of Fluoridation Under Contemporary Conditions," *Public Health Reports*, (September-October 2010) Vol. 125, No. 5, 647-54; "Dental Caries in Rural Alaska Native Children – Alaska, 2008," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, (September 23, 2011) Vol. 60, No. 37, 1275-1278, [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6037a2.htm?s\\_cid=mm6037a2\\_x](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6037a2.htm?s_cid=mm6037a2_x).

<sup>10</sup> M. Ditmyer, G. Dounis, C. Mobley and E. Schwarz, "A case-control study of determinants for high and low dental caries prevalence in Nevada youth," *BMC Oral Health*, (2010), Vol. 10, No. 24, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2989299/>.

<sup>11</sup> R.H. Selwitz et al., "Dental caries and dental fluorosis among schoolchildren who were lifelong residents of communities having either low or optimal levels of fluoride in drinking water," *Journal of Public Health Dentistry*, (Winter 1998) Vol. 58, No. 1, 28-35, <http://www.ncbi.nlm.nih.gov/pubmed/9608443>.

<sup>12</sup> "Protecting All Children's Teeth (PACT)," a training module by the American Academy of Pediatrics, accessed on Jan. 20, 2011 at [http://www.aap.org/oralhealth/pact/ch6\\_intro.cfm](http://www.aap.org/oralhealth/pact/ch6_intro.cfm); "Fluoride & Fluoridation," American Dental Association, accessed on Jan. 12, 2011 at <http://www.ada.org/fluoride.aspx>; *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, Institute of Medicine (2011), 63, [http://books.nap.edu/openbook.php?record\\_id=13116](http://books.nap.edu/openbook.php?record_id=13116).

<sup>13</sup> "Ten Great Public Health Achievements – United States, 1900-1999," Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, April 2, 1999, Vol. 48, No. 12, 241-243, accessed on January 25, 2011 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>.

<sup>14</sup> "AWWA backs best science on fluoridation," a statement by the American Water Works Association, January 7, 2011, accessed on February 10, 2011 at <http://www.awwa.org/publications/breakingnewsdetail.cfm?itemnumber=55972>.

<sup>15</sup> "Water Fluoridation Additives," Centers for Disease Control and Prevention, accessed on October 9, 2012 at [http://www.cdc.gov/fluoridation/fact\\_sheets/engineering/wfadditives.htm](http://www.cdc.gov/fluoridation/fact_sheets/engineering/wfadditives.htm).

<sup>16</sup> Austin resident says fluoride compound added to local water supply is "toxic waste," Austin American-Statesman, April 19, 2011, <http://www.politifact.com/texas/statements/2011/apr/19/mike-ford/austin-resident-says-fluoride-compound-added-local/>; "Truth about fluoride doesn't include Nazi myth," PolitiFact, *Tampa Bay Times*, October 6, 2011, <http://www.politifact.com/florida/statements/2011/oct/06/critics-water-fluoridation/truth-about-fluoride-doesnt-include-nazi-myth/>; "Milwaukee alderman says fluoride in toothpaste is a poison," PolitiFact,

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*Milwaukee Journal-Sentinel*, July 9, 2012, <http://www.politifact.com/wisconsin/statements/2012/jul/09/jim-bohl/milwaukee-alderman-says-fluoride-toothpaste-poison/>.

<sup>17</sup> A.L. Choi et al., "Developmental Fluoride Neurotoxicity: A Systematic Review and Meta-Analysis," *Environmental Health Perspectives*, published online July 20, 2012, <http://ehp03.niehs.nih.gov/article/action?articleURL=info%3Adoi%2F10.1289%2Fehp.1104912>.

<sup>18</sup> Dion Lefler, "Harvard scientists: Data on fluoride, IQ not applicable in U.S.," *Wichita Eagle*, September 11, 2012, <http://www.kansas.com/2012/09/11/2485561/harvard-scientists-data-on-fluoride.html#storylink=cpy>.

<sup>19</sup> "Community Water Fluoridation: Safety," Centers for Disease Control and Prevention, accessed November 9, 2011 at <http://www.cdc.gov/fluoridation/safety.htm>.

<sup>20</sup> "Cost Savings of Community Water Fluoridation," U.S. Centers for Disease Control and Prevention, accessed on March 14, 2011 at [http://www.cdc.gov/fluoridation/fact\\_sheets/cost.htm](http://www.cdc.gov/fluoridation/fact_sheets/cost.htm).

<sup>21</sup> Texas Department of Oral Health Website. [www.dshs.state.tx.us/dental/pdf/fluoridation.pdf](http://www.dshs.state.tx.us/dental/pdf/fluoridation.pdf), accessed on August 1, 2010.

<sup>22</sup> "Report of the Fort Collins Fluoride Technical Study Group," (April 2003), <http://www.fcgov.com/utilities/what-we-do/water/water-treatment/treated-drinking-water/drinking-water-fluoridation/fluoride-technical-study-group-report>.

<sup>23</sup> O'Connell J.M. et al., "Costs and savings associated with community water fluoridation programs in Colorado," *Preventing Chronic Disease* (November 2005), accessed on March 12, 2011 at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1459459/>.

<sup>24</sup> Pew Center on the States. (2012) "A Costly Dental Destination," <http://www.pewstates.org/research/reports/a-costly-dental-destination-85899379755>.

## Betsy Driggers

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**From:** Johnny Johnson [drjohnnyjohnson@gmail.com]  
**Sent:** Wednesday, February 25, 2015 11:29 PM  
**To:** Michael J. Czymbor  
**Cc:** Betsy Driggers  
**Subject:** Water fluoridation equipment memo from Melvin Register

Dear Mr. Czymbor,

I have wanted to speak with you regarding the memo that's posted for tomorrow's Palatka City Commission Meeting on water fluoridation, Item #5.

In the last sentence of Mr. Register's memo, he stated that since the City has already benefited from funding sources for community water fluoridation in the past, he didn't know if the City would qualify for any further funding. I spoke with Mr. Register about this yesterday and that funding is typically available annually from the Florida Department of Health based on a ranking system. He said that these decisions were beyond his position, so I wanted to reach out to you as the City Manager to discuss this in advance of tomorrow night's meeting. I would like the City Commissioners to go into this meeting with the knowledge of available funding possibilities should they decide to vote on community water fluoridation tomorrow evening.

Could you please give me a call in the morning to discuss this? I will be leaving Tarpon Springs to come to Palatka around 8am after I drop my dog off at the kennel. I have a meeting scheduled with Mr. Register at 1:30pm tomorrow to discuss water fluoridation and the history of what went on in Palatka. If you would like to discuss this in person, I would welcome this opportunity. I could meet with you for a cup of coffee or in your office, whichever is more convenient for you.

I look forward to hearing from you. My cell phone is 727.409.1770. I am prayerfully hopeful that the families in Palatka will see the return of water fluoridation in the very near future. With nearly half of your city living in poverty, and this is the population that is disproportionately affected by cavities, your city's health and well-being would be greatly improved by resuming water fluoridation.

Thanking you in advance,

Johnny

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Johnny Johnson, Jr., DMD, MS  
c: 727.409.1770

## Betsy Driggers

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**From:** Johnny Johnson [drjohnnyjohnson@gmail.com]  
**Sent:** Wednesday, February 25, 2015 4:34 PM  
**To:** James Norwood; Terill Hill; Justin Campbell; Rufus Borom; Mary Brown  
**Cc:** Michael J. Czymbor; Melvin Register; Betsy Driggers; Dr. Eric Jump D.O.; Johnny Johnson  
**Subject:** Racial Claims of harm from CWF to Blacks & Mexican-Americans by those opposed to CWF  
**Attachments:** (highlighted)-2011 Raymond Gist speech to the Georgia Legislative Black Caucus.pdf; National Geographic-Why Do Many Reasonable People Doubt Science\_ - National Geographic Magazine.pdf

Dear Mayor Hill, Vice Mayor Lawson-Brown, and Commissioners Borom, Campbell, and Norwood,

Very few things anger me more in my life than lies and deceptions, especially when it is aimed at racial groups. As I had said in my letter of introduction to you last week, my family immigrated from the middle east, Syria, around 1902. We were discriminated against and treated as second rate peoples because we weren't from the U.S. As a child I was kept out of the Boy Scouts because of the color of my skin and the fact that we had a small grocery store that served the African-American federal housing project. This is a lesson in life that one never forgets. Forgive, yes. But I do not tolerate anyone being preyed upon because of the color of their skin, their religious or ethnic background, how much money they have in their pockets, or their level of education. However, that's exactly the issue that is being played out in your community right now and I cannot let it go by without addressing it.

Last week, the Putnam County School Board passed a Resolution in support of Community Water Fluoridation. After that Resolution was passed, an email was sent to them by an opponent to CWF asking them to reconsider their position based on statements made below. This email contained 50 reasons all sorts of ills and health claims against CWF and why it should be stopped. This list is nothing new, and each of its points are readily debunked with the credible scientific literature. However, one point was added which has infuriated me and it should infuriate anyone of the groups that they are targeting.

The points raised about blacks and Mexican-American children are blatantly aimed at creating doubt and scaring these families into believing that there is potential harm to their bodies from CWF. 70 years of CWF and over 3,000 research projects and papers have never shown *any* health effects from CWF in the US. Not a single health effect. Yet the small group of people who send these emails to negatively influence our families are free to do so in our great country. They are aided by the internet in getting their messages out. What used to take them ages to spread their conspiracy theories that CWF was a Communist Plot, Hitler used it in Concentration Camps to make the Jews docile, and a host of other egregious claims, can now be made in seconds with the help of the internet.

There is not a single credible scientific group in the world that opposes CWF. The World Health Organization, CDC, American Academy of Pediatrics, American Dental Association, Mayo Clinic, and the Institute of Medicine are just a few of the credible scientific groups that endorse CWF as safe and effective.

African-American and Hispanic leaders also endorse CWF, among them 100 Black Men, the National Caucus of Black State Legislators, National Dental Association, and the Hispanic Dental Association,

just to name a few. Would any of these groups allow harm to happen to their own? Would I? Of course not.

I have attached a speech that was given by Dr. Raymond Gist, the first African-American President of the American Dental Association, to the Georgia Legislative Black Caucus in 2011 on these blatant abuses of the scientific literature. If you read nothing else that I have or might send you, please read his remarks. I've highlighted some specific passages, but the letter is there in its entirety.

I've also attached a newly released piece by National Geographic which addresses CWF and the abuses that those who oppose it are spreading carte blanche. It is worth a quick read.

Thank you once again for your time in indulging me. I am looking forward to speaking with you tomorrow night. And I fervently hope that we will see the return of CWF to Palatka's families, especially those who need it the most and are living in poverty.

Respectfully,

Johnny

## **EXCERPT FROM EMAIL TO PUTNAM COUNTY SCHOOL BOARD:**

### Environmental Justice

**38) Black and Hispanic children are more vulnerable to fluoride's toxicity.** According to the CDC's national survey of dental fluorosis, black and Mexican-American children have significantly higher rates of dental fluorosis than white children (Beltran-Aguilar 2005, Table 23). The recognition that minority children appear to be more vulnerable to toxic effects of fluoride, combined with the fact that low-income families are less able to avoid drinking fluoridated water, has prompted prominent leaders in the environmental-justice movement to oppose mandatory fluoridation in Georgia. In a statement issued in May 2011, Andrew Young, a colleague of Martin Luther King, Jr., and former Mayor of Atlanta and former US Ambassador to the United Nations, stated:

"I am most deeply concerned for poor families who have babies: if they cannot afford unfluoridated water for their babies' milk formula, do their babies not count? Of course they do. This is an issue of fairness, civil rights, and compassion. We must find better ways to prevent cavities, such as helping those most at risk for cavities obtain access to the services of a dentist...My father was a dentist. I formerly was a strong believer in the benefits of water fluoridation for preventing cavities. But many things that we began to do 50 or more years ago we now no longer do, because we have learned further information that changes our practices and policies. So it is with fluoridation."

**39) Minorities are not being warned about their vulnerabilities to fluoride.** The CDC is not warning black and Mexican-American children that they have higher rates of dental fluorosis than Caucasian children (see #38). This extra vulnerability may extend to other toxic effects of fluoride.

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Johnny Johnson, Jr., DMD, MS

**Prepared Remarks for ADA President, Dr. Raymond Gist  
Georgia Legislative Black Caucus  
Saturday, September 17, 2011  
Savannah, Georgia**

Thank you for your warm welcome. I am grateful for the opportunity to be here today. I'd especially like to thank Senator Lester Jackson, who is also one of my colleagues in the dental community, for this wonderful invitation.

The first question that's probably on your mind is: "What is the American Dental Association?" The ADA was founded in 1859, and is the oldest and largest national dental association in the world. Seven out of 10 dentists in the United States belong to the American Dental Association. In total, our membership stands at 156,000 dentists, including 3,000 dentists right here who belong to Georgia Dental Association, one of our state dental societies.

As the largest dental organization, we serve as the "umbrella" organization for the entire dental profession. The American Dental Association represents all dentists: general practitioners, specialists, academicians, researchers, those working in industry and community health, and those in the armed forces.

We pride ourselves on being a valuable resource to the dental profession as well as to the public.

We are educators and advocates. We are committed to the highest of ethical standards in the dental profession, and believe that our status as trusted health professionals clarifies that we place the greater good of our patients and our communities ahead of personal interests. Our mission—the goals we strive to achieve as an organization— involves protecting and advancing the public's oral health as well as promoting

understanding and goodwill throughout the dental community. As dentists and as human beings, we are united in the ideal of service.

Some Americans have access to the best dental care in the world and, as a result, enjoy excellent oral health. But tens of millions still do not have this privilege, owing to such factors as poverty, geography, lack of education and health literacy, and language or cultural barriers.

Especially key to improving this situation is specifically targeting oral health literacy deficiencies to help individuals learn more about how to prevent dental disease and remain disease free. This includes working with new mothers to educate and empower them, so they can prevent early childhood tooth decay in their own families by not putting their babies to bed with a bottle of juice or milk. Too often, we hear people say they don't go to the dentist because they aren't in pain. In the year 2000, Surgeon General David Satcher called dental disease the "Silent Epidemic."<sup>1</sup>

We need to end the silence and spread the word that getting an oral health examination before experiencing pain is the best way to prevent serious and sometimes life-threatening oral disease.

With each passing year, science uncovers more evidence of the importance of oral health to overall health. Early diagnosis, preventive treatments and early intervention can prevent or halt the progress of most diseases of the mouth—diseases that, when left untreated, can have painful, disfiguring and lasting negative health consequences. Yet millions of American children and adults lack regular access to routine dental care, and many of them suffer needlessly from conditions, which are, for the most part, preventable. Oral health disparities cut across economic, geographic and ethnographic lines. The communities most adversely affected are racial and ethnic minorities, the elderly and disabled, and the poor.<sup>1</sup> As an enlightened society, we must no longer tolerate preventable oral health disparities.

The nation's dentists have long sought to stem and turn the tide of untreated disease. However, dentists alone cannot bring about the profound change needed to correct the gross disparities in oral health. We need the support of policymakers to increase oral health education programs for children and adults, and to support sufficient funding for Medicaid providers to ensure, for instance, that every Georgia dentist will participate in the program.

The ADA is well aware that anti-fluoridation groups—like the Lillie Center, located in Ellijay, Georgia—have appealed to civil rights leaders to join their cause to discontinue community water fluoridation throughout America. They have claimed that because African Americans suffer disproportionately from kidney disease and diabetes, that fluoridated water unfairly and negatively impacts the community.

The best available scientific evidence indicates that individuals with chronic kidney disease or diabetes can consume optimally fluoridated water without negative health consequences. In fact, good oral health, provided in part by fluoridation, can help individuals with these conditions have fewer overall health issues.

Furthermore, in 2008, following a review of the available science, the National Kidney Foundation released a paper on fluoride intake and kidney disease.<sup>2</sup> In that paper, which is available on their Web site, they state that there is no consistent evidence that the retention of fluoride in people with advanced stages of chronic kidney disease, who consume optimally fluoridated drinking water, results in any negative health consequences. Compared to other nutrient intakes, fluoride is a secondary concern.

This is also true for diabetics who suffer from unchecked oral infection due to untreated tooth decay and periodontal, or gum disease. From research conducted by the National Institute of Dental and Craniofacial Research with American Indians<sup>3</sup>—who have the highest rate of diabetes of any minority—we know that treating and eliminating oral infection significantly improves a diabetic's overall health. Knowing that minority populations suffer disproportionately from diabetes, the most important thing to ensure

is that they receive the benefits of fluoridation and all effective preventive strategies, starting from infancy and continuing throughout their lives.

Another allegation is that adding fluoride to community water is equivalent to forcibly medicating people. Foods and beverages have been used as vehicles for delivering nutrients and minerals for many decades. Fortifying water with fluoride to prevent tooth decay is similar to fortifying salt with iodine to prevent thyroid problems, or milk with vitamin D to prevent rickets. Additionally, many of you are familiar with the 1996 government mandate that cereals and grains be fortified with folic acid to prevent birth defects.

Community water fluoridation is not a Tuskegee experiment. As the vast majority of public health experts agree, it is the single most effective and impactful public health measure of this century. It is not targeted solely to the African American community. Fluoridation has been instituted because the underlying problem of dental disease is widespread, the disease burden is distributed unfairly, the evidence of preventive intervention is strong, and alternative strategies are not reaching those who need them the most.<sup>4</sup> It is the most unbiased approach in America to ensuring that all of our citizens have the same level of prevention.

The only known risk associated with drinking fluoridated water is the milder forms of enamel fluorosis, which are characterized by white spots or streaks in teeth.<sup>5</sup> These spots are not readily apparent to the casual observer and have no effect on tooth function. It is true that fluorosis has increased in this country, even in non-fluoridated communities.<sup>6</sup> This is due in large part to the fact that Americans are now getting fluoride from multiple sources, including water, fluoride supplements and the ingestion of fluoride toothpaste. This was not the case in 1945 when the first city—Grand Rapids, Michigan—added fluoride to its water.

It is true that minority populations have more fluorosis than other populations.<sup>7</sup> We do not know the reason for this phenomenon, and research concerning this matter is

continuing. The ADA, along with the CDC and other federal health agencies, has tracked fluorosis trends for many years. After confirming the data, we joined the government earlier this year in supporting their recommendation that all areas of the country should use one level to fluoridate drinking water—0.7 ppm. That level was chosen to retain the oral health benefits of fluoridation while at the same time helping to reduce the potential for enamel fluorosis.<sup>8</sup>

There is one other thing about fluorosis that you should know. Research published in 2009<sup>9</sup> reports that molars with fluorosis are more resistant to tooth decay than molars without fluorosis. At the end of the day, would you rather see your child with a few, often difficult to identify, white spots on their teeth, or die of a brain abscess resulting from an untreated tooth infection, like 11 year-old Deamonte Driver did seven years ago? His death is a national disgrace—and it is incumbent upon all of us to prevent these tragedies. Our society deserves the best dental care available, and community water fluoridation, which is cost effective and safe, is one solution that should continue to be offered throughout the country.

I want to stress that there is a great deal of misinformation regarding water fluoridation. I say “misinformation” because the evidence reviewed and cited by fluoridation opponents is inconsistent and scientifically inconclusive about the harmful potential of fluoride levels in drinking water.

For example, there has been a movement among opponents to link fluoridated water to osteosarcoma, a rare bone cancer more prevalent in young males—despite a lack of scientific evidence showing any association.

In fact, a new study published in July 2011 in the *Journal of Dental Research*<sup>10</sup> found that bone fluoride levels are not associated with osteosarcoma. This most recent study was conducted by a team of researchers from Harvard University, the Medical College of Georgia, and the National Cancer Institute.

Besides decades of proven safety and effectiveness, there are additional reasons for policymakers—like you—to support water fluoridation. Fluoridation is a public health measure that actually saves money.<sup>11</sup>

One study estimated that the fluoridation program in Colorado was associated with an annual savings of \$148.9 million in 2003, or approximately \$61 per person,<sup>12</sup> and a study done by the CDC in 1999<sup>14</sup> concluded that Louisiana spent \$36 less on each child enrolled in Medicaid who lived in fluoridated parishes. On the other hand, one of the most expensive safety net programs for states is Medicaid, and in these tough economic times, policymakers continue to look for ways to trim or reduce the costs of these programs. Be aware that eliminating water fluoridation would have a serious negative impact on Georgia's Medicaid dental program. Since there are 900,000 children in Georgia enrolled in Medicaid, and by utilizing the 1999 cost data, we conclude that eliminating fluoridated water could lead to an increase in Medicaid costs by at least \$32 million dollars a year.

Some have said that they don't oppose fluoride, but think that it should be applied in a dentist's office. While fluoride varnish has been proven to be effective, the ADA does not believe this approach is practical, or will have the greatest decay preventive effect in the communities where it is needed most. For children, ages six years or older, 75 percent of tooth decay in permanent teeth was found in 33 percent of their population, primarily low income.<sup>15</sup> Fluoride varnishes applied in a dental office require two to four appointments each year.<sup>16</sup> Many low income parents don't have the means to leave their jobs and take their children out of school to meet these obligations.

Before fluoridation, the typical schoolchild developed three to four new cavities *each year*. It was commonplace for individuals to receive dentures as graduation or wedding gifts. The loss of all of one's teeth in early adulthood was viewed as a way of life. Today, many people simply do not have that type of decay burden—thanks in large part to the role fluoridation plays in preventing decay. We must not lose sight of the remarkable progress that has been made. No one wants to return to an era of rampant

tooth decay. We must share the benefits of good oral health with all of our citizens, not just those with the means to access preventive and routine care.

In summary, the ADA and the Georgia Dental Association believe that community water fluoridation is valuable because:

- The benefits are available to the entire community regardless of socioeconomic status, educational attainment or other social variables.<sup>17</sup>
- Individuals don't need to change their behavior to obtain the benefits of fluoridation.<sup>4</sup>
- Fluoridation benefits both children<sup>18</sup> AND adults<sup>19</sup> and
- Fluoridation is more cost effective than other forms of fluoride treatments or applications. And, individuals can have a lifetime of fluoridated water for less than the cost of one silver filling.<sup>11</sup>

Our dental organization is not alone in its support for fluoridation. Community water fluoridation is also endorsed by the American Academy of Pediatrics, the American Medical Association, the American Public Health Association, the Association of State and Territorial Dental Directors, the World Health Organization and many other organizations and agencies.<sup>20</sup>

Maintaining existing fluoridated water supplies, and encouraging the expansion of new ones, is an important component of this strategy. Discontinuing water fluoridation would be akin to withholding treatment, and could lead to the corrosion of lives, children being robbed of otherwise bright futures, and the aggravation of chronic and expensive-to-treat medical conditions.

We need to rally support for fluoride in the water supply. The scientific evidence supporting fluoride is overwhelming. We need the confidence and understanding of every governmental body that has a stake in, and a concern for, the overall health of the citizens in America. This is especially true of policymakers. We need your support. The citizens of Georgia need your support. Otherwise, we may miss an opportunity to effect lasting, positive change.

The ADA is attempting to address the issue of access to quality dental care by the most expedient, cost-effective, and most comprehensive means. We have a vision of a healthier, more productive nation. I know you want these same things for the residents of Georgia, and the members of the ADA and the Georgia Dental Association stand ready to work with you to achieve this vision.

Thank you.

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"GEORGIA'S BEST WEEKLY"

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## Georgia Legislative Black Caucus to Hold Annual Conference September 15-18



Sen. Emanuel Jones,  
GBLC Chair

Georgia Legislative Black Caucus will hold its Annual Legislative Conference, September 15- 18, 2011 at the Hyatt Regency Savannah.

Events will include a Golf Outing, Welcome Reception with Governor Nathan Deal, Legislative Luncheon on Friday with The Honorable David Ralston, Speaker, Georgia House of Representatives as keynote speaker, panel discussion on Criminal Justice, Expungement, and Recidivism with Attorney Larry Chisholm, Chatham County District Attorney; Chairman, James Donald, Georgia Pardons and Paroles; Commissioner Amy Howell, Georgia Dept. of Juvenile Justice; Commissioner Brian Owens, Georgia Dept. of Corrections, a Bon Voyage Reception, and Savannah River Boat Dinner Cruise.

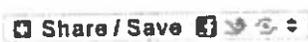
On Saturday, September 17, 2011, Economic Development and Broadband Technology Conference will take place at 10 a.m. with keynote speaker Jamal Simmons, Principal, The Raben Group, 2010 Democratic Political Analyst for Healthcare Luncheon with keynote speaker Dr. Raymond F. Gist, President, American Dental Association. There will also be an Education Workshop, The Status of Historically Black Colleges and Universities, Where Do We Go from Here ? with panelist Chancellor Henry Huckaby, University System of Georgia. Don't miss the Healthcare Workshop with panelists Dr. Raymond F. Gist, President, American Dental Association, Marcus Downs, Director of Government Relations, Medical Association of Georgia, and Anton Gunn, Regional Director, U.S. Department of Health Human Services.

At 6:30 p.m. the Chairman's Reception will be held, to be followed by the Low Country Boil featuring Scholarship and Award program at 7:30 p.m.

The Georgia Legislative Black Caucus was officially organized in 1975 by Representative Benjamin D. Brown, who served as the first Chairman. The GLBC is a non-profit charitable and educational organization whose primary purpose is to promote the general welfare of minorities and other citizens of Georgia in matters of Health, Welfare, Education, Criminal Justice, Employment and Economic Development; to stimulate professional and intellectual growth and to advance the study and implementation of solutions to the problems of all citizens of the great State of Georgia.

For more information on the GLBC or the upcoming Conference, visit [www.galbc.org](http://www.galbc.org).

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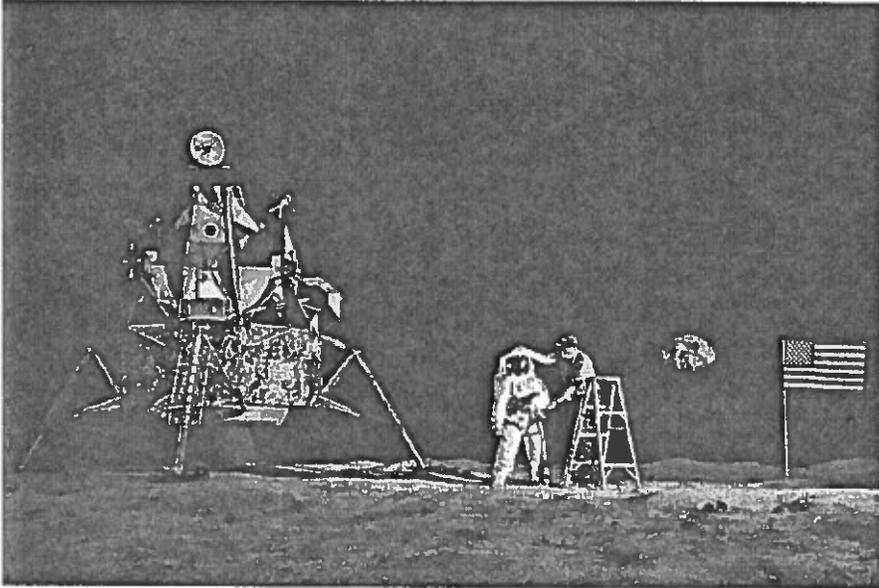
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A WORKER ADJUSTS A DIORAMA OF A MOON LANDING AT THE KENNEDY SPACE CENTER

## Why Do Many Reasonable People Doubt Science?

We live in an age when all manner of scientific knowledge—from climate change to vaccinations—faces furious opposition. Some even have doubts about the moon landing.

By Joel Achenbach  
Photographs by Richard Barnes

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There's a scene in Stanley Kubrick's comic masterpiece *Dr. Strangelove* in which

Jack D. Ripper, an American general who's gone rogue and ordered a nuclear attack on the Soviet Union, unspools his paranoid worldview—and the explanation for why he drinks “only distilled water, or rainwater, and only pure grain alcohol”—to Lionel Mandrake, a dizzy-with-anxiety group captain in the Royal Air Force.

**Ripper:** Have you ever heard of a thing called fluoridation? Fluoridation of water?

**Mandrake:** Ah, yes, I have heard of that, Jack. Yes, yes.

**Ripper:** Well, do you know what it is?

**Mandrake:** No. No, I don't know what it is. No.

**Ripper:** Do you realize that fluoridation is the most monstrously conceived and dangerous communist plot we have ever had to face?

The movie came out in 1964, by which time the health benefits of fluoridation had been thoroughly established, and antifuoridation conspiracy theories could be the stuff of comedy. So you might be surprised to learn that, half a century later, fluoridation continues to incite fear and paranoia. In 2013 citizens in Portland, Oregon, one of only a few major American cities that don't fluoridate their water, blocked a plan by local officials to do so. Opponents didn't like the idea of the government adding “chemicals” to their water. They claimed that fluoride could be harmful to human health.

Actually fluoride is a natural mineral that, in the weak concentrations used in public drinking water systems, hardens tooth enamel and prevents tooth decay—a cheap and safe way to improve dental health for everyone, rich or poor, conscientious brusher or not. That's the scientific and medical consensus.

To which some people in Portland, echoing antifuoridation activists around the world, reply: We don't believe you.

We live in an age when all manner of scientific knowledge—from the safety of fluoride and vaccines to the reality of climate change—faces organized and often furious opposition. Empowered by their own sources of information and their own interpretations of research, doubters have declared war on the consensus of experts. There are so many of these controversies these days, you'd think a diabolical agency had put something in the water to make people argumentative. And there's so much talk about the trend these days—in books, articles, and academic conferences—that science doubt itself has become a pop-culture meme. In the recent movie *Interstellar*, set in a futuristic, downtrodden America where NASA has been forced into hiding, school textbooks say the Apollo moon landings were faked.

In a sense all this is not surprising. Our lives are permeated by science and technology as never before. For many of us this new world is wondrous, comfortable, and rich in rewards—but also more complicated and sometimes unnerving. We now face risks we can't easily analyze.

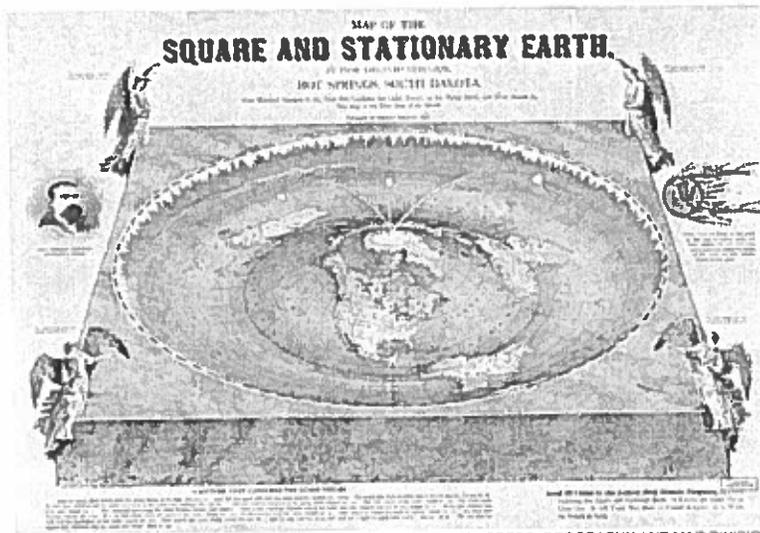
We're asked to accept, for example, that it's safe to eat food containing genetically modified organisms (GMOs) because, the experts point out, there's no evidence that it isn't and no reason to believe that altering genes precisely in a lab is more dangerous than altering them wholesale through traditional breeding. But to some people the very idea of transferring genes between species conjures up mad scientists running amok—and so, two centuries after Mary Shelley wrote *Frankenstein*, they talk about Frankenfood.

The world crackles with real and imaginary hazards, and distinguishing the former from the latter isn't easy. Should we be afraid that the Ebola virus, which is spread only by direct contact with bodily fluids, will mutate into an airborne superplague? The scientific consensus says that's extremely unlikely: No virus has ever been observed to completely change its mode of transmission in humans, and there's zero evidence that the latest strain of Ebola is any different. But type "airborne Ebola"

into an Internet search engine, and you'll enter a dystopia where this virus has almost supernatural powers, including the power to kill us all.

In this bewildering world we have to decide what to believe and how to act on that. In principle that's what science is for. "Science is not a body of facts," says geophysicist Marcia McNutt, who once headed the U.S. Geological Survey and is now editor of *Science*, the prestigious journal. "Science is a method for deciding whether what we choose to believe has a basis in the laws of nature or not." But that method doesn't come naturally to most of us. And so we run into trouble, again and again.

It's hard to believe that the Earth is flat. It's as if of beliefs arise.



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The trouble goes way back, of course. The scientific method leads us to truths that are less than self-evident, often mind-blowing, and sometimes hard to swallow.

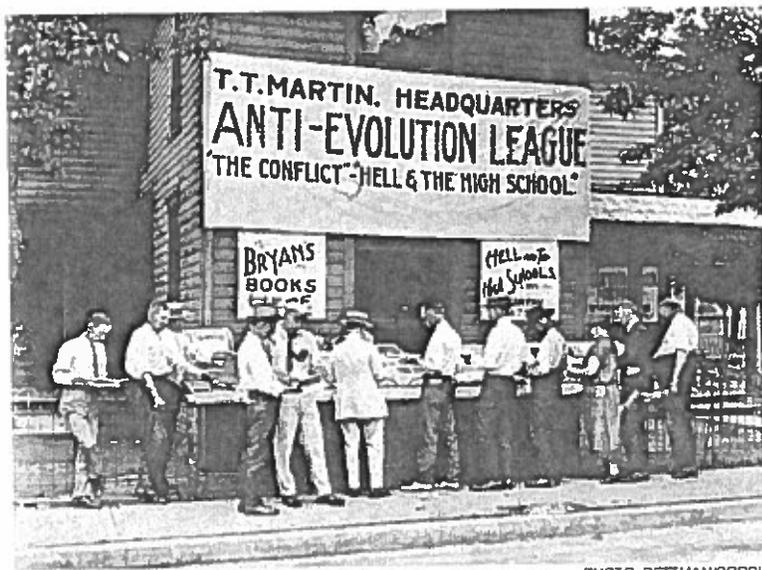
In the early 17th century, when Galileo claimed that the Earth spins on its axis and orbits the sun, he wasn't just rejecting church doctrine. He was asking people to believe something that defied common sense—because it sure looks like the sun's going around the Earth, and you can't feel the Earth spinning. Galileo was put on trial and forced to recant. Two centuries later Charles Darwin escaped that fate. But his idea that all life on Earth evolved from a primordial ancestor and that we humans are distant cousins of apes, whales, and even deep-sea mollusks is still a big ask for a lot of people. So is another 19th-century notion: that carbon dioxide, an invisible gas that we all exhale all the time and that makes up less than a tenth of one percent of the atmosphere, could be affecting Earth's climate.

Even when we intellectually accept these precepts of science, we subconsciously cling to our intuitions—what researchers call our naive beliefs. A recent study by Andrew Shtulman of Occidental College showed that even students with an advanced science education had a hitch in their mental gait when asked to affirm or deny that humans are descended from sea animals or that Earth goes around the sun. Both truths are counterintuitive. The students, even those who correctly marked “true,” were slower to answer those questions than questions about whether humans are descended from tree-dwelling creatures (also true but easier to grasp) or whether the moon goes around the Earth (also true but intuitive). Shtulman's research indicates that as we become scientifically literate, we repress our naive beliefs but never eliminate them entirely. They lurk in our brains, chirping at us as we try to make sense of the world.

Most of us do that by relying on personal experience and anecdotes, on stories rather than statistics. We might get a prostate-specific antigen test, even though it's no longer generally recommended, because it caught a close friend's cancer—and we pay less attention to statistical evidence, painstakingly compiled through multiple studies, showing that the test rarely saves lives but triggers many unnecessary surgeries. Or we hear about a cluster of cancer cases in a town with a hazardous

waste dump, and we assume pollution caused the cancers. Yet just because two things happened together doesn't mean one caused the other, and just because events are clustered doesn't mean they're not still random.

We have trouble digesting randomness; our brains crave pattern and meaning. Science warns us, however, that we can deceive ourselves. To be confident there's a causal connection between the dump and the cancers, you need statistical analysis showing that there are many more cancers than would be expected randomly, evidence that the victims were exposed to chemicals from the dump, and evidence that the chemicals really can cause cancer.



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Even for scientists, the scientific method is a hard discipline. Like the rest of us, they're vulnerable to what they call confirmation bias—the tendency to look for and see only evidence that confirms what they already believe. But unlike the rest of us, they submit their ideas to formal peer review before publishing them. Once their results are published, if they're important enough, other scientists will try to reproduce them—and, being congenitally skeptical and competitive, will be very happy to announce that they don't hold up. Scientific results are always provisional, susceptible to being overturned by some future experiment or observation. Scientists rarely proclaim an absolute truth or absolute certainty. Uncertainty is inevitable at the frontiers of knowledge.

Sometimes scientists fall short of the ideals of the scientific method. Especially in biomedical research, there's a disturbing trend toward results that can't be reproduced outside the lab that found them, a trend that has prompted a push for greater transparency about how experiments are conducted. Francis Collins, the director of the National Institutes of Health, worries about the "secret sauce"—specialized procedures, customized software, quirky ingredients—that researchers don't share with their colleagues. But he still has faith in the larger enterprise.

"Science will find the truth," Collins says. "It may get it wrong the first time and maybe the second time, but ultimately it will find the truth." That provisional quality of science is another thing a lot of people have trouble with. To some climate change skeptics, for example, the fact that a few scientists in the 1970s were worried (quite reasonably, it seemed at the time) about the possibility of a coming ice age is enough to discredit the concern about global warming now.

**Last fall** the Intergovernmental Panel on Climate Change, which consists of hundreds of scientists operating under the auspices of the United Nations, released its fifth report in the past 25 years. This one repeated louder and clearer than ever the consensus of the world's scientists: The planet's surface temperature has risen by

about 1.5 degrees Fahrenheit in the past 130 years, and human actions, including the burning of fossil fuels, are extremely likely to have been the dominant cause of the warming since the mid-20th century. Many people in the United States—a far greater percentage than in other countries—retain doubts about that consensus or believe that climate activists are using the threat of global warming to attack the free market and industrial society generally. Senator James Inhofe of Oklahoma, one of the most powerful Republican voices on environmental matters, has long declared global warming a hoax.

The idea that hundreds of scientists from all over the world would collaborate on such a vast hoax is laughable—scientists love to debunk one another. It's very clear, however, that organizations funded in part by the fossil fuel industry have deliberately tried to undermine the public's understanding of the scientific consensus by promoting a few skeptics.

The news media give abundant attention to such mavericks, naysayers, professional controversialists, and table thumpers. The media would also have you believe that science is full of shocking discoveries made by lone geniuses. Not so. The (boring) truth is that it usually advances incrementally, through the steady accretion of data and insights gathered by many people over many years. So it has been with the consensus on climate change. That's not about to go poof with the next thermometer reading.

But industry PR, however misleading, isn't enough to explain why only 40 percent of Americans, according to the most recent poll from the Pew Research Center, accept that human activity is the dominant cause of global warming.

The "science communication problem," as it's blandly called by the scientists who study it, has yielded abundant new research into how people decide what to believe—and why they so often don't accept the scientific consensus. It's not that they can't

grasp it, according to Dan Kahan of Yale University. In one study he asked 1,540 Americans, a representative sample, to rate the threat of climate change on a scale of zero to ten. Then he correlated that with the subjects' science literacy. He found that higher literacy was associated with stronger views—at both ends of the spectrum. Science literacy promoted polarization on climate, not consensus. According to Kahan, that's because people tend to use scientific knowledge to reinforce beliefs that have already been shaped by their worldview.

Americans fall into two basic camps, Kahan says. Those with a more “egalitarian” and “communitarian” mind-set are generally suspicious of industry and apt to think it's up to something dangerous that calls for government regulation; they're likely to see the risks of climate change. In contrast, people with a “hierarchical” and “individualistic” mind-set respect leaders of industry and don't like government interfering in their affairs; they're apt to reject warnings about climate change, because they know what accepting them could lead to—some kind of tax or regulation to limit emissions.

In the U.S., climate change somehow has become a litmus test that identifies you as belonging to one or the other of these two antagonistic tribes. When we argue about it, Kahan says, we're actually arguing about who we are, what our crowd is. We're thinking, People like us believe this. People like that do not believe this. For a hierarchical individualist, Kahan says, it's not irrational to reject established climate science: Accepting it wouldn't change the world, but it might get him thrown out of his tribe.

“Take a barber in a rural town in South Carolina,” Kahan has written. “Is it a good idea for him to implore his customers to sign a petition urging Congress to take action on climate change? No. If he does, he will find himself out of a job, just as his former congressman, Bob Inglis, did when he himself proposed such action.”

Science appeals to our rational brain, but our beliefs are motivated largely by emotion, and the biggest motivation is remaining tight with our peers. “We’re all in high school. We’ve never left high school,” says Marcia McNutt. “People still have a need to fit in, and that need to fit in is so strong that local values and local opinions are always trumping science. And they will continue to trump science, especially when there is no clear downside to ignoring science.”

Meanwhile the Internet makes it easier than ever for climate skeptics and doubters of all kinds to find their own information and experts. Gone are the days when a small number of powerful institutions—elite universities, encyclopedias, major news organizations, even *National Geographic*—served as gatekeepers of scientific information. The Internet has democratized information, which is a good thing. But along with cable TV, it has made it possible to live in a “filter bubble” that lets in only the information with which you already agree.

How to penetrate the bubble? How to convert climate skeptics? Throwing more facts at them doesn’t help. Liz Neeley, who helps train scientists to be better communicators at an organization called Compass, says that people need to hear from believers they can trust, who share their fundamental values. She has personal experience with this. Her father is a climate change skeptic and gets most of his information on the issue from conservative media. In exasperation she finally confronted him: “Do you believe them or me?” She told him she believes the scientists who research climate change and knows many of them personally. “If you think I’m wrong,” she said, “then you’re telling me that you don’t trust me.” Her father’s stance on the issue softened. But it wasn’t the facts that did it.

**If you’re a rationalist, there’s something a little dispiriting about all this.** In Kahan’s descriptions of how we decide what to believe, what we decide sometimes sounds almost incidental. Those of us in the science-communication business are as tribal as anyone else, he told me. We believe in scientific ideas not because we have

truly evaluated all the evidence but because we feel an affinity for the scientific community. When I mentioned to Kahan that I fully accept evolution, he said, “Believing in evolution is just a description about you. It’s not an account of how you reason.”

Maybe—except that evolution actually happened. Biology is incomprehensible without it. There aren’t really two sides to all these issues. Climate change is happening. Vaccines really do save lives. Being right does matter—and the science tribe has a long track record of getting things right in the end. Modern society is built on things it got right.

Doubting science also has consequences. The people who believe vaccines cause autism—often well educated and affluent, by the way—are undermining “herd immunity” to such diseases as whooping cough and measles. The anti-vaccine movement has been going strong since the prestigious British medical journal the *Lancet* published a study in 1998 linking a common vaccine to autism. The journal later retracted the study, which was thoroughly discredited. But the notion of a vaccine-autism connection has been endorsed by celebrities and reinforced through the usual Internet filters. (Anti-vaccine activist and actress Jenny McCarthy famously said on the *Oprah Winfrey Show*, “The University of Google is where I got my degree from.”)

In the climate debate the consequences of doubt are likely global and enduring. In the U.S., climate change skeptics have achieved their fundamental goal of halting legislative action to combat global warming. They haven’t had to win the debate on the merits; they’ve merely had to fog the room enough to keep laws governing greenhouse gas emissions from being enacted.

Some environmental activists want scientists to emerge from their ivory towers and get more involved in the policy battles. Any scientist going that route needs to do so

carefully, says Liz Neeley. “That line between science communication and advocacy is very hard to step back from,” she says. In the debate over climate change the central allegation of the skeptics is that the science saying it’s real and a serious threat is politically tinged, driven by environmental activism and not hard data. That’s not true, and it slanders honest scientists. But it becomes more likely to be seen as plausible if scientists go beyond their professional expertise and begin advocating specific policies.

It’s their very detachment, what you might call the cold-bloodedness of science, that makes science the killer app. It’s the way science tells us the truth rather than what we’d like the truth to be. Scientists can be as dogmatic as anyone else—but their dogma is always wilting in the hot glare of new research. In science it’s not a sin to change your mind when the evidence demands it. For some people, the tribe is more important than the truth; for the best scientists, the truth is more important than the tribe.

Scientific thinking has to be taught, and sometimes it’s not taught well, McNutt says. Students come away thinking of science as a collection of facts, not a method. Shtulman’s research has shown that even many college students don’t really understand what evidence is. The scientific method doesn’t come naturally—but if you think about it, neither does democracy. For most of human history neither existed. We went around killing each other to get on a throne, praying to a rain god, and for better and much worse, doing things pretty much as our ancestors did.

Now we have incredibly rapid change, and it’s scary sometimes. It’s not all progress. Our science has made us the dominant organisms, with all due respect to ants and blue-green algae, and we’re changing the whole planet. Of course we’re right to ask questions about some of the things science and technology allow us to do.

“Everybody should be questioning,” says McNutt. “That’s a hallmark of a scientist. But then they should use the scientific method, or trust people using the scientific

method, to decide which way they fall on those questions.” We need to get a lot better at finding answers, because it’s certain the questions won’t be getting any simpler.

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*Washington Post* science writer Joel Achenbach has contributed to *National Geographic* since 1998. Photographer Richard Barnes’s last feature was the September 2014 cover story on Nero.

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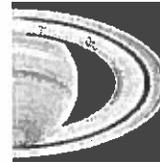
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## **Betsy Driggers**

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**From:** Johnny Johnson [drjohnnyjohnsonjr@gmail.com]  
**Sent:** Monday, February 23, 2015 5:32 PM  
**To:** James Norwood; Terill Hill; Justin Campbell; Rufus Borom; Mary Brown  
**Cc:** Michael J. Czymbor; Melvin Register; Betsy Driggers; Karen A. Hodge MHSc; Eric Jump D.O.  
**Subject:** Claims against fluoridation that you are receiving  
**Attachments:** Dr. New Calonge CO CMO re CWF and Horses 2005.pdf; ATT00001.htm; Horses & Fluoride (2014) Equine Quarterly.pdf; ATT00002.htm

Dear Mayor Hill, Vice Mayor Lawson-Brown, and Commissioners Norwood, Campbell, and Borom,

I wanted to take a moment to respond to a couple of claims against community water fluoridation (CWF) that you have received to date. Between now and Thursday night, I would expect you to receive many more as is the norm.

I want to express my sincere sorrow for Janet Pettit's grandson's medical condition and the loss of horse's that Cathy Justice has written about. While I realize that their beliefs are real and that they suspect optimally fluoridated water to be the cause, as a scientist, I have to turn to the literature to validate whether these claims are based in fact or beliefs.

Ms. Justice has presented her case in almost every community that I have been involved with on CWF. Her losses are tragic, but the scientific literature does not bear out her claims. Attached are 2 documents which discuss this claim of harm from horses. Both of these references are from credible sources, and represent some of the best evidence that we have. Neither of these authors corroborates Ms. Justice's claims. The harm to horses from fluoride at the levels in CWF just doesn't exist.

In regards to Ms. Pettit's beliefs that fluoride levels in CWF may have had a part to play in Max's medical and/or dental condition is just not supported by the credible scientific literature. Having a child with a serious medical disease is the worst possible nightmare that a parent can ever have. My wife and I had a son who had a flu-like virus that he was infected with while she was early in her pregnancy. At 7 months in utero, the doctors decided to do a C-section to try to aid him better outside of the womb than inside. Michael lived for one day. It shook us to our very core. You are angry at everything and everyone, and it even shook my belief in God.

With time and prayer, she and I knew that it was God's will to take Michael back home to make him whole. So please understand that when I say that I am sympathetic with Ms. Pettit's grandson's condition, I am not doing so to be politically correct. I do so out of compassion.

You may receive a document from Paul Connett soon. The Putnam County School Board did just a couple of days ago. Connett is a retired chemistry professor whose area of expertise is in waste management. He has a list that he refers to as his "50 Reasons to Oppose Fluoridation". His list is extensive and sounds believable.

Sadly, he plays on the fears and concerns that parents will fall prey to under conspiracy theorist's spells. Each of his claims are not supported in the least by the credible scientific community. Each claim can be easily debunked with the credible scientific literature.

While this discussion could go on for days discussing the false claims that are made against CWF, I will not waste your time with them. Instead, I will present a short presentation on Thursday night highlighting the most common claims that are made against CWF. If, however, you have more questions that you would like to discuss with me, I will answer each and every one to the best of my knowledge. If I don't have an answer, I promise to get you one asap.

Thank you for your time in reading this information.

Sincerely,

Johnny

Johnny Johnson, Jr., D.M.D., M.S.  
Pediatric Dentist  
Diplomate American Board of Pediatric Dentistry  
Tarpon Springs, FL  
c: 727.409.1770

## Fluoridated Water and Horses

The potential risk of fluoride-supplemented public water to horses is a topic that periodically arises. A casual internet search of this topic can uncover alarming reports purporting fluoride poisoning in horses from fluoridated municipal water. These reports typically are published in non-peer reviewed sources and are missing important information necessary to confirm the diagnosis, to rule out exposure to other fluoride sources, and to eliminate other potential causes. A careful review of the peer-reviewed literature in reputable scientific journals showed no published reports documenting fluoride poisoning in horses due to ingestion of fluoridated public water.

Fluoride is one of the most common elements in the environment and is found naturally in soil, rock, water, air, plants, and animal tissues. Volcanic rock and ash and water from deep wells or hot springs in some regions are naturally high in fluoride. Low concentrations of dietary fluoride can be beneficial to animals; excessive amounts can cause fluoride poisoning (fluorosis).

Fluorosis can occur in any species, including horses. In the past, fluorosis occurred more commonly due to ingestion of forages or waters contaminated with fluoride-containing industrial waste, high-fluorine rock-phosphate supplements in animal feeds, and fluoride-containing rodenticides, insecticides, and other chemicals. Regulations restricting the amount of fluoride in industrial pollution, requiring de-fluoridation of rock-phosphate feed ingredients, and banning many fluoride-containing pesticides have greatly decreased the occurrence of fluorosis. Fluoride poisoning still occasionally occurs in areas with high volcanic activity or secondary to ingestion of fluoride-containing medications or contaminated water.

Acute, high-dose intoxications result in severe signs and rapid death. Chronic, lower dose intoxication causes predominantly tooth and bones abnormalities. While small amounts of fluoride improve tooth and bone strength, excessive amounts can cause lameness, stiffness, bone thickening, pain and difficulty eating, weight loss, poor growth rates, and poor health. Teeth are affected during the period of tooth development, which in horses is complete before 4-5 years of age. Fluorotic dental lesions will not develop if animals are exposed to excessive fluoride after permanent teeth have erupted.

Public water sources in Kentucky and nationwide often are supplemented with fluoride to help prevent dental disease in humans. Fluoride supplementation in public water is targeted to achieve fluoride concentrations of 0.8 to 1.3 mg/L. The maximum fluoride concentration permitted in public water sources by the national Safe Drinking Water Act is 4 mg/L. The maximum safe level of fluoride in water for horses has not been established. Published guidelines for horses are based on extrapolations from other species. In the USA, the EPA recommends a maximum fluoride concentration of 2 mg/L in water intended for livestock.

In Kentucky, the majority of horses drink fluoridated public water as their major water source, and fluorosis is not seen in this horse population. Studies are needed to determine safe limits of fluoride in feed and water for horses, however evidence to date indicates that fluoride concentrations allowable in U.S. public water systems are well tolerated by horses and do not cause fluorosis.

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**CONTACT:** Dr. Cynthia Gaskill, (859) 257-8283, [cynthia.gaskill@uky.edu](mailto:cynthia.gaskill@uky.edu), Veterinary Diagnostic Laboratory, University of Kentucky, Lexington, Kentucky.

Good evening. I'm doctor Ned Calonge, and I'm the Chief Medical Officer for the Colorado Department of Public Health and Environment, and Colorado's State Epidemiologist. I am an associate professor of family medicine and of preventive medicine and biometrics at the University of Colorado Health Sciences Center. I am board certified in Family Practice and in Preventive Medicine. I am the chair of the US Preventive Services Task Force, an independent group of experts convened and supported by an agency of the US Department of Health and Human Services and charged by Congress to review the scientific literature and make evidence-based recommendations to physicians regarding effective preventive services. I am here tonight to speak in favor of continuing community water fluoridation in Pagosa Springs.

I would like to start by describing what it means to be evidence-based. In medicine and public health, it means to use the quality and preponderance of scientifically credible research evidence to make decisions for the benefit of our patients and our communities. To be scientifically credible, research must be of high quality, and free of sources of bias that will lead the investigators to make an erroneous conclusion. In the published medical literature, research goes through rigorous peer review by other scientists to help assure that study results are valid. The preponderance of evidence is achieved by reviewing the entire body of research on a subject, considering the quality of each study, and coming to a conclusion based on what can be scientifically proven.

Every single legitimate, detailed, rigorous review of fluoridation by nationally and internationally recognized scientific bodies have concluded that community water fluoridation is effective in reducing dental caries in the population, is safe, and is cost effective.

Let me start with evidence of efficacy. There are four modern systematic reviews of the scientific literature on the efficacy of fluoridation.

In 2000, the National Health System Centre for Reviews and Dissemination at the University of York in Great Britain published a systematic review of 295 research articles and concluded that fluoridation of water was effective, that it provided benefit in addition to other approaches to using fluoride to prevent dental caries, and that there was no good evidence of harm from fluoridation.

. In 2001, the Centers for Disease Control and Prevention published the report of the Fluoride Recommendations Work Group, made up of non-federal volunteer dentists and other dental science experts. This group reviewed 270 separate scientific citations in reaching their conclusion that community water fluoridation is a safe, effective, and inexpensive way to prevent dental caries, and that it should be continued and, in fact, extended.

In 2002, the Task Force on Community Preventive Services, an independent panel of experts in community health interventions convened by the CDC but in no way affiliated with the fluoride working group, reviewed 202 articles as they evaluated a number of community interventions to promote oral health. They concluded that there was strong evidence that fluoridation is effective in reducing the cumulative experience of dental caries within communities.

In 2004, based on yet another, independent review of the medical literature, the US Preventive Services Task Force recommended that preschool children who did not have fluoridated water should receive fluoride supplements, acknowledging that fluoridation of community water supplies and fluoride supplementation were safe and effective ways to prevent dental caries, with the benefits outweighing the risks.

Of the 21 fair to good studies of efficacy, done between the years of 1945 and 2000, all but one study showed significant decreases in dental caries after instituting community water fluoridation, and the one exception had known problems in measuring baseline rates. The older studies, done prior to the development of fluoride toothpaste and other supplements, showed reductions of 50%, the newer studies, even as recent as 2000, showed additional community benefit even after the introduction of other fluoride sources with an average reduction of 30%. On average, we expect every seventh child raised in a community with fluoridated water will reach 18 years of age free of cavities due solely to water fluoridation.

There were actually nine studies in communities where fluoridation was stopped, afterwards dental caries increased by an average of 18%. The sum of these studies is undeniable—fluoridation of water prevents dental decay and promotes oral health, and there are benefits to the population, both poor and well-off families, that exceed the benefits of fluoride delivered through the health and dental care systems. There is also good evidence that fluoridated water prevents dental caries in older adults.

What about evidence of safety? Community water fluoridation is safe.

There have been 29 studies looking for a negative effect on bone health. Looking across studies, there is no evidence of increase in fractures or other bone problems in people living in communities with fluoridated water. On the other hand, you should know that in medical care we use fluoride supplementation as a treatment for osteoporosis, to prevent fractures in people with thin bones.

There have been 26 studies looking at a link with cancer. Overall, the studies in humans find no association between cancer and community fluoridated water. All but one animal studies have found that no dose, including levels tens of thousands of times higher than those in fluoridated water, are associated with cancer in any animals. There has been one

rat study with a small increase in bone cancer but no researcher has been able to duplicate the results.

Opponents of fluoridation have tried to link fluoride with genetic diseases such as Down syndrome, and with other conditions including lower intelligence, infant mortality, sudden infant death, and Alzheimers --but multiple credible studies have been unable to demonstrate any association.

We have more studies on water fluoridation than almost any medicine you can take today or any environmental exposure, and have more data on it's safety--29 studies that overall found no detriment to bone health and 26 that overall found no link with cancer. There is simple no credible health harm associated with fluoridation at the levels known to promote oral health.

Finally, fluoridation is cost-beneficial. Every study, even those in smaller communities, demonstrate that your community will spend less money overall because of averted dental care than you will spend on fluoridating your water supply. Quite honestly, having my own teeth with fewer hours in the dental chair is worth much more than the money alone. But I ask you to think of your residents who don't even have the means to afford appropriate dental care. You are protecting them, as well as those who are better off.

While I may seemed outnumbered here by the opponents of fluoridation, please know that supporters of fluoridation are legion and surveys show that Americans who support fluoridation far outnumber those opposed. With respect to those dissenters present, the list of those scientific, governmental, and professional organizations supporting fluoridation have much greater validity, at least in my mind, than do those who oppose fluoridation without a science base. Fluoridation is recommended and endorsed by the US Public Health Service, the Centers for Disease Control and Prevention, the US Department of Health and Human Services, the Task Force on Community Preventive Services, the US Preventive Services Task Force, the National Institutes of Health, the Institute of Medicine, the World Health Organization, the American Dental Association, the American Association of Pediatric Dentistry, the American Academy of Pediatrics, the American Academy of Family Practice, the American Medical Association, and every US Surgeon General since 1950.

Finally, there has been a suggestion that fluoride in drinking water harms livestock. After searching the literature for days, I could not find a single report of community water fluoridation causing or contributing to acute or chronic fluoride poisoning or other illness in any livestock, including horses. Now, it is true that just as in humans, very high levels of fluoride may cause problems in livestock. However, every study I could find related this to exceedingly high natural levels in water, or other sources including feed, pesticides and fertilizers. Again, in the whole of the US, I could find no single report from a credible scientific source of livestock illness of any kind attributable to the controlled fluoridation of community drinking water.

I've discussed the pathology report on the horse in question with veterinary scientists at CSU, who told me they disagree with Dr. Krook that the horse in question had chronic fluoride poisoning. The Merck Manual of veterinary medicine states that fluoride does not impact livestock until bone levels reach 4 to 6 thousand. The lowest reported level of fluoride in bone that I could find causing any symptoms was a single case report in a horse with a level over one thousand. The pathology report, which I reviewed, stated that the bone tested from the horse in question was 718, well below the 4 to 6 thousand in the textbooks and below the lowest level reported in the published literature. In fact, nowhere in the report does Dr. Krook actually say that fluoride contributed to the ill health of this horse, and admits that there is not a single other report like this that he knows of. Remember, this is after 60 years of community water fluoridation. Being a former horse owner, I do have sympathy for the losses and problems the Justis' have endured. However, based on all available science, I am certain that community water fluoridation had nothing to do with the demise of this horse, and this opinion is supported by the veterinary science researchers and DVMs at the vet school at Colorado State University.

My job for the state is to do everything I can to promote better health for all the people in Colorado. I came down here because, to be quite honest, there is no easier or less expensive or better intervention a community can undertake that has a greater track record of benefiting the health of a community than the fluoridation of drinking water. I think it would be a tragedy for your community to take a 60 year step backwards in public health, based on misinformation and unwarranted fear.

## Betsy Driggers

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**From:** Chris Wood [cwood@astdd.org]  
**Sent:** Friday, February 20, 2015 9:43 AM  
**To:** Betsy Driggers  
**Subject:** Letter of Support Fluoridation  
**Attachments:** ASTDD Letter of Support for Palatka - City Clerk Betsy Driggers.pdf

February 19, 2015

Dear City Clerk Betsy Driggers:

On behalf of the Association of State and Territorial Dental Directors (ASTDD), I am writing this letter to ask you for your continued support for community water fluoridation in the city of Palatka. ASTDD's official policy is that we fully support and endorse community water fluoridation in all public water systems throughout the United States. Community water fluoridation has been demonstrated to be safe, cost-effective and beneficial through every stage of life and for all people, regardless of age, race, ethnicity or socioeconomic status.

Dental caries (tooth decay) is a chronic infectious disease that can begin in early infancy and that, by the time children reach adulthood, will affect over 92 percent of the U.S. adult population.<sup>1</sup> In addition, dental caries particularly affects low-income and socially-marginalized populations.<sup>2,3</sup> Children from families with low incomes had nearly 12 times as many restricted-activity days (e.g., days of missed school) because of dental problems as did children from families with higher incomes.<sup>4</sup>

Scientific studies have confirmed the association between optimal levels of fluoride in water supplies, improved dental health and absence of any negative health impacts. As such, community water fluoridation has been the cornerstone of caries prevention in the United States.<sup>5</sup> The CDC has recognized water fluoridation as one of ten great public health achievements of the twentieth century.<sup>6</sup>

In light of the above, I urge you to continue to support the fluoridation of community water supplies in Palatka. Continued support of community water fluoridation will be a major achievement that will positively impact the health of your constituents.

Sincerely,

Kimberlie Yineman

Kimberlie Yineman, RDH, BA  
President, ASTDD

### Sources:

<sup>1</sup>Dye BA, Tan S, Smith V, et al. Trends in oral health status: United States, 1988-1994 and 1999-2004. *Vital Health Stat 11*. April 2007;(248):1-92.

<sup>2</sup> Fisher-Owens SA, Gansky SA, Platt LJ, Weintraub JA, Soobader MJ, Bramlett MD, Newacheck PW. [Influences on children's oral health: a conceptual model. \*Pediatrics\*. 2007;120\(3\):e510-520.](#)

<sup>3</sup> Petersen PE. [The World Oral Health Report 2003: continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme.](#) Community Dent Oral Epidemiol. 2003;31(s1):3-24.

<sup>4</sup> Adams PF, Marano MA. 1995. *Current estimates from the National Health Interview Survey, 1994* (Vital and Health Statistics: Series 10, Data from the National Health Survey; no. 193). Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics.

<sup>5</sup> Pollick HF. Water fluoridation and the environment: current perspective in the United States. *Int. J Occup Environ Health.*2004;10:343-350.

<sup>6</sup> Ten Great Public Health Achievements—United States, 1900-1999. *MMWR.* December 24, 1999;48(50):1141.



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Website: <http://www.astdd.org>

February 19, 2015

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In light of the above, I urge you to continue to support the fluoridation of community water supplies in Palatoka. Continued support of community water fluoridation will be a major achievement that will positively impact the health of your constituents.

Sincerely,

*Kimberlie Yineman*

Kimberlie Yineman, RDH, BA  
President, ASTDD

**Sources:**

*ASTDD is an affiliate of the Association of State and Territorial Health Officials*

<sup>1</sup>Dye BA, Tan S, Smith V, et al. Trends in oral health status: United States, 1988-1994 and 1999-2004. *Vital Health Stat 11*. April 2007;(248):1-92.

<sup>2</sup> Fisher-Owens SA, Gansky SA, Platt LJ, Weintraub JA, Soobader MJ, Bramlett MD, Newacheck PW. [Influences on children's oral health: a conceptual model. Pediatrics.](#) 2007;120(3):e510-520.

<sup>3</sup> Petersen PE. [The World Oral Health Report 2003: continuous improvement of oral health in the 21st century – the approach of the WHO Global Oral Health Programme.](#) *Community Dent Oral Epidemiol.* 2003;31(s1):3-24.

<sup>4</sup> Adams PF, Marano MA. 1995. *Current estimates from the National Health Interview Survey, 1994* (Vital and Health Statistics: Series 10, Data from the National Health Survey; no. 193). Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics.

<sup>5</sup> Pollick HF. Water fluoridation and the environment: current perspective in the United States. *Int. J Occup Environ Health.*2004;10:343-350.

<sup>6</sup> Ten Great Public Health Achievements—United States, 1900-1999. *MMWR*. December 24, 1999;48(50):1141.

*Agenda  
Attchments*

**3**

## **Betsy Driggers**

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**From:** Matt Jacob [mjacob@cdhp.org]  
**Sent:** Friday, February 20, 2015 5:16 PM  
**To:** Terill Hill; Mary Brown; Rufus Borom; Justin Campbell; Betsy Driggers; James Norwood  
**Subject:** Information on water fluoridation  
**Attachments:** Palatka, FL Letter - CDHP (Feb 2015)\_F.pdf

Mayor, Vice Mayor & Esteemed Commissioners of Palatka -- Good evening. Because the Commission is expected to discuss the topic of community water fluoridation at an upcoming meeting, the executive director of the Children's Dental Health Project has written a letter (attached) summarizing what the scientific evidence shows. We are an independent nonprofit that has worked closely with the Centers for Disease Control and Prevention, and various state health departments on oral health issues.

We appreciate your time and attention to this letter. Let me know if you have any questions.

Sincerely,

Matt Jacob

--

**Matt Jacob**  
Director of Communications & Outreach  
Children's Dental Health Project

---

1020 19th Street NW, Ste. 400 | Washington, DC 20036  
O: 202-417-3600 | C: 202-770-6265  
[cdhp.org](http://cdhp.org) | [@Teeth\\_Matter](https://twitter.com/Teeth_Matter)

February 20, 2015

Palatka Mayor Terrill Hill  
Vice Mayor Mary Lawson-Brown  
Commissioner Rufus Borom  
Commissioner Justin Campbell  
Commissioner James Norwood, Jr.  
City Clerk Betsy Driggers  
City Hall  
201 N. 2nd Street  
Palatka, FL 32177  
*Sent via email*

Mayor, Vice Mayor and Esteemed Commissioners:

Because the Palatka City Commission plans to discuss the topic of community water fluoridation at an upcoming meeting, the Children's Dental Health Project wishes to share information summarizing the evidence about fluoridation's safety and effectiveness. We are an independent, nonprofit organization that monitors research, and we advise federal and state policymakers on oral health issues. We have worked closely with the Centers for Disease Control and Prevention (CDC), and a number of state health departments on oral health issues.

Fluoride is a mineral that exists naturally in nearly all water supplies but usually at a concentration that is too low to prevent tooth decay. This explains why so many U.S. communities choose to fortify their water with additional fluoride.<sup>1</sup> It's also why the vast majority of public water systems in Florida engage in fluoridation.<sup>2</sup> The CDC reports that fluoridated water reduces tooth decay by about 25 percent over a person's lifetime.<sup>3</sup>

**Prevention is key.** Although America's dental health has improved significantly in recent decades, tooth decay is the most common chronic disease of early childhood—five times more prevalent than asthma.<sup>4</sup> Research shows that children with dental problems are much more likely to miss school, and teens with a recent toothache are four times more likely to struggle academically.<sup>5</sup> In 2013, a CNBC story pointed out one of the consequences for adults with unhealthy or missing teeth: “In America, most people—including employers—make instant judgments based on appearance, including someone's smile and teeth.”<sup>6</sup> Prevention is the best way to avoid the consequences of tooth decay.

**Fluoridation saves money in two ways.** Community water fluoridation is the most cost-effective health measure for preventing decay.<sup>7</sup> First, it saves money for families who would otherwise pay for more frequent fillings, crowns and other dental treatments.<sup>8</sup> Even families with dental insurance

can face significant out-of-pocket costs when they need dental procedures. Second, fluoridation saves money for taxpayers. For example, a Texas study confirmed that the state saved \$24 *per child, per year* in Medicaid costs for children because of the cavities that were prevented by drinking fluoridated water.<sup>9</sup> For most cities, the annual per-person cost of fluoridating water is less than the cost of one dental filling.<sup>10</sup>

**Leading medical and health organizations support fluoridation.** The ability of fluoridated water to prevent cavities has been established by numerous studies and research papers.<sup>11</sup> Ample evidence shows that fluoridated water is safe.<sup>12</sup> This solid research is why the American Academy of Pediatrics, the American Dental Association, the Institute of Medicine and other respected medical and health organizations endorse fluoridation.<sup>13</sup> The CDC named fluoridation one of “10 great public health achievements of the 20th century.”<sup>14</sup> In 2013, the deans of Harvard University’s three leading health institutions called fluoridation “an effective and safe public health measure for people of all ages.”<sup>15</sup>

**Drinking fluoridated water builds on the benefits of brushing with fluoride toothpaste.** Although toothbrushing is crucial, numerous studies confirm that fluoridated water provides important, added protection against tooth decay. Over the past several years, studies in Nevada, Alaska and New York have demonstrated that kids in fluoridated communities have better oral health.<sup>16</sup> The Nevada study found that living in a community *without* fluoridated water was one of the top three risk factors for teens having dental problems.<sup>17</sup> A 2013 research paper concluded that community water fluoridation “is still the optimal method” for providing fluoride to the public.<sup>18</sup>

**Fluoridated water benefits adults too.** Fluoridation has played a key role in helping to reduce tooth loss among adults by at least 40 percent.<sup>19</sup> A 2013 study showed that adults who were born before fluoridation became widespread but who resided in fluoridated areas for at least three-quarters of their lives had 30 percent less decay than those who resided in fluoridated communities for less than one-quarter of their lives.<sup>20</sup>

**Fluoridation remains an important strategy, even when topical fluoride treatments are available.** Anti-fluoride activists claim that only fluoride that is applied topically prevents decay, but the scientific evidence tells a different story. Drinking fluoridated water significantly raises the concentration of fluoride in saliva—making the surface of tooth enamel more resistant to decay.<sup>21</sup> As the CDC explains, fluoride in water “comes in contact with the teeth every time you drink tap water or beverages made from tap water, as well as foods prepared with tap water.”<sup>22</sup> This regular, ongoing exposure to fluoride is crucial to protecting teeth from cavities.

**Fluoridation is safe.** Numerous studies and reviews have demonstrated the safety of fluoridated water. The Toxicology Excellence for Risk Assessment, an independent U.S. research organization, explains that “medical scientists have agreed that small concentrations of fluoride have health benefits that vastly exceed any hypothetical health risk.”<sup>23</sup> U.S. fluoridation practices are held to high standards of quality and safety. These additives’ quality and safety are ensured by Standard 60—a set of guidelines developed at the request of the Environmental Protection Agency (EPA). Hundreds of samples have been taken and tested under Standard 60 to confirm the quality and purity of fluoride additives.<sup>24</sup>

Unfortunately, people searching “fluoride” or “fluoridation” online are likely to encounter various inaccurate or misleading statements. Many web pages posted by anti-fluoride groups misrepresent what the research shows:

- **Opponents often cite studies from overseas that are flawed or do not reflect how fluoridation is practiced in the U.S.** For example, opponents' claim that fluoride lowers children's IQ scores is based on flawed studies from areas of China and Iran where the fluoride concentration in water reached levels as high as 11.5 parts per million—roughly 10 times higher than the level used to fluoridate in the U.S.<sup>25</sup> Further, these studies failed to account for lead, arsenic or other factors that could affect IQs. (Many of China's water supplies are severely polluted.<sup>26</sup>) The Harvard researchers who reviewed these studies publicly distanced themselves from the way anti-fluoride groups have interpreted the results.<sup>27</sup> Finally, a study published last year by the *American Journal of Public Health* has found no link between fluoride levels in water and IQ scores.<sup>28</sup>
- **Opponents have misrepresented reports.** Opponents of fluoridation misinterpret the 2006 report issued by a National Research Council (NRC) committee. The NRC report explored the possibility of health concerns in U.S. communities where the *natural* fluoride levels in well water or aquifers are unusually high. Those natural fluoride levels are significantly higher than the level used to fluoridate public water systems. The NRC itself explained that its report was *not* an evaluation of water fluoridation.<sup>29</sup> In 2013, John Doull, the highly respected toxicologist who chaired this NRC committee, said he did not see “any valid scientific reason for fearing adverse health conditions from the consumption of water fluoridated at the optimal level.”<sup>30</sup>

**The experts continue to endorse fluoridation.** For 70 years, drinking water in the U.S. has been fortified with fluoride, and the scientific evidence shows this practice has improved Americans' health and well-being. U.S. Surgeons General have consistently recommended fluoridation, regardless of the president who appointed them.<sup>31</sup>

We hope this information is helpful as you explore this topic. Please contact us if you have any questions.

Sincerely,



Patrice Pascual  
Executive Director  
Children's Dental Health Project

## Sources

<sup>1</sup> “2012 Water Fluoridation Statistics,” Centers for Disease Control and Prevention, <http://www.cdc.gov/fluoridation/statistics/2012stats.htm>.

<sup>2</sup> See state statistics in “2012 Water Fluoridation Statistics,” Centers for Disease Control and Prevention, page updated on November 22, 2013, <http://www.cdc.gov/fluoridation/statistics/2012stats.htm>.

<sup>3</sup> “Fluoridation Basics,” Centers for Disease Control and Prevention, July 25, 2013, <http://www.cdc.gov/fluoridation/basics/index.htm>

<sup>4</sup> For data illustrating the decline in tooth decay, see: “Dental Caries (Tooth Decay) in Adolescents (Ages 12-19),” National Institute of Dental and Craniofacial Research, <http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesAdolescents12to19>;

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<sup>5</sup> S.L. Jackson et al., Impact of Poor Oral Health on Children's School Attendance and Performance," *American Journal of Public Health* (October 2011), Vol. 101, No. 10, 1900-1906,

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2010.200915>; "Poor Oral Health Can Mean Missed School, Lower Grades," Ostrow School of Dentistry of USC, August 2012,

<http://dentistry.usc.edu/2012/08/10/poor-oral-health-can-mean-missed-school-lower-grades/>.  
<sup>6</sup> JoNel Aleccia, "Bad Teeth, Broken Dreams: Lack of Dental Care Keeps Many Out of Jobs," CNBC, June 13, 2013, <http://www.thedailybeast.com/articles/2013/06/13/bad-teeth-broken-dreams-lack-of-dental-care-keeps-many-out-of-jobs.html>.

<sup>7</sup> Fluoridation's status as the most-cost effective way to prevent tooth decay was noted by U.S. Surgeon General Richard Carmona in 2004, and it was the conclusion reached in a 2002 report by the National Institute of Dental and Craniofacial Research (NIDCR). For more information, see Dr. Carmona's statement at <http://www.nidcr.nih.gov/OralHealth/Topics/Fluoride/StatementWaterFluoridation.htm>. The NIDCR's conclusion can be accessed at [http://drc.hhs.gov/report/2\\_0.htm](http://drc.hhs.gov/report/2_0.htm).

<sup>8</sup> For more information on the lifetime treatment costs for decayed teeth, see "Lifetime Costs of a Cavity," Children's Dental Health Project, 2013, <https://www.cdhp.org/resources/298-lifetime-costs-of-a-cavity-by-delta-dental>.

<sup>9</sup> "Savings from Water Fluoridation: What the Evidence Shows," Pew Center on the States, 2011, <http://www.dnwww.com/upl/documents/library/savings-from-fluoridation.pdf>.

<sup>10</sup> "Common Questions about Community Water Fluoridation," Campaign for Dental Health, a project of the American Academy of Pediatrics, accessed February 17, 2015, [http://www.ilikemyteeth.org/wp-content/uploads/2012/05/QandAonCommunityWaterFluoridation\\_v1b.pdf](http://www.ilikemyteeth.org/wp-content/uploads/2012/05/QandAonCommunityWaterFluoridation_v1b.pdf).

<sup>11</sup> "Is Fluoridation Effective?" Campaign for Dental Health, 2012, <http://www.ilikemyteeth.org/fluoridation/effects-of-fluoride/>.

<sup>12</sup> "National Academy of Sciences on Fluoride in Drinking Water," Centers for Disease Control and Prevention, July 25, 2013, <http://www.cdc.gov/fluoridation/safety/nas.htm>.

<sup>13</sup> "Protecting All Children's Teeth (PACT)," a training module by the American Academy of Pediatrics, accessed on Jan. 20, 2011 at [http://www.aap.org/oralhealth/pact/ch6\\_intro.cfm](http://www.aap.org/oralhealth/pact/ch6_intro.cfm); "Fluoride & Fluoridation," American Dental Association, accessed on Jan. 12, 2011 at <http://www.ada.org/fluoride.aspx>; *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*, Institute of Medicine (2011), 63, [http://books.nap.edu/openbook.php?record\\_id=13116](http://books.nap.edu/openbook.php?record_id=13116).

<sup>14</sup> "Ten Great Public Health Achievements – United States, 1900-1999," Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, April 2, 1999, Vol. 48, No. 12, 241-243, accessed on January 25, 2011 at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>.

<sup>15</sup> This letter, dated March 22, 2013, was signed by the deans of Harvard's Medical School, its School of Public Health, and its School of Dental Medicine, <http://www.ilikemyteeth.org/wp-content/uploads/2013/05/Harvard-Letter-3-Deans-March-2013.pdf>.

<sup>16</sup> M. Ditmyer, G. Dounis, C. Mobley and E. Schwarz, "A case-control study of determinants for high and low dental caries prevalence in Nevada youth," *BMC Oral Health*, (2010), Vol. 10, No. 24,

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<sup>17</sup> M. Ditmyer, G. Dounis, C. Mobley and E. Schwarz, "A case-control study of determinants for high and low dental caries prevalence in Nevada youth," *BMC Oral Health*, (2010), Vol. 10, No. 24, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2989299/>.

<sup>18</sup> J.M. ten Cate, "Contemporary perspective on the use of fluoride products in caries prevention," *British Dental Journal*, 2013, 214, 161 – 167, <http://www.nature.com/bdj/journal/v214/n4/full/sj.bdj.2013.162.html>.

<sup>19</sup> "Ten Great Public Health Achievements – United States, 1900-1999," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, April 2, 1999, 48:12, 241-243, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>.

<sup>20</sup> G.M. Slade et al., "Effects of Fluoridated Drinking Water on Dental Caries in Australian Adults," *Journal of Dental Research*, (2013) Vol. 92, No. 4, 376-82, <http://www.ncbi.nlm.nih.gov/pubmed/23456704>.

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- <sup>21</sup> “Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States,” *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, August 17, 2001, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm>.
- <sup>22</sup> “Community Water Fluoridation: Frequently Asked Questions,” Centers for Disease Control and Prevention, updated on December 6, 2013, <http://www.cdc.gov/fluoridation/faqs/>.
- <sup>23</sup> “Reader Question: Safe Level of Toxic Substance?” Toxicology Excellence for Risk Assessment, answer posted in June 2013 at <http://kidschemicalsafety.org/health/reader-question-safe-level/>.
- <sup>24</sup> “NSF Fact Sheet on Fluoride Products,” NSF International, February 15, 2013, [http://www.nsf.org/newsroom\\_pdf/NSF\\_Fact\\_Sheet\\_on\\_Fluoridation.pdf](http://www.nsf.org/newsroom_pdf/NSF_Fact_Sheet_on_Fluoridation.pdf).
- <sup>25</sup> A.L. Choi et al., “Developmental Fluoride Neurotoxicity: A Systematic Review and Meta-Analysis,” *Environmental Health Perspectives*, October 1, 2012, <http://ehp.niehs.nih.gov/developmental-fluoride-neurotoxicity-a-systematic-review-and-meta-analysis/>.
- <sup>26</sup> “Millions face arsenic contamination risk in China, study finds,” *The Guardian*, August 22, 2013, <http://www.theguardian.com/environment/2013/aug/22/china-arsenic-contamination-risk-water>.
- <sup>27</sup> Dion Lefler, “Harvard scientists: Data on fluoride, IQ not applicable in U.S.,” *The Wichita Eagle*, September 11, 2012, <http://www.kansas.com/2012/09/11/2485561/harvard-scientists-data-on-fluoride.html>.
- <sup>28</sup> J.M. Broadbent et al., “Community Water Fluoridation and Intelligence: Prospective Study in New Zealand,” 2014, *American Journal of Public Health*, <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301857>.
- <sup>29</sup> “Fluoride in Drinking Water: A Scientific Review of EPA’s Standards,” Report in Brief, prepared by the National Research Council (March 2006), accessed on April 20, 2011 at [http://dels.nas.edu/resources/static-assets/materials-based-on-reports/reports-in-brief/fluoride\\_brief\\_final.pdf](http://dels.nas.edu/resources/static-assets/materials-based-on-reports/reports-in-brief/fluoride_brief_final.pdf).
- <sup>30</sup> Email communication by Dr. John Doull to the Pew Charitable Trusts, March 22, 2013, at 6:42 p.m. (ET), <http://www.ilikemyteeth.org/wp-content/uploads/2013/03/Doull-Email-on-CWF-March-2013.pdf>.
- <sup>31</sup> “Surgeons General: Strong, Consistent Support for Community Water Fluoridation,” Campaign for Dental Health (May 2013), accessed at <http://www.ilikemyteeth.org/wp-content/uploads/2013/04/Surgeons-General-CWF.pdf>.



**CITY COMMISSION AGENDA ITEM**

**SUBJECT:**

**REQUEST FOR COMMUNITY WATER FLUORIDATION** - Eric Jump, DO, Pediatrician; Johnny Johnson, Jr., DMD, MS, Co-Chair, Fluoridation Action Team, Oral Health Florida; and Steve Chapman, DDS, Orthodontist

**SUMMARY:**

This is a request to resume fluoridation of city water. Dr. Johns and Dr. Jump have provided literature and attachments concerning their request. A Power Point presentation will be given by Dr. Johnson; copies of documents submitted on behalf of Dr. Johnson and Dr. Jump are attached.

A rebuttal presentation will be provided by Jan Pettit, 418 Emmett Street, Palatka. Her literature is attached and will be accompanied by a Power Point Presentation.

The City of Palatka ceased injecting sodium fluoride into its water system in 2011. A copy of that Agenda Item, Ordinance, and Memorandums from the Water Superintendent (Melvin Register) follow this Summary

**RECOMMENDED ACTION:**

**Discussion and staff direction on Request**

**ATTACHMENTS:**

Description	Type
<input checked="" type="checkbox"/> Request for Community Water Flouridation	Presentation
<input checked="" type="checkbox"/> Dr. Johnson's PowerPoint Presentation	Presentation
<input checked="" type="checkbox"/> Dr. Johnson's Presentation - 4 parts	Backup Material <i>partial</i>
<input type="checkbox"/> Official's Guide to Science	Backup Material
<input type="checkbox"/> Flouridation claims	Backup Material
<input type="checkbox"/> AAP Letter	Backup Material
<input type="checkbox"/> Jan Pettit's Rebuttal Presentation	Discussion
<input type="checkbox"/> Ordinance No. 11-06 adopted 14 April 2011	Exhibit
<input type="checkbox"/> History	Backup Material

**REVIEWERS:**

Department	Reviewer	Action	Date
City Clerk	Driggers, Betsy	Approved	1/26/2015 - 3:54 PM
City Clerk	Driggers, Betsy	Approved	1/26/2015 - 3:54 PM
City Manager	Czymbor, Michael	Approved	1/26/2015 - 4:27 PM
Finance	Reynolds, Matt	Approved	1/29/2015 - 3:09 PM
City Clerk	Driggers, Betsy	Approved	1/29/2015 - 3:16 PM

## Betsy Driggers

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**From:** ejump@kidscarespeditricspa.com  
**Sent:** Friday, January 23, 2015 5:42 PM  
**To:** Betsy Driggers  
**Subject:** Fluoridation, call for community support-01-16-2015.doc

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Hello Betsy, This is an introductory letter for a request to be scheduled on the city commissioners agenda to address the topic of Community Water Fluoridation. Thanks, Eric Jump

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Hello Putnam County *healthcare providers, educators, government officials, legislators, parents* and all who value the health of our children.

This is a call to rally support to reinstate Community Water Fluoridation (CWF). Please read the enclosed letter to our county and city commissioners detailing recent history and events of water fluoridation in our community. Also, review the attached infographic and a fact sheet.

On January 13, 2015 our Putnam County Commissioners added us, a panel of dentists, physicians and health care folks, to their agenda for the next Putnam County commission meeting on January 27 at 9 AM at the County Commission building, 2509 Crill Avenue, Ste 200. Our goal is to present a clear picture of community water fluoridation and to answer all concerns and questions. Dr. Johnny Johnson, DMD, Co-chair of Oral Health Florida's Fluoridation Action Team, will be representing us as well as the Florida Dental Association and their 7,000 members.

We welcome and encourage your support for this community wide endeavor. Attending the meeting would be a valuable show of support. If unable to attend, you also may show your support by writing E-mails to our County Commissioners whose E-mail addresses are provided below. As a community wide effort, your input is much needed and valued. Please speak up for the children of our community in this proven effective, safe and cost effective means of preventing dental caries.

Sadly, a very small group of people nationwide will be working diligently, by E-mail and by recruiting local supporters, to convince our County Commissioners that CWF is bad. They will try to convince them that it causes a wide variety of health illnesses, especially for our children, in an attempt to scare them to not vote to start/restart CWF. The opposition's claims are baseless, and no respected scientific group in the world backs a single one of them. And...every one of their claims is false!

CWF is endorsed by the *American Academy of Pediatrics (AAP)*, *American Dental Association (ADA)*, the *Centers for Disease Control and Prevention (CDC)*, *World Health Organization (WHO)*, and the *Mayo Clinic* just to name a few supporters.

Please do not let this handful of people deprive our community, both adults and children, of this most important natural mineral that knocks out 25% of cavities simply by drinking the water. I need you, our "silent majority", to step up with me to let our County Commissioners know that you support them and CWF for us all. Do it for our children, please.

Warmest regards,

Eric Jump, D.O.

Pediatrician

Putnam County Florida County Commissioners:

Nancy S. Harris  
[harris@putnam-fl.com](mailto:harris@putnam-fl.com)

Chip Laibl  
[chip.laibl@putnam-fl.com](mailto:chip.laibl@putnam-fl.com)

Larry Harvey  
[larry.harvey@putnam-fl.com](mailto:larry.harvey@putnam-fl.com)

Karl Flagg  
[Karl.Flagg@putnam-fl.com](mailto:Karl.Flagg@putnam-fl.com)

E. Walton Pellicer, II  
[walt.pellicer@putnam-fl.com](mailto:walt.pellicer@putnam-fl.com)

Dental Cavity Prevention  
Community Water Fluoridation

November 17, 2014

Terrill Hill, Palatka City Mayor  
Karl Flagg, County Commissioner

For many years the city water in Palatka, East Palatka and Crescent City was fluoridated to aid in the prevention of dental caries. Water fluoridation is considered one of the top ten public health initiatives that have brought our country forward in enjoying better health and thus stimulating our economy and bettering our lives. In 2011, the Palatka City Commission at the instigation of two of the commissioners passed an ordinance to no longer supplement the water with Fluoride. No dentist or physician in the community was contacted for a medical/dental opinion. As a result, medical and dental providers were unaware; not even the health department knew of this change for years.

Since 2011 the numbers of cavities in our Putnam county citizens has increased in addition to a dramatic increase in serious cavities requiring hospitalization and surgery due to extension of infection into the head and neck. All in our county are at risk for increased cavities, but it is the poor and underserved children of the community who are hit the hardest. The cost of adding Fluoride to community water is insignificant in comparison to the dental and medical costs of treating cavities. Individual prescriptions for Fluoride are also comparatively expensive. In addition, there is poor compliance by busy parents. We can decrease our medical/dental health cost by preventative measures such as community water fluoridation. More importantly, the pain and suffering, the loss of work and school time are a blight that is preventable.

We are requesting your aid in addressing this sad situation of basic public health measures in Putnam County. If possible we physicians and dentists would appreciate meeting with the county commission and Palatka Mayor's office to further delineate our concerns and come up with some strategies to remedy the inadequate preventative measures for Putnam county oral health.

Best regards,

Eric M. Jump, D.O.  
Kids' Care Pediatrics  
Palatka, FL

## What We Know about Community Water Fluoridation



1. Fluoride is a mineral that exists naturally in water supplies, but usually at a level that is too low to protect teeth from cavities. This is why most Florida communities add fluoride to their water systems. The city of Jacksonville does not add fluoride because its water contains enough natural fluoride. Fluoridation is backed by 70 years of research and experience in America.
2. Water fluoridation reduces tooth decay by approximately 25% over a lifetime—and both children and adults benefit. Research shows that fluoridated water works in two ways. It works when swallowed because the fluoride enters the bloodstream and gets incorporated into developing teeth. It works typically because trace levels of fluoride enter the mouth and are incorporated in saliva and plaque that make frequent contact with teeth enamel.
3. Fluoride toothpaste alone does not provide maximum protection. The Centers for Disease Control and Prevention (CDC) reports: "Even today, with other available sources of fluoride, studies show that water fluoridation reduces tooth decay by about 25 percent over a person's lifetime." One study compared children's tooth decay rates in fluoridated and non fluoridated towns. Although the vast majority of kids brushed regularly with fluoride toothpaste, those in the fluoridated town had a decay rate that was 15% lower than the rate in the non fluoridated communities.
4. Fluoridation's benefits are reinforced by recent studies. A special panel of independent U.S. health experts reviewed more than 150 studies about fluoride and issued its finding in 2013 that there is "strong evidence" of water fluoridation's effectiveness. Roughly 30 of these studies had been published since 2000. A 2013 study concluded that fluoridation "is still the optimal method" for people to receive fluoride's cavity-preventing benefits.
5. The safety of water fluoridation has been confirmed by solid research. The National Research Council has issued 5 reports on fluoride or fluoridation, including three since 1997. None of these reports has identified health concerns about the level of fluoride used in water fluoridation. Studies circulated by anti-fluoride groups typically tested fluoride levels in China or other countries that were far higher than those used here in the U.S. The Toxicology Excellence for Risk Assessment, an independent research organization, explains that "medical scientists have agreed that small concentrations of fluoride have health benefits that vastly exceed any hypothetical health risk."
6. Anti-fluoride groups circulate many claims that are false, unproven or misleading. PolitFact, an independent fact-checking service, has investigated three typical arguments used by opponents. Each of these claims was shown to be false or deceptive. The leading anti-fluoride group has posted "studies" on its website from a man who co-wrote a book falsely claiming that HIV does not cause AIDS. This group has formed an alliance with an anti-vaccination group.
7. Fluoridation is part of an American tradition of fortifying foods and beverages to protect human health. Other examples include adding Vitamin D to milk, adding iodine to salt, and adding folic acid to breads and cereals. Water supplies belong to the community, not to any individual. That's why fluoridation is something we do as a community.
8. America has made significant progress in reducing tooth decay. Florida communities without fluoridation undermine that progress. Research shows that children with poor dental health are nearly three times more likely to miss school days. Adults with unhealthy or missing teeth are at a disadvantage when interviewing for good jobs. A community that lacks fluoridation is undermining the health and success of its residents.

For more information, visit [www.IBcthyTeeth.org/fluoridation](http://www.IBcthyTeeth.org/fluoridation)

# Community Water Fluoridation by the Numbers

Millions of Americans do not have access to fluoridated water in their communities, leading to higher rates of tooth decay and greater costs to taxpayers. Fluoridation can reduce states' expenditures for emergency room care, Medicaid, and other public health services.



Number of Americans served by public water systems that do not provide fluoridated drinking water<sup>1</sup>



Number of Americans treated at hospital emergency rooms in 2009 for preventable dental problems



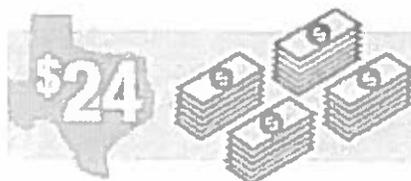
Estimated rate by which community water fluoridation reduces tooth decay throughout a person's lifetime<sup>2</sup>



Amount of money communities save for every dollar invested in water fluoridation<sup>3</sup>



Lifetime cost of treating one decayed molar<sup>4</sup>



Amount of money saved annually per child by the Texas Medicaid program as a direct result of water fluoridation<sup>5</sup>

1. U.S. Department of Health and Human Services, "Community Water Fluoridation: A Public Health Strategy to Reduce the Burden of Tooth Decay," 2010. <http://www.hhs.gov/ohrt/fluoridation/>

2. Centers for Disease Control and Prevention, "Community Water Fluoridation: A Public Health Strategy to Reduce the Burden of Tooth Decay," 2010. <http://www.cdc.gov/fluoridation/>

3. Centers for Disease Control and Prevention, "Community Water Fluoridation: A Public Health Strategy to Reduce the Burden of Tooth Decay," 2010. <http://www.cdc.gov/fluoridation/>

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5. Centers for Disease Control and Prevention, "Community Water Fluoridation: A Public Health Strategy to Reduce the Burden of Tooth Decay," 2010. <http://www.cdc.gov/fluoridation/>

# FLUORIDATION: WHAT THE SCIENCE SAYS

FEBRUARY 26, 2015  
PALATKA CITY COMMISSION  
PUTNAM COUNTY, FL  
CITY COMMISSION MEETING

Used with permission of Jay Kumar, DDS, MPH  
Updated data and additional literature, Johnny Johnson, Jr., DMD, MS

# Disclosures

- Speaking at request of Dr. Eric Jump, Pediatrician, Palatka, and Ms. Mary Garcia, Administrator/Health Officer, FL DOH Putnam County
- Speaking as Representative of Florida Dental Association & its 7,000 member dentists
- Speaking as Co-Chair of Fluoridation Action Team, Oral Health Florida
- Speaking as a private practice pediatric dentist
- Speaking because I fervently want everyone to have healthy teeth and bodies
- I do this for the children and adults that live in pain and suffer every day of their lives because of preventable dental disease. We are all God's children.

# Why Are We Here Today to Talk About Water Fluoridation?

## Palatka City Commission



**Terrill Hill**  
Mayor/Commissioner



**Mary Lawson-Brown**  
Vice Mayor/Commissioner



**Justin Campbell**  
Commissioner



**Rufus Borom**  
Commissioner



**James Norwood, Jr.**  
Commissioner

# Birth of CWF January 26, 1945

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Toasting 70<sup>th</sup>  
Anniversary of  
Community Water  
Fluoridation on Sunday  
with my daughters with  
refreshing and  
fluoridated water

# Why Do Cavities Matter?

- Infection
- Extreme pain
- Difficulty in chewing
- Poor weight gain
- Difficulty concentrating
- Missed school hours
- Predictor of cavities in later life
- Costly treatment
- Life Threatening/Death



**Severe Dental Infection-Life Threatening**

## **HOW CAN WE HELP HER?**



**Severe Dental Infections can and are  
Life Threatening!!**

## CAVITIES:WHAT'S THE PROBLEM? WHY??

7

- *In a perfect world*, everyone would:
  - ❖ Receive regular dental checkups
  - ❖ Eat *only* nutritious and well balanced diets
  - ❖ Have excellent oral hygiene practices
  - ❖ Appropriately use topical fluoride products daily, i.e. toothpaste, mouth rinses, varnishes
  - ❖ Have dental sealants placed on all of their molars
  - ❖ Have a 2 parent household where parents are actively involved in every aspect of their children's daily activities, including eating, oral self care, school, friends, and they have a harmonious family relationship
  - ❖ Live happily ever after
- ***Sadly, this isn't a perfect world!***

# Community Water Fluoridation Helps

8

- ❑ CDC: One of 10 great public health achievements of the 20th century
- ❑ Over 210 million U.S. residents are served by CWF daily
- ❑ **Reduces cavities** for both *children and adults by at least 25%* above and beyond those already being prevented by fluoridated toothpaste, rinses, varnish, etc
- ❑ Helps Americans keep their teeth longer into adulthood more than ever before
- ❑ Saves millions of dollars in treatment costs and eliminates pain and suffering.
- ❑ In Palatka in 2012, over **\$400,000** was spent on Hospital ER Dental visits for **preventable** dental problems. Patients received antibiotics, pain pills, **but no treatment**. **461 adults and children, >\$867/person**



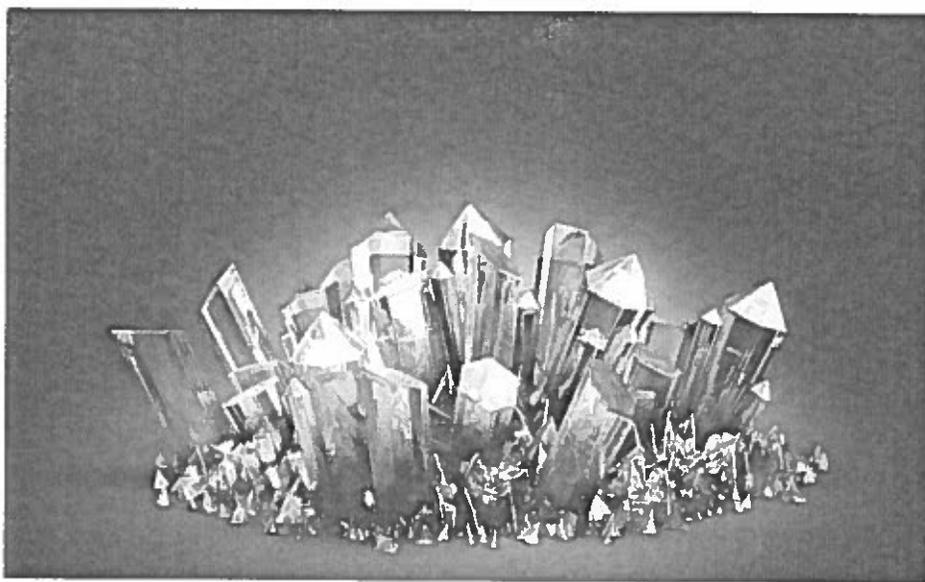
# FLUORIDATION: Magic Bullet

- ❖ What Does Credible Science Say?
- ❖ Is There Debate About the Safety?
- ❖ Is There Debate About the Effectiveness?
- ❖ Is There Debate About the Savings in Cost and Human Suffering it Provides?

## THE SCIENCE IS CRYSTAL CLEAR!!!

10

Fluoridation is Safe, Effective, and Provides Huge Cost Savings  
& Reduces Human Pain and Suffering



# The Weight of Science



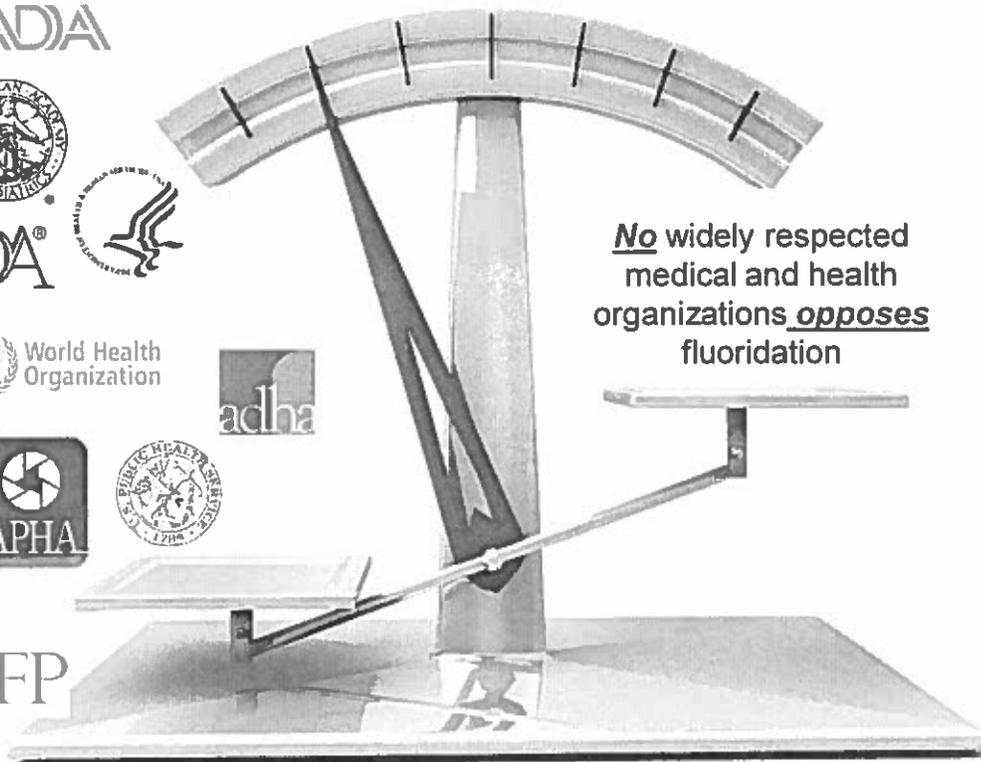
World Health Organization



MAYO CLINIC



E.A.P.D.  
EUROPEAN ACADEMY OF PEDIATRIC DENTISTRY



No widely respected  
medical and health  
organizations opposes  
fluoridation

# A Public Health Achievement



“Fluoridation is the single most important commitment a community can make to the oral health of its children and to future generations.”

**Dr. C. Everett Koop**

*Surgeon General (1982-1989)*



“Fluoridation is the single most effective public health measure to prevent tooth decay and improve oral health over a lifetime, for both children and adults.”

**David Satcher, MD, PhD**

*Surgeon General (1998-2002)*



“With the development of fluoridated drinking water and dental sealants, Americans are less likely to experience tooth loss and gingivitis by middle age ... Community water fluoridation continues to be a vital, cost-effective method of preventing dental [cavities].”

**Dr. Regina Benjamin,**

**U.S. Surgeon General (2009-2013)**

# Is Water Fluoridation Still Necessary?

**J.V. Kumar. *Adv Dent Res* 20:8-12, July, 2008**

Community Guide Changes in caries at the tooth level (deft/DMFT)

<b>Effect of starting or continuing CWF</b>	<b>-29.1% (-110.5%, 66.8%)</b>
<b>Effect of stopping CWF</b>	<b>17.9% (-42.2%, 31.7%)</b>

Changes in caries at the tooth level (deft/DMFT)

Effect of starting or continuing CWF	-50.7% (-68.8%, -22.3%)
Effect of stopping CWF	59.90%

## **Additional Systematic Review - Effectiveness in Adults**

Griffin et al (2007) Preventive Fraction	27.2% (19.4, 34.3)
--	--------------------

# DEBATES ON SCIENCE

## **FACTS:**

Debates on the science of any topic takes place in *expert panels* that have been set up to critically evaluate the literature, *never in public forums*

### 1. **Community Preventive Services Taskforce: Systematic Reviews**

- Blue Ribbon Panel Established by Congress
  - a) Purpose is to scientifically evaluate the literature
  - b) Provide recommendations to communities

### 2. **National Research Council's: Systematic Reviews**

*"Scientific Review of EPA Standards on Fluoride in Drinking Water, 2006"*

- 3 ½ years of *debate*
- Recommendations and findings

# Community Preventive Services Taskforce

## Recommendations reaffirmed 2013:

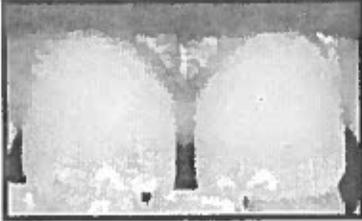
1. Community Water Fluoridation is ***RECOMMENDED*** based on ***STRONG EVIDENCE*** of effectiveness in **reducing cavities across populations**.
2. Evidence shows the **prevalence of cavities is *substantially lower*** in communities with community water fluoridation (CWF)
3. There is **NO EVIDENCE** that CWF results in **severe fluorosis**.



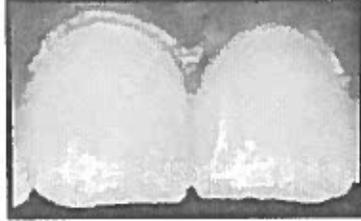
Department of Health and Human Services  
Centers for Disease Control and Prevention

## Community Water Fluoridation

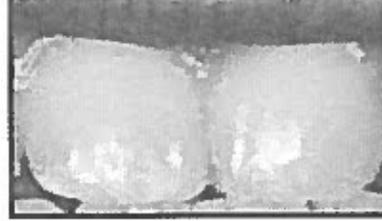
Normal



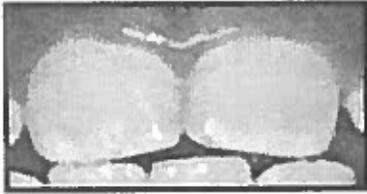
Questionable



Very mild



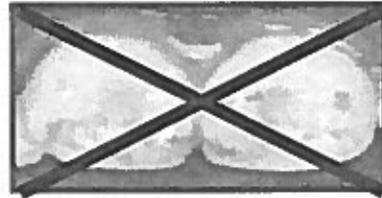
Mild



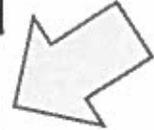
Moderate



Severe



Community Preventive Services Task Force finds **no evidence** of severe fluorosis with CWF



## Accurate Photos of Enamel Fluorosis

[http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm) January 13, 2013

## National Research Council

# THE NATIONAL ACADEMIES

Advisers to the Nation on Science, Engineering, and Medicine

Report issued in March 2006

Focused on naturally occurring high levels of fluoride in drinking water

### Reviewed studies:

Effects of Fluoride on Teeth  
Musculoskeletal Effects  
Reproductive and Developmental Effects  
Neurotoxicity and Neurobehavioral Effects  
Effects on the Endocrine System  
Effects on the Gastrointestinal, Renal, Hepatic, and Immune Systems  
Genotoxicity and Carcinogenicity



### States with high levels of fluoride naturally occurring:

Colorado 11.2 mg/L  
Oklahoma 12.0 mg/L  
New Mexico 13.0 mg/L  
Idaho 15.9 mg/L  
Virginia 6.3 mg/L  
Texas 8.8 mg/L  
S. Carolina 5.9 mg/L

## EPA DRINKING WATER STANDARDS for NATURAL LEVELS of FLUORIDE

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- **MCLG:** The maximum contaminant level goal (MCLG) is a health goal set at a concentration which ***no adverse health effects*** are expected to occur and the margins of safety are judged “adequate”.
- **MCL:** The maximum contaminant goal is the “enforceable” standard that is set as close to the MCLG as possible
- *The MCLG and MCL for fluoride is the same, 4mg/L (4ppm)*
- **SMCL:** A secondary maximum contaminant level has been for fluoride of ***2mg/L to protect the teeth for aesthetic or cosmetic effects***

## National Research Council Report – Fluoride in Drinking Water (2006)

19

- ❑ The Committee considered three toxicity end points for which there were *sufficient relevant* data for assessing the adequacy of the MCLG (4 mg/L) for fluoride to protect public health:
  - ❖ 1. severe enamel fluorosis
  - ❖ 2. skeletal fluorosis, and
  - ❖ 3. bone fractures. (NRC Report, page 346)
- ❑ NRC Panel concluded that the **only effect** from fluoride that naturally occurs in water ***below 4mg/L (ppm)*** is **dental fluorosis**.
- ❑ At **2mg/L (ppm)**, severe enamel fluorosis is **virtually zero**
- ❑ **NO OTHER HEALTH EFFECTS WERE NOTED!**

**Statement by John Doull, Chairman, NRC Committee:**

*"I do not believe there is any valid scientific reason for fearing adverse health conditions from the consumption of water fluoridated at the optimal level."*

*(Source: email to Pew Charitable Trusts, March 22, 2013)*

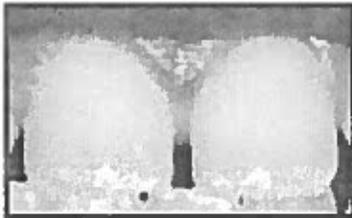


Department of Health and Human Services

Centers for Disease Control and Prevention

## Community Water Fluoridation

Normal



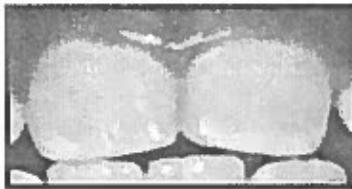
Questionable



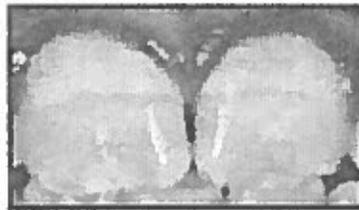
Very mild



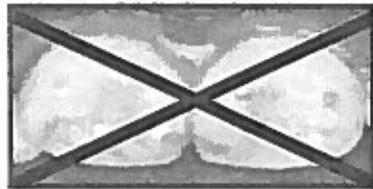
Mild



Moderate



Severe



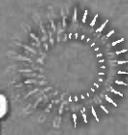
2006 NRC Review finds **no evidence** of severe fluorosis below 2mg/L (ppm) fluoride in water



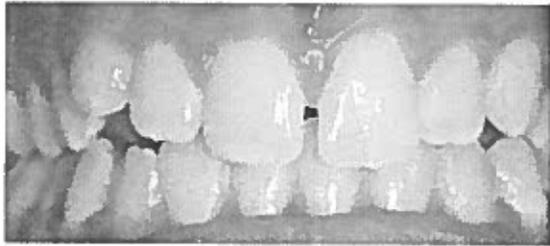
## Accurate Photos of Enamel Fluorosis

[http://www.cdc.gov/fluoridation/safety/dental\\_fluorosis.htm](http://www.cdc.gov/fluoridation/safety/dental_fluorosis.htm) January 13, 2013

Which sets of teeth have mild fluorosis?



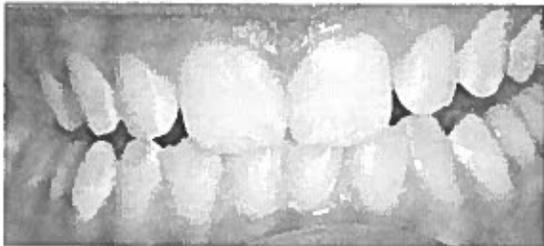
THE  
**PEW**  
CENTER ON THE STATES



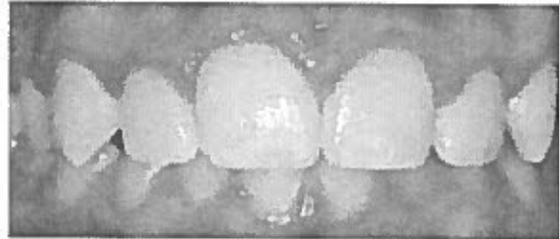
**Sample A**



**Sample B**



**Sample C**



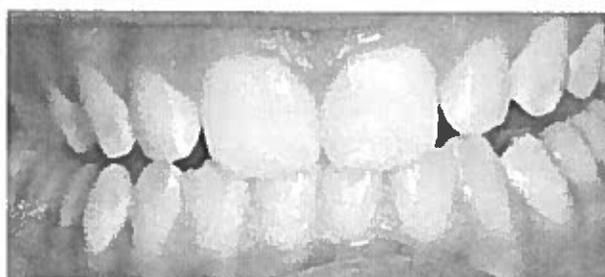
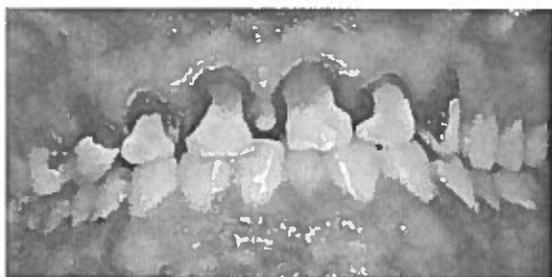
**Sample D**

*WHICH WOULD BE YOUR CHOICE???*

Tooth Decay

Or

Mild Dental Fluorosis



# The Science is Crystal Clear

23

1. Since the science is crystal clear, why do a handful of people oppose it?
2. Let's Evaluate Claims made by those opposed to community water fluoridation (CWF):

**“Antifluoridationists”**

# Claims

24

- ❑ Not needed, doesn't work, small effect , there are alternatives
- ❑ Lower IQ in children
- ❑ Increases lead uptake
- ❑ Cancer
- ❑ Down Syndrome
- ❑ Allergies
- ❑ AIDS
- ❑ Alzheimer's disease
- ❑ Reproductive problems
- ❑ Effects on the renal, gastrointestinal, and immune systems

**Claim: *Fluoridation causes serious health problems such as cancer***

25

- National Cancer Institute, National Research Council (NRC), FDA, California EPA OEHHA Committee, CDC
  - *No convincing evidence of causal link between fluoridation/fluoride and cancer*
  - *“No persuasive evidence” that CWF poses harmful health effects*
- At least 100 million Americans have been drinking fluoridated water for decades without developing health issues.
- In India and China alone – over 200 million people are exposed to very high levels of fluoride where skeletal fluorosis is common **but not osteosarcoma (Bone Cancer)**

# Osteosarcoma: 15 year Harvard Research Study Fluoridation and Cancer

26

- Bassin, Elyse, et al, 2006  
“Age specific Exposure in drinking water and osteosarcoma”  
*Our exploratory analysis found an association between fluoride exposure in drinking water during childhood and the incidence of osteosarcoma among males but not consistently among females. Further research is required to confirm or refute this observation”*
  
- Kim, F.M, et al, 2011: Final Report of 15 year Harvard Research  
“An Assessment of Bone Fluoride and Osteosarcoma”  
*“This study did not demonstrate an association between fluoride levels in bone and Osteosarcoma (Bone Cancer)”*

## 25 year Cancer Study in Great Britain REAFFIRMS NO LINK Between Fluoride in Water and Cancer

27

- **“Is fluoride a risk factor for bone cancer? Small area analysis of Osteosarcoma and Ewing sarcoma diagnosed among 0-49-year-olds in Great Britain, 1980-2005”**, *Int J Epidemiol.*, 2014 Jan 14, Blakely et al
- The study analysed 2566 Osteosarcoma and 1650 Ewing sarcoma cases.
- **CONCLUSIONS:**  
*“The findings from this study provide no evidence that higher levels of fluoride (whether natural or artificial) in drinking water in GB lead to greater risk of either osteosarcoma or Ewing sarcoma.”*

## **Claim: Fluoridation chemicals are different from naturally occurring fluoride**

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**CDC:**

### **Fluoride Additives Are Not Different From Natural Fluoride**

Some consumers have questioned whether fluoride from natural groundwater sources, such as calcium fluoride, is better than fluorides added "artificially," such as FSA or sodium fluoride. Two recent scientific studies, listed below, demonstrate that the same fluoride ion is present in naturally occurring fluoride or in fluoride drinking water additives and that no intermediates or other products were observed at pH levels as low as 3.5. In addition, the metabolism of fluoride does not differ depending on the chemical compound used or whether the fluoride is present naturally or added to the water supply.

Finney WF, Wilson E, Callender A, Morris MD, Beck LW. [Rapid degradation of hexafluoroisobutyl hydrolysis by fluoride NMR and pH measurement.](#) *Environ Sci Technol* 2006; 40:8:2572.

G.M. Whitford, F.C. Sampaio, C.S. Pinto, A.G. Maria, V.E.S. Cardoso, M.A.R. Buzalaf. [Fluoride incorporation of fluoride: Lack of fluoride chemical compound.](#) *Archives of Oral Biology*, 53 (2008) 1037–1041.

## Claim: “no double-blind studies ever done”

29

### Fact:

- Population-based studies are used routinely to assess observational findings.
- No Double-blind studies have ever been done on:
  - Tobacco
  - Alcohol
  - STD's
- Population-based studies were used to see their effects on our bodies
- Population-based studies are used to evaluate fluoride's safety and effectiveness
- No Double-blind studies needed to be conducted to connect the dots between tobacco and lung disease/cancer, Alcohol and its health effects, or the damages from STD's

**Claim:** “*The ADA warns parents not to add fluoridated water to infant formula because of its harmful effects*”

## **FACT:**

This has NEVER been accurate!!!

### **ADA recommendations:**

- **Continued use** of liquid or powdered concentrate infant formulas reconstituted with optimally fluoridated drinking water while being cognizant of the potential risk for *mild* enamel fluorosis
  
- Use ready-to-feed formula or liquid or powdered concentrate formula reconstituted with water that is either fluoride-free or has low concentrations of fluoride when the potential risk for *mild* enamel fluorosis **may be a concern for parents**

# Claim: “Just look at Warning Label on back of a tube of toothpaste!!!”

**Warnings** Keep out of the reach of children under 6 years of age. If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away. Ask a dentist before use if you have • bleeding or redness lasting more than 2 weeks • pain, swelling, pus, loose teeth, or more spacing between teeth. These may be signs of periodontitis, a serious form of gum disease.

**Directions** • Supervise children as necessary until capable of using without supervision. • Adults and children 6 years of age and older: Brush teeth thoroughly, preferably after each meal or at least twice a day, or as directed by a dentist or a physician. • Children under 12 years: Instruct in good brushing and rinsing habits (to minimize swallowing).

*“To this day, according to the American Association of Poison Control Centers, there have not been any deaths or serious adverse reactions from ingestion of fluoride toothpastes”*

-Clifford W. Whall, Jr., PhD  
Director of Acceptance Program  
ADA Council on Scientific Affairs  
April 2, 2012

- Responsible Parenting
- Same labeling on vitamins, Tylenol-required by FDA

# FACT: No one has ever died

32



**Responsible**  
**Parenting!!**

- It would take a 20kg child (~4 year old) ingesting 2 full tubes of Adult sized toothpaste at one setting to reach a lethal dose of fluoride
- The sudsing agent and abrasive components of toothpaste would cause anyone ingesting excess toothpaste to throw up.

## **Claim: Fluoridation causes a decrease in IQ**

33

### **FACT: Low quality studies of IQ effect from high fluoride communities in China**

*"In our appraisals we found that the study design and methods used by many of the researchers had serious limitations. The lack of a thorough consideration of confounding as a source of bias means that, from these studies alone, it is uncertain how far fluoride is responsible for any impairment in intellectual development seen."*

Bazian. "Independent critical appraisal of selected studies reporting an association between fluoride in drinking water and IQ. A report for South Central Strategic Health Authority. February 2009."

In other words, **NO IQ changes** have been shown to be attributable to naturally occurring fluoride levels in water based on their review and reviews of other credible scientific organizations internationally. These claims are made based on the Harvard Meta-analysis by Choi & Grandjean

# Claim: Harvard Study proves IQ damage

34

## IQ and Harvard's Meta-analysis (NOT A PRIMARY RESEARCH PROJECT):

*"Harvard University scientists say that Wichita voters shouldn't depend on a research study they compiled to decide whether to put fluoride in the city's drinking water to fight tooth decay.*

*While the studies the Harvard team reviewed did indicate that very high levels of fluoride could be linked to lower IQs among schoolchildren, the data is not particularly applicable here because it came from foreign sources where fluoride levels are multiple times higher than they are in American tap water."*

*Wichita Eagle: Anna Choi and Philippe Grandjean in email to Wichita Eagle*

# Appetitive-based learning in rats: Lack of effect of chronic exposure to fluoride

Gary M. Whitford<sup>a,\*</sup>, Jennifer L. Whitford<sup>b</sup>, Stephen H. Hobbs<sup>b</sup>

<sup>a</sup> Department of Oral Biology, Medical College of Georgia, Augusta, GA 30912-1129, United States

<sup>b</sup> Department of Psychology, Augusta State University, Augusta, GA 30904, United States

## ARTICLE INFO

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Learning

Brain

## ABSTRACT

**Background:** Chronic ingestion of optimally fluoridated water (ca. 1.0 mg/L) has not been associated with any adverse health effects. Possible effects on the nervous system, however, have received little attention. One study with rats given high doses of fluoride reported subtle behavioral changes. The authors suggested that the ability of humans to learn might be reduced and recommended further study with humans and rats. The present study was done to provide data with which to assess this suggestion.

**Methods:** Weanling, female rats ( $n = 32$ ) were provided with water containing graded doses of fluoride (0, 2.9, 5.7, 11.5 mg/kg body weight/day) for eight months. While under restricted food access they were tested for their ability to learn an operant response for food and to adjust their responding under schedules of reinforcement requiring high rates of responding (5 days) and then low rates of responding (10 days). Bone, plasma and seven regions of brain were analyzed for fluoride.

**Results:** There were no significant differences among the groups in learning or performance of the operant tasks. Tissue fluoride concentrations were directly related to the levels of exposure. In the 11.5 mg/kg/day group the bone, plasma and brain concentrations were 99, 305 and 221 times higher, respectively, than those in the control group. The average brain-to-plasma fluoride concentration ratios in each of the seven brain sections fell within a narrow range and did not exceed 0.40. There was no consistent evidence for the preferential uptake of fluoride by any given brain section.

**Conclusion:** Chronic ingestion of fluoride at levels up to 230 times more than that experienced by humans whose main source of fluoride is fluoridated water had no significant effect on appetitive-based learning.

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J. Neurotoxicology and Teratology. 2009.

**Conclusion:** Chronic ingestion of fluoride at levels up to 230 times more than that experienced by humans whose main source of fluoride is fluoridated water **had no significant effect** on appetitive-based learning.

**Claim:** *"Fluoridated water contains 250 x more fluoride than mother's milk."*

**FACTS:**

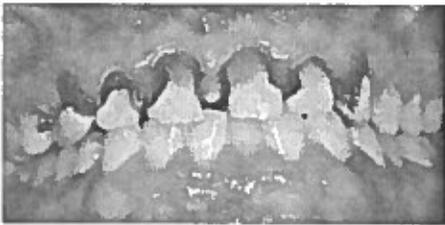
- *There are no known adverse health effects for infants.* Milder form of dental fluorosis is the only risk.
  
- ***Vitamin D*** is added to milk because mother's milk ***lacks*** sufficient amounts. The National Academy of Sciences and the American Academy of Pediatrics recommends vitamin D per day beginning during the first 2 months of life.

**Claim:** “We should discontinue fluoridation because 41% of children in the US have dental fluorosis.”

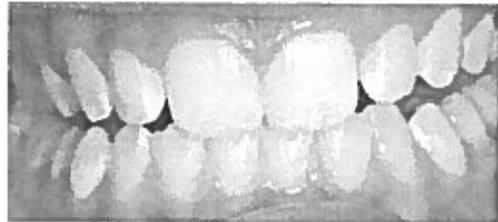
37

**FACTS:**

97% of adolescents ages 12-15 have fluorosis of the *very mild to mild types*. A study by Lido and Kumar suggested that molars with fluorosis were more resistant to cavities than those without fluorosis



← This  
or  
This? →



**The association between enamel fluorosis and dental caries in U.S. schoolchildren**

Hiroko Iida, DDS, MPH; Jayanth V. Kumar, DDS, MPH

**Claim: *Most countries in Western Europe don't fluoridate, so why do we?***

38

- The U.K., Spain, and Ireland have fluoridated water
- In some parts of western Europe, large number of water systems make community water fluoridation (CWF) logistically challenging, so they practice *salt or milk fluoridation* instead
- Nearly the same number of people are using salt and milk fluoridation as CWF
- 405 million people in 60 countries drink fluoridated water

**Claim:** *“The National Kidney Foundation withdrew its support of water fluoridation”*

**FACT:** *“The NKF has **no position** on fluoridation of water. ”*

- Dietary advice for patients with CKD should primarily focus on established recommendations for sodium, potassium, calcium, phosphorus, energy/calorie, protein, fat, and carbohydrate intake. Fluoride intake is a secondary concern.
  
- There is *no consistent evidence* that the retention of fluoride in people with these stages of CKD (stages 4 & 5) who consume optimally fluoridated drinking water *results in any negative health consequences*.

<http://www.kidney.org/>

**Claim:** “*Fluoride works primarily topically, not systemically*”

**FACT:** Studies show **fluoride works via both topical and systemic effects**. There is a pre-eruptive cavity preventive effect and continuous exposure to small amounts of fluoride is the best for remineralization of tooth enamel (benefits both adults and children).

*“The findings indicated that **pre-eruption** exposure was required for a caries-preventive effect and that **exposure after eruption alone** did not lower caries levels significantly. However, the maximum caries-preventive effects of fluoridated water were achieved by high pre- and posteruption exposure.”*

Singh KA, Spencer AJ, Armfield JM. Relative Effects of Pre- and Posteruption Water Fluoride on Caries Experience of Permanent First Molars. J Public Health Dent. 2003;63(1):11 – 19.

**Claim:** *Fluoride is an additive, equivalent to forcing people to take medicine*

41

## FACTS:

- U.S. courts have rejected the idea that fluoride is a medication and should not be allowed in water supply
- **Fluoridation:** the adjustment of *natural* (background) water fluoride levels to bring to optimum. Palatka's City water has a background (natural) level of 0.23ppm (mg/L) fluoride. It needs to be adjusted upwards just a smidge to 0.7 ppm for maximum benefit in reducing cavities.
- **Fortification** is a common practice - Folic acid, Vitamin D, Iodine etc.

## Claim: *Cannot manage fluoride intake*

- There is no need to control water intake. Fluoride from *dental products, primarily **swallowed** toothpaste by young children*, needs to be used appropriately as they are a *major contributor* to fluorosis, even in areas *without* fluoridation.
- There is a history of over 70 years of safety record of fluoridation in the United States.
- **NRC Report** showed that severe fluorosis *near zero* below 2mg/L (2ppm)
- **EPA's analysis** provides that the proposed recommendation of 0.7 mg/L of F<sup>-</sup> *will* protect against *any* potential adverse health effects.

**Claim:** “FSA (hydrofluorosilicic acid) is not acceptable because it adds dangerous impurities like arsenic and lead to water supply.”

## **FACT:**

1. To ensure the public's safety, all additives used at a water treatment facility must meet *strict quality standards*.
2. American Water Works Association (AWWA) and the NSF/ANSI (National Sanitation Foundation/American National Standards Institute) measure levels of impurities.
3. The average concentration of arsenic and lead from all samples of water fluoridated with FSA, tested by NSF International from 2000 to 2006 was *less than 0.1 ppb* (parts per billion). EPA allowable is 10.0ppb

## **Claim: *There are better ways to deliver fluoride***

44

**FACT: There are no better, more effective means to deliver fluoride to a population than CWF. It is considered the “Gold Standard” of fluoride delivery**

1. **CWF *benefits all***, regardless of age SES, race, education, dental insurance coverage and access to dental care
2. Even *with* fluoridated toothpaste, areas with CWF show lower rates of tooth decay of 25% or more
3. The *National Preventive Dentistry Demonstration Program* found community water fluoridation (CWF) to be *the most effective in terms of cost and outcomes*
4. *Strong* support from economic analysis

**Claim:** “*Communities are putting an end to fluoridation..*”

## **FACTS:**

- The percent of the U.S. population on community water systems *increased* from 69.2% in 2006 to 74.6% in 2012 (5.4%).
- In 2012, **210.7 million people** in the U.S. population on community water systems had access to fluoridated water.
- In Florida, over 13.3 million (~77%) people receive optimally fluoridated water.

# Summary

## Water fluoridation:

- ❑ Is Safe, Effective, and the most Cost Effective means to reach everyone with the cavity fighting benefits of CWF
- ❑ benefits all members of the community, regardless of age, race, SES, access to dental care
- ❑ offers a great return on its investment: For every \$1 invested in fluoridation, \$38 in dental treatment costs/person/year are avoided
- ❑ is recommended by the Task Force on Community Preventive Services and all major health organizations; CDC, AAP, ADA, AMA.....
- ❑ "Fluoridation is the single most important commitment a community can make to the oral health of its children and to future generations."

Surgeon General C. Everett Koop

# The Weight of Science



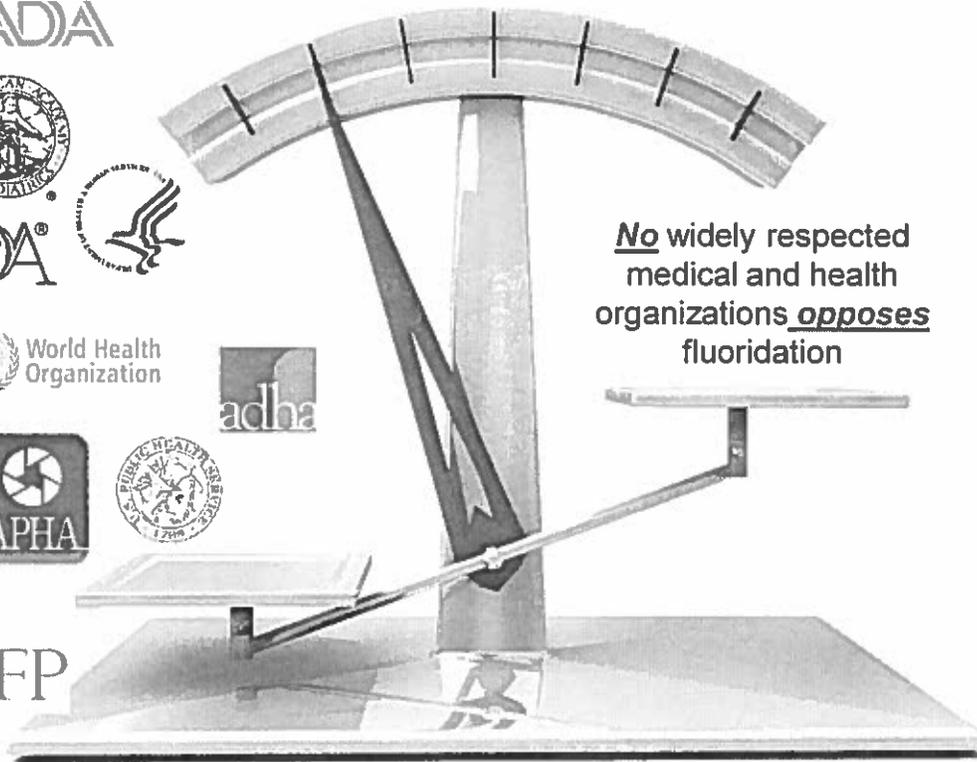
World Health Organization



MAYO CLINIC



E.A.P.D.  
EUROPEAN ACADEMY OF PEDIATRIC DENTISTRY



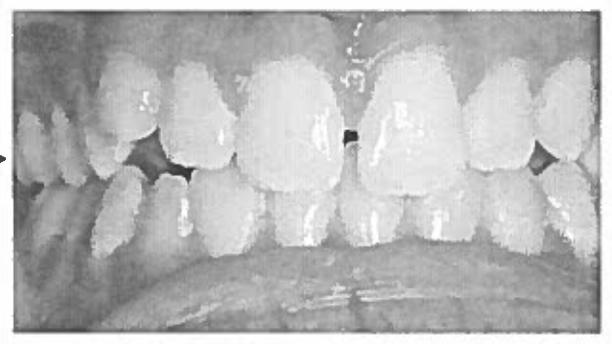
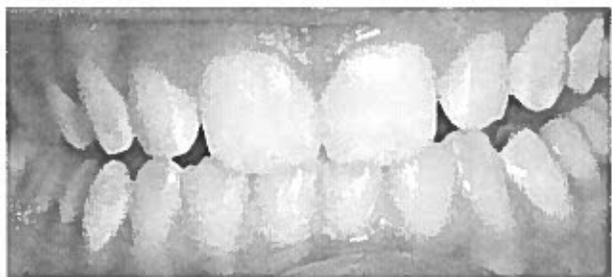
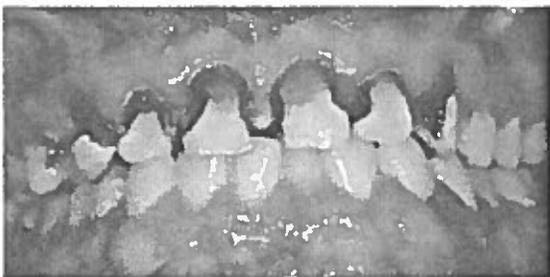
**No widely respected  
medical and health  
organizations opposes  
fluoridation**

WHICH WOULD BE YOUR CHOICE???

Tooth Decay

Or

Mild Dental Fluorosis



# Community Water Fluoridation

49

## QUESTIONS?

Johnny Johnson, Jr., D.M.D., M.S.  
Pediatric Dentist  
Diplomate, American Board of Pediatric Dentistry  
[drjohnnyjohnson@gmail.com](mailto:drjohnnyjohnson@gmail.com)

February 16, 2015

To: Mayor Terrill Hill  
Vice Mayor Mary Lawson-Brown  
Commissioner James Norwood, Jr.  
Commissioner Rufus Borom  
Commissioner Justin Campbell

From: Johnny Johnson, Jr., DMD, MS

RE: Palatka City Commission Meeting February 26, 2015  
Agenda Item: Community Water Fluoridation

Dear Mayor Hill, Vice Mayor Lawson-Brown, Commissioner Norwood, Commissioner Borom, and Commissioner Campbell,

I would like to introduce myself. My name is Johnny Johnson. I am a retired (disabled) private practice Pediatric Dentist from Pinellas County, FL. I have been asked by my friend, Dr. Eric Jump, Pediatrician from Palatka, to help him in his communitywide efforts to get the water systems fluoridated. Dr. Jump knows firsthand the great benefits that Community Water Fluoridation (CWF) has made in Palatka, and the devastation that ceasing it there has led to as evidenced by the huge increases in badly decayed teeth in both children and adults.

Like Dr. Jump, I too have witnessed this communicable and contagious dental disease that occurs in all communities. As a University of Florida, College of Dentistry graduate in 1983, I had the privilege of treating several adults and children from Palatka. Patients would travel to the clinics at UF and presented in severe dental pain which prevented them from going to work and/or school. They were seeking out pain relief, as well as having their dignity restored, by regaining their smiles so that they could look presentable when they applied for jobs or went to school. Some of the children we saw had to have most or all of their teeth removed at a very young age from the destruction caused by cavities. Some had to have this work done in the operating room at Shands because of the extensive nature of their work.

I recall 2 particular adults, a husband and wife who were 35 years old, who came to me from Palatka. Their teeth were in hopeless condition due to the ravages of dental cavities. We had to remove all of the husband's teeth and make him full dentures. For his wife, we could save 6-8 lower teeth and had to construct for her a full upper denture, and a partial on the lower. I was in shock to see the differences that existed between patients from fluoridated communities and those who did not have CWF. I couldn't understand why everyone didn't have access to CWF. I was moved by these experiences and knew that we had to work together to prevent these types of tragedies from endlessly repeating themselves.

My involvement in CWF began on October 4, 2011, when four out of seven Pinellas County Commissioners voted to cease CWF to over 700,000 of our residents. I was enraged and in disbelief that credible science and our respected organizations like the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), American Dental

Association (ADA), World Health Organization (WHO), and Institute of Medicine (IOM), could all be called into question by these 4 commissioners. I accepted the request by our local, state, and national dental organizations to lead the effort to return CWF to our county. Like my pastor had told me when I had my career-ending bicycle accident in 2002, "The Good Lord didn't push you off of your bicycle. Open your eyes to opportunities that he will place before you." I knew the pain and suffering that our families would begin to endure by ceasing CWF. I knew that this was an opportunity that my pastor had been speaking about. Thank the Lord, with a lot of effort, 15 months later CWF was restarted in Pinellas County!!

I am extremely excited to be able to speak with you all regarding your consideration of resuming CWF for the city of Palatka. The over 3,000 published and credible studies and research papers over the past 70 years of CWF in the U.S. have overwhelmingly shown that:

1. CWF is Safe for everyone to drink. There are no known adverse health effects from optimally fluoridated community water.
2. It is Effective. By simply drinking fluoridated water daily, at least 25% of cavities of adults and children are avoided over their lifetimes.
3. It is Cost Effective. For every \$1 that is spent on CWF, \$38 in dental treatment costs are saved/person/year, each and every year.

Almost every major national and international credible scientific group or organization supports community water fluoridation. CWF is endorsed by the WHO, ADA, AAP, CDC, and the Mayo Clinic, just to name a few. No credible scientific organization in the world opposes CWF.

Over the next couple of days I will send you information which supports the safety and effectiveness of CWF. This information will address the credible science, reductions in cavities for adults and children of all socio-economic levels, and the impact that it has on those who need dental care the most but who are least likely to have the funds or access to receive any dental care at all, our indigent families.

I will conclude my informational emails with you by addressing the claims made against optimally fluoridated water (CWF) by those that oppose it. There is a small group of people nationally and internationally who spread half-baked truths, unfounded claims of health ills, and many other statements about CWF which are completely false. Their claims are not backed by a single credible scientific body in the world. While based on their beliefs, opinions, and cherry-picked tidbits of information from credible scientific literature, their claims are baseless and misleading about CWF.

I promise not to inundate you with volumes of material to review. My desire, along with that of Dr. Jump and your local community, is to help you cipher through the credible scientific information that is out there on CWF, as well as the mountain of misinformation that those who oppose it disseminate via the internet. As elected officials, you look to credible authorities to provide you with information on which to base your decisions for the health and well-being of your residents. You would no more look to the internet to find out what unqualified people think about installing a traffic light at a children's school crosswalk, or how to design a bridge, than you would to find out the information you want about CWF. You look to your staff to provide you with this credible and sound information.

I stand ready to offer my help to you for any information and/or questions that you may have at any time. I would also like to meet with you in your office before the meeting on Thursday to discuss CWF with you individually. Please let me know if you have the time. I am traveling from Pinellas County, but can definitely stay to talk with you. I would welcome this one-on-one time with you.

My presence at your meeting will be as a private practice pediatric dentist, as the representative of the Florida Dental Association and its over 7,000 members statewide, and as the Co-Chair of the Fluoridation Action Team of Oral Health Florida. I look forward to speaking with you all next week.

Respectfully Yours,

Johnny

Johnny Johnson, Jr., DMD, MS  
Pediatric Dentist  
Diplomate American Board of Pediatric Dentistry  
Co-Chair, Fluoridation Action Team, Oral Health Florida  
Florida Dental Association representative to Putman County and Palatka  
c: 727-409-1770  
e: [drjohnnyjohnson@gmail.com](mailto:drjohnnyjohnson@gmail.com)

# Water Fluoridation Benefits

VS.

# Claims Made by Those Opposed to Water Fluoridation

Palatka City Commission Meeting  
Agenda Item on Fluoridation  
February 26, 2015

Prepared by:

Johnny Johnson, Jr., DMD, MS  
Pediatric Dentist  
Diplomate, American Board of Pediatric Dentistry  
Palm Harbor (Pinellas County), FL

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## **CURRENT ANTI-FLUORIDATION TACTICS:**

"Current anti-fluoridation tactics have focused on additives used to fluoridate water supplies. There is no credible evidence to support the notion that the additives are unsafe. In the past, tactics have focused on studies that purported to show that fluoridation was linked to cancer and myriad other health problems.<sup>48</sup> However, such assertions were based on improper science, and numerous subsequent studies found no association between fluoridation and cancer.<sup>58</sup>"

Water Fluoridation and the Environment: Current Perspective in the United States, *Pollick, Howard F., Int J Occup Environ Health, 2004;10:343-350*  
<http://www.cdc.gov/fluoridation/pdf/pollick.pdf>

### Additional References:

When public action undermines public health: A critical examination of antifluoridationist literature, *Armfield, Jason M., Aust New Zealand Health Policy 2007; 4: 25*  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2222595/>

The Anti-Fluoridationist Threat to Public Health, *Dodes, J. E., Easley, M.W., Institute for Science in Medicine, White Paper, April 2012*  
<http://www.scienceinmedicine.org/policy/papers/AntiFluoridationist.pdf>

While we can be pleased with what has already been accomplished, it is clear that there is much yet to be done. Policymakers, community leaders, private industry, health professionals, the media, and the public should affirm that oral health is essential to general health and well being and take action to make ourselves, our families, and our communities healthier. I join previous Surgeons General in acknowledging the continuing public health role for community water fluoridation in enhancing the oral health of all Americans.”

-- Surgeon General Richard H. Carmona, Statement on Community Water Fluoridation, July 28, 2004. Association of State and Territorial Dental Directors

**“The Association of State and Territorial Dental Directors (ASTDD) fully supports and endorses community water fluoridation (maintaining optimal fluoride levels between 0.7 and 1.2 parts per million) in all public water systems throughout the United States.”**

--Community Water Fluoridation Policy Statement. Association of State and Territorial Dental Directors (ASTDD) Adopted: April 18, 2009.

#### **American Association of Public Health Dentistry (AAPHD)**

**“...BE IT RESOLVED THAT THE AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY:**

1. Reaffirms its support for the continuation and expansion of community water fluoridation; and
2. Encourages its members and constituents to be well informed about and to continue to support optimal fluoridation, and to help develop national and regional coalitions in support of fluoridation; and
3. Commends communities and states that are providing access to optimal levels of fluoride in the drinking water and encourages them to continue to fluoridate and to monitor the process, and participate in national monitoring activities;...”

--Adopted by the Assembly of AAPHD members, October 16, 1992. J Pub Health Dent 1993;53(1):59-60.

#### **American Public Health Association (APHA)**

**“...Therefore be it resolved that APHA—**

- Reiterates its strong endorsement and recommendation for the fluoridation of all community water systems as a safe and effective public health measure for the prevention of tooth decay;...”

--APHA Policy Statement: Community Water Fluoridation in the United States (Policy Number 20087) Adopted 10/28/08

#### **National Institute of Dental & Craniofacial Research (NIDCR)**

**“The National Institute of Dental and Craniofacial Research continues to support water fluoridation as a safe and effective method of preventing tooth decay in people of all ages. Community water fluoridation is a public health effort that benefits millions of Americans. For more than half a century, water fluoridation has helped improve the quality of life in the U.S. through reduced pain and suffering related to tooth decay, reduced tooth loss, reduced time lost from school and work, and less money spent on dental care.”**

--NIDCR: Statement on Water Fluoridation, June 2000.

## **Fluoridation is Recognized by more than 100 Organizations:**

The American Dental Association (ADA) as well as the U.S. Public Health Service, the American Medical Association, the World Health Organization and more than 125 national and international organizations recognize the public health benefits of water fluoridation.

### **National and International Organizations That Recognize the Public Health Benefits of Community Water Fluoridation for Preventing Dental Decay**

Academy of Dentistry International  
Academy of General Dentistry  
Academy for Sports Dentistry  
Alzheimer's Association  
America's Health Insurance Plans  
American Academy of Family Physicians  
American Academy of Nurse Practitioners  
American Academy of Oral and Maxillofacial Pathology  
American Academy of Orthopaedic Surgeons  
American Academy of Pediatrics  
American Academy of Pediatric Dentistry  
American Academy of Periodontology  
American Academy of Physician Assistants  
American Association for Community Dental Programs  
American Association for Dental Research  
American Association for Health Education  
American Association for the Advancement of Science  
American Association of Endodontists  
American Association of Oral and Maxillofacial Surgeons  
American Association of Orthodontists  
American Association of Public Health Dentistry  
American Association of Women Dentists  
American Cancer Society  
American College of Dentists  
American College of Physicians–American Society of Internal Medicine  
American College of Preventive Medicine  
American College of Prosthodontists  
American Council on Science and Health  
American Dental Assistants Association  
American Dental Association  
American Dental Education Association  
American Dental Hygienists' Association  
American Dietetic Association  
American Federation of Labor and Congress  
of Industrial Organizations  
American Hospital Association  
American Legislative Exchange Council

National Council Against Health Fraud  
National Dental Assistants Association  
National Dental Association  
National Dental Hygienists' Association  
National Down Syndrome Congress  
National Down Syndrome Society  
National Foundation of Dentistry for the Handicapped  
National Head Start Association  
National Health Law Program  
National Healthy Mothers, Healthy Babies Coalition  
Oral Health America  
Robert Wood Johnson Foundation  
Society for Public Health Education  
Society of American Indian Dentists  
Special Care Dentistry  
Academy of Dentistry for Persons with Disabilities  
American Association of Hospital Dentists  
American Society for Geriatric Dentistry  
The Children's Health Fund  
The Dental Health Foundation (of California)  
U.S. Department of Defense  
U.S. Department of Veterans Affairs  
U.S. Public Health Service  
Health Resources and Services Administration (HRSA)  
Centers for Disease Control and Prevention (CDC)  
National Institute of Dental and Craniofacial Research (NIDCR)  
World Federation of Orthodontists  
World Health Organization

ADA Fluoridation Facts Compendium.

<http://ada.org/4051.aspx>

# **COMMUNITY PREVENTIVE SERVICES TASKFORCE**

## **1. What is the Community Preventive Services Task Force's purpose?**

The Community Preventive Services Task Force (Task Force) was established in 1996 by the U.S. Department of Health and Human Services to identify population health interventions that are scientifically proven to save lives, increase lifespan, and improve quality of life. The Task Force produces recommendations (and identifies evidence gaps) to help inform the decision making of federal, state, and local health departments, other government agencies, communities, healthcare providers, employers, schools and research organizations.

## **2. Community Preventive Services Task Force Members:**

- a. The Community Preventive Services Task Force (Task Force) is an independent, nonfederal, unpaid panel of public health and prevention experts that provides evidence-based findings and recommendations about community preventive services, programs, and policies to improve health. Its members represent a broad range of research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention.
- b. The fifteen Task Force members are appointed by the Director of the Centers for Disease Control and Prevention (CDC). Task Force members serve five year terms, with possible extensions to maintain a full scope of expertise, complete specific work, and ensure consistency of Task Force recommendations.

## **3. Task Force Findings:**

### **The Community Preventive Services Task Force Recommends:**

- i. Community water fluoridation based on *strong evidence* of effectiveness in reducing dental cavities across populations.
- ii. Evidence shows the prevalence of cavities is *substantially lower* in communities with CWF.
- iii. In addition, there is no evidence that CWF results in severe dental fluorosis.  
<http://www.thecommunityguide.org/oral/fluoridation.html>

Health Organization and more than 125 national and international organizations recognize the public health benefits of water fluoridation.  
ADA Fluoridation Facts Compendium. Available at <http://ada.org/4051.aspx>

9. **Availability of fluoridation continues to grow.** In the United States as of 2012, 74.6 percent of the population on public water systems receive fluoridated public water, or a total of over 210 million people.\* This is an increase of over 14% from 2000. The Healthy People 2020 goal is for 79.6 percent of the population on public water systems to have access to fluoridated water.\*\*

\*CDC Reference Statistics on Water Fluoridation Status,  
<http://www.cdc.gov/fluoridation/statistics/2012stats.htm>

\*\*Healthy People 2020,  
<http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>

10. **Endorsed by the American Dental Association.** One of the most widely respected sources for information regarding fluoridation and fluoride is the American Dental Association. Learn more on the ADA's website at [ADA.org/fluoride](http://ada.org/fluoride).  
<http://www.ada.org/4051.aspx>

**“Conclusion:** This study’s findings suggest that molars with fluorosis are more resistant to caries than are molars without fluorosis.” Iida, Hiroko, Kumar, Jayanth V., *The Journal of the American Dental Association*, July 2009 vol. 140 no. 7, 855-862  
[http://jada.ada.org/article/S0002-8177\(14\)64471-8/abstract](http://jada.ada.org/article/S0002-8177(14)64471-8/abstract)

3. Severe fluorosis, as seen above and on the next page, is virtually 0% when fluoride in water, added or naturally occurring, is below 2.0ppm. See page 114 of the document “Fluoride in Drinking Water: A Scientific Review of the EPA Standards”

“The prevalence of severe enamel fluorosis is close to zero in communities at all water fluoride concentrations below 2.0 mg/L.”

Severe



Severe Fluorosis is virtually non-existent in the United States

[http://www.nap.edu/openbook.php?record\\_id=11571&page=114](http://www.nap.edu/openbook.php?record_id=11571&page=114)

## Antifluoridationists' Claim that 60% of 12-15 year olds are afflicted with fluorosis:

Antifluoridationists claim that the Centers for Disease Control reports that 60% of 12-15 year-olds are afflicted with fluoride overdose symptoms – dental fluorosis, white spotted, yellow, brown and/or pitted teeth. Yet, tooth decay crises are occurring in all fluoridated cities, states and countries.

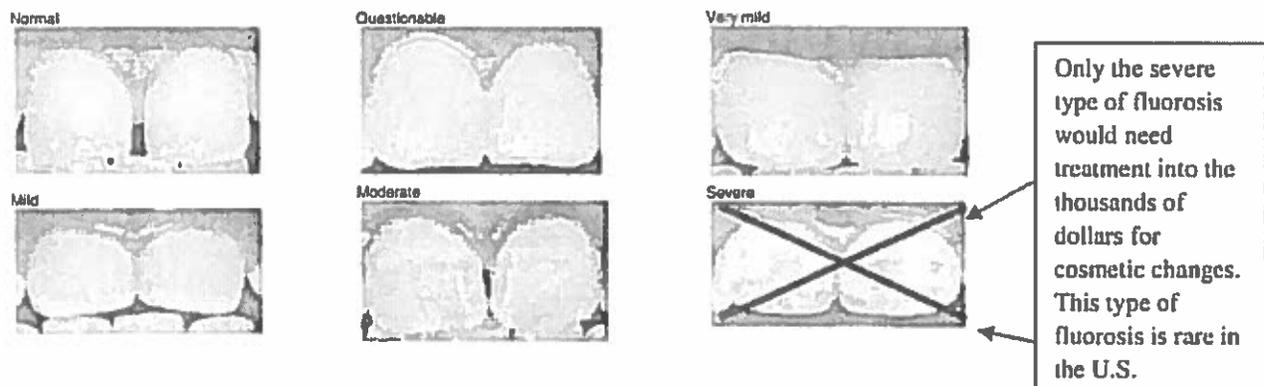
<https://profile.theguardian.com/user/id/1370893>

### This is a complete misrepresentation of the data:

The data that this information is actually “pulled” from is the CDC NCHS Data Brief. The link can be found below. It is a report that looked at fluorosis in fluoridated and non-fluoridated communities.

To clarify the true facts of this data, the following accurate interpretation of the data is:

- A. 40.7%, NOT 60%, of adolescents aged 12-15 had dental fluorosis.
- B. More than 96% had were either unaffected, or had questionable, very mild, or mild fluorosis.
- C. In people having fluorosis of the very mild or mild types, the appearance of the white flecks or streaks are typically only noticeable by dental professionals after the teeth have been thoroughly dried.
- D. Less than 1% of all subjects of this study ranging in age from 6-49 years old had the severe form of fluorosis.



Along this same exaggerated set of claims, **antifluoridationist's claim that dentists make money by repairing the damage done by severe fluorosis by performing cosmetic dental procedures.** Given the fact that only severe dental fluorosis would require the extensive dental care that they claim, and understanding the fact that **Severe Dental Fluorosis is virtually non-existent in the U.S.** as it only occurs when the concentration of fluoride in the water exceeds 2.0ppm, the falseness of this claim is immediately obvious.

<http://www.cdc.gov/nchs/data/databriefs/db53.htm>

Kip Duchon, National Fluoridation Engineer, CDC, 11-26-12

1. *Antifluoridationists' Claim:* Fluorosilicates are not natural.

**CDC Response to Antifluoridationists' Claim:** This is a fascinating argument to me for fluoride is the 13th most abundant element in the earth's crust and is overwhelmingly in the form of either fluorosilicate or calcium fluoride. It is in the calcium fluoride form when it water deposited in geological formations, and it is in fluorosilicate form when it is in the crystalline structure of the rock. When you consider that geologists estimate that most rocks in the earth's crust are igneous (estimates as high as over 90%), fluorosilicates would likely dominate the natural occurrence. Remember that by definition granites are minimum 20% silica content, so there is some portion of silica in association with fluoride.

2. *Antifluoridationists' Claim:* Fluorosilicates have never been tested for safety in humans.

**CDC Response to Antifluoridationists' Claim:** Experts in inorganic aquatic chemistry at the US Environmental Protection Agency have studied ionic speciation of fluorosilicates and have concluded that at the pH and fluoride concentration of potable water, fluorosilicates would completely dissolved to fluoride and silica. Researchers at the University of Michigan attempted to verify those theoretical predictions of ionic speciation and were unable to detect any residual fluorosilicates at pH over 4.8, and considering that drinking water are adjusted to minimize potential corrosion of metal pipes to pH over 7, and typically over 8, persistence of fluorosilicates cannot occur.

3. *Antifluoridationists' Claim:* Fluorosilicates have never been tested for safety in humans.

**CDC Response to Antifluoridationists' Claim:** When you consider that fluorosilicates do not exist at the pH in drinking water, it impossible to measure the health effects since you cannot measure the health effects of something that cannot be consumed by people.

4. *Antifluoridationists' Claim:* Fluoride products have contamination including Arsenic.

**CDC Response to Antifluoridationists' Claim:** In the CDC Fact Sheet there is a link the NSF website and a Fact Sheet published by NSF on the actual measured level of impurities. All water additives have some level of impurities since reagent grade products are never necessary for water processing, but Standard 60 specifies allowable levels of impurities based on EPA criteria. What is remarkable is that NSF conducts regular verification testing of fluoride products for the Standard 60 certification and has never measured any fluoride products that exceed the allowable impurity levels with respect to EPA allowable levels. The majority of product testing does not even measure detectable levels of Arsenic.

Additional References:

Water Fluoridation and the Environment: Current Perspective in the United States  
Pollick, Howard F., *Int J Occup Environ Health*, 2004;10:343-350

**Claim: Manufacturers will not state that Hydrofluorosilicic Acid (HFS) is safe for human consumption:**

The following is an email that I received from Chris Fleming of the Dumont Chemicals Company. The question I posed was whether their product is safe for human consumption.

This question stems from the frequent claim by those who oppose water fluoridation that hydrofluorosilicic acid is unsafe for human consumption. This question is a twist on reality as no one in their right minds would consume a concentrated product of any sort. The question is intended to frighten the public into thinking that HFS isn't approved for consumption, when in fact it is what it becomes in water: Hydrogen ions, Fluoride ions, water, and silica (sand)

Chris Fleming <chrisf@dumontchemicals.com> Fri, Feb 21, 2014 at 9:06 AM  
To: "Dr. Johnny Johnson" <drjohnnyjohnson@gmail.com>  
Dr. Johnson,

As for your question if our Fluoride is safe to drink. Dumont's HFS 23000 Fluoride is certified by Underwriting Laboratories (UL) to be NSF/ANSI 60 and AWWA approved for drinking water. That means it is safe to put in drinking water and if it is safe to put in drinking water then it would be safe to drink.

Dumont also has other products that have this same certification from UL that are used all across the State of Florida. These other products are Sodium Hydroxide 25% (SH 2500) and (50% SH 5000), all of our ClearFlow Corrosion Inhibitor products and Ammonium Sulfate 40% (AS4000). I have attached our list to this email.

I hope that this information is helpful to you. If you have any questions please let me know.

Thanks,

Chris Fleming | Technical Support Administrator  
381 South Central Avenue | Oviedo, FL 32765  
Mobile: 407.923.3101 | Office: 800.330.1369 | Fax: 800.524.9315  
Chrisf@dumontchemicals.com | <http://www.dumontchemicals.com>  
From: Dr. Johnny Johnson [mailto:drjohnnyjohnson@gmail.com]  
Sent: Friday, February 14, 2014 6:03 AM

## HARVARD STUDY: IQ

**Antifluoridationist's Claim:** The Harvard "Study" proves that community water fluoridation (CWF) can lead to IQ decreases in our children

A Harvard Research team led by Anna Choi and Philippe Grandjean performed a Meta-analysis on studies done primarily in China on natural levels of fluoride in the water and any possible relationship to the children's IQ. 27 studies were reviewed, 25 of which were done in China. *The HIGH fluoride group was exposed to water 10x the concentration of that in the US. The CONTROL groups were exposed to water up to 0.8ppm.*

The studies themselves were of poor quality, and had serious methodological flaws. Confounders known to cause IQ deficits, like Arsenic, were not always measured in those studies. Additionally, some studies were skewed by the fluoride in the air that was released by coal burned that contained a high content of fluoride. Additionally, Chinese families drink Black brick tea which is very high in fluoride content.

"Developmental Fluoride Neurotoxicity: A Systematic Review and Meta-Analysis."  
<http://ehp.niehs.nih.gov/1104912/>

The Choi et al paper acknowledges the reporting and methodological deficiencies of many of the studies reviewed. Furthermore, two of the authors of the Choi review – Choi and Grandjean – issued a post-publication press statement in which they said: *"These results do not allow us to make any judgment regarding possible levels of risk at levels of exposure typical for water fluoridation in the U.S."*

"While the studies the Harvard team reviewed did indicate that very high levels of fluoride could be linked to lower IQs among schoolchildren, the data is not particularly applicable here because it came from foreign sources where fluoride levels are multiple times higher than they are in American tap water."

"Harvard Scientists: Data on fluoride, IQ, not applicable in U.S." *The Wichita Eagle, Don Lefler, Sept. 11, 2012*

Several credible scientific groups have analyzed the data that Choi and Grandjean have published. Given that the Meta-analysis was performed on poorly designed Chinese studies, and that severe flaws existed within the methodologies of these studies, the results actually confirm that fluoride levels that the children ingested in their Control Group, ~0.8ppm, had normal IQ's. This is in the range of fluoridation of community water in the U.S. and other countries. In fact, the optimal level of fluoride in China is 0.5ppm because of the heat, lack of widespread climate control, and the extensive work that occurs by workers outside.

## **KIDNEY DISEASE & FLUORIDATION:**

*Antifluoridationists claim: CWF causes harm to people with kidney disease*

FACT: No credible scientific literature supports this claim

### **Fluoride Intake and Chronic Kidney Disease**

New information on fluoride intake and chronic kidney disease is available from the National Kidney Foundation and Kidney Health Australia.

#### **National Kidney Foundation**

On its newly revised Fluoride Web page, NKF notes, "The benefits of water and dental products containing fluoride is the prevention of tooth decay and dental cavities in people of all ages." In discussing potential health risks NKF states, "The risk is likely greatest in areas with naturally high water fluoride levels." Due to the limited available research on the topic, NKF has not issued specific recommendations regarding fluoride intake and kidney disease and currently has *no official position on the optimal fluoridation of water*. NKF recommends that "Dietary advice for patients with CKD should primarily focus on established recommendations for sodium, potassium, calcium, phosphorus, energy/calorie, protein, fat, and carbohydrate intake. Fluoride intake is a secondary concern."

<http://www.kidney.org/atoz/content/fluoride.cfm>

#### **Kidney Health Australia**

In a position statement issued in March 2007, Kidney Health Australia concluded:

1. *There is no evidence* that consumption of optimally fluoridated drinking water increases the risk of developing CKD, although only limited studies addressing this issue are available; and
2. *There is no evidence* that the consumption of optimally fluoridated drinking water poses any risks for people with CKD, although only limited studies addressing this issue are available.

<http://www.kidney.org.au//LinkClick.aspx?fileticket=4o5JlfzkbZ0%3d&tabid=635&mid=1590>

For more information: <http://www.ada.org/4383.aspx>

## **Fluoride in Drinking Water: A Scientific Review of EPA's Standards, Committee on Fluoride in Drinking Water, National Research Council, 2006**

The opposition to fluoridated water will often cite the periodic review of the EPA's Standards on fluoride contaminant level in drinking water to portend that they apply to optimally fluoridated water.

**This is completely incorrect.**

This Scientific Review was done to review the standards that the EPA sets for maximum contaminant levels in drinking water. This review is completed on a regular interval.

The scope of this study *WAS NOT* to be a study on optimally fluoridated water. This is stated clearly on pp 20-21, starting with the last paragraph on page 20:

"The committee is aware that some readers expect this report to make a determination about whether public drinking-water supplies should be fluoridated. That expectation goes beyond the committee's charge. As noted above, the MCLG and SMCL are guidelines for areas where fluoride concentrations are naturally high."

[http://www.nap.edu/openbook.php?record\\_id=11571&page=20](http://www.nap.edu/openbook.php?record_id=11571&page=20)

The 2006 NRC Report, "Fluoride in Drinking Water: A Scientific Review of EPA's Standards", was conducted to review the EPA's standards for fluoride concentrations found *NATURALLY* occurring in water supplies. Specifically, naturally occurring in water **ABOVE 4ppm fluoride content**, not the concentration of optimally fluoridated water.

<http://www.nap.edu/catalog/11571.html>

This group's charge was to look at the EPA's recommendations and evaluate the levels of fluoride that the EPA considered to be the maximum concentration allowed for teeth to remain healthy.

The NRC Report's conclusions *did not* raise serious health concerns for community water fluoridation levels that are considered optimal for dental health. In other words, community water fluoridation at the previous recommendations of 0.7-1.2ppm, and new recommendation of 0.7ppm, did not reveal any health concerns in their conclusions. At levels which exceeded 4ppm, health concerns were discussed and direction of future areas of studies encouraged.

"The committee did not evaluate the risks or benefits of the lower fluoride concentrations (0.7 to 1.2 mg/L) used in water fluoridation. Therefore, the committee's conclusions regarding the potential for adverse effects from fluoride at 2 to 4 mg/L in drinking water do not apply at the lower water fluoride levels commonly experienced by most U.S. citizens."

[http://dels.nas.edu/resources/static-assets/materials-based-on-reports/reports-in-brief/fluoride\\_brief\\_final.pdf](http://dels.nas.edu/resources/static-assets/materials-based-on-reports/reports-in-brief/fluoride_brief_final.pdf)

3. The latest study findings from Great Britain (2014) are the results from a 25 year study which evaluated fluoride in drinking water. It once again reaffirmed that fluoride in water, either naturally high levels or at levels added through fluoridation, *does not* lead to greater risk of osteosarcoma or Ewing sarcoma:

*"CONCLUSIONS: The findings from this study provide no evidence that higher levels of fluoride (whether natural or artificial) in drinking water in GB lead to greater risk of either osteosarcoma or Ewing sarcoma."*

"Is fluoride a risk factor for bone cancer? Small area analysis of osteosarcoma and Ewing sarcoma diagnosed among 0-49-year-olds in Great Britain, 1980-2005" *Blakey, K, et al., Int J Epidemiol. 2014 Jan 14*

<http://www.ncbi.nlm.nih.gov/pubmed/24425828>

## **Allergy Claims made against fluoride in water at 1.0ppm**

***Antifluoridationist's Claim:*** Some people are allergic to the fluoride in CWF

No credible scientific evidence exists to support allergic reactions to fluoride in CWF.

1. "There is no evidence of any deleterious effect on specific immunity following fluoridation nor any confirmed reports of allergic reactions."

*Challombe, SJ, Community Dent Health. 1996 Sep; 13 Suppl 2:69-71*

<http://www.ncbi.nlm.nih.gov/pubmed/8897755>

2. "As a result of this review, the members of the Executive Committee of the American Academy of Allergy have adopted unanimously the following statement:

"There is no evidence of allergy or intolerance to fluorides as used in the fluoridation of community water supplies."

*American Academy of Allergy, Asthma, and Immunology:* pdf available upon request

3. From the "Ask the Expert" section of the American Academy of Allergy, Asthma, and Immunology, an expert replied to a question on allergic reaction to CWF:

"My own opinion is reflected in the first paragraph with the "short answer" of the American Dental Association's thoughts in this regard. That is basically that there is a lack of credible evidence to incriminate fluoride in the water as causing adverse events." (2012)

<http://www.aaaai.org/ask-the-expert/Reactions-to-fluoride.aspx>

## **CARDIOVASCULAR CLAIMS:**

Antifluoridationist's Claim: Fluoride has been shown to cause cardiovascular disease.

They reference the study listed below to "prove" that fluoride is causing "hardening of the arteries".

**This is a complete FABRICATION.** This study was done to determine if active plaques could be identified by means of a sugar uptake with attached Fluoride ( $^{18}\text{F}$ ) in these active plaques. The  $^{18}\text{F}$ (fluoride) was along for the ride to be able to let the researchers find out which plaques were actively taking up more sugar than the others. The PET/CT scans would allow them to do this by tracking the  $^{18}\text{F}$ .

The conclusion section is where one word, fluoride, was used instead of  $^{18}\text{F}$  fluoride, as was used in the rest of the study. The antifluoridationists seized upon this opportunity to lay claim that atherosclerosis was due to fluoride.

"Conclusion: sodium [ $^{18}\text{F}$ ]fluoride PET/CT might be useful in the evaluation of the atherosclerotic process in major arteries, including coronary arteries. An increased fluoride uptake in coronary arteries may be associated with an increased cardiovascular risk."

"Association of vascular fluoride uptake with vascular calcification and coronary artery disease",  
Li, Yuxin, et al Nuclear Medicine Communications:  
January 2012 - Volume 33 - Issue 1 - p 14-20  
[http://journals.lww.com/nuclearmedicinecomm/Abstract/2012/01000/Association\\_of\\_vascular\\_fluoride\\_uptake\\_with.3.aspx](http://journals.lww.com/nuclearmedicinecomm/Abstract/2012/01000/Association_of_vascular_fluoride_uptake_with.3.aspx)

## **FLUORIDATION IS ON DECLINE**

**Antifluoridationists' Claim:** the CDC reports that 225 less communities adjusted for fluoride between 2006 and 2008. About 100 US and Canadian communities rejected fluoridation since 2008.

### **The inference here is that fluoridation is going away. Absolutely FALSE**

This is a skewing of the data to confuse the reader. There are many factors that have gone into communities discontinuing fluoridation, among which are costs to small communities in a down economy, the community has appropriate levels of fluoridation naturally under the new HHS proposed recommendations of 0.7ppm, and antifluoridationists on the governing bodies.

However, these claims give the appearance that fluoridation is decreasing in the United States. Nothing could be further from the truth.

Facts:	Total Population	US population served by fluoridated water	% on CWS with fluoridated water
2006	299,398,484	184,028,038	69.2%
2008	304,059,724	195,545,109	72.4%
2010	308,745,538	204,283,554	73.9%
2012	313,914,040	210,655,401	74.6%

As can be seen by the above illustration, even with some communities dropping out of the ranks of communities fluoridating their water, again for a variety of reasons, the net result is that the total number of the population as well as the percent of the population on fluoridated water systems continues to increase.

## **TOOTHPASTE:**

*Antifluoridationists' Claim:* The warning on the back of the tube of toothpaste states "Keep out of reach of children. If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away". This statement is an indictment of fluoride as being a toxic hazardous chemical poison.

The facts accurately quoted by the antifluoridationists stopped within the quotation marks. Everything else is conjecture and science fiction.

### **Facts:**

*No one has ever died* in the United States from accidental swallowing of toothpaste. No one.

Theoretically, if a child of 40 pounds were to get their hands on 2 adult sized tubes of fluoridated toothpaste and eat both of them, then they could ingest a lethal dose of fluoride. HOWEVER, the soapy foamy product in toothpaste, along with the abrasive component, would cause them to throw up before they could ever get enough down to cause more than a gastric upset.

The back of the tube further states that Supervision is needed. What parent would allow a young child to have 2 full tubes of adult sized toothpaste available to them without paying any attention to what they were doing? Probably the same parents whose kids are ending up at the ER's now having swallowed these new packets of dishwasher detergent that are gushy and look so pretty. I'm certain one look at that container would have a similar warning on it: Watch your kids.

### **References:**

*PolitiFact* examined the claims that anti-fluoride activists often make about fluoride toothpaste/warning label and found their assertions were mostly false:  
<http://www.politifact.com/wisconsin/statements/2012/jul/09/jim-bohl/milwaukee-alderman-says-fluoride-toothpaste-poison/>

Calculating lethal dose of fluoride in toothpaste: Origin of Toothpaste Warning Label: Email from Clifford W. Whall, Jr, PhD, Director, Acceptance Program  
Council on Scientific Affairs, whallc@ada.org

ADA: Fluoride Levels in OTC Products  
<http://www.ada.org/EPUBS/science/2012/may/page.shtml>

## **Antifluoridationists' Claim that Fluoride is a Unapproved Drug by FDA**

“While the FDA technically hasn’t had companies submit clinical trials info on fluoride supplements, it’s because they have been around a long time, have been in general use for a long time, and have been accepted as efficacious for a long time—before FDA set up their clinical trials requirements for Rx drugs. Aspirin has never been approved by FDA, but it’s widely used by hundreds of millions of people for several indications.

Since the FDA regulates all prescription drugs, even though they might not have gone through the modern-day clinical trials, they will require the drug companies to immediately pull them from the market if they are shown to be unsafe or if they weren’t efficacious relative to the claims made by the companies.”

## **FDA Regulatory Authority and Water Fluoridation:**

*Antifluoridationist's Claim: The FDA, not the EPA, should be Regulating Water Additives*

The safety of the water supply falls under the regulation of the EPA, not the FDA.

Per CDC:

*"FDA Regulatory Criteria for Fluoride"*

"The U.S. Food and Drug Administration (FDA) does not regulate additives to community drinking water, because its regulatory reach concerns the safety and efficacy of food, drugs, or cosmetic-related products."

<http://www.cdc.gov/fluoridation/factsheets/engineering/wfadditives.htm#a3>

dL (natural fluoride and no fluoride), and 2.14 µg/dL (unknown/mixed status). In multiple linear and logistic regression, there was a statistical interaction between water fluoridation method and year in which dwelling of residence was built. Controlling for covariates, water fluoridation method was significant only in the models that included dwellings built before 1946 and dwellings of unknown age. Across stratum-specific models for dwellings of known age, neither hydrofluosilicic acid nor sodium silicofluoride were associated with higher geometric mean BLCs or prevalence values.

Given these findings, our analyses, while not definitive, do not support concerns that silicofluorides in community water systems cause higher BLCs in children. Current evidence does not provide a basis for changing water fluoridation practices, which have a clear public health benefit."

## **United Kingdom**

Water fluoridation schemes in England cover most of the West Midlands region, as well as parts of the East Midlands, Humberside, Cumbria, Cheshire, Bedfordshire and the North East.

Major cities and towns in England that are supplied with fluoridated water include Birmingham, Coventry, Solihull, Dudley, West Bromwich, Wednesbury, Oldbury, Tipton, Walsall, Wolverhampton, Leamington Spa, Warwick, Rugby, Bromsgrove, Redditch, Lichfield, Tamworth, Cannock, Burton on Trent, Bedford, Crewe, Mansfield, Worksop, Lincoln, Scunthorpe, Workington, Newcastle upon Tyne and Gateshead.

## **Natural fluoridation**

Around 4 million EU citizens are supplied with naturally fluoridated water at the optimum level for dental health in Austria, Cyprus, Denmark, Finland, France, Ireland, Malta, Sweden and the UK.

## **Decisions on fluoridation up to individual EU Member States**

Within the European Union it is up to individual Member States to decide whether or not to introduce water fluoridation. No EU country has 'banned' fluoridation. However, some countries have not enacted the necessary enabling legislation; some have relatively low levels of dental caries, making fluoridation a potentially less cost-effective proposition; and some have opted instead for fluoridation of domestic salt and salt used in catering. Political upheavals and economic problems in the former Eastern bloc during the early 1990s resulted in fluoridation schemes stopping in the former German Democratic Republic, Soviet Union and Czechoslovakia.

## **The extent of salt fluoridation**

EU countries where fluoridated salt is available include France, Germany, Austria, the Czech Republic and Holland. Switzerland, a non-EU member, has widely adopted salt fluoridation – one of the reasons why the Swiss city of Basle, which used to fluoridate its water, decided a few years ago to switch to the alternative mode of fluoride delivery used in the rest of the country. Clearly, to minimise the risk of fluorosis, it is not desirable to run water fluoridation and salt fluoridation programmes in parallel.

## **European Platform for Oral Health cites water fluoridation as an example of good practice**

At the European level there is a collaborative forum entitled the *Platform for Better Oral Health in Europe*. With the support of a number of members of the European Parliament, the Platform brings together health professionals, academics and other experts from many countries to

## Reductions in Cavities in Adults:

1. *"Cavity reductions continue to occur into adulthood from access to fluoridated water. The reduction in caries previously demonstrated in children has extended to adults. The impact is a decline in the need for restorative dentistry."*

*"Trends in caries among adults 18 to 45 years old", Brown LJ, Wall TP, Lazar V., J Am Dent Assoc. 2002 Jul;133(7):827-34.*

<http://www.ncbi.nlm.nih.gov/pubmed/12148675>

2. *"It was once thought that fluoridated drinking water only benefited children who consumed it from birth," explained Slade, who is John W. Stamm Distinguished Professor and director of the oral epidemiology Ph.D. program at UNC. "Now we show that fluoridated water reduces tooth decay in adults, even if they start drinking it after childhood. In public health terms, it means that more people benefit from water fluoridation than previously thought."*

*"Effects of Fluoridated Drinking Water on Dental Caries in Australian Adults"*

*G.D. Slade, A.E. Sanders, L. Do, K. Roberts-Thomson and A.J. Spencer, J DENT RES published online 1 March 2013*

<http://jdr.sagepub.com/content/92/4/376>

3. *"To date, no systematic reviews have found fluoride to be effective in preventing dental caries in adults. The objective of this meta-analysis was to examine the effectiveness of self- and professionally applied fluoride and water fluoridation among adults.*

*The prevented fraction (reduction in cavities) for water fluoridation was 27% (95%CI: 19%-34%). These findings suggest that fluoride prevents caries among adults of all ages."*

*"Effectiveness of Fluoride in Preventing Caries in Adults"*

*S.O. Griffin, E. Regnier, P.M. Griffin, and V. Huntley, J Dent Res 86(5):410-415, 2007*

<http://www.ncbi.nlm.nih.gov/pubmed/17452559>

*Agenda  
Attachments*

**4**

# Fluoridation Presentation February 26, 2015

Janet Pettit

## Introduction

Good evening.

My name is Janet Pettit, I live at 418 Emmett St., Palatka.

I'm a Floridian by birth as were both my parents. My father was born here in Palatka and I've returned to my home state to settle in Palatka having bought back my father's old family home.

I'm a former teacher, a mother, grandmother and former Peace Corps Volunteer in Liberia West Africa. I love children and want the best for all children as I believe the proponents of fluoridation also do but we disagree profoundly and I'm here to present my reasons for opposing fluoridation.

I should like to start by saying that in teaching mostly teenagers in Liberia I never saw a child with a filling or missing teeth. They had no fluoride and fluoride is unnecessary to have perfect teeth, as these children showed with their white, perfect teeth..

## Presentation

What Dr. Johnson and I agree on is that tooth decay is rampant in our cities and towns and something needs to be done to stop the suffering. If I thought fluoridation would help stop tooth decay I would be fighting on his side. It's not safe to drink fluoride and it does not stop tooth decay. The FDA admits that the government has no studies that show fluorides are safe to drink nor that they stop tooth decay.

I want to explain to you one of my most compelling reasons to oppose it.

This is my grandson, Max Pettit. He's now 11. (show picture)

He was born with a serious genetic disease called von Recklinhaus' disease or neurofibromatosis type 1. As he matures, small disfiguring, benign tumors may appear all over his body. They can be minor or major, painful or not, perhaps becoming cancerous or growing on his spine or in his eyes or anywhere. They could be hardly noticed or terribly disfiguring. Here's a sufferer. (show picture of NF1)

When Max was born the internet stated at the time that the incidence of this disease was 1 in 300,000 births. A few years later it quoted the incidence as 1 in 20,000 births and as this paper is being written the incidence is stated on the internet as 1 in 3,000 - 4,000 births. Perhaps this is a mistake in estimation but a doctor we have spoken to said that the ratio seemed to be decreasing. I think this is significant because several other pertinent diseases are also increasing among children: diabetes, hypothyroidism,

allergies and bone problems such as Osgood/Schlatters and osteosarcoma. These diseases are associated with fluoride poisoning.

When Max's baby teeth erupted they were black with dental fluorosis and by age 6 they were crumbling and my son and his wife borrowed \$8,000 to have them all temporarily capped. Incidentally, another of my 7 grandchildren, Joe, also a first born, like Max, also had his teeth erupt stained dark with dental fluorosis. Fortunately, now as an adult Joe's permanent teeth erupted unaffected but Max's permanent teeth are also erupting with some permanent staining. Like his fluorosis was this von Recklinhaus' disease also caused by fluoride? I'll tell you why I believe it was and tell you why this must not happen to some other child in Palatka or anywhere.

This genetic disease is unknown on either side of the family., it was an apparent random mutation. New internet information says that **why** these characteristic tumors occur is unknown. Mutations that result keep the genes from making normal proteins that control cell production. Without the normal function of these proteins, cells multiply out of control and form tumors on the nerve ends, according to the information supplied on the internet.

Fluorine is the elemental form of fluoride and because it is the most reactive element in the periodic table, it can form varying strengths of chemical attachment with almost every other element. It forms particularly strong bonds with calcium and hydrogen.

All proteins are like a string of beads and held in position by hydrogen bonding. Our DNA, that determines our makeup, is a protein and if a fluorine ion happens by it can glom on to one of the hydrogen bonding atoms and break the DNA molecule. This can result in perhaps cancer or a mutation like Max's. (show graphic DNA break)

A British study showed that Down Syndrome is 30% higher in fluoridated areas compared with non fluoridated areas. This disease almost always occurs in mothers over 35 due, it's thought, to older eggs but now young mothers are giving birth to Down Syndrome victims. This indicates a different cause and fluoride is a good prospect because of its ability to disrupt DNA.

## Fluoridation. Is It Safe??

The fluoride compound used for fluoridation in over 90 % of fluoridated water is a compound combined with silicone, the element computer chips are made of. It's called hydrofluorosilicic acid. It is rated "Extremely Toxic". Sodium fluoride often used in toothpaste is rated "Very Toxic" while the common form found in nature is calcium or magnesium fluoride and rated, "Moderately Toxic".

It's been stated that all fluorides work the same so if one has been studied then it applies to the others. Not so! Fluoride's toxicity is determined by how readily it dissociates. The more it ionizes, the more toxic it is. The silicofluorides, the most popular fluoridation compound, does not dissociate completely and the chemical increases the absorption of lead. A Georgia study of

violent crime comparing fluoridated and non fluoridated counties found fluoridated counties have 2 1/2 times more violent crime and cocaine use.

Sarin, the nerve gas used in war, gets its toxicity from fluoride. It could be lawfully used in fluoridation. Sifuryl fluoride was used in tenting and gassing a house for termites. It was so toxic that it's been replaced but could technically be used for fluoridation.

Here's a letter from the FDA that admits they have no studies on record, as mandated for all medications that proves the fluoridation chemical, hydrofluorosilicic acid is both safe and effective. They also lack any study that the pills and other fluoridation medications once given to children were ever proven safe and effective.

Fluoride has been called "the protected medicine." It defies the rule of pharmacology that medications should be individually prescribed and consumers must give their consent to ingest them. It defies federal law that mandates every medication must be proven safe and effective.

Fluoridation proponents claim that you can't say that fluorides haven't been tested since they've been in use for 70 years. Dr. Phillip Sutton, prominent fluoride researcher in Australia examined all the research claimed by proponents of fluoridation to prove it was safe and effective. His study was entitled, *The Greatest Fraud*. He found no study on fluoridation to be scientifically valid

## The Cancer and Other Health Issue Connections

Dr. Dean Burke, PhD, the Chief Chemist Emeritus, the National Cancer Institute stated that more than 50,000 Americans are dying of cancer each year caused by fluoridation of water. He stated: "In point of fact, fluoride causes more human cancer death, and causes it faster, than any other chemical."

Dr. Burke and the biochemist, Dr. John Yiamouyiannis, PhD. Decided to do an epidemiology study to see if there was evidence that cancer increases after fluoridation begins. (show chart) They selected 20 cities with similar cancer rates between 1940 and 1950, before fluoridation began. This is their result

After fluoridation the fluoridated cities began to diverge from the non fluoridated ones which began to level off. The data were obtained from government records.

## Opponents

Professor Dr. Albert Schatz, PhD. Nobel Prize winner for discovering the antibiotic, streptomycin, stated that "Fluoridation is the greatest fraud that has ever been perpetrated because it has been perpetrated on more people than any other fraud."

Fourteen other Nobel Prize winners in medicine and chemistry have expressed opposition to fluoridation. The Pasteur Institute in France recommended against fluoridation as did the Nobel Institute in Norway. Europe is 98% fluoridation free.

### **Does Fluoridation work? NO!**

The NIH designed a study that examined 39,000 children in 84 different communities that were either fluoridated, partly fluoridated or non fluoridated.

Although it cost taxpayers millions of dollars they refused to publish the results. they didn't show what they thought they would show....

Dr. John Yiamouyiannis, PhD. (biochemist) using the freedom of information act, requested a copy of the study which showed no difference in tooth decay among the 3 areas.

(show study chart)

A 1997 study at the University of Arizona showed that (quote) "the more fluoride a child drinks, the more cavities appear in the teeth."

Virtually every large city in the U.S. is fluoridated but the tooth decay is at epidemic levels in the inner cities. The same situation is occurring on Native American reservations, all of which are fluoridated.

Dr. John Colqhoun, DDS, PhD. head of the fluoridation committee in New Zealand, found the study most touted as proof of fluoridation's effectiveness was fraudulent and the NZ city with the best dental results was the least fluoridated. He defied his superior by printing the result and was fired. (show chart)

The American Chemical Society Journal did a review of fluoridation studies and found that the directors of studies that found fluoridation did not reduce tooth decay were forbidden to publish their results in the U.S.

In British Columbia, Canada only 11% of this province fluoridates their water as opposed to 40 to 70% in other Canadian provinces, yet British Columbia has the lowest rate of tooth decay in Canada.

Family economic levels are a better predictor of dental health than the level of fluoridation ingestion.

Fluoridation doesn't work! It **causes** tooth damage without benefit in stopping tooth decay. When it was started, it was the only source of fluoride. Now all processed foods, all soft drinks, juices, most beers and wines are significant sources of fluoride. Fresh produce is laced with fluoridated pesticide which require warm water and soap to remove. Consuming a bowl of cereal, a Coke and glass of orange juice exceeds the daily so-called "optimal" amount of fluoride.

Fluoride corrodes and cities have removed it because of the damage to water pipes. It removes lead solder from old house plumbing and dissolves copper pipes, It facilitates the absorption of lead from old house paint It is an unnecessary expense for cities and is dangerous for workers at water plants.

The time for fluoridation is long past ...if it ever existed.

There is a very effective way to virtually stop tooth decay which Finland is using They have reduced school children's tooth decay by 90% with xylitol gum and mints. Xylitol is a natural sweetener that stops tooth decay and even repairs cavities . I mix it with plain yogurt for tooth brushing, use the mints after meals and apply it to decayed areas for a couple weeks to repair them. It works!

### **If Fluoridation Doesn't Work, Why Do We Continue It?**

There are 2 answers:

- 1) The mining companies that produce this EPA rated, "Extremely Hazardous Waste" have no practical place to store or dump it. It's not allowed to be dumped into any body of water, even the ocean and it is difficult to store because it will corrode through metal, plastic and glass and it would cost about \$8,000/truck load to dispose of it in a prepared dump site compared to earning about \$300 to sell the same amount to gullible cities. Selling it turns red ink into black financially. They depend on cities tricked into buying their sludge. They have convinced the ADA and the AMA that it works. Perhaps, like the Coca Cola Company, they financially support these organizations; pay dentists to promote fluoridation??
- 2) According to the ADA Journal, there are more dentists and they make more money in fluoridated areas than in non fluoridated ones.

**Follow the money!!**

If we really want to help suffering children let's find a way to provide our children with a safe, cheap, effective tooth decay preventative that really works: xylitol

From

Ms. Janet Pettit 326 4094  
418 Emmett St.  
Palatka, FL 32177

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## RACIAL DISPARITIES IN DENTAL FLUOROSIS (<http://www.fluoridealert.org/FluorideActionNetwork>)



F.A.N. | June 2012 | By Michael Connett

In 2005, the Centers for Disease Control published the results of a national survey of dental fluorosis (<http://www.fluoridealert.org/issues/fluorosis/>) conducted between 1999 and 2002. According to the CDC, black children in the United States have significantly higher rates of dental fluorosis than either white or Hispanic children. As the CDC noted, this was not the first time that black children were found to suffer higher rates of dental fluorosis. Indeed, as documented below, at least five other studies — dating as far back as the 1960s — have found black children in the United States are disproportionately impacted by dental fluorosis.

Not only do black children have higher rates of fluorosis, they have more severe forms of the condition. A 2010 study from fluoridated Indianapolis found that over 12% of surveyed black children, but none of the surveyed white children, had pitting ("a definite physical defect" of the enamel) as a result of too much fluoride exposure. (Martinez-Mier 2010). Similarly, a 1990 study from Georgia found that over 16% of black children (versus 9% of white children) had moderate or severe fluorosis, involving either "light to very dark brown" staining, pitting, and/or "large areas" of "missing" enamel with "dark-brown stain" and "altered" tooth structure. (Williams & Zermer 1990).

It is not yet known why blacks suffer higher rates of dental fluorosis. According to the CDC, it may be a result of "biologic susceptibility or greater fluoride intake" (CDC 2005). Whatever the explanation, it is clear that the black community is being disproportionately harmed by current fluoride policies in the United States.

### MARTINEZ-MIER (2010) – FLUOROSIS SURVEY IN INDIANAPOLIS, INDIANA:

A fluorosis survey was conducted among 83 black children and 102 white children in Indianapolis, Indiana (a fluoridated community). As noted by the authors, "the prevalence [of dental fluorosis] in African American children (80.1 percent) was significantly higher than in Whites (62.5 percent)." Not only was the fluorosis rate higher in the black community, but the severity of the fluorosis was significantly greater ( $P < 0.001$ ). Whereas the maximum fluorosis score in the white community registered as a two on the TSIF Scale ([http://www.fluoridealert.org/studies/dental\\_fluorosis09/](http://www.fluoridealert.org/studies/dental_fluorosis09/)), the maximum fluorosis score in the black community registered as a five. A TSIF score of two ([http://www.fluoridealert.org/studies/dental\\_fluorosis09/](http://www.fluoridealert.org/studies/dental_fluorosis09/)) refers to teeth with white staining covering "at least one-third of the visible surface, but less than two-thirds." A TSIF score of five ([http://www.fluoridealert.org/studies/dental\\_fluorosis09/](http://www.fluoridealert.org/studies/dental_fluorosis09/)) refers to

(<https://npo.networkforgood.org/Donate/Donate.aspx?npoSubscriptionId=2553>)

(<http://fluoridealert.myshopify.com/>)

### FAN NEWSLETTER

Sign up for our free newsletter and get monthly updates about how fluoride is affecting all of us.

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### QUICK FACTS

**MORE PEOPLE DRINK FLUORIDATED WATER IN THE UNITED STATES THAN THE REST OF THE WORLD COMBINED.**  
([HTTP://WWW.FLUORIDEALERT.ORG/CONTENT/BFS-2012/](http://www.fluoridealert.org/content/bfs-2012/))

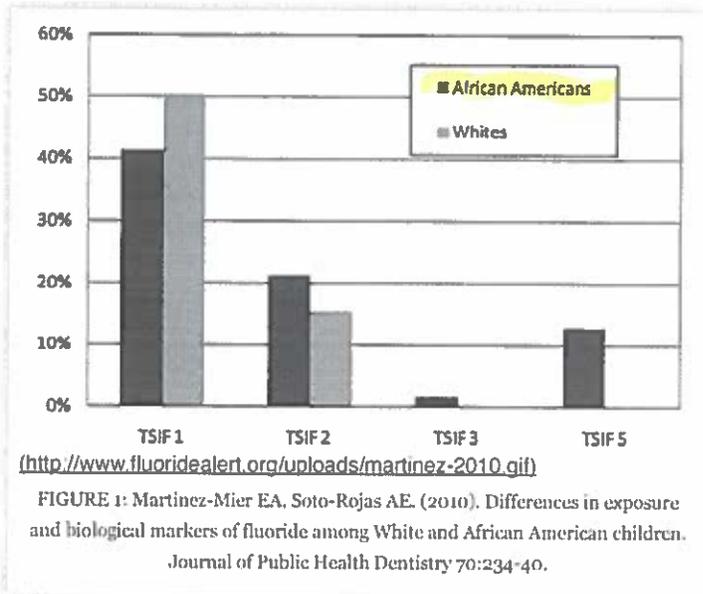
**WINE AND GRAPE JUICE MADE IN THE U.S. HAVE HIGH LEVELS OF FLUORIDE PESTICIDE.**  
([HTTP://WWW.FLUORIDEALERT.ORG/ISSUES/SOURCES/F-PESTICIDES/](http://www.fluoridealert.org/issues/sources/f-pesticides/))

**IN EUROPE, FLUORIDE WAS ONCE PRESCRIBED AS A DRUG TO REDUCE THYROID ACTIVITY.**  
([HTTP://WWW.FLUORIDEALERT.ORG/ISSUES/HEALTH/THYR](http://www.fluoridealert.org/issues/health/thyr))

**FLUORIDATION DISPROPORTIONATELY HARMS BLACK CHILDREN.**  
([HTTP://WWW.FLUORIDEALERT.ORG/STUDIES/DENTAL\\_FLU](http://www.fluoridealert.org/studies/dental_flu))

RELATED VIDEOS:

pitting of the enamel, which is defined as "a definite physical defect in the enamel surface" which "is usually stained or differs in color from the surrounding enamel." As the following table shows, none of the white children had a fluorosis score of five, but 12.7% of the surveyed black children did



#### CENTERS FOR DISEASE CONTROL – NATIONAL SURVEY OF DENTAL FLUOROSIS (1999-2002):

This study by the CDC provides national fluorosis data from the 1999-2002 NHANES survey. As noted by the CDC:

"Non-Hispanic blacks had higher proportions of very mild and mild fluorosis than did non-Hispanic white participants (Figure 19). . . . No clear explanation exists why fluorosis was more severe among non-Hispanic black children than among non-Hispanic white or Mexican-American children. This observation has been reported elsewhere, and different hypotheses have been proposed, including biologic susceptibility or greater fluoride intake."

SOURCE: Beltran-Aguilar ED et al. (2005). Surveillance for dental caries, dental sealants, tooth retention, edentulism, and enamel fluorosis — United States, 1988–1994 and 1999–2002. *MMWR Surveillance Summaries* 54(3): 1-44.

The following chart provides the fluorosis rates for each racial group. As can be seen, the rate of moderate/severe ([http://www.fluoridealert.org/studies/dental\\_fluorosis04/](http://www.fluoridealert.org/studies/dental_fluorosis04/)) dental fluorosis in the black community is almost twice as high as the rate in the white community (3.43% vs. 1.92%) and the rate of mild (<http://www.fluoridealert.org/issues/fluorosis/diagnosis/>) fluorosis is more than twice as high (8.24% vs. 3.87%). It is important to bear in mind when viewing this data that these figures are the national average, and thus include fluoridated and unfluoridated communities. Were the data limited to fluoridated communities, the fluorosis rates for all racial groups would be higher. The rates would also be higher if the chart excluded adults. For, as the chart shows, children and adolescents have higher fluorosis rates than the adults (due to the increase in fluoride exposure amongst the younger generation). Thus, the percentage of children and adolescents in fluoridated communities is almost certainly higher than the rates displayed in this table.



10 Facts About Fluoride  
<http://fluoridealert.org/fan-tv/10-facts/>



Overdosed on Fluoride: The Dental Fluorosis Problem  
<http://fluoridealert.org/fan-tv/overdosed/>



Fluoride Risks for Kidney Patients  
<http://fluoridealert.org/fan-tv/kidneypatients/>

#### RELATED ARTICLES:

[Civil Rights Leaders Call for Halt to Water Fluoridation](http://fluoridealert.org/articles/civil-rights01/)

Because fluoride can disproportionately harm poor citizens and black families, Atlanta civil rights leaders, Andrew Young and Dr. Gerald Durrell, have asked Georgia legislators to repeal the state's mandatory water fluoridation law.

<http://fluoridealert.org/articles/civil-rights01/>

[Risk Factors for Fluoride Toxicity in the Black Community](http://fluoridealert.org/articles/ej-considerations/)

There are several risk factors for fluoride toxicity that are more prevalent in the black community. These risk factors include: Reduced nutrient intake, Higher levels of lead exposure, Higher prevalence of health conditions that render the body more vulnerable to fluoride intake, and Higher intakes of fluoride.

<http://fluoridealert.org/articles/ej-considerations/>

#### RELATED STUDIES:

["Mild" Dental Fluorosis: Perceptions & Psychological Impact](http://fluoridealert.org/studies/dental_fluorosis04b/)

The vast majority of research has found that patients, parents, and the general public alike view mild fluorosis (TF score 3) as a significant blemish of the teeth, one that is likely to embarrass the affected child to a degree that cosmetic treatment would be warranted.

[http://fluoridealert.org/studies/dental\\_fluorosis04b/](http://fluoridealert.org/studies/dental_fluorosis04b/)

[Severe Dental Fluorosis: Perception and Psychological Impact](http://fluoridealert.org/studies/dental_fluorosis04a/)

In its severe forms, dental fluorosis causes highly disfiguring brown and black staining of the teeth, which can cause chronic embarrassment and social anxiety for the impacted child. In 1984, a panel from the National Institute of Mental Health (NIMH) warned that severe dental fluorosis would place a child at risk of

[http://fluoridealert.org/studies/dental\\_fluorosis04a/](http://fluoridealert.org/studies/dental_fluorosis04a/)

[Diagnostic Criteria for Dental Fluorosis: The TSIF \("Total Surface Index of Fluorosis"\)](#)

Characteristic	Unaffected		Very mild		Mild		Moderate/Severe	
	%†	SE†	%	SE	%	SE	%	SE
<b>Age group (yrs)</b>								
6-11	59.81	4.07	19.85	2.12	5.83	0.73	2.71	0.50
12-15	51.46	3.51	25.33	1.98	7.68	0.93	3.58	0.59
16-19	58.32	3.30	20.70	1.78	6.65	0.67	4.03	0.77
20-30	74.86	2.28	11.15	1.22	3.34	0.58	1.81	0.30
<b>Sex</b>								
Male	67.65	2.63	15.65	1.62	4.58	0.54	2.12	0.39
Female	66.97	2.84	15.58	1.36	4.84	0.61	2.78	0.49
<b>Race/Ethnicity†</b>								
White, non-Hispanic	69.69	3.13	14.09	1.56	3.87	0.60	1.92	0.48
Black, non-Hispanic	56.72	3.30	21.21	2.16	8.24	0.82	3.43	0.54
Mexican-American	65.25	3.89	15.93	2.24	5.05	0.72	4.82**	1.81
<b>Poverty status††</b>								
<100% FPL	68.02	3.21	14.28	1.73	4.07	0.69	2.07	0.66
100%-199% FPL	66.92	2.91	18.11	1.46	5.21	0.78	2.65	0.56
≥200% FPL	66.98	2.75	15.56	1.58	4.83	0.50	2.00	0.37
Total	67.40	2.65	15.55	1.37	4.69	0.49	2.45	0.40

([http://www.fluoridealert.org/uploads/CDC\\_fluorosis\\_table23.gif](http://www.fluoridealert.org/uploads/CDC_fluorosis_table23.gif))

TABLE 23: Enamel fluorosis among persons aged 6-39 years, by selected characteristics — United States, National Health and Nutrition Examination Survey, 1999-2002.

The traditional criteria (the "Dean Index") for diagnosing dental fluorosis was developed in the first half of the 20th century by H. Trendley Dean. While the Dean Index is still widely used in surveys of fluorosis — including the CDC's national surveys of fluorosis in the United States — dental ([http://fluoridealert.org/studies/dental\\_fluorosis09/](http://fluoridealert.org/studies/dental_fluorosis09/))

#### RELATED MISCELLANEOUS CONTENT:

##### America's Dental Care Crisis

In the United States, low-income communities throughout the country are suffering from what many are calling an "oral health crisis." Fluoridating water supplies is not a solution to this problem, as evident by the fact that oral health crises are occurring in virtually all urban areas — the vast majority of which have been (<http://fluoridealert.org/content/dental-care/>)

#### KUMAR (1999, 2000) — FLUOROSIS SURVEY IN NEWBURGH & KINGSTON NEW YORK:

These two studies report the results of a fluorosis survey of children in a fluoridated (Newburgh) and unfluoridated (Kingston) town in New York. In both the fluoridated and unfluoridated communities, black children were found to have higher rates of dental fluorosis. Specifically, being black doubled the odds of getting very mild to severe dental fluorosis (odds ratio = 2.3). According to the authors:

"African-American children studied in 1995 were at higher risk for dental fluorosis than children of other racial groups. . . . The higher risk for dental fluorosis observed among African-American children is consistent with several other studies. Russell noted that dental fluorosis was twice as prevalent among African-American children than white children in the Grand Rapids fluoridation study. Because this study was conducted in an era when other sources of fluoride products were not available, this finding suggests either that fluorosis is more likely to occur in African-American children due to biologic susceptibility, or that their fluoride intake was greater."

SOURCE: Kumar JV, Swango PA. (1999). Fluoride exposure and dental fluorosis in Newburgh and Kingston, New York: policy implications. *Community Dentistry & Oral Epidemiology* 27:171-80.

After finding higher rates of fluorosis in the black community, the authors attempted to determine if the rate could be explained by low-birth weight. In their follow-up analysis in 2000, the authors again found higher rates of fluorosis among black children. The higher rate, however, was not explained by low birth weight. According to the authors:

"The results support our earlier findings that African-American children were at higher risk for dental fluorosis in the fluoridated area. Even in the nonfluoridated area, there was a suggestion that African-American children were at higher risk. Whether this higher risk for African-American children is the result of their lower threshold for fluoride or due to other unknown sources of fluoride is not known. It has been reported that African-American children in the United States drink more water and less milk compared to white children. In Newburgh, this difference in the fluid consumption may have resulted in a higher prevalence of fluorosis in African-American children. . . . Because a race fluorosis association could have important policy implications, a large-scale study in a representative sample should be conducted to test specifically the hypothesis that African-American children are at higher risk for fluorosis."

SOURCE: Kumar JV, Swango PA. 2000. Low birth weight and dental fluorosis: is there an association? *Journal of Public Health Dentistry* 60(3) 167-71.

(<http://fluoridealert.org/take-action/>)

**WILLIAMS & ZERMER (1990) – FLUOROSIS SURVEY IN GEORGIA:**

In this study, the authors examined the rate of fluorosis in 374 children with lifelong residence in two fluoridated areas of Georgia: Augusta (0.9 to 1.2 mg/l) and Richmond County (0.2 to 0.9 mg/l). The authors found a very high fluorosis rate (81%) among the children in fluoridated Augusta, with 14% of the children having moderate or severe fluorosis. The fluorosis rate in Richmond County (54%) was also high. The authors attributed the high fluorosis rate to inappropriate fluoride supplementation by local pediatricians and dentists, as well as an increase in overall fluoride exposure from other sources. As the following table shows, black children were found to have higher rates of moderate/severe fluorosis (TSIF score [http://www.fluoridealert.org/studies/dental\\_fluorosis09/](http://www.fluoridealert.org/studies/dental_fluorosis09/) of 4 to 7) in both communities. A TSIF score of 4 ([http://www.fluoridealert.org/studies/dental\\_fluorosis09/](http://www.fluoridealert.org/studies/dental_fluorosis09/)) refers to teeth with "light to very dark brown" staining, a TSIF score of 5 ([http://www.fluoridealert.org/studies/dental\\_fluorosis09/](http://www.fluoridealert.org/studies/dental_fluorosis09/)) refers to teeth with a "definite physical defect" (pitting), and a TSIF score of 7 ([http://www.fluoridealert.org/studies/dental\\_fluorosis09/](http://www.fluoridealert.org/studies/dental_fluorosis09/)) refers to teeth where "large areas of enamel may be missing and the anatomy of the tooth may be altered. Dark-brown stain is usually present." As the table shows, 16.7% of black children in Augusta had moderate/severe fluorosis versus 9.1% of white children. In Richmond County, the respective rates were 3.3% vs 0%.

Residence/Race	No Fluorosis (TSIF Score = 0)	Very Mild/Mild Fluorosis (TSIF Score = 1 – 3) ( <a href="http://www.fluoridealert.org/studies/dental_fluorosis09/">http://www.fluoridealert.org/studies/dental_fluorosis09/</a> )	Moderate/Severe Fluorosis (TSIF Score = 4 – 7) ( <a href="http://www.fluoridealert.org/studies/dental_fluorosis09/">http://www.fluoridealert.org/studies/dental_fluorosis09/</a> )
City/Black	19.6%	63.7%	16.7%
City/White	18.2%	72.7%	9.1%
County/Black	47.8%	48.9%	3.3%
County/White	44.8%	55.1%	0%

SOURCE: Williams JE, Zwermer JD. (1990). Community water fluoride levels, preschool dietary patterns, and the occurrence of fluoride enamel opacities. *Journal of Public Health Dentistry* 50:276-81.

**BUTLER (1985) – FLUOROSIS SURVEY IN 16 TEXAS COMMUNITIES:**

"The severity of dental mottling in 2,592 school-aged, lifetime residents of 16 Texas communities was investigated in 1980-81 to identify factors associated with mottling and to construct a prediction model for the prevalence of mottling. The communities were selected to obtain a wide range of levels of fluoride in the drinking water. The children within each of the communities were contacted through their schools and received a dental examination to assess the severity of mottling. Information on demographic, dental health practice, and other candidate predictor variables was obtained from a questionnaire completed by a parent. A number of water quality measurements were also recorded for each community. White and Spanish-surname children had about the same prevalence of mottling while Blacks had a higher prevalence, odds ratio (OR) = 2.3, 95% confidence interval = 1.4, 3.7."

SOURCE: Butler WJ, et al. (1985). Prevalence of dental mottling in school-aged lifetime residents of 16 Texas communities. *American Journal of Public Health* 75:1408-1412.

**RUSSELL (1962): FLUOROSIS SURVEY IN GRAND RAPIDS, MICHIGAN:**

## "Asthma & Fluoride"

- 1) ASTHMA FACTS
- 2) THE COSTS OF ASTHMA
- 3) FLUORIDE - CAUSE OF ASTHMA?

### 1) Asthma Facts:

- \* Asthma is the most common chronic illness of childhood and generally develops by five years of age.
- \* Asthma affects an estimated 4.8 million US children under the age of 18.
- \* Since the early 1980's, national asthma rates for children have risen by more than 33 percent.
- \* The severity of disease symptoms also continues to increase, as do hospitalizations and mortality rates.
- \* From 1980 to 1993, the asthma death rate nearly doubled among 5-24 year olds. Another survey showed a 46% increase in death rate nationwide from asthma between 1977 and 1991 (Philadelphia Inquirer, Dec.8:A22 (1994)).
- \* Asthma is at least 20 percent more common among black children than white children. Black children experience more severe disability from asthma are three to four times more likely to be hospitalized for asthma are six times more likely to die from asthma.
- \* Asthma is the leading cause of school absenteeism related to a chronic illness.
- \* Hartford children have the highest rate of asthma in Connecticut, and incidence is increasing. In 1994, one in three Hartford children had asthma, up from one in five in 1980.
- \* In New Haven, according to SAHA (Social and Health Assessment Survey, 1996), 22 percent of 6th, 8th and 10th graders had been told by a doctor that they had asthma and 13 percent had to go to an emergency room to be treated for asthma.
- \* Between 1991 and 1996, asthma-related hospital discharges in Connecticut increased by more than 30 percent.

### 2) The costs of asthma

Direct costs include childhood hospitalizations, visits to the emergency room, and medications. The 4.8 million children nationally who suffer from asthma account for 12 million visits to healthcare providers, 16 million emergency room visits, and 200,000 hospitalizations each year.

Indirect costs include lost productivity of parents or guardians, child absenteeism from school, and the non-quantifiable costs of anxiety, apprehension and other quality of life issues.

One study found that American children with asthma lose an extra 10 million school days each year, over 55 percent of the total days of restricted activity for the entire population. This problem is compounded by an estimated \$1 billion in lost productivity for their working parents.

3) Fluoride - Cause of Asthma? Numerous recent studies in workers exposed to fluorides, as well as children living near fluoride polluting industries have shown a direct correlation between fluoride levels in plasma/urine and asthma (Romundstad et al, 2000a, b; Soyseth et al, 1994; 1995).

Already in 1986, investigating 253 North American Indian children 11 to 17 years of age living on the Akwasasne reserve, Ernst et al found a significant linear relationship between respiratory abnormalities and fluoride urine samples.

# SICKLE CELL ANEMIA TRACED TO FLUORIDATION!!

JOHN J. MILLER, PH.D., F.I.C.A.N., D.I.B.A.N.

CONSULTANT IN NUTRITION, FOOD AND RELATED FIELDS

P.O. BOX 111

WEST CHICAGO, ILLINOIS 60655

TELEPHONE 231-3813

AREA CODE 312

March 5, 1973

Dear Friend:

In answer to your second request for information about the hazards of fluoridation of public water supplies, and its particular effects on sickle cell anemia conditions, please allow me to suggest that the toxicity problem involved is not to be confined to black people. In reality the toxicity effects apply to all people of all ages and in every geographical area of the United States.

Therefore, it is vital that whatever you publish on this subject should include a brief explanation of the chemistry involved—even though not all of your readers will fully understand the story. For it can be assumed that the leading citizens of your community will appreciate the message and will be in position to do something about it.

So here is a summary of the facts as gathered from the medical literature from throughout the world:

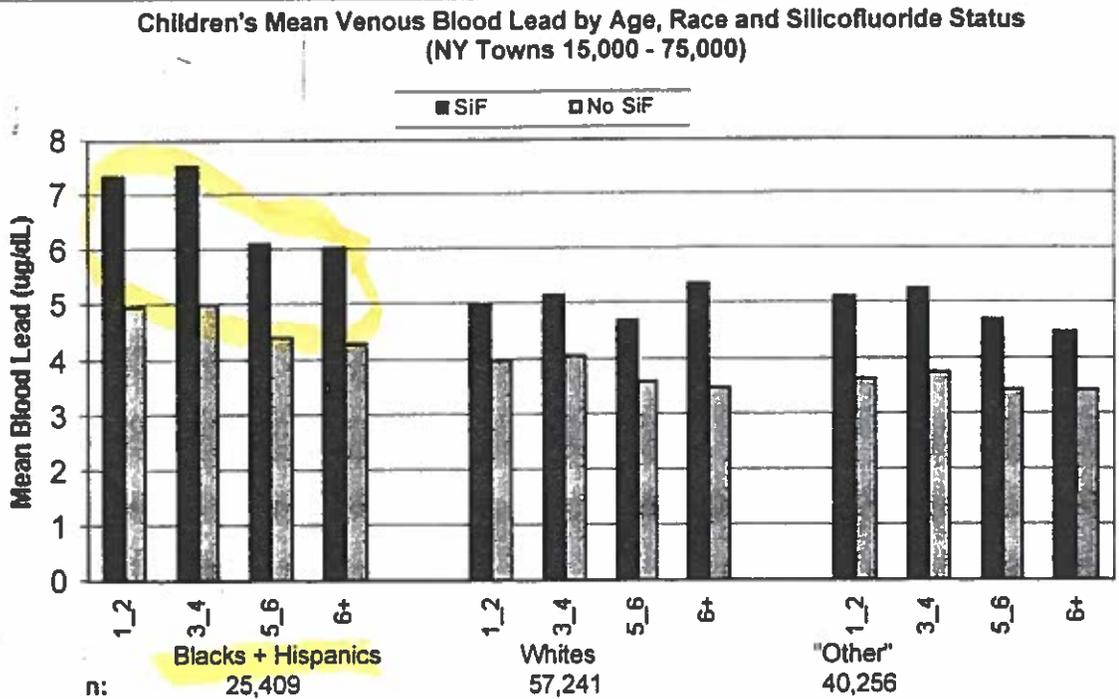
One of the late discoveries is that the sickling of the red blood cells is explainable by the loss of glutamine from such cells, and the replacement thereof by the amino acid, valine. Valine is a different shaped molecule so does not support the normal red cell molecular structure—hence the sickling and the body damages resulting therefrom.

The reasons for the loss of glutamine include:

- (a) deficiency of glutamic acid, which is the precursor of glutamine
- (b) lack of magnesium which is needed to catalyze the enzyme, glutamine synthetase; that converts glutamic acid to glutamine
- (c) unavailable ammonia required for conversion of glutamic acid to the amine (glutamine)
- (d) interference of the above listed reactions by various substances that are toxic to the synthetase enzyme
- (e) fluoride is well known to be an inhibitor of many essential enzymes in the human body; hence should be considered as an obstacle to the formation of glutamine from glutamic acid in the body's cells and larger tissues
- (f) fluoride has a strong affinity for magnesium; hence could under usual physiological conditions "fix" it, so that this essential mineral would not be available to activate the

(Sorry, last page is missing)

## Children's Blood Lead in New York - Preliminary Results.



Source: NYS Dept. of Health, Childhood Lead Poisoning Prevention Program

**Data Source:** New York State Department of Health Survey of blood lead levels for over 1.5 million children made available for analysis by Dr. Robert Wilson, N. Y. State Department of Health. Individual records contain child's age, sex, race, type of test (venous or capillary blood sampling), highest level of blood lead (in  $\mu\text{g}/\text{dL}$ ), and lowest level of blood lead.

**Method:** For all children in New York communities of 15,000 to 75,000 population, highest venous blood lead level reported for children in towns using silicofluorides (fluosilicic acid or sodium silicofluoride) was compared to lead levels of children in comparable size communities without fluoridation. The sample was divided by age (1-2 years, 3-4 years, 5-6 years, and over 6 years) and by race (Black, Hispanic; White; Asian, Indian, Other, and Unknown).

**Results:** For children of each race in each age group, average blood lead levels were significantly higher for residents of communities using silicofluorides. Analysis of variance indicates, for each age group, a highly significant interaction between silicofluoride exposure (SiF) and race:

### ANOVA Results

Age	DF	F	Probability
1-2	1, 6	299.03	SiF: $p = 0.0001$ ; Race: $p = 0.0001$ Silicofluoride by Race: $p = 0.0001$
3-4	1, 6	184.08	SiF: $p = 0.0001$ , Race: $p = 0.0001$ Silicofluoride by Race: $p = 0.0001$
5-6	1, 6	76.31	SiF: $p = 0.0001$ , Race: $p = 0.0001$ Silicofluoride by Race: $p = 0.0025$
Over 6	1, 6	19.76	SiF: $p = 0.0045$ , Race: $p = 0.0001$ Silicofluoride by Race: $p = .0158$

From: "[fluoridealert.org](http://fluoridealert.org) Andrew Young"

## CIVIL RIGHTS LEADERS CALL FOR HALT TO WATER FLUORIDATION

FAN Press Release | April 14, 2011

Because fluoride can disproportionately harm poor citizens and black families, Atlanta civil rights leaders, Andrew Young and Dr. Gerald Durley, have asked Georgia legislators to repeal the state's mandatory water fluoridation law.



Andrew Young

Andrew Young, former U.N. Ambassador and former Atlanta Mayor, along with Reverend Dr. Gerald Durley, Pastor of Providence Baptist Church in Atlanta, both inductees in the International Civil Rights Walk of Fame, expressed concerns about the fairness, safety, and full disclosure regarding fluoridation in letters to the state's minority and majority legislative leaders. (1,2)

Fluoride chemicals, added to 96% of Georgia's public drinking water supplies are meant to prevent tooth decay, especially in the poor. Yet, 61% of low-income Georgia third-graders have tooth decay compared to 51% from higher income families – and 33% and 20%, respectively, have untreated cavities showing a dire need for dental care. (3)

"We also have a cavity epidemic today in our inner cities that have been fluoridated for decades," wrote Ambassador Young.

Studies show that despite fluoridation, tooth decay is higher in blacks (4) along with fluoride overexposure symptoms – dental fluorosis or discolored teeth.(5)

Dr. Durley wrote, "The National Research Council (NRC) of the National Academy of Sciences has designated kidney patients, diabetics, seniors, and babies as 'susceptible subpopulations' that are especially vulnerable to harm from ingested fluorides. **Black citizens are disproportionately affected by kidney disease and diabetes, and are therefore more impacted by fluorides.**"(4)

Ambassador Young wrote, "**I am most deeply concerned for poor families who have babies: if they cannot afford unfluoridated water for their babies' milk formula, do their babies not count? Of course they do. This is an issue of fairness, civil rights, and compassion. We must find better ways to prevent cavities, such as helping those most at risk for cavities obtain access to the services of a dentist.**"(5)



Dr. Gerald Durley

Dr. Durley's letter to the legislators also says, "I support the holding of Fluoridegate hearings at the state and national level so we can learn why we haven't been openly told that **fluorides build up in the**

From: "[fluoridealert.org](http://fluoridealert.org) Andrew Young"

**body over time (and) why our government agencies haven't told the black community openly that fluorides disproportionately harm black Americans...**"

**An American Association for Justice Newsletter for trial lawyers describes potential fluoride legal actions based on personal injury, consumer fraud, and civil rights harm.(6)**

In a letter to their state's Health Commissioner, a bipartisan group of Tennessee legislators expressed their concern about fluoridation's undesirable impact on babies and other groups.(7)

A bipartisan group of New York City Council Members has also introduced legislation to stop fluoridation in NYC. (8)

Daniel G. Stockin of The Lillie Center Inc., a Georgia-based firm working to end the practice of fluoridation says, "You can look for even more leaders and persons harmed by fluoridation to speak out now."

The Department of Health and Human Services (HHS) proposes to lower water fluoride levels to alleviate the growing dental fluorosis epidemic. The Fluoride Action Network (FAN) submitted **scientific evidence to HHS (9) indicating that fluoridation must stop completely to preserve health, documenting that:**

- **HHS has failed to consider fluoride's impact on the brain. Fluoride has been linked to lowered IQ in 24 human studies, and over 100 animal studies have reported damage to the brain.**
- **Infants who are fed formula made with fluoridated tap water will receive up to 175 times more fluoride than breast-fed infants. Infants 0-6 months old, the smallest and most vulnerable in our population, were completely excluded from risk calculations in HHS's proposal.**
- **African-American children and low-income children suffer from the highest rates of dental fluorosis, including the most severe forms of the condition. The HHS has failed to take any steps to redress this inequity, thereby making fluoridation an Environmental Justice issue.**

**Young stated, "My father was a dentist. I formerly was a strong believer in the benefits of water fluoridation for preventing cavities. But many things that we began to do 50 or more years ago we now no longer do, because we have learned further information that changes our practices and policies. So it is with fluoridation."**

Paul Connett, PhD, Director of FAN says "**Fluoridation is unnecessary, unethical, the benefits wildly exaggerated and the risks minimized.**"

**REFERENCES to this article are found @: [fluoridealert.org](http://fluoridealert.org) Andrew Young**

#### **QUICK FACTS**

- **97% OF WESTERN EUROPE HAS REJECTED WATER FLUORIDATION**
- **MANY CHILDREN NOW EXCEED RECOMMENDED DAILY FLUORIDE INTAKE FROM TOOTHPASTE ALONE.**
- **FLUORIDE IS NOT A NUTRIENT.**
- **36 STUDIES HAVE LINKED FLUORIDE WITH REDUCED IQ IN CHILDREN.**

#### **RELATED ARTICLE:**

##### **Racial Disparities in Dental Fluorosis**

In 2005, the Centers for Disease Control published the results of a national survey of dental fluorosis conducted between 1999 and 2002. According to the CDC, black children in the United States have significantly higher rates of dental fluorosis than either white or Hispanic children. This was not the first time that black children were found to suffer higher rates of dental fluorosis. At least five other studies -- dating as far back as the 1960s -- have found black children in the United States are disproportionately impacted by dental fluorosis.

*Agenda  
Attachments*

**5**

*Let me introduce myself.* I am Cathy Justus from Pagosa Springs, Colorado. I have the sad distinction of owning the first horses to ever be diagnosed with “chronic fluoride poisoning” from artificially fluoridated municipal water. I have this distinction not because it hasn’t been happening for years all over this world, but because vets, like doctors and dentists, are not taught in their schooling the science, toxicology, and biochemistry of fluoride and what it does to the body. I know of this lack of training of proven science because I have made it a point, over the last 25 plus years, to talk to hundreds of these professionals. We have now lost 8 horses and 4 dogs to this virulent cumulative toxin. This was scientifically proven by the world’s authority on fluoride poisoning in animals at Cornell University in New York, Dr. Lennart Krook, DVM, PhD

I come from a whole different perspective than you have heard from those speaking about fluoride. I watched and lived the hell of my beloved animals getting progressively sicker and ultimately dying as others were doing in our town, and as others are doing with their animals, their friends and their family without these so called experts knowing why. The difference is that I have a background in knowing the science behind this toxin. Despite the huge amount of science, and truth revealing fluoride poisoning, I could not get our water municipality to acknowledge the growing amount of proven, damning science against fluoride consumption from 1985 until 2005. It was at that point that they knew, from the scientific proof I provided about our horses, that either they stop this **mass medication without consent**, or there would be a class action lawsuit.

There have been many lives lost, both animal and human, and are being lost to the very same ills, and others, our animals succumbed to. Vets, like doctors, just diagnose the symptoms and then treat these symptoms instead of looking for the cause. Until the cause is addressed, the symptoms will progress. The ills caused by fluoride consumption is a very lucrative business practice and when approached with the truth, like I did with the 8 vets that were consulted, these medical professionals get bent out of shape and say, “We are the experts”, period. How can a person be an expert when the truth about a subject was never taught to them nor have they ever done their due diligence to find the truth? A perfect quote that fits this situation is *“It is hard to convince someone of something when their income depends on them not believing it”*. To add to that quote, *”And when their job standings depends on them not believing it”* which is the case with the Public Health Authorities, CDC and EPA. Both these quotes are, I have found, is the case, with not only most dentists, doctors and veterinarians but also the ADA, AMA, CDC, U.S. Public Health Service, and the EPA lawmakers. They promote whatever will benefit them, whether or not it is scientific or ethical. Look at the science. The facts plainly reveal this. In fact between 2003 and 2006 the EPA commissioned the National Research Council (NRC), the highest scientific group in the U.S., to review the recent science on fluoride. There were 12 scientists on this distinguished panel, 3 of which I have personally talked to and have corresponded with quite a bit. The amount of damning science this panel of scientists found against fluoride was unbelievable, including recent studies showing fluoride consumption reduces I.Q. (A very recent meta-analysis from Harvard revealed the same). This NRC review also found that fluoride

consumption also causes detrimental effects on the teeth, musculoskeletal effects, reproductive and developmental effects, neurological and neurobehavioral effects, effects on the endocrine system, effects on the gastrointestinal, renal, and hepatic systems, and genotoxicity and carcinogenicity (cancer causer). This review has been published into a 507 page book called "Fluoride In Drinking Water, A Scientific Review Of EPA's Standards" available through The National Academy Press [www.nap.edu](http://www.nap.edu) in Washington, D.C. This review done and paid for by our tax dollars yet the EPA lawmakers drag their feet to do anything with this information.

There have now been, as of Dec 2012, 42 recent studies on intelligence and fluoride. Of these, 36 of the 42 were associated with lowered I.Q. in humans consuming fluoride. 17 of the 42 were on learning and memory, and 16 of this 17 found lowered learning and memory in animals. 30 of the I.Q. studies involved communities where the primary source of fluoride was the water. The National Research Council Review and the recent Harvard studies have deemed fluoride to be "A High Research Priority", yet no independent studies in the U.S. have ensued. WHY? Follow the money.

I have studied both sides of this issue. In the beginning when I had narrowed my horse's ills down to beginning when fluoridation began, I didn't want fluoridation to be the culprit. I knew that it would be harder to stop fluoridation than to change feed or any other causative agent. So I studied the pro side of fluoridation trying to convince myself it wasn't the fluoride causing the progression of my animal's ills and ultimate deaths. In a very short time it was very obvious that a deception was being promulgated onto the public. I also studied old science from back in the 30s, 40s, 50s, 60s and 1970s that was in my Dad's medical library. I purchased the books "**Fluoride The Aging Factor**", "**Fluoride, The Great Dilemma**", "**Fluoridation, Drinking Ourselves to Death**", and read through web sites like [www.FluorideAction.net](http://www.FluorideAction.net), [www.slweb.org](http://www.slweb.org) and the peer reviewed manuscripts in **FLUORIDE The Quarterly Journal of the International Society For Fluoride Research** at [www.fluorideresearch.org](http://www.fluorideresearch.org) which reiterated the old science I had read and furthered this damning information of fluoridation. When the book "**The Fluoride Deception**" came out, my suspicions were proven time and time again as I read this book, which is full of fluoride science, truth, and proven recently declassified top-secret government documentation from the Manhattan Project from whence fluoridation of municipal water began. One third of this book is documented listings of reference materials on the science and history of fluoridation. The ills described in this book that the Manhattan Project bomb workers developed paralleled those my horses were showing. They were too similar to ignore. Yes fluoride was the element that made it possible to build this bomb. Now there is a new book, "**The Case Against Fluoride**" **How Hazardous Waste Ended Up In Our Drinking Water and the Bad Science and Powerful Politics That Keep It There**" by Dr. Paul Connett, et al, that has all the recent science backing this title and what I am saying with researchable references.

I was raised to be independent of the good or bad opinions of others, to listen and to then do my own research and come to my own conclusion. I was also taught to never be swayed by other's words and especially when there is the possibility of these others to profit from what they say and promote.

My favorite quote is, *“You simply must not ignore the facts because of your preconceived notions” Dr. Max Gerson.* By saying something over and over and saying it with authority, like the USPHS, CDC, EPA, ADA, etc. have done for over 60 years about fluoride’s safety and efficiency, does not make what they say true, nor does it change the fluoride damning true science proven in over 60,000 world wide independent research studies. These so called self- proclaimed experts just count on you not doing your due diligence and taking their word as the gospel. These agencies promote and market fluoridation disregarding the importance of FDA drug regulatory approval being totally missing and the fact that there are no scientific safety studies that have been done in the case of the fluoridation product. They disregard this lack of FDA approval, which shows their lack of concern to protect the public. No high quality studies are ever provided by them to support their claims of either safety or efficiency because there are none. They just count on you depending on their letters after their names as proof of their knowledge and words.

Our water municipality started fluoridating in 1985. Up until that time our animals were well. When fluoridation started, all our horses and dogs started getting many and varied ailments that seemed to have no connection to each other. We ultimately had 8 veterinarians, two of which were at Colorado State University where we took two mares, tell us they had no idea what was causing these ailments nor why the ailments were being added to and getting progressively worse as time went on. They were confused but eager to get paid to treat these many and varied symptoms.

We moved to Pagosa Springs in 1978 from Fallbrook, Calif, knowing that the clean air and water would be a great place to raise our Quarter Horses. And it was a perfect place for that until fluoridation started. As an important point, we are just below the source of our water, the Continental Divide, San Juan Mountains. This water is considered one of the top 3 cleanest in the U.S. without contaminants and then they started adding *Hydrofluorosilicic Acid* to artificially fluoridate it and the ills in our town started and grew over the years, not just in animals but in humans too. The amount of **heart attacks, arteriosclerosis, cancer, thyroid problems, dental fluorosis, kidney problems, endocrine disorders, neurological problems, skeletal problems like arthritis, etc., became rampant in humans and animals.**

The first symptom to manifest in our horses was **chronic colics.** Fluoride ingestion has been shown through proven science to change hydrochloric acid, meant to help digestion, into *hydrofluoric acid*, which can eat the stomach lining and cause such problems as acid reflux, digestive problems and ulcers. Colic in horses is deadly and is the number one killer of horses in America. Being well over 65% of America is fluoridated, no wonder this ailment is so rampant in horses. Colic would strike any of our horses at any time and this happened often. This symptom continued until we started hauling clean, unprocessed river water in 2004. That was the only change to bring upon this ceasing of colic. And we didn’t have a single colic before 1985 when fluoridation began. Every horse we purchased during fluoridation, that we boarded or that was raised here, became sick. The symptoms were many and varied. Here are just a few of the symptoms. **Colic, cancer,**

skeletal problems including skeletal fluorosis called arthritis, osteoporosis, muscles and ligaments hardening, skin allergy, reproductive problems, deformed fetus', abortions, thyroid problems, abscesses, head shaking, neurological problems and seizures, hormone problems, malocclusion of teeth, dental fluorosis, gum recession, teeth chipping and breaking, kidney problems, equine metabolic syndrome, laminitis, malformation of hooves, Cushing's disease, early onset of puberty, chronic coughing and lung problems, early onset of puberty, Alzheimer's, bone spurs, endocrine problems, radiation poisoning, heart attacks, fibromyalgia, and the list goes on. Take a look at many of these symptoms from the human perspective and see just how many of these ailments have been multiplying in incidence in humans over the last 60 plus years since fluoridation started, without the so called experts being able to tell what is causing them. They just keep dispensing drugs and doing surgery, two very lucrative actions. And when a patient dies they name the symptom and just move on to the next patient. Fluoridation has a very good record of producing these patients.

In the fall of 2004 we lost yet another mare. This was one of the two that had been taken to Colorado State University and brought home without a diagnosis. It was the straw that broke the camel's back. I had done my due diligence researching the possible causes for these ills but nothing but one thing, fluoride, had been proven to cause them all and more. Up until this time, it was my "theory" that fluoride was the culprit, after years of intense research on my own. My many years of research of some of the over 60,000 world wide independent scientific research studies had brought me to this conclusion. I was able to contact Dr. Lennart Krook, DVM, PhD., Emeritus, from Cornell University in New York. He was well known as the world's authority on fluoride poisoning in animals. I told him the many and varied symptoms my horses had and he said that all had been scientifically proven to be caused by fluoride but he would not give me a diagnosis without scientific proof. He said he needed bones and teeth. You can see the resulting first necropsy and tooth report in color at [www.myspace.com/poisonedhorses](http://www.myspace.com/poisonedhorses). Click on Profile and scroll down. Dr. Krook said the ills and deaths caused by fluoride consumption by my horses and others in our town shows that **"Horses are like the canaries in the mines"**. *What showed up in them over the years of fluoridation in our town, is manifesting in humans too, just slower in humans because horses drink so much more water in a much shorter time frame therefore accumulating fluoride at a much quicker pace.* This poisoning of humans is also mirroring my horses in the sooner manifestation of ills with each generation. Look at the children with arthritis, cancer, early onset of puberty, kidney problems, etc. When I was young I knew no young person with these problems. Now it is rampant. There are even hospitals just for children with cancer and other diseases like these. I know fluoride is not the only cause of these many diseases in humans, but *fluoride is the number one most consumed and absorbed toxin.* That puts it at the top of the heap for damage done.

A small part of my fluoride horse hell, up until 2008, is told in the documentary DVD "Poisoned Horses" produced by Dr. David Kennedy and The International Academy Of Oral Medicine and Toxicology. It can be seen at [www.youtube.com/watch?v=7TwwwNZyRVOA&](http://www.youtube.com/watch?v=7TwwwNZyRVOA&) It can be purchased from the International Academy For Oral Medicine and Toxicology. 8297 ChampionsGate Blvd,

Ste.193, ChampionsGate, FL 33896. (863)420-6373. I would also suggest their two DVDs with multiple documentaries about fluoride toxicity with interviews of scientific research experts called "Let The Truth Be Told" volumes 1 and 2. The DVD called "Professional Perspectives" can be purchased from [www.fluorideAction.net](http://www.fluorideAction.net) and can be seen on that site. It contains interviews from many fluoride scientists including 4 that were on the National Research Council's 3 plus year review of the recent science on fluoride that the EPA commissioned, mentioned above. The EPA lawmakers have pretty much ignored the recent science this NRC review produced and their recommendations. Why? It didn't reveal what the EPA wanted. The results didn't support their many years of promotion of fluoridation, which puts them squarely in line for litigation along with the whole chain of command down the line directly to commissioners and the water municipalities.

Of course the story didn't end when fluoridation ended in Pagosa Springs. Just before the documentary, Poisoned Horses, was released we lost Skipper, my husbands young gelding, that we had raised. This is told at the end of the documentary Poisoned Horses mentioned above. What isn't told is that Skipper was second generation consuming fluoridated water and he died with huge cancerous tumors in his lungs, and his kidneys were full of cancer. According to the California EPA scientists union there is enough *arsenic* in the product used to artificially fluoridate municipal water to create an increased incidence of lung, kidney, and bladder cancer in humans. Skipper had two of these cancers. He was only 9 years old when he died a horrific death. The two surgeons and pathologist who did the necropsy said the kind of cancer he had was very slow growing and, no doubt, had started by the time he was a yearling. He was born in 1999. Skipper was second-generation consuming fluoridated water so his fluoride caused ills came sooner and in fact he was born with many. Look at the children with the above mentioned ills these days. Why? Could it be from the consumption and absorption of fluoride from generations before them? Fluoride is well known in true science as a very potent, cumulative poison? Could it be that we are now several generations post the start of fluoridation so the toxicity is greater and this is the main reason America is getting sicker? Fluoride is the number one most consumed toxin, far and above any other toxins since fluoridation started over 60 years ago and it is not just in many water systems but also in foods and pesticides and Teflon cooking pans, drugs, etc. Go to the site "Fluoride In The National Food Supply" at <http://www.ars.usda.gov/Services/docs.htm?docid=6312> and add up a typical days menu. Then tell me that you find it necessary to put fluoride into the municipal water to bring the general public's ingestion of fluoride up to the "so called optimal" 1 part per million (ppm). We are already being overdosed with fluoride through processed food, beverages, etc. What you see on this site in ppm amounts of fluoride in food mostly comes from food processed with fluoridated water. In final dry processed products cooked in fluoridated water and then the water is evaporated off, the fluoride is concentrated. Fluoride does not cook off like chlorine.

***Follow the money to be made from illness caused by fluoride consumption. Follow the money to be saved by the fluoride polluting industries that produce this toxic waste they call a "toxic soup", by convincing you to put it into our municipal water and letting us***

and our beloved animals carry it to their early graves and slowly but surely polluting the environment. It would cost these industries over \$7,000.00 a truckload to dispose of this same toxic waste at an AI toxic dump for the worst of the worst toxins. Instead they, I have no doubt, pay lobbyists, the ADA, the CDC, the Health Departments and the EPA lawmakers to promote it and they get help by these agencies miss placed authority given them by those who would believe their lies. And at the same time saving the fluoride polluting industries billions of dollars in disposal costs.

Fluoridation has been touted by many agencies, including the CDC, as “one of the top 10 health care advances in the 20<sup>th</sup> century”. One should note that this quote was written by a dentist, who will benefit monetarily from this practice, from the damage done to teeth and gums. His co- author was an environmentalist. Neither of these people are scientists. Neither of these people had ever written a scientific paper ever before, and this paper was never peer reviewed. *This quote has no validity other than saying these two people's personal opinion.* Despite this, the so-called authorities, all of which benefit monetarily for the promotion of fluoride, have taken this statement and repeated it time and time again as the gospel and scientific truth by using the promotional advertising practice of saying it with authority will make everyone believe it and eventually make what they say fact, whether proven or not.

The Federal government has never appointed a tracking agency to gather and report fluoride consumption's side effects, like it has for all other drugs. Why is this? It is called an unapproved drug by the FDA so it's side effects should be followed like all other drugs. So if you want to find the detrimental effects you must do it yourself. The ADA, CDC, EPA lawmakers, and USPHS have used the ridiculous lie that, *if you don't look, you won't see, and therefore the science doesn't exist. They say the people against fluoridation have no science to back up their warnings. Yet another lie!*

Plus, the amount of fluoride consumed by each individual cannot be regulated by it being put into the water systems. This fact is a “no brainer”. These agencies don't expect you to think about this either. Not everyone drinks the same amount of water so not everyone gets the same dose. The act of fluoridation goes against all rules of pharmacology for this fact alone. There will be those, like babies, who will drink far more liquid in comparison to their body weight. And those with renal problems, such as diabetics and those with heart problems and the elderly, whose kidneys cannot filter out up to 50% of the fluoride consumed as healthy people can. But remember that even those with a healthy renal system will retain the other 50% in their body, mostly in the bones, slowly accumulating and poisoning their system everyday. Add to this, it has been shown that Blacks and Hispanics have even more problems with fluoride consumption. They have a larger inherent susceptibility to fluoride's damaging effects.

In 2010, in February, we lost Skipper's full brother, Win, to a massive heart attack. Yes fluoride has been proven many times over to cause **heart and artery damage and arterialsclerosis**, the number one killer in the U.S. He was only 12 years old. He too was second-generation drinking artificially fluoridated drinking water. He too, like Skipper was born with physical problems caused by fluoride absorbed during gestation

from his mother's consumption of artificially fluoridated water. Win was born in 1998. While his dam was nursing Win, Skipper was being gestated. So their dam was drinking up to twice the amount of fluoridated water to nurse Win while Skipper was being gestated. Fluoride has been proven to not go into the milk but it does pass through the placental barrier, so Skipper was getting a huge amount of fluoride deposited into his bones and system before he was even born. No wonder his health was worse when he was born and he died earlier than Win.

Win had also developed Fibromyalgia symptoms from the poisoning by the toxins in the fluoridated water. We found a vet who specialized in toxins who found not only fluoride toxicity but also arsenic, mercury, lead, cadmium, beryllium, and even radio-active poisoning in Win's system. The industries that produce the fluoridation product call this product they send water municipalities to artificially fluoridate their city's water, a "toxic soup" because it contains all these carcinogens and more. This product is between 17% and 23% fluoride. The radio-activity, fluoride, and other toxins comes from the phosphate rock dug up for phosphate fertilizer. This very same phosphate rock is dug up for radio-active uranium too. This toxic soup is then sent to water municipalities for a cheap source of fluoride and these industries don't have to spend the billions of dollars it would cost them to dispose of this unwanted and non usable toxic soup. Instead they pay off officials and self-appointed experts who gain monetarily from the ailments caused, money hungry to promote and convince water municipalities to put this poison in the water. When water is fluoridated, we all get to carry it to our early graves with most people's last years being plagued with ill health. Again, follow the money. Who is profiting? Those who promote fluoridation of course.

Recently, hurricane Katrina knocked out many of the phosphate industry fluorosilicate holding ponds, so the fluoride product being used in a lot of U.S. communities is now coming from China. This now puts fluoridating with this product in a deeper **National Security issue** than it has been. No one in their right mind would allow any other country access to their water systems, especially a country that we are not in very good terms with and has a track record of sending us products tainted with toxins. Recently there was a scientific group in Boulder, Colorado who did research on this imported fluoride product and they found ingredients in it that they still don't know what they are. And this is being put in our drinking water? Where has common sense gone?

I think here is where I need to tell you how fluoride is capable of doing such a hugely diverse amount of damage to the body. Fluoride research in true science, not arguable by either side of this issue, reveals that fluoride is just slightly less poisonous than arsenic and more poisonous than lead and cumulative like lead. It is a systemic poison, disturbing and changing mechanisms of the body at the very core of life. It has been scientifically proven that fluoride changes the DNA by breaking its protein bonds and also does damage to the DNA repair system. Fluoride changes the mineralization system, known as the collagen system, that, for example, is supposed to know to keep the skin soft and the bones hard. It pulls calcium (calcium) out of the bones and teeth and replaces with fluoroapatite (fluoride) making the bones and teeth harder and more crystalline, therefore being more likely to break. Look at the hip fracture rate in the U.S.

The incidence of pressure fractures has grown incrementally in the U.S. since fluoridation started and it is now happening often in children. With the calcium replaced by fluoride in the bones, the body needs to put that calcium somewhere so it finds places like the veins and arteries (cholesterol and hardening of the arteries), kidneys and bladder (as stones), cartilage (arthritis) and so on. Fluoride also breaks the blood brain barrier that allows toxins to enter the brain. All these problems are increasing in the U.S. including in children. Fluoride kills enzymes and changes their shapes so they don't fit into their receptors. Enzymes are needed to catalyze every metabolic system and function in the body. The easiest to see outward sign of this enzyme disruption is dental fluorosis, the mottling, brown and white spotting, and pitting of the teeth, known as dental fluorosis, from consumption of fluoride while the tooth buds were forming. This disturbance, changing of shape and killing of these tooth forming enzymes results in the dental fluorosis mottling, brittleness and malocclusion of teeth when they erupt. For the USPHS, ADA, CDC, EPA lawmakers to say this is merely a cosmetic effect shows their ignorance and ignoring of the science that has proven this biological action of fluoride. Dental fluorosis is the outward showing of a **systemic poisoning of the whole body**, not just the teeth. In the U.S., the CDC has now said that 41% of 12 to 15 year olds has dental fluorosis. When anything is consumed, it has side effects and biological effects on the rest of the body. This is very clear in any of the commercials seen today about drugs. Fluoride also displaces iodine needed for the thyroid to make thyroxin that regulates many of the body's systems and hormones. And the list goes on of the biological disturbances that fluoride consumption and accumulation has been proven scientifically to cause. Being fluoride is a systemic toxin, disturbing at the very core systems of life, it can cause virtually any chronic degenerative disease *depending the individual's inherent weakness*. Just these mentioned above disturbed mechanisms alone are, I would think, enough to stop fluoridation. *But if you don't see or find the science, the science doesn't exist* seems to be the working orders for these organizations that push the practice of fluoridation and profit from it. Or in other words, *don't look for the science and it won't exist and you can honestly say so*. This has been proven time and time again in legal cases and the so-called experts have been made to look like idiots because of this lack of real proven science to support their "endorsements." When asked to openly debate with those who know the proven science, these so called experts will refuse to show up for this reason. They know nothing of what they say they know. And remember, *endorsements are not science. They are merely opinions by those whose job and or income depend on what they say.*

We have been asked, if fluoridation stopped in 2005 and we started hauling clean un-processed river water in 2004, why are our horses still sick and dying? Common sense and a little research would explain that **fluoride is a cumulative toxin**. It accumulates in the bones. Bone cell turn over is the slowest and can take many, many years for these poisoned cells and accumulation of fluoride to release. While at the same time, as long as this toxin is in your body it is progressively poisoning you system. Fluoride poisons going in, poisons while trapped in your bones and system, and is poisoning when released during cell turn over.

We only have two horses left that had consumed the artificially fluoridated water. One is the gelding that developed the crooked pastern (front leg) shown in the Poisoned Horses DVD. He had a chronic cough while he consumed fluoridated water, besides having chronic colic. The coughs have almost completely stopped now. The colics stopped when he didn't drink the fluoridated water anymore. He has had what most would call Alzheimer's in humans, and has for many, many years. He didn't remember where he ate everyday and would stand around in a daze, among other things. It was very sad but this symptom has improved significantly since his consumption of fluoridated water ceased. His brain has even improved so much since he quit consuming fluoridated water that he can figure out how to unlatch gates to let himself out and he is now 28 years old. The other horse is the sorrel mare that had the weird allergy bumps all over her body shown in the DVD, Poisoned Horses. We have bred her three times to two different stallions. She has conceived all three times. By 60 days she has lost the foals. She is only 12 years old now. She also still has thyroid problems caused by her fluoride consumption. Both of these horses have dental fluorosis and gum recession. This gum recession is caused by the shrinking of the alveolar bone, the bone that the teeth hook into, which shrinks when fluoride is deposited into it through fluoride's accumulation creating poor, brittle bone structure. The gums are pulled up with this bone shrinkage. The incidence of gum disease and gum recession is yet another growing problem in humans and animals in the U.S. population.

The horses we have purchased since we started hauling clean river water in 2004 and when fluoridation ceased in 2005 have remained healthy without a single ailment that all the others had manifested. Never allowing them to consume artificially fluoridated water is the only thing that has been changed since then. We are feeding the same feed and the same supplements.

And then there is the issue of pollution. The very products, hydrofluosilicic acid or sodium fluorosilicates used to artificially fluoridate municipal water, if it gets spilled into the air, land, ocean or waterways, is considered by the EPA a toxic waste very hazardous product and must have people in hazmat suits called in to clean it up immediately. Yet when this very same hazardous waste is put into our municipal water, it suddenly becomes a "product" that is good for us. This is an impossibility, yet most have been convinced by the mantra, "safe and effective and good for your teeth" by over 60 years of this being said. I ask that you go to <http://www.wqad.com/videobeta/9e389127-335a-426e-b690-b1db6b88e3f2/News/Hazmat-Called-To-Rock-Island-Water-Department-Building> and see an accidental spill of hydrofluorosilicic acid used to fluoridate municipal water eating through the concrete, and they still tell us it's safe. And remember that 99% plus of this toxin put into the municipal water goes into the environment through household use, flushing toilets, showering, watering lawns, etc., slowly accumulating and poisoning our earth and all that inhabits it. So what in the world is the EPA doing endorsing this product that is poisoning the environment they are supposed to protect? In fact the EPA was started from a weather inversion many, many years ago that carried fluoride effluent (smoke) over Denora, Pennsylvania that sickened and killed people and their peach trees.

There have now been an **editorial and two “peer reviewed scientific research manuscripts” written on our horses.** They can be seen in the Journal FLUORIDE, The Quarterly Journal of The International Society For Fluoride Research. [www.fluorideresearch.org](http://www.fluorideresearch.org). This scientific journal is well known as the “fluoride bible”. The editorial written about our horse/fluoride story is at [www.fluorideresearch.org/391/files/3911-2.pdf](http://www.fluorideresearch.org/391/files/3911-2.pdf). It is titled “Failure To Diagnose Fluoride Poisoning In Horses Caused By Water Fluoridation”. The first peer reviewed manuscript is “Fluoride Poisoning Of Horses From Artificially Fluoridated Drinking Water” [www.fluorideresearch.org/391/files/3913-10.pdf](http://www.fluorideresearch.org/391/files/3913-10.pdf). Please read the “Discussion” of this manuscript, which explains how the amount of fluoride that can be consumed by a horse without harm was paid for and promulgated by the fluoride polluting industries. Science that pre-determines and makes up information, is not science. Despite this information being paid for to show that fluoride is safe, this made up amount is repeated in the MERC Veterinary Manual used by vets further promulgating the lies about fluoride. This same made up amount was published on the cover article on the 1971 American Veterinary Journal called “Clinical Aspects of Fluoride Poisoning in Horses”. I have not found a single vet who has ever read this manuscript. The second peer reviewed manuscript on our horses is entitled “Allergy In Horses From Artificially Fluoridated Water” at [www.fluorideresearch.org/392/files/39289-94.pdf](http://www.fluorideresearch.org/392/files/39289-94.pdf). I would suggest you log onto this site [www.fluorideresearch.org](http://www.fluorideresearch.org) and read many of the hundreds of peer reviewed scientific manuscripts from around the world on fluoride’s toxicity. Many of these peer-reviewed manuscripts from this journal were referenced in the lion’s share of the fluoride review of recent research by the National Research Council, the highest scientific group in the US, for their 3 plus year review of fluoride referenced above. Again, this NRC review, by 12 prestigious experts in the science of fluoride, has been pretty much ignored by the EPA who commissioned this review. Why? No doubt because this review didn’t find the benign findings about fluoride that previous biased government reviews did. *Follow the money.* This is the first review that had a very diverse panel of 12 scientists who had the expertise and knowledge to look at, and scientifically review the recent science on fluoride in an honest, nonbiased way. The so called experts pushing this stupidity of fluoridation never take these subsets into consideration nor the rest of the bodily systems that fluoride harms. By what they say, they seem to think we are just big mouths full of teeth and nothing else.

These so-called experts never reveal that solid scientific proof of **fluoride stopping cavities has never been proven.** In fact the CDC has said since 1999 that fluoride’s benefits are topical, not systemic, yet they continue to promote fluoridation. They know that after all these years of endorsement without scientific backing is setting them up for major litigation if the truth comes out. Common sense, if looked at, reveals that after 60 years of fluoridation, if it really worked, there would be very little dental decay in the U.S. People have just believed their superiors and trade organizations, the ADA and AMA, the CDC, US Public Health Department and the EPA telling them this lie. There has never been scientific proof that fluoride is a necessary element for the body in any way either. Cavities don’t come from lack of fluoride just as headaches don’t come from lack of aspirin.

The Surgeon General has come out saying there is a "*Silent Epidemic*" of pit and fissure cavities. If fluoride actually worked as touted by these so-called experts, then taking fluoride into the body systemically, it would be incorporated into the teeth and saliva and stop all cavities even in the pits and fissures. If pit and fissure cavities are such an epidemic, then it must mean they think that these pits and fissures don't get fluoride deposited there and the saliva just skips over these pits and fissures and makes these places more susceptible to cavities. How can that happen if their "theory" works? Give me a break! How dumb do they think we are? A lot of people use fluoridated toothpaste too and even that addition of fluoride is not working to stop this "silent epidemic". Fluoride doesn't work! Good nutrition and oral hygiene are what keeps you from getting cavities, not fluoride.

The ADA, merely a trade union whose sole purpose is the financial gain of their members, nor any of their dentist members, are licensed for internal medicine so for them to tout a substance to be taken internally to do something medically, they are practicing medicine without a license. I have a letter from the Calif. Board of Dental Examiners to Dr. David Kennedy, DDS answering his question. It clearly states that "**ingested fluoride is not within the purview of dentistry**". So again, for dentists or the ADA to promote this practice of fluoridating municipal water, they are going beyond what they are licensed to do. They don't, nor will they ever, look at the systemic side effects of fluoride consumption. They don't want you to either. It would hurt their income if this scientific information got out as general knowledge. But this knowledge is getting out and their time is coming. In an ADA survey, they found that dentists working in fluoridated cities make 17% more income. In another survey it was found that out of the 10 cities where dentists make the most money in the U.S., 9 were fluoridated. Why would this be? They get to whiten teeth that have fluorosis, fix cracked and broken teeth, treat gum disease and recession, and do orthodonture, all created by fluoride consumption and absorption. And the medical doctors and vets get to make money from treating the systemic ailments caused by fluoride's accumulation and damage. What a deal! Convince people that fluoride is good for them, have them consume as much as they want for the rest of their life and be paid to treat the many and varied systemic problems that it causes. Follow the money.

At our countywide forum put on by our water municipality to see what the populous thought about this issue, the state head of the Health Dept., the state Epidemiologist, the state fluoride expert and a local dentist came to give their side for the promotion of the practice of fluoridation. What they touted about fluoride was "safe and effective and good for your teeth". The very same old mantra touted by all the pro side of this issue. These so called experts had no science to back them up. The well informed audience, who had done their due diligence and researched the science behind fluoride when the issue of it making sick and killing in our town was revealed, ate these so called experts up and showed them for what they were.....followers of those in charge, spewing lies with written, practiced monologues. These so called experts had and have no science to back their words up because there is no credible science to do so, although they said "there are thousands of research studies showing fluoride's benefits". Saying it, doesn't mean it exists. In fact several years ago the University of York in England did a meta analysis of

science showing fluoride's benefit and found that there was not one study that was well done and without bias. Avoiding true science has always been a deliberate and chosen tactic of the promoters of fluoridation. They just keep touting their credentials and authority and expect you to fall for their untruths.

I also have a letter from the EPA lawmakers saying the EPA has no safety research on the fluoridation product. So why do they continue to promote it? Follow the money and as Dr. Hirzy, PhD, past vice president of the EPA Union says, "They have a tiger by the tail and can't let loose". Go to [www.fluoridegate.com](http://www.fluoridegate.com) and watch the new documentary that reveals the differing opinions of fluoridation between the EPA lawmakers and the EPA Union of scientists. We have to be the ones who do the right thing and stop this stupidity. One should realize that the EPA worker's 11 Unions of over 7,000 scientists, lawyers, etc. have asked for a permanent moratorium on fluoridation on the cancer assays they have alone. Dr. Hirzy, representing these unions, has even gone in front of a Senate Sub Committee asking for this permanent moratorium, yet the EPA lawmakers, not scientists, continue to promote fluoride. Follow the money.

Fluoridation has resulted in the unholy alliances between the ADA, USPHS, CDC, and the EPA lawmakers to now cover their rears for this stupidity and to keep the money rolling in thinking water municipalities and city councils are going to ultimately be the scapegoat. They are the ones who actually would be making the final decision to fluoridate and doing the deed of putting this toxin in the municipal water. So they are the ones who will receive the brunt of the blame and liability, although this chain of command, right up to the top, will ultimately be named when the lawsuits ensue. These so called authorities are very willing to leave the liability of ills and deaths caused by fluoridation in the hands of city councils and water municipalities. And they have a record of doing this in past lawsuits saying they were "just recommending fluoridation". It has been said that the pay-outs for the ills and deaths from fluoride consumption is going to make the cigarette payouts look like peanuts. Everyone drinks water, not every smokes.

As far as the long list of organization endorsements that the so-called experts wave in front of you and others, one must clear their mind and realize that endorsements are not science. Those two things are totally different things but the experts are counting on you not thinking this through. And in fact, the National Kidney Foundation pulled it's endorsement of fluoridation when approached by a lawsuit detailing the kidney problems fluoride causes. Not one of the organizations endorsing fluoridation has done any credible, double blind scientific research on the "side effects" of pharmaceutical fluoride put into toothpaste, let alone any health effects caused by the "toxic soup" product used to artificially fluoridate municipal water, which is an industrial waste product. Again, the EPA even says they have no safety science about this product.

And again, ADA, AMA, and other medical and veterinary associations are simply and merely trade unions whose sole goal is to ensure the financial gain of their members. No wonder they endorse fluoride. It is well known in true science that fluoride ruins teeth and gums and causes dental fluorosis and other tooth problems. And along with these,

many and varied systemic health problems too. Look at what it did to my horses teeth and bodies, and horses don't eat sugary things like humans do to ruin their teeth. JADA, The Journal of the American Dental Assoc., does contain research material but it is from outside the ADA and is always slanted towards their ultimate goals of producing income for their members. Their promotion of fluoridation is perfect for this goal. Research the source of these studies and you will find that these studies are paid for by those who will ultimately gain from fluoride's promotion. ***Science that knows the end result of the research before it is finished is not true science.*** This is what you see in pro-fluoridation manuscripts and what the York Review, mentioned above, found. Bad methodology, skewed results and fudged numbers, and moved decimal points. Only in true science does the end result come without being manipulated to come to the end result wanted. Follow the money.

Why is it that on the back of all fluoridated toothpaste, it says "***if more than a pea size amount of toothpaste is swallowed, call the poison control center immediately***"? What is used in toothpaste is pharmaceutical grade fluoride, not the toxic soup put into municipal water. This safety warning is mandated by the FDA. Know that there is ¼ milligram fluoride in that pea size amount of toothpaste and it has a safety warning? That ¼ milligram is the same amount of toxic waste fluoride in one glass of water. Why is it that there is no safety warning on your water bill or water quality report for the 1 ppm of fluoride put into municipal water saying "If more than one glass of water is consumed, call your poison control center immediately?" Why is it that doctors suggest everyone drink 8 glasses of water per day, which would be a huge overdose according to the FDA's toothpaste safety warning? There is never a mention that if this water is fluoridated, you should call the poison control center immediately.

**You need to realize that 1ppm fluoride is *confusing the amount put into water with the dose consumed.*** Just because you put 1ppm fluoride in the drinking water does not insure that everyone will only drink that amount. Those with any kind of kidney dysfunction, heart problems, diabetes, athletes, babies who drink far more liquids than adults when comparing weight to liquid consumption, and outside workers, etc., drink far more water than most. So these people can consume way more than the "so called" optimal amount of fluoride. This is just one of the reasons fluoridation is so ridiculous. ***You can't control the dose that each individual drinks. I challenge you to think of a single other drug that is safe for everyone, no matter of age, weight, or medical conditions, can be consumed in any amount, and is recommended to be taken the rest of your life no matter your health changes, like fluoride is.***

The EPA is the controlling agency for water and toxins. It has no authority for drugs or medications. That is the FDA's charge. Why is the EPA's policy of the promotion of fluoridation so different from the **FDA's non-approval of any fluoride product meant for consumption?** Why are the very same products, sodium fluorosilicates, said to be ok put into our drinking water for us to consume yet not ok if spilled onto the land, water-ways or ocean? The government agencies are not doing their job of protecting the populous and obviously not conversing with each other to get their stories and jobs in order.

Do you know that in 2006 the ADA came out with a memo to it's "dentist members only", that they should tell their patients that babies should not have their infant formula reconstituted with fluoridated water? Did you know that the CDC backed this up? But yet this has not gone out to the media even today. Why has this information not been put in water quality reports from water municipalities in fluoridated communities? Could it be that the so-called experts have again failed their job and just not told you because it would hurt their bottom line or show fluoridation for what it truly is?

Now, I do agree that giving people the choice if they want to use fluoridated toothpaste or other fluoride dentifrices is fine, even though I do not and would not use them because all fluoride is poisonous and cumulative. *Everyone should have the ability to choose what they want to use for their own health.* And these sources of fluoride are very cheap and a way to distribute these products could be easily done instead of forcing fluoridation on everyone. This could be done much cheaper than fluoridating the water, therefore putting the liability on the individual who chooses these sources of fluoride for themselves, as individuals, instead of allowing the city councils and water municipalities and all the agencies above them to medically treat them without informed consent or any knowledge of their medical history.

As far as putting fluoridation up for a vote of the populous, that again takes away individual rights. Millions of men and women have fought and died to retain our *individual freedoms*. Squelching these hero's ultimate sacrifice for our freedom by forcing a mass medication that some don't want is against our God given and Bill of Rights given rights as individuals?

During our discussions with our water municipality, they wanted to show us that naturally occurring fluoride was already in our water so it was ok to add more. Pagosa Springs is the first town that the water from the source, the mountains, gets to. There is no source of fluoride or pollution before the water is taken directly from the river by our water department for our town. The municipality presented samplings of water collected all around our town from the multiple bodies of water and rivers. Downstream and in town, in the river, there was quite a bit of fluoride in the water. In lakes that had a lot of homes around them, there was quite a bit of fluoride in the water. In the samplings from the river that the municipality gets our water from, that runs through town, as they took samplings going up the river getting closer and closer to the mountains, the source of our water, the fluoride got less and less. Thus showing that, as has been proven many times in research, most of this artificially fluoridated water is not consumed, but goes into the environment through household use. In fact it has been proven that over 99% of this toxic waste ends up in the environment slowly accumulating and poisoning it. Again the EPA is not doing their job to protect us, nor the environment. This is a major double standard by the EPA promoting fluoridation. In fact, back in 1983, Rebecca Hanmer, the deputy assistant administrator for water at the EPA described the practice of fluoridation as "*an ideal solution to a long standing problem. By recovering by-product fluorosilicic acid from fertilizer manufacturing, water and air pollution are minimized, and water authorities have a low-cost source of fluoride available to them*". This alone shows that common sense has flown out the window on this subject when it comes to government

agencies. How stupid can these agencies be? Again, as Dr. Hirzy, PhD, past vice president of the EPA workers union (who wants fluoridation to cease immediately on the proven cancer research they have done alone) has said, "They have a tiger by the tail and can't let loose". He has said that the EPA's lawmakers seem to think that "the solution to pollution is dilution". This stuff is still getting into the environment and if 99% plus is not consumed, where is it going? The environment, of course! Dr. Hirzy argues with the EPA lawmakers saying that "The public water supply should not be used as a means of getting rid of hazardous waste", and in his testimony before the U.S. Senate in 2000 he described Hanmer's views as "linguistic de-toxification". The EPA lawmakers, and other agencies, have promoted this toxin for far too long and if they admit what they know, the lawsuits will ensue and the government agencies are going to lose all credibility. Take a look at the lawsuits for ills caused by asbestos, DDT, lead in gas, and all the drugs once said to be "safe and effective" like VIOX and Phen Fen, and all those products with advertisements from lawyers on TV wanting people to come forward to sue because of ills and damage done by these so called safe and effective things. Lawsuits that are certain to ensue, and are beginning with the many and varied scientifically proven ills caused by fluoridation. Go to [www.slweb.org](http://www.slweb.org) and click on Fluorinated Pharmaceuticals to find yet another source of fluoride.

Again, watch the new documentary called FLUORIDEGATE, An American Tragedy [www.fluoridegate.com](http://www.fluoridegate.com) of how Dr. William Marcus PhD., the head toxicologist of the EPA, found that fluoride caused two very bad, but *used to be* rare cancers? He turned his research into the EPA lawmakers who immediately downgraded his scientific results 4 points therefore nullifying his research. These EPA lawmakers are supposed to take the proven science from their scientists and make law on them to protect us, but that didn't happen then, nor is it happening now. Dr. Marcus started telling people about his findings, he was warned to keep quiet, his integrity wouldn't allow him to be quiet because he knew people were dying from the consumption of fluoride, and he was fired. He sued and won and the EPA was forced to rehire him. It was because of this pressure from the EPA lawmakers on their own scientists that they are supposed to support, that the EPA Workers Union was formed. Now, as I said before, all eleven EPA Unions, over 7,000 scientists, lawyers, etc. have signed a petition and gone in front of a Senate Sub Committee and asked for a permanent moratorium on fluoridation on the cancer data alone they have found. Part of this filmed testimony is on the "Poisoned Horses" documentary. [www.youtube.com/watch?v=7TwwNZyRVOA](http://www.youtube.com/watch?v=7TwwNZyRVOA) A very large part of this filmed testimony is on the first "Let the Truth Be Told" documentary series mentioned above. It also contains an interview with Dr. Hirzy from the EPA Union.

Not only did we have the proven science from a world fluoride expert at Cornell University behind us, Dr. Krook, when fluoridation was ceased here in Pagosa Springs, but we also made our water municipality realize that *we do have a choice as to what we put into our bodies as individuals*. I revealed to them a major court case, after 9/11, where the Federal government was going to force all troops to receive anthrax and other vaccinations. These drugs had not been FDA approved, same as has *no fluoride product meant for ingestion ever been FDA approved*. A lot of the troops refused these vaccinations and were court marshaled. It went to **Federal court and the final ruling**

*was that no one, not even the Federal government has the right to force anyone to take into their body a non approved drug.* This case was Doe verses Rumsfeld. This court case has set a major legal precedent for future lawsuits including those about fluoridation and the ills it causes. Recently, in a national lawyer publication, it was revealed that people with *ailments caused by fluoride consumption is a potential goldmine for litigation.* The truth is becoming known.

The action of fluoridation is against all rules of pharmacology. No doctor is allowed to prescribe a drug to any of his patients without first seeing and diagnosing them and getting written consent on an individual basis. Then the patient can still refuse, even after this consent is signed. No doctor would prescribe the same medication to every patient, no matter their age, weight, personal medical situation, allergies, etc. Nor would he tell them to take as much as they like and take it the rest of their life as is done with fluoridated municipal water. For any water municipality to put a substance into the water solely for treating humans, as fluoridation is, they are **mass medicating, for medical purposes, with a substance never FDA approved for ingestion, by a non medical entity who has no medical license (water municipality and city council) without ever getting signed consent from each individual consumer and without knowing if anyone has an allergy or other medical problem that would make it even more toxic and deadly.** That is setting all those involved up for major lawsuits just on those merits alone. No licensed medical professional is allowed to do this. *It is said that ignorance of the law is no sound defense to legal charges brought against you. This fact is the same that ignorance of the medical facts of the fluoride product being put into everyone's water source, is no defense either.* This is especially true when that information can be easily accessed. Believing the so-called experts would be called "hear say" in court. And remember that the Nuremberg Trials established the precedent that the statement "I was only following orders" does not hold water.

Please remember that when it comes to municipal water, the one and only job of councilors, of water municipalities and mayors is to deliver clean water to the populous, and to *improve the quality of that water.* Fluoridation does neither. Their job is NOT to medicate the population with a non-approved drug. Fluoridation's only purpose is to medicate. Looks like fluoridation is a major liability lawsuit waiting to happen to me. And the lawsuits are increasing in number nation wide as we speak.

A new recent development is that a world wide insurance company has stated that they will not cover water municipalities or those who deliberately do something that has been scientifically shown to do harm, which includes approving and sending out fluoridated water to their customers. How many other insurance companies will follow suit? This again puts the liability squarely in the laps of those who promote fluoridation and deliver fluoridated water as individuals, and could very well void Directors and Officers insurance.

Another development is the question of "**Fluoridegate**". This scandal is widening with calls for hearings as new revelations highlight the fact that science is in conflict with official's promotions and statements on water fluoridation safety. Again, please watch

the very new documentary called "FLUORIDEGATE, AN AMERICAN TRAGEDY" at [www.fluoridegate.com](http://www.fluoridegate.com). It is a must see for the truth about how the EPA has lied and deceived us for years about fluoridation and what it is capable of doing to our bodies.

And another development is that fluoride trucks have now been identified by our government as terrorist targets. If this stuff is benign, why is this true?

I am writing this because I am scared. I have seen personally, over many, many years, the devastating ills that fluoride is capable of doing to the body. You are seeing it too, you just aren't aware that fluoride is the cause and the self proclaimed authorities want to keep you in the dark while they pad their pockets with money made through suffering from fluoride consumption and accumulation. Please realize that by putting this toxic waste into municipal water, it is not only doing physical harm to living beings but also to the environment.

Please remember that we who are against fluoridation have nothing to gain but our health and personal freedoms and that of others and future generations and also the stopping of the poisoning of this wonderful planet we live on. Not so with the promoters of this toxin. Their pockets are growing full either from the gain of their jobs promoting this, or by treating the bad teeth, gums and internal ailments fluoride consumption creates. Again, follow the money when it comes to these promoters. Read the book "The Fluoride Deception" by Christopher Bryson and the newly release book "The Case Against Fluoride" How Hazardous Waste Ended Up in Our Drinking Water and the Bad Science and Powerful Politics That Keep It There... by Dr. Paul Connett, Phd, James Beck, MD, PhD, and H.S. Micklem, Dphil. These book's truths about fluoride and fluoridation are backed up by recently declassified "top secret" government documents and peer reviewed scientific research. We who are against fluoridation are spending our precious time and resources trying to regain our rights given to us by God, the Bill of Rights, and those who have died to retain those freedoms. We should be able to decide, as individuals, what we take into our bodies. Please do the right thing, legally, morally, intelligently and integrally. Do what is necessary to stop this stupidity.

Thank you for your time in reading this.

Sincerely,

Cathy Justus  
National Spokesperson Against Fluoride Poisoning In Animals  
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REFERENCE LINKS:

“FLUORIDE” The Quarterly Journal of The International Society For Fluoride Research  
[www.fluorideresearch.org](http://www.fluorideresearch.org)

“FAILURE TO DIAGNOSE FLUORIDE POISONING IN HORSES CAUSED BY WATER FLUORIDATION: Editorial on our horses. By Dr. Albert Burgstahler  
[www.fluorideresearch.org/391/files/3911-2.pdf](http://www.fluorideresearch.org/391/files/3911-2.pdf)

“FLUORIDE POISONING OF HORSES FROM ARTIFICIALLY FLUORIDATED DRINKING WATER: Peer reviewed, scientific, published manuscript on our horses and others. By Krook, Justus [www.fluorideresearch.org/391/files/3913-10.pdf](http://www.fluorideresearch.org/391/files/3913-10.pdf)

“ALLERGY IN HORSES FROM ARTIFICIALLY FLUORIDATED WATER: Peer reviewed, scientific, published manuscript on our horses. By Justus, Krook  
[www.fluorideresearch.org/392/files/392/files/39289-94.pdf](http://www.fluorideresearch.org/392/files/392/files/39289-94.pdf)

“FLUOROSIS IN HORSES DRINKING ARTIFICIALLY FLUORIDATED WATER” Peer reviewed scientific, published manuscript on horses in Texas. By Macicek, Krook  
[www.fluorideresearch.org/413/files/FJ2008\\_v41\\_n3\\_p177-183.pdf](http://www.fluorideresearch.org/413/files/FJ2008_v41_n3_p177-183.pdf)

“OSTEO-DENTAL FLUOROSIS IN DOMESTIC HORSES AND DONKEYS IN RAJASTHAN, INDIA” Peer reviewed scientific, published manuscript from India.  
[www.fluorideresearch.org/431a/files/FJ2010\\_v43\\_n1\\_p005-012.pdf](http://www.fluorideresearch.org/431a/files/FJ2010_v43_n1_p005-012.pdf)

[www.myspace.com/poisonedhorses](http://www.myspace.com/poisonedhorses) Web site with lots of scientific information about our horses and others in Pagosa Springs including the first necropsy and tooth report from Dr. Lennart Krook, PhD, DVM from Cornell University in New York. Go to “Profile” and scroll down to the letter, necropsy and tooth report from Dr. Krook, PhD, DVM

[www.youtube.com/watch?v=7TwwNZyRVOA](http://www.youtube.com/watch?v=7TwwNZyRVOA) The short documentary called “Poisoned Horses” produced by Dr. David Kennedy, DDS and the International Academy of Oral Medicine and Toxicology

[www.slweb.org/ftcrepersonalstories\\_cathy.html](http://www.slweb.org/ftcrepersonalstories_cathy.html) Our fluoride story up until 2006

Environmental: Our personal experience using artificially fluoridated water on our organic vegetable garden written as an Editorial in response to a research manuscript on fluoride and earthworms published in the journal FLUORIDE. The research manuscript: [www.fluorideresearch.org/444/files/FJ2011\\_v44\\_n4\\_p210-214\\_sfs.pdf](http://www.fluorideresearch.org/444/files/FJ2011_v44_n4_p210-214_sfs.pdf). My Editorial in response [www.fluorideresearch.org/451/files/FJ2012\\_v45\\_n1\\_p065-066\\_sfs.pdf](http://www.fluorideresearch.org/451/files/FJ2012_v45_n1_p065-066_sfs.pdf)

[www.slweb.org](http://www.slweb.org) Second Look website full of fluoride information and science.

[www.FluorideAction.net](http://www.FluorideAction.net) Contains all the recent research and happenings world wide on fluoride plus recent videos from medical and scientific professionals who know the truth about fluoride.

[www.FluorideAlert.org](http://www.FluorideAlert.org) More information about fluoride.

[www.Slweb.org](http://www.Slweb.org) Go to bibliography and see over 75 pages of listings of just a few of the over 60,000 damning proven independent scientific manuscripts about fluoride. Click on “Fluorinated Pharmaceuticals” to find many drugs that contain fluoride.

[www.KeepersOfTheWell.org](http://www.KeepersOfTheWell.org) Lots of information.

[www.youtube.com/watch?v=a14crJyR-qc&feature=related](http://www.youtube.com/watch?v=a14crJyR-qc&feature=related) Dr. Paul Connett, PhD, Chemistry seminar in Denver in September 2010.

[www.youtube.com/watch?v=9950ooY-CQjk](http://www.youtube.com/watch?v=9950ooY-CQjk) My seminar along with Dr. Paul Connett, PhD, Chemistry in Denver in September 2010.

[www.ars.usda.gov/Services/docs.htm?docid=6312](http://www.ars.usda.gov/Services/docs.htm?docid=6312) or [www.ars.usda.gov/SP2UserFiles/Plack/12354500/Data/Fluoride/F02=pdf](http://www.ars.usda.gov/SP2UserFiles/Plack/12354500/Data/Fluoride/F02=pdf) See the USDA charts that list the amount of fluoride in processed foods consumed everyday by Americans. This alone should reveal that putting even more fluoride in municipal water is beyond ridiculous.

[www.fluoridegate.com](http://www.fluoridegate.com) A new documentary entitled FLUORIDEGATE, AN AMERICAN TRAGEDY by Dr. David Kennedy. It reveals how we are being deceived by being told that fluoridation is safe and effective. It reveals the true science of fluoride, and what it does to the body and how many are dying because of this deception.

[www.fluoridealert.org/fan-tv/10facts/](http://www.fluoridealert.org/fan-tv/10facts/) Short video revealing 10 facts why fluoridation is a ridiculous practice.

<http://tv.naturalnews.com/vasp?v=64A315890E4B2CE831BD336C2196AD17> Health Ranger, Mike Adams, in Natural News reveals that media is now releasing information that the Syrian Chemical Weapons are fluoride.

<http://doi.dox.doi.org/10.115/2013/439490> A published scientific manuscript in the Journal of Public Health, 2013 by Dr. Richard Sauerheber, PhD called: “Physiologic Conditions Affect Toxicity of Ingested Industrial Fluoride”. The same industrial fluoride put into municipal water.

[http://www.fluoridresearch.org/464/files/FJ2013\\_v46\\_n4\\_p182-191.pdf](http://www.fluoridresearch.org/464/files/FJ2013_v46_n4_p182-191.pdf) A published peer reviewed scientific manuscript by Dr. Richard Sauerheber, PhD called: “Racehorse Breakdowns and Artificially Fluoridated Water in Los Angeles

And the list goes on and on.

*Agenda  
Attachments*

**6**

# \$100,000 REWARD OFFER

To the first individual who can provide one copy of any controlled experiments with the U.S.P.H.S. recommended fluorides and water, at the U.S.P.H.S. recommended parts per million, that shows that poisonous fluorides are (as published as fact by promoters of fluoridation) safe, beneficial and will cause no future body harms.

**A \$20,000 REWARD HAS BEEN VALID FOR 14 YEARS, INCREASED TO \$45,000, NOW \$100,000**

## Doctor Calls Fluoridation Poison

"Fluoridation is one of the biggest international scandals that has ever been promoted in the name of a health scheme."

This is the opinion of Dr. Robert J.H. Mick of Laurel Spring, N.J. who was once an active promoter of fluoridation. Today, however, he is one of its strongest opponents.

"I was probably one of the first persons in the world to promote fluoridation," he said. "That was from 1944 through 1948, until I became interested in body chemistry."

In 1949 Dr. Mick was appointed an international

representative of the American Academy of Nutrition. He conducted experiments with animals on food and fluorides. He conducted studies in Africa among natives on the relationship of fluoridated water and foods to dental decay. He has also conducted similar studies in the U.S. with children.

"As a result of experiments with animals, we learned that bones, teeth, kidneys, livers and spleens had accumulated up to 500 per cent more fluoride than controlled animals. Cripples were born to the third generation." Erie Morning News 6-8-64

The following co-sponsor the \$100,000 reward offer:



Dr. Allen Banik,  
Kearney, Nebraska



Dr. Fred H. Barge,  
LaCrosse, Wisconsin



Dr. Robert J.H. Mick,  
915 Stone Road, Laurel Springs, N.J.



Dr. Forrest J. Pinkerton,  
Honolulu, Hawaii



Dr. Arden D. Zimmerman,  
San Jose, Calif.

Dr. Harvey T. Petraborg, Aiken, Minn.

Anyone presenting evidence to claim above reward shall be legally responsible for every and all costs caused to any or all persons involved in this \$100,000 reward by such evidence, if such evidence is deemed invalid or not bonafide research before any qualified research board. Such persons making claim to \$100,000 reward offer will accompany claim with bond to cover such costs as may be caused if such evidence does not prove the existence of the controlled experiments mentioned in \$100,000 offer.

**For additional copies:**

Citizens Committee Against Fluoridation, 18 East 4th Street, Cincinnati, Ohio 45202 AC513-621-4555

**REPRINT COPIES 50 for \$1.00; 1000 for \$15.00.**

back, sores in the mouth, excessive thirst, digestive and urinary disturbances, labored breathing, loss of control of arms and legs.

A Medical literature reports these symptoms in natural fluoride areas. Cases are now reported in the medical literature from artificially fluoridated water. Animal experiments at U. of Texas have shown that 1 p.p.m. fluoride water shortens the life span by 9%. The U.S.P.H.S. conclusively denies these facts.

A Testimony at Congressional Hearings (1952, HR 74 and HR 447) reported a death due to damage to kidneys. Also testimony verified that 1 p.p.m. fluoride with the body's enzyme system affecting growth of bone and function of nerve tissue.

**17. IS CHRONIC FLUORIDE POISONING EASILY DIAGNOSED? NO.**

• Congressional testimony in 1952 (see above) charged that too little emphasis was placed on attempts to determine diagnostic symptoms in all cases of mild fluorosis.

• It also warned, "Science does not yet have a sufficiently delicate analytical technique to detect with certainty what is called 'subclinical injury.' Usually there must be a great deal of damage before we are aware something is wrong."

**18. DO PROMOTERS OF FLUORIDE ASSUME RESPONSIBILITY FOR DAMAGE? NO.**

• In Daytona Beach, Fla., all "promoters" refused to sign articles of agreement assuming responsibility for physical or financial damage caused by fluoride in the drinking water supplies.

• In Miami, the City Commission refused to accept responsibility for the illness of a citizen with demonstrated injury from F. water.

• In Jacksonville, a respected Miami physician reported his own illness from Miami's fluoridated water and urged the St. Del. of Health to quit approving fluoridation. They ridiculed him instead of investigating.

**19. CAN DOSAGE OF FLUORIDATED CITY WATER BE CONTROLLED? NO.**

The amount put in the water supplies can be controlled by machinery, but the danger a person gets depends entirely upon the amount of water he drinks plus the total amount consumed in the food. Because of industrial build-up in Tampa area this is considerable. From 1 p.p.m. (1 mgm in 4 glasses of water) will cause chronic fluoride poisoning (enamel teeth) in 10 to 20% of the children, so the U.S.P.H.S. admits—but they think that is not adequate.

**20. ARE NATURALLY OCCURRING FLUORIDES BENEFICIAL AND SAFE?**

In nature, fluoride is accompanied by other minerals, especially calcium and phosphorus, which both help to build sound teeth and render fluorides less toxic. Even so, widespread mottling and disfigured teeth occur. These abnormal teeth are called "Arizona Teeth" and "Texas Teeth."

**21. IS FLUORIDATION WASTEFUL? YES.**

One tenth of 1% of the water is consumed by children supposed to benefit by it; 99% of the tax money spent for fluoridation goes down the drain on car washes, fire fighting, street flushing and industrial uses.

**22. CAN FLUORIDE BE TAKEN IN OTHER WAYS? YES.**

• Your private physician does not demand that your city officials give your child his vitamins through the city water supply, and neither does fluoride have to be taken that way—and the fluoride promoters are aware of it; if it is simply to force you to accept this treatment whether or no.

• To those who believe it takes this to make good teeth, there are many ways to take it just as any other chemical is taken. For those unable to pay for it, the health departments can dispense to all who want it, the cost is negligible.

**23. DO ENDORSEMENTS BY SCIENTIFIC AND OTHER ORGANIZATIONS CONSTITUTE PROOF OF SAFETY OR EFFECTIVENESS? NO.**

Endorsements are useful in politics and when selling a commercial product. Scientific advances stand on their own merit. Endorsing fluoridation does not mean the presumed club members know anything about it—but the ones who did the pressuring hope these endorsements will serve as a political weapon to "go ahead and fluoridate, anyway."

**24. CAN FIGURES OR STATISTICS PROVE THE SAFETY OF FLUORIDATION? NO.**

• P.H.S. bases its proof on statistics that deal with averages. People are individuals not averages.

• "No one thing things are alike, each has a different degree of tolerance and susceptibility. There is no standard applicable to all patients under all circumstances."

—ALL. Med. Assn. Publication "HYGIA."

**25. DO ANY MEDICAL GROUPS OPPOSE FLUORIDATION? YES.**

• Among them: Medical-Dental ad hoc Committee on Evaluation of Fluoridation" consisting of over 1500 dentists, physicians and scientists.

• Amer. Assn. of Physicians and Surgeons (13,000 physicians in good standing with the AMAU passed a resolution 4-13-58 condemning the use of public water supplies as a vehicle for drugs (fluoride is included)

• Medical society leaders, who examine the evidence critically refuse to endorse fluoridation.

• A number of state and county medical societies have refused to endorse this project.

**26. WHY DON'T DENTISTS PUBLICLY OPPOSE FLUORIDATION?**

Sec. 20 of the Am. Dent. Assn. Code of Ethics, adopted after they endorsed fluoridation in 1950, prohibits dentists from publicly opposing fluoridation under threat of expulsion. The North Carolina State Dent. Soc. suspended 2 dentists August 1955 for 1 year. Other more subtle discipline has been applied on local levels.

**27. HAVE ANY CITIES REFUSED FLUORIDATION? YES.**

• About 2500 communities have rejected fluoridation by official action or referendum. Some are: Seattle, Portland, Boston, New York, New Orleans, Dallas, Memphis, Atlanta, Cincinnati, Columbus, Sacramento, Los Angeles, San Diego, Tampa, Henry commission (about 174) have denounced it either 100% Opp. Dons and St. Petersburg in Florida.

• Ft. Pierce, Fla., got a permanent injunction against adding fluoride to city water supplies.

**28. DOES FLUORIDATION VIOLATE MORAL PRINCIPLES? YES.**

• That is why so many millions of people here and abroad oppose fluoridation. No one has the right to force another to partake of a dangerous chemical against his will or without his knowledge. Fluoride has a safety factor of ZERO as opposed to ornamental safety factor of 10 and granule's 40 to 125.

• It should be emphatically rejected by every person who values his freedom.

• Every one is entitled to believe in fluoride and to use it individually if he wishes. No one will oppose the right or question his motives. But if he demands that the city be used as a vehicle to carry this medication so that none shall escape it for the rest of his life, then the promoters motives are open to serious question.

**29. DRINKING WATER IS VITAL TO EVERY HUMAN BEING.**

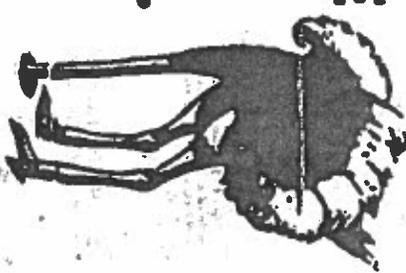
A PETITION OPPOSING CONTINUED FLUORINATION OF "YOUR" DRINKING WATER CAN NOW BE SIGNED AT ANY ONE OF THE FOLLOWING HEALTH FOOD STORES:

HARVEST HOUSE HEALTH FOODS  
HEALTH FOODS OF ORMOND BEACH  
MOTHER NATURE'S NUTRITION CENTER  
VITAMIN SHACK

FOR ADDITIONAL INFORMATION AND THE OPPORTUNITY TO GET INVOLVED IN THIS VITAL COMMUNITY SERVICE, CONTACT:

AMERICANS UNITED TO COMBAT FLUORIDATION  
LOCAL REPRESENTATIVE: JOHN W. LYNCH  
(904) 253-7348

"There is Nothing Controversial About Facts—  
Controversy arises over Actions of Quacks"  
—Tom T. Moore, President, Am. Antibiotic



**BEFORE IT IS TOO LATE...**

Here is What You Should Know about **FLUORIDATION!**

**Facts Vital to Every Water Consumer**

- 1. WHAT IS FLUORIDATION?**  
FLUORIDATION is the addition of sodium fluoride (a powerful carcinogenic poison) to drinking water, stream water and other water supplies. It is done in the form of a salt and one 1 million part of water (1 p.p.m.). The average child is to reduce some decay in the teeth of ornamental group children.
- 2. WHAT IS THE REAL ISSUE AT STAKE?**  
It is not teeth. It is that, using the public water system, the individual is compulsory medical research. Federal and state intervention in private lives and destruction of individual rights to freedom of choice.
- 3. IS FLUORIDATION LIKE CHLORINATION OR VACCINATION? NO.**  
• To try to make you think so is a deliberate attempt to confuse or deceive you.  
• Chlorination and vaccination prevent the spread of contagious diseases. They are legitimate Public Health matters. Teeth decay is not contagious. It is a private health matter with prevention responsibility resting squarely on each home—in the State.  
• Chlorine is used to treat the water. All the water-borne, dis-

...bacterial Tooth Decay is not water-borne so when fluoride is put on the community physical change in the water designed purpose of bringing about a physical change in the water. This is not the function of water departments. Chlorine disappears from the water upon aeration, standing or boiling. Fluoride does not disappear—it concentrates upon boiling.

#### 4. WHO PROMOTES FLUORIDATION?

- U. S. HEALTH SERVICE, PHS employees, Dental Association and organizations depending upon U. S. Research Grants and Grants as Federal-Aid-to-Tooth.
- "so-called 'public servants' have spent millions of tax dollars, and thousands of man hours, on a high-powered campaign to deceive you."
- B. Essex M.D., F.A.C.R., author, *factum*, authority on fluoridation.
- "Dr. A. S. Flemming, Sec. U. S. Dept. of Health, Ed. and Welfare, outlined a national campaign to get 'fluoridation' accepted" to the tune of 12 million dollars of the taxpayers money."
- Washington, D. C., News Item Feb. 9, 1959

#### 5. WHY DO PROMOTERS OF F. PRESSURE CIVIC GROUPS FOR SO-CALLED "ENDORSEMENTS"?

- A Federal propagandist advised U.S.P.H. Service education leaders to introduce "thought control" methods:
- "... the most direct way to reach the mind of the herd is thru its leaders. If the group leaders accept our ideas, the groups they dominate will respond."
- "You want GAIN THEIR CONSENT to your health programs thru every type of persuasion... all this must be planned... induction-free must be subtle... a reiteration of ethics is necessary... the subject matter of the propaganda must not necessarily be true."
- Edward L. Bernays, author "Crystallizing Public Opinion."

#### 6. DOES PUBLIC HEALTH SERVICE HAVE POLICE POWER TO ADD FLUORIDE TO PUBLIC WATER SUPPLIES? NO.

- Fla. St. Bd. of Health admits they do not have this power. They use devious methods and tactics to try to gain by "policy" that which they can not obtain by existing laws.
  - The State Dental Directors (PHS employees) were briefed how to "build a fire" under some one and have that person make plans to go before clubs then ask the PHS to come in, thus they come into a locality "without seeming to push in."
  - In the present Tampa under-cover campaign, newsmen are not welcome at the propaganda meetings, the opposition is not permitted to speak at the same time; they try for an immediate endorsement which will be sent to the Mayor and Commissioners to create the impression of a "mandate from the people."
- #### 7. WHO OPPOSES FLUORIDATION?
- Responsible citizens who are concerned about the health and well-being of their families and who know the responsibility of mouth hygiene rests at home with mother and child.

• who believe pure drinking water should come from their city reservoirs and that poison chemicals for human consumption should be sold in drugstores by licensed pharmacists.

• who insist upon their right to be secure in their homes and their persons; to choose their own physician; their own medicine and manner of taking it.

• who do not call on Jay Cees or civic clubs to diagnose their family ailments or to prescribe or force treatments on them.

• who resent such presumptuous intrusion in their private affairs and who will not submit to mass or other experimentation unless they so choose to do.

• who have no political or commercial intent and expect to gain only one thing—preservation of "freedom of choice."

#### 8. WHY IS FLUORIDATION OPPOSED.

- Sound opposition to fluoridation can be based on these reasons:
- Compulsory medication is contrary to the fundamental freedom of Americans.
- Mass medication ignores the individual relationship of patient and physician (or dentist) of his choice.
- It forces whole populations to take medicine they neither need nor want.
- Prevention of tooth decay by proper diet and oral hygiene is the preferred method recommended by most responsible dentists and physicians.
- Disregard for the fact that fluoride is an accumulative poison and Tampa already has a serious hazard in air-pollution and fluoride content in food and milk because of "fall out" from industrial plants nearby.
- Because of individual differences, no effective "average dose" for all could be supplied through water works departments. No physician of integrity would advise a patient to "take as much of this medicine as you want for the rest of your life and you'll be sure to get the correct dose."
- Controlling the amount of fluoride injected in water supplies has nothing to do with controlling how much fluoride the child gets. His dosage is determined by what he drinks plus the total amount of fluoride in all of his foods (which is heavy in this area).
- This project opens the door for other forms of mass treatments through the water supplies which the U.S.P.H.S. has already suggested will be forthcoming.
- It is unscientific, breaking all the laws of ethical medical practice. It is unwarranted because this chemical (drug) can be administered in the usual manner of other drugs and can be dispensed at small cost by the county and city health departments to indigents, just as insulin is. We refer to tablet method.

#### 9. IS IT MASS MEDICATION? YES.

- "Fluoridation is mass medication without parallel in the history of medicine."
- Delany Report (No 2500) Cong. Hear. Fl. of Pub. Water Sup., 1952
- Congress Weintraub (Del.) calls it "universal preventive medicine which on individual cannot avoid unless he stops using his usual water supply". He said he knew of no other instance "such a wide precedent would be established for medicating whole populations."
- Heer, on HR 2341, 83rd Congress.

• "Beyond any reasonable question, the sole purpose in wanting to add fluoride to the water supply... is so it can serve as a precedent for compulsory medication in non-contagious diseases."

—B. Essex, M.D., F.A.C.R., Testimony Hr. 2341 83rd Cong. (1954).

• "Dr. Scheele U. S. Surgeon General, in discussing mass application methods for preventing non-infectious diseases, said a case in point was fluoridation of public water supplies... such a community-wide attack on 'far more serious diseases than dental decay' probably will be forthcoming after laboratory tests have proved the way, he predicted."

—Paterson Emsing News, Paterson, N. J., Friday, Nov. 6, 1953. (AP release from Washington.)

#### 10. IS FLUORIDE A POISON? YES.

- "There is not disagreement about the fact that fluoride is a PROTOPLASMIC and ENZYMATIC poison."
- Y. O. Hume, D.M.D., Forsythe Dent. Ia. for Children, Boston.
- (Protozoism: essential substance of living cells upon which all vital bodily function depends. Enzyme: catalytic substance formed by living cells. Causes chemical change so food can be utilized.)
- "Chemically-pure fluorides are drugs that are too poisonous to be dispensed to the general public over a drug counter—at least without a prescription."
- Y. O. Hume, D.M.D., Before Cong. Invest. Com. on Poisons in Food.

(Yet it is proposed to put tons of commercial grade fluoride orally in the water supplies.)

- "Caution—Sodium fluoride is very poisonous... as little as 250 mgms has caused dangerous symptoms. The fatal dosage appears to be about 3 or 4 grams." (less than a teaspoonful).
- From 25th Ed. The Dispensatory of USA and Journ. Am. Med Assoc., 1951 (146-507)

#### 11. IS SODIUM FLUORIDE A CUMULATIVE POISON? YES.

- "Sodium fluoride in a solution 15 times weaker than 1 ppm. reduces some enzymatic activity by 50% and inhibits many others."
- G. F. Knight, M.D., F.A.C.A., F.I.A.A.
- Radio-active tracer studies at Univ. of California proved that even the most minute amounts of fluoride is stored in bones, joints, soft tissues—especially kidney.
- Journ. of Dent. Res. Dec., 1954
- Amr. Journ. of Chem. says that fluorine may tend to accumulate within the body so that symptoms of fluorine poisoning may take as long as ten years to appear. "It is important to remember... that more fluoride will be retained if given in small multiple doses."
- Gustov. W.M. Repp, Ph.D.

#### 12. ARE FLUORIDE BODY? NO

- Fluoride can be excreted and other a and Dental Official and pharmacists are Research at U. of I.
- "Fluorine has not the proper functions any other body tissue"

- "Fluorine is not as teeth do not contain"

#### 13. DOES F. BI

Public Health Service statistician, showed A New York Bd. of Health in Newburgh dentists suggested. Sound hygiene, General has world people have e

#### 14. DO FLUORI

Many eminent Toronto and Dr. G. and D. O. C. Bone, a marked increase in of fluoride occur in teeth at an early age

#### 15. DOES F. PI YES.

- Disfigured teeth
- The P.H.S. expected may gradually become mental forms of New
- "Fluoride reacts with irreversible damage."

#### 16. CAN F. CAI

- "There is ample evidence that more resistant in when decay sets in th
- Those affected by drugs, the elderly, symptoms of chronic TOXANTS.

*Agenda  
Attchments*

**7**

## Betsy Driggers

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**From:** Carol S. Kopf [ckopf2@optonline.net]  
**Sent:** Wednesday, April 22, 2015 9:25 AM  
**To:** Jonathan Griffith; Betsy Driggers; Terill Hill; Mary Brown; Justin Campbell; rjborom@palatka-fl.gov; James Norwood  
**Cc:** aaikins@palatkadailynews.com  
**Subject:** Evidence Fluoridation Has Failed

### **FLUORIDATION IS THE BIGGEST PUBLIC HEALTH BLUNDER OF ALL TIME**

We've now learned that in the 1970's the sugar industry conspired with government officials at the National Institutes of Dental Research to take the heat off of sugar as a proven cavity-causer. Using tobacco industry tactics, "Big Sugar" convinced federal government dentists to look elsewhere for cavity-preventing solutions such as unproven fluoride remedies.

So it's no surprise that, after 70 years of fluoridation, tooth decay is at crisis proportions. And sugar is finally being blamed. For example: Despite being over 90% fluoridated, 2/3 of people in West Virginia and Tennessee are missing teeth. The admitted culprit - sugar.

Collier County, Florida, is 80% fluoridated but cavity rates among third-graders "were among the highest levels documented in the United States," according to University of Florida researchers' [presentation](#) at the American Academy of Pediatric Dentistry's May 2014 annual meeting.

### **Florida is 78% fluoridated. Yet, dental problems are the number one reason Florida kids miss school**

[Jacksonville dentist] "Stevenson says in spite of the greater prevalence of fluoride in drinking water, what a child eats and drinks can have a big impact, even if they have good brushing habits. It's starting to get worse. All the soft drinks, Gatorade, the high-acidic food, the refined carbohydrates. It's easier to do that than it is to eat fruits and vegetables," says Stevenson."

In 1945, fluoridation was expected to put dentists out of business. But instead of spreading less tooth decay across the land and "putting dentists out of business," fluoridation spread dental fluorosis (fluoride-discolored teeth) into every nook and cranny of America providing more cosmetic dentistry income.

Even though the CDC reports up to 60% of adolescents are afflicted with dental fluorosis, 51% of them have cavities.

Opposite to predictions, since fluoridation began in 1945:

- 1) Tooth decay crises occur in all fluoridated cities. See <http://www.FluorideNews.blogspot.com>
- 2) New dental professionals were created, e.g. dental therapists.
- 3) New dental schools opened.
- 4) Dental expenditures went up substantially, higher than the inflation rate, according to the GAO..
- 5) Poor children's cavities are more prevalent, severe, occur earlier and more likely to be untreated.
- 6) Despite dental spending growth, 42% percent of adults and 4 million children with dental problems could not afford dental care, according to the GAO
- 7) More states had the need to hire Dental Directors
- 8) Since the Surgeon General announced a silent epidemic of tooth decay in 2000, scores of government, dental and oral health groups formed having countless meetings, symposiums, webinars and conventions including one focused on the growing tooth decay rates in toddlers because 1/3 of 3-year-olds now have cavities.
- 9) Because the CDC's oral health group can't prove fluoridation is safe for everyone, the CDC hired public relations firms to spin data to make fluoridation more attractive than science and government reports show it is
- 10) 52% of new recruits have oral health problems needing urgent attention that would delay overseas deployment
- 11) dental socioeconomic disparities have increased.
- 12) The National Center for Health Workforce Analysis projects the national demand for dentists is projected to grow by 20,400 - a 10% increase.
- 13) One hundred and one patients died in hospitals from the consequences of untreated tooth decay, according to the Journal of the American Dental Association. Four million dental hospital emergency department visits were made in the US from 2008 through 2010 costing \$2.7 billion.
- 14) The United States spends more than \$111,000,000,000 on dental care every year, according legislation created by Vermont Senator Bernie Sanders, et al. Sanders says that "504,000

children age 5 to 17 missed at least one day of school due to a toothache or other oral health problem in California alone.

Sanders said, "United States is in the midst of a major dental crisis."

No American is fluoride-deficient; many are fluoride overdosed. Millions of Americans are dentist-deficient because most dentists won't treat low-income folks. They prefer to treat their water.

Fluoride, neither a nutrient nor essential for healthy teeth, has many adverse side effects See: <http://www.FluorideAction.Net/issues/health>

Sincerely,

Carol S. Kopf

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ACUTE TOXICITY

News (<http://fluoridealert.org/news/>) About FAN (<http://fluoridealert.org/about/>)

# ACUTE F TOXICITY

"Parents or caregivers may not notice the symptoms associated with mild fluoride toxicity or may attribute them to colic or gastroenteritis, particularly if they did not see the child ingest fluoride." (Journal of Public Health Dentistry, 1997)



SELECT A TOPIC IN [HEALTH EFFECTS](https://www.facebook.com/sharer/sharer.php?u=http://fluoridealert.org/issues/health/poisoning/) [e](https://twitter.com/share) ([HTTPS://TWITTER.COM/SHARE](https://twitter.com/share))

## ACUTE TOXICITY

At high doses, fluoride is a potent poison that is almost on par with arsenic. Fluoride's potency explains why it was used for years as a rodenticide (to kill rodents) and why it is still being used as a pesticide (to kill bugs). It also explains why the Food & Drug Administration (FDA) now requires that all fluoride toothpastes sold in the United States carry the following warning:

"WARNING: If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away."

### Poisonings from Fluoride Toothpaste

Fluoride toothpastes carry a poison warning for good reason. A tube of fluoride toothpaste, including bubble-gum flavored varieties with child-friendly cartoon characters on the packaging, has enough fluoride to kill (<http://www.fluoridealert.org/studies/ptd/>) an average-weighting child under the age of 9.

While fatalities from toothpaste ingestion are rare, poisoning incidents are not. A young child can receive an "acutely toxic" dose of fluoride (the dose capable of inducing toxic responses such as gastric pain, nausea, or headache) by ingesting a mere 1 gram (<http://www.fluoridealert.org/studies/acute/>) of fluoridated paste. A gram of toothpaste is roughly the equivalent of one strip of paste covering an ordinary child's brush.

Each year there are over 20,000 calls to Poison Control Centers (<http://www.fluoridealert.org/studies/acute/>) as a result of excessive ingestion of fluoride toothpaste. Hundreds of these reports result in emergency treatment at a medical facility.

Many poisoning incidents from fluoride toothpaste, however, likely go unreported (<http://www.fluoridealert.org/articles/toothpaste01/>). This is because the symptoms caused by acute fluoride ingestion mimic common gastrointestinal problems (<http://www.fluoridealert.org/issue/health-effects/gastrointestinal/>). A parent of a child suffering acute fluoride toxicity, therefore, may not realize that bubble gum- or fruit-flavored toothpaste was the culprit. As noted in the *Journal of Public Health Dentistry*:

(<https://npo.networkforgood.org/Donate/Donate.npoSubscriptionId=2553>)

(<http://fluoridealert.myshopify.com/>)

### FAN NEWSLETTER

Sign up for our free newsletter and get monthly updates about how fluoride is affecting all of us.

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### QUICK FACTS

**97% OF WESTERN EUROPE HAS REJECTED WATER FLUORIDATION**  
([HTTP://WWW.FLUORIDEALERT.ORG/CONTENT/EURO-STATEMENTS/](http://www.fluoridealert.org/content/euro-statements/))

**MANY CHILDREN NOW EXCEED RECOMMENDED DAILY FLUORIDE INTAKE FROM TOOTHPASTE ALONE.**  
([HTTP://FLUORIDEALERT.ORG/ISSUES/SOURCES/F-TOOTHPASTE/](http://fluoridealert.org/issues/sources/f-toothpaste/))

FLUORIDE IS NOT A NUTRIENT

"Parents or caregivers may not notice the symptoms associated with mild fluoride toxicity or may attribute them to colic or gastroenteritis, particularly if they did not see the child ingest fluoride. Similarly, because of the nonspecific nature of mild to moderate symptoms, a physician's differential diagnosis is unlikely to include fluoride toxicity without a history of fluoride ingestion."

SOURCE: Shulman JD, Wells LM. (1997). Acute fluoride toxicity from ingesting home-use dental products in children, birth to 6 years of age. *Journal of Public Health Dentistry* 57: 150-8.

## Poisonings from Water Fluoridation Accidents

When U.S. health authorities endorsed water fluoridation in the early 1950s, they assured the public that it was "clearly impossible" for a water fluoridation accident to cause any harm. According to Dr. Harold Hodge, the leading promoter of water fluoridation in the 1950s:

"Sometimes the question is raised, What would happen if there were a mechanical breakdown at the fluoridation plant and all of one day's supply of sodium fluoride or sodium silicofluoride were suddenly dumped into the water? If this large weight of fluoride could be dissolved, mixed and distributed within an hour, there would still be a factor of safety sufficient to predict that the water could be drunk for ten years or more without serious toxic consequences... it is clearly impossible to produce acute fluoride poisoning by water fluoridation."

SOURCE: Hodge HC. (1956). Fluoride metabolism: Its significance in water fluoridation. *Journal of the American Dental Association* 52:307-314.

As with many other assurances made by the early fluoridation promoters, experience has shown this claim to be incorrect, and fatally so. Over the past 30 years, there have been dozens of [water fluoridation accidents](http://www.fluoridealert.org/articles/fluoridation-accidents/) where toxic levels of fluoride are dumped into water as a result of malfunctioning equipment. While early fluoridation promoters claimed that such water could be "drunk for *ten years* or more without serious toxic consequences," experience has repeatedly shown that people suffer acute poisoning within *hours*, with symptoms including burning gastric pain, vomiting, nausea, diarrhea, headache, weakness, and other fever-like symptoms. Some people have [died](http://www.fluoridealert.org/articles/hooperbay/) within days, including dialysis patients in both [Chicago](http://www.fluoridealert.org/articles/chicago-accident/) and [Annapolis, Maryland](http://www.fluoridealert.org/studies/annapolis/).

See also:

[FDA Health Alert](http://www.fluoridealert.org/uploads/fda_dialysis.pdf) on dangers posed to dialysis patients during a fluoridation accident.

[↑ \(#main\)](#)

### RELATED VIDEOS:



[Crippling Waters](#)

<http://fluoridealert.org/fan-tv/crippling-waters/>



[Professional Perspectives on Water Fluoridation](#)

<http://fluoridealert.org/fan-tv/professional-perspectives-on-water-fluoridation/>



[Don't Swallow Your Toothpaste](#)

<http://fluoridealert.org/fan-tv/dont-swallow-your-toothpaste/>

[\(HTTP://WWW.FLUORIDEALERT.ORG/STUDIES/ESSEN NUTRIENT/\)](http://www.fluoridealert.org/studies/essen-nutrient/).

[36 STUDIES HAVE LINKED FLUORIDE WITH REDUCED IQ IN CHILDREN \(HTTP://WWW.FLUORIDEALERT.ORG/STUDIES/BRAIN\)](http://www.fluoridealert.org/studies/brain)

<http://fluoridealert.org/take-action>

RELATED ARTICLES:

**\$750,000 Given in Child's Death in Fluoride Case: Boy, 3, Was in City Clinic for Routine Cleaning**

A State Supreme Court jury awarded \$750,000 to the parents of a 3-year-old Brooklyn boy who, on his first trip to the dentist in 1974, was given a lethal dose of fluoride at a city dental clinic and then ignored for nearly five hours in the waiting rooms of a

(<http://fluoridealert.org/articles/kennerly/>)

**Middletown, Maryland Latest City to Receive Toxic Spill of Fluoride In their Drinking Water**

Officials of Middletown, MD warned residents by radio in November, 1993 not to drink or cook with city water due to high fluoride levels. Malfunctioning fluoridation equipment caused excessive fluoride levels of 70 parts per million (ppm) in the distribution system. The Maryland State Department of Health stated that they did not plan to do a health survey to determine if any residents experienced symptoms of fluoride poisoning.

(<http://fluoridealert.org/articles/carton-1994/>)

**Water Fluoridation Blamed in 3 Deaths**

Fluoride poisoning was blamed Friday in the July 16 deaths of three dialysis patients at the University of Chicago Hospitals.

(<http://fluoridealert.org/articles/chicago-accident/>)

RELATED STUDIES:

**The Minimum Lethal Dose of Fluoride**

The minimum dose of fluoride that can kill a human being is currently estimated to be 5 mg/kg (5 milligrams of fluoride for each kilogram of body weight). This dose is referred to in the medical literature as the "Probable Toxic Dose" or "PTD." The dose is sufficient to cause severe

(<http://fluoridealert.org/studies/acute01/>)

**The Minimum Dose that Produces Acute Fluoride Toxicity**

Early symptoms of acute fluoride poisoning include gastric pain, nausea, vomiting, and headaches. Studies have found that these symptoms are produced by a single ingestion of just 0.1 to 0.3 mg/kg (i.e., 0.1 to 0.3 milligrams of fluoride for every kilogram of bodyweight).  
Δ

(<http://fluoridealert.org/studies/acute02/>)

**Another Fluoride Fatality: A Physician's Dilemma**

Why do physicians fail to correctly evaluate the toxicity of fluoride? Most textbooks rely on the now outdated views of Smith and Hodge who 25 years ago designated 5 to 10 g of fluoride the fatal toxic dose.

(<http://fluoridealert.org/studies/acute04/>)

RELATED MISCELLANEOUS CONTENT:

**Fluoridation Accidents: 1972-1981**

Over the years, there have been dozens of accidents involving the equipment used to fluoridate drinking water. When such accidents occur, acutely toxic levels of fluoride can enter the water, causing widespread food-poisoning type symptoms. The following list of accidents, covering the years 1972 to 1981, was compiled by Martha

(<http://fluoridealert.org/content/leaks-spills/>)



[\(http://www.fluoridealert.org/articles/kennerly/\)](http://www.fluoridealert.org/articles/kennerly/), [fluoride supplements \(http://www.fluoridealert.org/studies/acute04/\)](http://www.fluoridealert.org/studies/acute04/), and [fluoridated water \(http://www.fluoridealert.org/articles/fluoridation-accidents/\)](http://www.fluoridealert.org/articles/fluoridation-accidents/)—can cause serious poisoning incidents, including death.

The debate today, however, is not about fluoride's acute toxicity, but its chronic toxicity (i.e., the dose of fluoride that if regularly consumed over an extended period of time can cause adverse effects).

Although fluoride advocates have claimed for years that the safety of fluoride in dentistry is exhaustively documented and "beyond debate," the Chairman of the National Research Council's (NRC) comprehensive fluoride review, Dr. John Doull, recently [stated \(http://www.fluoridealert.org/researchers/nrc/panelists/\)](http://www.fluoridealert.org/researchers/nrc/panelists/) that: "when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on. I think that's why fluoridation is still being challenged so many years after it began."

In this section of the website, we provide overviews of the scientific and medical research that implicates fluoride exposure as a cause or contributor to various chronic health ailments. In 2001, the [union of scientists \(http://www.fluoridealert.org/articles/epa-union/\)](http://www.fluoridealert.org/articles/epa-union/) at the Environmental Protection Agency's Headquarters Office in Washington D.C. stated: "we hold that water fluoridation is an **unreasonable risk**." The research in this section helps to demonstrate why EPA's own scientists reached this conclusion, and why a growing number of [health professionals \(http://www.fluoridealert.org/researchers/professionals-statement/\)](http://www.fluoridealert.org/researchers/professionals-statement/) do so as well.

The primary concerns with fluoride's impact on human health can be summarized as follows:

**Current safety standards only protect against the most obvious forms of harm:** Current safety standards for fluoride are based on the premise that [severe dental fluorosis \(http://www.fluoridealert.org/researchers/epa/timeline/\)](http://www.fluoridealert.org/researchers/epa/timeline/) and [crippling skeletal fluorosis \(http://www.fluoridealert.org/studies/skeletal\\_fluorosis04/\)](http://www.fluoridealert.org/studies/skeletal_fluorosis04/) are the first adverse effects that fluoride can have on the body. These effects represent the crudest, most obvious harm caused by fluoride. In the words of American University chemistry professor, Dr. William Hirzy, it would be a "biological miracle" if fluoride did not cause other harm prior to producing these end-stage forms of toxicity. Research already shows, in fact, that fluoride can cause [arthritic symptoms \(http://www.fluoridealert.org/studies/skeletal\\_fluorosis07/\)](http://www.fluoridealert.org/studies/skeletal_fluorosis07/) and [bone fracture \(http://www.fluoridealert.org/studies/bone07/\)](http://www.fluoridealert.org/studies/bone07/) well before the onset of crippling fluorosis, and can affect many other tissues besides bone and teeth, including the [brain \(http://www.fluoridealert.org/issues/health/brain/\)](http://www.fluoridealert.org/issues/health/brain/) and [thyroid gland \(http://www.fluoridealert.org/issues/health/thyroid/\)](http://www.fluoridealert.org/issues/health/thyroid/).

**The current "safe" daily dose for fluoride fails to withstand scrutiny:** The Institute of Medicine (IOM) states that anyone over 8 years of age — irrespective of their [health condition \(http://www.fluoridealert.org/studies/vulnerable-populations/\)](http://www.fluoridealert.org/studies/vulnerable-populations/) — can safely ingest 10 milligrams of fluoride each day for their entire life without developing symptomatic bone damage. Ten milligrams, however, is the same dose that the IOM [concedes \(http://www.fluoridealert.org/studies/skeletal\\_fluorosis04/\)](http://www.fluoridealert.org/studies/skeletal_fluorosis04/) can cause clinical signs of skeletal fluorosis within just 10 to 20 years of exposure. People with clinical signs of fluorosis can suffer significant symptoms, including chronic [joint pain \(http://www.fluoridealert.org/issues/health/arthritis/\)](http://www.fluoridealert.org/issues/health/arthritis/) and overt [osteoarthritis \(http://www.fluoridealert.org/studies/arthritis02/\)](http://www.fluoridealert.org/studies/arthritis02/). The IOM's safety standard instills little confidence in the medical understanding that currently underlies fluoride policies in the U.S.

**Some people are particularly susceptible to fluoride toxicity:** It is well known that individual susceptibility to fluoride varies greatly across the population, and yet, the [National Research Council \(http://www.fluoridealert.org/researchers/nrc/\)](http://www.fluoridealert.org/researchers/nrc/) has recently found that breathtakingly large gaps still exist in the safety literature on the

[\(HTTP://WWW.FLUORIDEALERT.ORG/STUDIES/ESSEN NUTRIENT/\)](http://www.fluoridealert.org/studies/essen_nutrient/).

[36 STUDIES HAVE LINKED FLUORIDE WITH REDUCED IQ IN CHILDREN \(HTTP://WWW.FLUORIDEALERT.ORG/STUDIES/BRAIN\)](http://www.fluoridealert.org/studies/brain/)

[\(http://fluoridealert.org/take-action\)](http://fluoridealert.org/take-action/)

effects these populations may be experiencing as a result of current fluoride exposures. The [bewildering degree of uncertainties](http://www.fluoridealert.org/researchers/nrc/recommendations) (<http://www.fluoridealert.org/researchers/nrc/recommendations>) identified by the NRC stands in stark contrast to the IOM's conclusion that 10 mg/day is so definitively safe that no "uncertainty factor" needs to be applied to protect vulnerable members of the population.

The margin between the toxic and therapeutic dose is very narrow: The NRC concluded that the allegedly "safe" (<http://www.fluoridealert.org/researchers/epa>) upper limit of fluoride in water (4 mg/l) is toxic (<http://www.fluoridealert.org/researchers/nrc>) to human health. While the NRC did not determine the safe level, their conclusion means that the safe level is less than 4 times the level added to water (0.7-1.2 mg/l) in community fluoridation programs. This is far too slim a margin to protect vulnerable members of the population, including those who consume high amounts of water.

#### SEE ALSO:

[FAN's Health Database](http://www.fluoridealert.org/researchers/health_database/) ([http://www.fluoridealert.org/researchers/health\\_database/](http://www.fluoridealert.org/researchers/health_database/))  
[Fluoride & Dental Fluorosis](http://www.fluoridealert.org/issues/fluorosis/) (<http://www.fluoridealert.org/issues/fluorosis/>)  
[Fluoride & Tooth Decay](http://www.fluoridealert.org/issues/caries/) (<http://www.fluoridealert.org/issues/caries/>)  
[Fluoride & Environmental Justice](http://www.fluoridealert.org/issues/ej/) (<http://www.fluoridealert.org/issues/ej/>)  
[Sources of Fluoride Exposure](http://www.fluoridealert.org/issues/sources/) (<http://www.fluoridealert.org/issues/sources/>)

[↑ \(#main\)](#)

#### RELATED VIDEOS:



[Crippling Waters](http://www.fluoridealert.org/fan-tv/cripping-waters/)

(<http://www.fluoridealert.org/fan-tv/cripping-waters/>)



[Professional Perspectives on Water Fluoridation](http://www.fluoridealert.org/fan-tv/prof-perspectives/)

(<http://www.fluoridealert.org/fan-tv/prof-perspectives/>)



[Don't Swallow Your Toothpaste](http://www.fluoridealert.org/fan-tv/dont-swallow-your-toothpaste/)

(<http://www.fluoridealert.org/fan-tv/dont-swallow-your-toothpaste/>)

#### RELATED ARTICLES:

##### [Fluoride: Commie Plot or Capitalist Ploy](#)

(Click here to see photocopy of article) Covert Action Quarterly Fall, 1992 [Fluoride, Commie Plot or Capitalist Ploy](#) by Joel Griffiths Cows crawled around the pasture on their bellies, inching along like giant snails. So crippled by bone disease they could not stand up, this was the only way they could graze. Some died kneeling.

(<http://www.fluoridealert.org/articles/griffiths/>)

##### [The Absurdities of Water Fluoridation](#)

(caption id="attachment\_10205" align="alignleft" width="190"] Paul Connett, PhD/(caption) Water fluoridation is a peculiarly American phenomenon. It started at a time when Asbestos lined our pipes, lead was added to gasoline, PCBs filled our transformers and DDT was deemed so "safe and effective" that officials felt no qualms spraying kids in school classrooms

(<http://www.fluoridealert.org/articles/absurdity/>)

##### [Why I am now officially opposed to adding fluoride to drinking water](#)

April, 2000 To whom it may concern: Since April of 1999, I have publicly decried the addition of fluoride, especially hydrofluosilicic acid, to drinking water for the purpose of preventing tooth decay. The following summarize my reasons. New evidence for lack of

effectiveness of fluoridation in modern times. [caption id="attachment\_10211" align="left" width="150"] Dr. Hardy

<http://fluoridealert.org/articles/limeback/>

#### RELATED STUDIES:

##### **Fluoride & IQ: The 43 Studies**

This section on the brain includes: • INTRODUCTION Part 1: Fluoride and IQ: the 43 studies Part 2: Fluoride Damages the Animal Brain Part 3: Fluoride Affects Learning & Memory in Animals Part 4: Fluoride's Neurobehavioral Effects in Humans & Animals Part 5: Fluoride's Direct Effects on Brain: Animal Studies Part 6: Fluoride's Effect on Fetal Brain Part

<http://fluoridealert.org/studies/brain01/>

##### **Fluoride's Effect on Fetal Brain**

This section on the brain includes: • INTRODUCTION Part 1: Fluoride and IQ: the 43 studies Part 2: Fluoride Damages the Animal Brain Part 3: Fluoride Affects Learning & Memory in Animals Part 4: Fluoride's Neurobehavioral Effects in Humans & Animals Part 5: Fluoride's Direct Effects on Brain: Animal Studies Part 6: Fluoride's Effect on Fetal Brain Part

<http://fluoridealert.org/studies/brain05/>

##### **Fluoride's Neurobehavioral Effects in Humans & Animals**

This section on the brain includes: • INTRODUCTION Part 1: Fluoride and IQ: the 43 studies Part 2: Fluoride Damages the Animal Brain Part 3: Fluoride Affects Learning & Memory in Animals Part 4: Fluoride's Neurobehavioral Effects in Humans & Animals Part 5: Fluoride's Direct Effects on Brain: Animal Studies Part 6: Fluoride's Effect on Fetal Brain Part

<http://fluoridealert.org/studies/brain03/>

#### RELATED MISCELLANEOUS CONTENT:

##### **Email Exchange with FDA re: Fluoride Supplements**

Email exchange regarding FDA's reasons for not approving fluoride supplements.

<http://fluoridealert.org/content/fda-emails/>

##### **Harvard's Statement on Chester Douglass/Scientific Misconduct**

Statement Concerning the Outcome of the Review into Allegations of Research Misconduct Involving Fluoride Research BOSTON-August 15, 2006-The Harvard Medical School and School of Dental Medicine (HSDM) review of Chester Douglass, DMD, PhD, professor of oral health policy and epidemiology at HSDM, has concluded that Douglass did not intentionally omit, misrepresent,

<http://fluoridealert.org/content/harvard-statement/>

##### **The 'Altered Recommendations' of the 1983 Surgeon General's Panel**

"We believe that EPA staff and managers should be called to testify, along with members of the 1983 Surgeon General's panel and officials of the Department of Human Services, to explain how the original recommendations of the Surgeon General's panel were altered to allow EPA to set otherwise unjustifiable drinking water standards for fluoride."

<http://fluoridealert.org/content/surgeon-general/>

[Issues \(http://fluoridealert.org/issues/\)](http://fluoridealert.org/issues/)

[FAN.tv \(!\)](#)

[News \(http://fluoridealert.org/news/\)](http://fluoridealert.org/news/)

[F.A.Q. \(http://fluoridealert.org/faq/\)](http://fluoridealert.org/faq/)

*Agenda  
Attchments*

**8**

This instrument prepared by:  
Betsy J. Driggers  
201 North 2<sup>nd</sup> Street  
Palatka, FL 32177

**ORDINANCE NO. 11 - 06**

**Entitled**

**AN ORDINANCE OF THE CITY OF PALATKA, FLORIDA, REPEALING AND RESCINDING ORDINANCE No. 62-6, WHICH REQUIRED AND DIRECTED THE CITY WATER DEPARTMENT TO INJECT SODIUM FLOURIDE INTO THE CITY WATER SYSTEM; PROVIDING FOR THE RENUMBERING OF CHAPTER 86, ARTICLE II ACCORDINGLY; PROVIDING FOR SEVERABILITY; AND PROVIDING AN EFFECTIVE DATE.**

**WHEREAS**, the City Commission of the City of Palatka, Florida, is authorized by Chapter 166, Florida Statutes, to adopt ordinances and resolutions necessary for the exercise of its powers to protect the health, safety, and general welfare of its citizens and to prescribe fines and penalties for the violations of ordinances in accordance with law, and

**WHEREAS**, on July 12, 1962, the City Commission of the City of Palatka, Florida, passed and adopted Ordinance No. 62-6 adding section a to the Municipal Code requiring and directing the Water Treatment Plant to inject Sodium Fluoride into the City water system at such times and in such amounts as the State of Florida may approve and direct; and

**WHEREAS**, the City of Palatka began injecting sodium fluoride into the City water system in accordance with Ordinance No. 62-6 and has continued to do so at a cost of approximately \$12,000.00 per year for maintenance and operation of the System; and

**WHEREAS**, based upon recent studies it has been shown that the cost of fluoridating the water supply outweighs the potential benefits; and

**WHEREAS**, the Environmental Protection Agency (EPA) has recently recommended utilities that fluoridate their drinking water decrease the level of fluoridation from 1.0 parts per million gallons of water (ppm) to .08 ppm; and

**WHEREAS**, the City's source water has a natural fluoride content of approximately .02 ppm, which is already one quarter of the EPA recommended dosage, and other sources of fluoride such as toothpaste, processed foods and beverages are available to the public; and

**WHEREAS**, the State of Florida does not require the fluoridation of drinking water.

**NOW THEREFORE BE IT ENACTED BY THE CITIZENS OF THE CITY OF PALATKA, FLORIDA:**

**Section I.** That Ordinance No. 62-6, adopted by the City of Palatka City Commission on July 12, 1962, requiring and directing the Palatka Water Treatment Plant to inject Sodium Fluoride into the City Water System, is hereby rescinded, repealed and revoked in its entirety, along with all authorizations empowered by its adoption and enactment.

**Section II.** That Section 86-37 of the Palatka Municipal Code, entitled Fluoridation of Water Supply, be hereby deleted in its entirety, and all subsequent sections

of Chapter 86, Article II, Division I be renumbered accordingly to accommodate the removal of this section, if necessary.

**Section III.** That all ordinances or parts of ordinances in conflict therewith are hereby repealed to the extent of such conflict.

**Section IV.** That if any section or portion of a section or subsection of this ordinance proves to be invalid, unlawful, or unconstitutional, it shall not be held to invalidate or impair the validity, force, or effect of any other section or portion of a section, subsection, or part of this ordinance.

**Section V.** That this ordinance shall take effect upon its passage as provided by law.

**Section VI.** A copy of this Ordinance shall be furnished to the Municipal Code Corporation for insertion in the Code of Ordinances for the City of Palatka, Florida.

**PASSED AND ADOPTED** by the City Commission of the City of Palatka on second reading this 14<sup>th</sup> day of April, 2011.

**CITY OF PALATKA**

By: \_\_\_\_\_  
Its MAYOR

**ATTEST:**

\_\_\_\_\_  
**CITY CLERK**

**APPROVED AS TO FORM AND CORRECTNESS:**

\_\_\_\_\_  
City Attorney

*Agenda  
Attachments*

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320 North Moody Rd.  
Palatka, FL 32177  
Tel. (386) 329-0144  
Fax (386) 329-0106

*City of Palatka*  
*R. C. Willis Water Plant*

**To:** Mike Czymbor, City Manager  
**From:** Melvin Register, Water Plant Superintendent  
**Date:** January 6, 2015  
**RE:** Water Fluoridation

---

In July 1962, The City passed an amendment to Ordinance No. 62-6 adding section 25-17 requiring and directing the Water Plant to inject Sodium Fluoride into the City Water System. The Ordinance was updated in 1981 and 1986. The wording of the ordinance stated that the water department of the city shall, in accordance with the plans and specifications as prepared by the city's engineers, copies of which are on file in the office of the city clerk, install fluoride equipment and shall inject sodium fluoride into the water system of the city at such times and in such amounts and on such basis as the state may, from time to time, approve and direct.

Water Plant personnel began fluoridation of the City water supply and continued until the fluoridation equipment failed. It is unknown exactly when the process was stopped. The City's water supply remained without fluoride until 1997 when the City received a grant from the Florida Department of Health to install new equipment and fund operation of the system for two years. After that the City assumed the cost, approximately \$12,000.00 per year, of maintaining and operating the fluoride system.

More recently, there have been questions as to the health benefit provided by Drinking Water Fluoridation and its overall health effects. There have been studies that show children under the age of ten (10) receive the most benefit from fluoridation and that benefit decreases with age. There have also been studies that show fluoridation may contribute to the loss of calcium in the bones and cause the mottling of the teeth over time. The U.S. EPA recently recommended that utilities that fluoridate their drinking water decrease the level of fluoridation from 1.0 ppm to 0.8 ppm.

The level of fluoridation is determined by the average daily temperature in the area of the treatment facility. This is because fluoride is cumulative in the body. The theory is that people in warmer areas will drink more water, therefore you don't need to fluoridate at a higher level for people to get the appropriate fluoride dosage. Conversely, water in cooler areas would need to be dosed at a higher level because people drink less water in cooler climates.

The source water that the City uses has a natural fluoride content of approximately 0.15 to 0.2 ppm, which is already one quarter of the recommended dosage. There are other sources of fluoride as well (i.e. toothpaste, processed foods and beverages).

Over the years, we received numerous inquiries about fluoridation and the effects that it can have on the body. People expressed concern over the necessity for fluoridation, whether the benefits outweigh the risks, and especially for more elderly consumers, about the effects it is having on their health. Also, there was public concern over whether it was the right of the government to require the addition of chemicals to the water supply that are not necessary for water treatment. Many see it as medication without consent.

In light of these concerns and in view of the fact that the State of Florida does not require the fluoridation of drinking water, the City Commission voted to adopted a new ordinance which repealed the original Fluoridation Ordinance.

There are organizations that promote water fluoridation and government agencies that provide funding as I described earlier. Since the City has already benefitted from this program, I don't know if we would qualify for any further funding.

320 North Moody Rd.  
Palatka, FL 32177  
Tel. (386) 329-0144  
Fax (386) 329-0106

*City of Palatka*  
*R. C. Willis Water Plant*

**To:** Betsy Driggers, City Clerk

**From:** Melvin Register, Water Plant Superintendent

**Date:** February 28, 2011

**RE:** Water Fluoridation Ordinance

---

In July 1962, The City passed an amendment to Ordinance No. 62-6 adding section 25-17 requiring and directing the Water Plant to inject Sodium Fluoride into the City Water System. The Ordinance was updated in 1981 and 1986. It is currently written as Chapter 86 Article II Division I Section 86-37 of the Municipal Code of the City of Palatka. The wording of the ordinance states that the water department of the city shall, in accordance with the plans and specifications as prepared by the city's engineers, copies of which are on file in the office of the city clerk, install fluoride equipment and shall inject sodium fluoride into the water system of the city at such times and in such amounts and on such basis as the state may, from time to time, approve and direct.

Water Plant personnel began fluoridation of the City water supply and continued until the fluoridation equipment failed. It is unknown exactly when the process was stopped. The City's water supply remained without fluoride until 1997 when the City received a grant from the Florida Department of Health to install new equipment and fund operation of the system for two years. After that the City assumed the cost, approximately \$12,000.00 per year, of maintaining and operating the fluoride system.

More recently, there have been questions as to the health benefit provided by Drinking Water Fluoridation and its overall health effects. There have been studies that show children under the age of ten (10) receive the most benefit from fluoridation and that benefit decreases with age. There have also been studies that show fluoridation may contribute to the loss of calcium in the bones and cause the mottling of the teeth over time. The U.S. EPA recently recommended that utilities that fluoridate their drinking water decrease the level of fluoridation from 1.0 ppm to 0.8 ppm.

The level of fluoridation is determined by the average daily temperature in the area of the treatment facility. This is because fluoride is cumulative in the body. The theory is that people in warmer areas will drink more water, therefore you don't need to fluoridate at a higher level for people to get the appropriate fluoride dosage. Conversely, water in cooler areas would need to be dosed at a higher level because people drink less water in cooler climates.

Over the last several years, I have received numerous inquiries about fluoridation and the effects that it can have on the body. People have expressed concern over the necessity for fluoridation, whether the benefits outweigh the risks, and especially for more elderly consumers, about the effects it is having on their health.

The source water that the City uses has a natural fluoride content of approximately 0.2 ppm, which is already one quarter of the recommended dosage. There are other sources of fluoride as well (i.e. toothpaste, processed foods and beverages). Because of this, I believe that the City should seriously reconsider the addition of fluoride to the drinking water.

In light of these concerns and in view of the fact that the State of Florida does not require the fluoridation of drinking water, I would like to propose that the City Commission adopt an ordinance that would repeal the current ordinance which requires the Water Treatment Plant to fluoridate the drinking water.

**VERNON MYERS**  
MAYOR - COMMISSIONER

**MARY LAWSON BROWN**  
VICE MAYOR - COMMISSIONER

**ALLEGRA KITCHENS**  
COMMISSIONER

**PHIL LEARY**  
COMMISSIONER

**JAMES NORWOOD, JR.**  
COMMISSIONER



**ELWIN C. "WOODY" BOYNTON, JR.**  
CITY MANAGER

**BETSY JORDAN DRIGGERS**  
CITY CLERK

**MATTHEW D. REYNOLDS**  
FINANCE DIRECTOR

**GARY S. GETCHELL**  
CHIEF OF POLICE

**MICHAEL LAMBERT**  
CHIEF FIRE DEPT.

**DONALD E. HOLMES**  
CITY ATTORNEY

*Regular meeting 2nd and 4th Thursdays each month at 6:00 p.m.*

Ben Piltz  
Florida D.E.P.  
Potable Water Section  
7825 Baymeadows Way, Suite B200  
Jacksonville, FL 32256

April 19, 2011

RE: Water Fluoridation

Dear Ben,

Please find enclosed a copy of City of Palatka Ordinance No. 11-06 which rescinds and repeals a previous ordinance requiring the Palatka Water Treatment System to add fluoride to its public water supply. Although it has been some time since we have actually added fluoride, this ordinance serves as notice that the City of Palatka will no longer be participating in the Florida Department of Health Public Health Dental Program. Consequently we will no longer file Monthly Operating Reports to the Department of Health.

If you have comments or questions, please contact me at (386) 329-0144 or by email [mregister@palatka-fl.gov](mailto:mregister@palatka-fl.gov) .

Best regards,

Melvin L. Register Jr.  
Superintendent  
R.C. Willis Water Plant

cc: Sean Isaac, Florida DOH  
David Flowers, Putnam County Health Dept.

*Agenda  
Attachments*

**10**

**Excerpt from the Adopted Minutes of the Palatka City Commission Meeting held on 2/26/15 regarding a request for Community Water Fluoridation:**

5. **REQUEST FOR COMMUNITY WATER FLUORIDATION** – Eric Jump, DO, Pediatrician; Johnny Johnson, Jr., DMD, MS, Co-Chair, Fluoridation Action Team, Oral Health Florida; and Steve Chapman, DDS, Orthodontist – Mayor Hill said the Commission is not prepared to make a decision on this tonight. A workshop should be scheduled to properly address this issue.

Dr. Eric Jump, 126 Timber Lane, was present to speak in support of community fluoridation as a pediatrician serving the community for 30 years. He has witnessed an epidemic of rotten teeth which is the result of no core preventative dental health. The safest way to prevent cavities is community fluoridation. The City ended community fluoridation in 2011, at which time not one public health official or dentist was consulted. Fluoridation is valuable for all citizens but especially for poor citizens. They need to put children at the top of the list. He urges the Commission to vote to fluoridate the community water supply.

Steve Chapman, DDS, 499 East River Road, said when looking at fluoridation from a scientific view, fluoridation causes no harm. You cannot find another university study that states fluoridation will harm children. He gives his children a 1 milligram fluoride tablet per day. For every dollar you put into fluoridation, you get back \$38 in dental care. This makes good economic sense. From a humanistic point, children have no representation; children don't get dental care until they are hurting. Fluoridation is correct scientifically and financially correct.

Commissioner Norwood moved to table the item to schedule a workshop on the matter. Commissioner Campbell seconded the motion, which passed unopposed.

Jan Pettit, 418 Emmett Street, said when she moved to Palatka into her family home she bought a reverse osmosis system to remove the City's fluoride from the water. She read a statement from Dr. John Lee, a Harvard Professor, who states that after having extensively researched the subject for the past 30 years, he finds no study exists that presents any proof of any significant dental benefits from fluoridation, and other studies are so flawed they should be ignored. Studies show that fluoridation causes dental problems. No studies show any cost savings by fluoridation; this has been researched by the Rand Corporation, which shows the claims made by the fluoridation industry are simply not warranted. Studies have all confirmed that bone cancer is correlated to fluoride intake by young males. There is no study that refutes this. Another study found that children drinking fluoridated water have more cavities than those in non-fluoridated communities. Vitamin C will stop toothaches. She uses a

method of mixing Xylitol with yogurt and puts it on her teeth and brushes her teeth with it. She was diagnosed with two cavities that disappeared after a few weeks of using the mixture.

Johnny Johnson, Pediatric Dentist, Palm Harbor, Florida, said scheduling a workshop will mean another trip for him to come back from Pinellas County. In 30 years of dental practice treating children, he sees a lot of need. Florida has grant money available for refitting and start-up for fluoridation for up to two years. He provided the forms for the city's use. Commissioner Norwood said the City has already used that grant in the past. Mr. Johnson said they can qualify for the grant again. There was consensus to hold the workshop by April.