

Issue: Fluoridated Drinking Water

Portland City Counsel Hearing:
Thursday, September 6, 2012 @ 2pm

185612

Dear Councilors,

It seems to be a "known" fact that fluoridation reduces cavities. I doubt that there is anyone in this room who opposes reducing cavities. The issue for me, at least, is: What else does ingesting fluoride, day in and day out, do to our population—especially the most vulnerable among us?

When I first heard that Mr. Leonard wanted to start dumping this chemical into our drinking water, I researched the topic on the Internet. What I came up with was more questions than answers.

So I am simply going to list all of the questions that I think the citizens—your constituents—deserve to have answered before (6) people decide to put one more man-made additive into our water:

MY LIST OF QUESTIONS:

I was shocked to discover that fluoride is often a by-product or waste-product of the phosphate fertilizer manufacturing industry. Is dumping it into municipal water systems an easy way for them to get rid of and profit from their pollutants? Are we their "scrubbers?"

- Who will Portland be buying our fluoride from? Who is the manufacturer? How do they make it?
- What specific ingredients will our brand of "fluoridation" be made of? (i.e. what is the breakdown of elements/components that we will be ingesting?)
- At what concentration will it be put in our water?
- How much fluoride do we have already naturally occurring in our local water?
- What affect does this additive have on our environment after being released back into the system?
- What are the long-term affects of ingesting this form of fluoride? Does fluoride accumulate in our tissues, our organs, our brains?

Proponents (including The Oregonian editors) are fond of saying that no "serious scientific studies" have found any ill side-affects from drinking fluoridated water. Perhaps that is because no significant studies have been conducted? I could find none.

- If my research was incomplete, I'd like to know What long-term clinical studies have been conducted concerning the ill side-affects of this form of fluoridation? (cite study & results & who conducted the studies)
- Why have many European countries banned fluoridation in their drinking water?

- What other ways can people get fluoride without putting it in our drinking water? Have you considered providing free fluoride toothpaste or tablets to those who can't afford it?
- Have you considered instigating a dental hygiene program in all the schools? Have you considered that forcing this medical treatment down the throats of those who don't need it or do not want it is a waste of taxpayer money?
- Is the trend for city fluoridation simply a cover-up for that fact that we have a huge disparity of income in this country, and a huge segment of our population who cannot afford basic dental care?
- If this fluoride program is truly for the benefit of disadvantaged kids with rotten teeth, I would like to ask you, "When is the last time you saw any kid—babies, on up—drink a glass of water?"
- Have you considered that the reason kids teeth are rotting is because they drink soda pop all day long and don't get proper nutrition? Isn't THAT the issue we need to address?

Putting this man-made chemical into our tap water will force thousands to get fluoride-free drinking water in other ways, such as home filtration systems and bottled water.....

- Did you know that a home filtration system that is sophisticated enough to filter out fluoride would cost a family thousands of dollars in hardware and maintenance?
- And did you know that bottled water does not have to disclose the amount of fluoride or other chemicals in it, and in fact may contain high amounts of fluoride?
- My question to Mr. Leonard is: what is your rush in getting this passed so quickly?
- Would it have anything to do with the fact that your term in office expires in December and you'd like this on your portfolio? If so, your Swan Song really sticks in my craw.
- My question to the City Council is: Why do you even bother having this hearing, if you have already made up your minds and plan to approve fluoridation?
- Wouldn't you like to find out some of these answers before voting on this issue?
- BEFORE spending millions of taxpayer dollars—wouldn't you like to find out whether or not the majority of your constituents WANT to ingest, on a daily basis, one more untested chemical? Wouldn't that be the fiscally and ethically responsible approach?
- My question is: Why are you in such a hurry to get embroiled in this controversy when you all KNOW that "Portland is Weird" and you KNOW very well that this fight has just begun?

Jeanine Holly

Registered Voter; Small Business Owner
2839 NE 69th Avenue, Portland, OR 97213
Landline: 503-287-4066

Jeanine Holly
9/6/12

✓ OPPOSED to fluoridation in our drinking water.



<<http://en.wikipedia.org/wiki/Water_fluoridation>>

- Sodium fluoride (NaF) was the first compound used and is the reference standard.[31] It is a white, odorless powder or crystal; the crystalline form is preferred if manual handling is used, as it minimizes dust.[32] It is more expensive than the other compounds, but is easily handled and is usually used by smaller utility companies.[33]
- **Fluorosilicic acid (H_2SiF_6) is an inexpensive liquid by-product of phosphate fertilizer manufacture.**[31] It comes in varying strengths, typically 23–25%; because it contains so much water, shipping can be expensive.[32] It is also known as hexafluorosilicic, hexafluosilicic, hydrofluosilicic, and silicofluoric acid.[31]
- Sodium fluorosilicate (Na_2SiF_6) is the sodium salt of fluorosilicic acid. It is a powder or very fine crystal that is easier to ship than fluorosilicic acid. It is also known as sodium silicofluoride.[32]

These compounds were chosen for their solubility, safety, availability, and low cost.[31] **A 1992 census found that, for U.S. public water supply systems reporting the type of compound used, 63% of the population received water fluoridated with fluorosilicic acid,** 28% with sodium fluorosilicate, and 9% with sodium fluoride.[34] The Centers for Disease Control and Prevention has developed recommendations for water fluoridation that specify requirements for personnel, reporting, training, inspection, monitoring, surveillance, and actions in case of overfeed, along with technical requirements for each major compound used.[35]

The U.S. specifies the optimal level of fluoride to range from 0.7 to 1.2 mg/L (milligrams per liter, equivalent to parts per million), depending on the average maximum daily air temperature; the optimal level is lower in warmer climates, where people drink more water, and is higher in cooler climates.[37] **The U.S. standard, adopted in 1962, is not appropriate for all parts of the world and is based on assumptions that have become obsolete with the rise of air conditioning and increased use of soft drinks, processed food, and other sources of fluorides.** In 1994 a World Health Organization expert committee on fluoride use stated that 1.0 mg/L should be an absolute upper bound, even in cold climates, and that 0.5 mg/L may be an appropriate lower limit.[6] A 2007 Australian systematic review recommended a range from 0.6 to 1.1 mg/L.[10]

Fluoride's effects depend on the total daily intake of fluoride from all sources.[12] **About 70–90% of ingested fluoride is absorbed into the blood, where it distributes throughout the body. In infants 80–90% of absorbed fluoride is retained,** with the rest excreted, mostly via urine; in adults about 60% is retained. About 99% of retained fluoride is stored in bone, teeth, and other calcium-rich areas, where excess quantities can cause fluorosis.[48] Drinking water is typically the largest source of fluoride.[12] In many industrialized countries swallowed toothpaste is the main source of fluoride exposure in unfluoridated communities.[49] Other sources include dental products other than toothpaste; air pollution from fluoride-containing coal or from phosphate fertilizers; trona, used to tenderize meat in Tanzania; and tea leaves, particularly the tea bricks favored in parts of China. High fluoride levels have been found in other foods, including barley, cassava, corn, rice, taro, yams, and fish protein concentrate. The U.S. Institute of Medicine has established Dietary Reference Intakes for fluoride: Adequate Intake values range from 0.01 mg/day for infants aged 6 months or less, to 4 mg/day for men aged 19 years and up; and the Tolerable Upper Intake Level is 0.10 mg/kg/day for infants and children through age 8 years, and 10 mg/day thereafter.[50] A rough estimate is that an adult in a temperate climate consumes 0.6 mg/day of fluoride without fluoridation, and 2 mg/day with fluoridation. However, these values differ greatly among the world's regions...

RESEARCH

Existing evidence strongly suggests that water fluoridation reduces tooth decay. There is also consistent evidence that it causes dental fluorosis, most of which is mild and not usually of aesthetic concern.[10] There is no clear evidence of other adverse effects. Moderate-quality research exists as to water fluoridation's effectiveness and its potential association with cancer; research into other potential adverse effects has been almost all of low quality. Little high-quality research has been performed.[11]

EUROPE

Most countries in Europe have experienced substantial declines in cavities without the use of water fluoridation.[3] For example, in Finland and Germany, tooth decay rates remained stable or continued to decline after water fluoridation stopped. Fluoridation may be useful in the U.S. because unlike most European countries, the U.S. does not have school-based dental care, many children do not visit a dentist regularly, and for many U.S. children water fluoridation is the prime source of exposure to fluoride.[15] The effectiveness of water fluoridation can vary according to circumstances such as whether preventive dental care is free to all children.[54]

ALTERNATIVES to water fluoridation

Fluoride toothpaste is the most widely used and rigorously evaluated fluoride treatment.[13] Its introduction in the early 1970s is considered the main reason for the decline in tooth decay in industrialized countries,[3] and toothpaste appears to be the single common factor in countries where tooth decay has declined.[64]

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6 September 2012

Portland Oregon City Council
1221 SW 4th Avenue
Portland, Oregon 97204

Sam Adams, Mayor
Nick Fish, Commissioner
Amanda Fritz, Commissioner
Randy Leonard, Commissioner;
Dan Saltzman, Commissioner
Karla Moore-Love, Portland City Council Clerk

Regarding water fluoridation in Portland Oregon.

A double-blind study verified I am allergic to fluorides. People like me are as allergic to fluorides as others are to penicillin or any other drug. Would you advocate adding penicillin to the drinking water?

As a person allergic to fluorides I chose to live in Portland BECAUSE Portland's public water supply is NOT fluoridated.

The proposed addition of fluorides to the drinking water is direct threat to my health, my livelihood, and my quality of life.

Unlike all other water treatment processes, fluoridation does not treat the water itself, but the person consuming it. The Food & Drug Administration says that fluoride is a drug, not a nutrient, when used to prevent disease. By definition, therefore, fluoridating water is a form of mass medication.

Once fluoride is put in the water it is impossible to control the dose each individual receives because people drink different amounts of water. Being able to control the dose a patient receives is critical. In addition, fluoride is NOT an essential nutrient. No disease, not even tooth decay, is caused by a "fluoride deficiency." **Not a single biological process has been shown to require fluoride.**

Those promoting fluoridation rely heavily on a list of endorsements. However, the U.S. Public Health Service first endorsed fluoridation in 1950, before one single trial had been completed and today the continued use of endorsements has more to do with political science than medical science. While pro-fluoridation officials continue to promote fluoridation they usually refuse to defend the practice in open public debate – even when challenged to do so by reputable organizations such as the Association for Science in the Public Interest, the American College of Toxicology, or the U.S. EPA. Dr. Edward Groth, a Senior Scientist at Consumers Union,

observed that, “the political profluoridation stance has evolved into a dogmatic, authoritarian, essentially antiscientific posture, one that discourages open debate of scientific issues.”

In a Congressional investigation by the House Committee on Science, the Environmental Protection Agency, Center for Disease Control, National Sanitation Foundation, and the Food and Drug Administration, all replied that they have no scientific studies on the actual fluorine-bearing substances used in 90% of the nation’s fluoridation programs.

The Journal of the American Dental Association clarified for every dentist in America that **ingestion of fluoride does not provide any significant reduction in the incidence of tooth decay** — that any beneficial dental effect is as a result of topical application directly to the tooth.

The FDA states that fluoride is a regulated drug when used for the treatment or prevention of disease, and that **no fluoride substance** intended to be ingested for the purpose of reducing tooth decay **has ever been approved for safety and effectiveness.**

Recent testing by the National Sanitation Foundation reported the chemicals used to fluoridate water are contaminated with arsenic. The fluoridation chemicals are not pharmaceutical grade - they are classified as hazardous wastes.

The American Dental Association (ADA), the most ardent institutional proponent of fluoridation, **distributed a November 6, 2006 email alert to its members recommending that parents be advised that formula should be made with “low or no-fluoride water.”** Unfortunately, the ADA has done little to get this information into the hands of parents. As a result, many parents remain unaware of the fluorosis risk from infant exposure to fluoridated water.

The American Dental Association and American Academy of Pediatrics have revised their recommendations for controlled-dose fluoride which restricts a doctor from prescribing fluoride to a child of 6 months to 3 years of age to the amount found in one cup of fluoridated water - none to an infant - meaning that, as a public policy, fluoridation mass medicates at a higher expected dosage than a doctor in a non-fluoridated community can prescribe; and infants who are bottle fed should NOT consume formula mixed with fluoridated water.

The highest rates of tooth decay today can be found in low-income areas that have been fluoridated for many years. The real “Oral Health Crisis” that exists today in the United States, is not a lack of fluoride but poverty and lack of dental care. The Surgeon General has estimated that 80% of dentists in the US do not treat children on Medicaid.

Public health policy must be based on sound science, not political expediency.

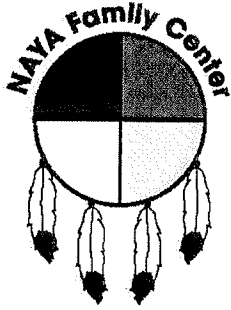
Please use the Precautionary Principle. Where there is doubt, leave it out.

Please protect Portland’s high quality drinking water. Do not fluoridate.

Sincerely,



Sean Hinckley
12616 SE Madison Street
Portland



185612

Native American Youth and Family Center

5135 NE Columbia Blvd., Portland OR 97218 | p 503-288-8177 | f 503-288-1260 | www.nayapdx.org

September 5, 2012

Good afternoon Mayor and City Commissioners,

My name is Melissa Henderson, and I work for the Native American Youth and Family Center, or NAYA as it is known within the Portland community. I help members of the Native American community identify and access health care resources for themselves and their children, while also helping community members navigate the somewhat complicated health system.

Last month, I was working with a homeless teen mom and her 3 year old son, who needed to see a dentist. The teen was complaining that her son was really hard to handle because he was crying all the time, and by the look of his smile, the reason was obvious – his baby teeth were rotten. When I asked the teen mom why she hadn't gone to the dentist yet, she said she couldn't afford to get to Salem, where the tribal dental clinic is, and that she thought his baby teeth would fall out eventually, so why spend the little money she had on dental care.

For children like this, fluoride treatments in school come too late. This is not an unusual scenario. Native American preschoolers are five times more likely to have tooth decay than any other racial/ethnic group. More than 70 percent of 6-8 year old Native Americans have untreated cavities and Native teens have more than double the amount of permanent tooth decay when compared to their peers.

Our Native community is disproportionately poor, and experiences some of the highest rates of homelessness, poverty, unemployment, and health disparities among communities of color. For many of our vulnerable, options like healthy foods, fluoride treatments, and dental care are beyond their reach and control. Our children are in pain, missing school, and falling behind their peers.

At NAYA, we're working to even the playing field, but we need your help. This is more than a dental health issue to us – it's a social justice issue. Fluoridation is a preventative solution that would go far to help the Native American community, and indeed all Portlanders. Drinking fluoridated tap water is such a simple, easy way to protect Portland's youth, and give them a fair chance at a happy, healthy childhood and a greater chance at success in life.

Thank you,

Melissa Henderson, MPH
Health Care Youth Advocate

Empowering the lives of Native Americans in the Portland area

City Council Hearing
Re: Proposal to add fluoride to local water supply
September 6, 2012

I am opposed to fluoridation - especially adding fluoride to the Bull Run water supply.

Adding fluoride to the Portland water supply means that Beaverton, Tigard, and Tualatin will be impacted not to mention other municipalities who purchase water from the City of Portland.

Two Council members and the mayor are in support of "adding fluoride to the city water supply." One of the commissioners is not running for reelection. This trivializes their support, as they will not have to defend their position to their constituents.

This proposal has been calculatedly leaked following closed door strategizing by an unidentified coalition. This coalition lobbied city hall to reconsider fluoridation yet again after voters rejected it numerous times.

To reiterate, this issue is about more than merely fluoridation. Introducing the emotionally charged issue of placing fluoride in the Bull Run water supply is a catalyst for the manipulation of outcomes, which are the prerogative of the electorate.

There appear to be ulterior motives: 1) Create a legacy for two retiring elected officials on city council; 2) provide a resource for disposal of industrial toxins and waste products aluminum and fertilizer. This would reduce production costs which would be assimilated by the taxpayers and contaminate the pristine Bull Run water to the entire region. 3) If this proposal were put to a vote it would more than likely be defeated. Period. Let democracy work!

A plethora of persons and agencies were persuaded to step forward and support the proposal to fluoridate the "local water supply." Not to dignify this list by identifying the members, circumvents the emotional overlay and identifies them as part of the problem.

Fluoridation in our water supply is not the answer. The answer is comprehensive health care. An educational process to assist families, children and other citizens to properly care for their teeth, learn the benefits of an adequate diet and prenatal care is certainly an answer. There is no quick fix. Moreover, children and their parents can elect to receive free fluoride at school, a program already in place.

Much will be said in this hearing about the extended damage of fluoride to various physical and mental faculties. The risk is indefensible. When Fluoride is added into the water supply there is no turning back.

Members of City Council who are instrumental in or succumbed to this debauchery will be rewarded in history. "A proposed ordinance to fluoridate the City's water supply by March 1st, 2014, two months before voters could weigh in under an initiative plan by opponents." Citizens are appalled by the political chicanery suggesting contempt from the elected officials.

To reiterate, this issue is about more than merely fluoridation.

Water bureau officials said it would take at least five years, and 5 million dollars to launch a fluoride facility and program. With the Establishment's recent projections regarding the costs of other projects, notoriously understating costs are the norm, as history shows acceleration of project cost to the public.

At some point the truth should matter. Let the people take charge!

Submitted by:
Dorothy Gage
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Regence |

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185612

September 6, 2012

Testimony of Regence BlueCross BlueShield of Oregon:

Regence BlueCross BlueShield of Oregon supports fluoridation of Portland's drinking water due to the clear health need present in our community, specifically among children.

Fluoridation is proven as an effective, safe and affordable solution for preventing tooth decay. Portland is the largest city in America that currently does not fluoridate its water, and children are paying the price. Oregon ranks near the bottom of all states for childhood oral health. It is critical that this need is addressed, and addressed now.

As a health company and an engaged member of our community, if Regence's support of this initiative can make a clear and impactful difference in the health of Portland's children, how could we say no?

We ask that the Portland City Council recognize this health need and vote to approve the addition of fluoride to the city's drinking water.

-Tom Holt, Director of Legislative & Regulatory Affairs

Good afternoon, we are all residents of Portland, speaking in support of fluoridation on behalf of the Oregon Health and Science University Pediatric Residency Training Program, which consists of 48 medical doctors training to care for children. This is the only such program in the state of Oregon, and has trained many of Oregon's current pediatricians.

We see the impact of dental cavities in our patients on a regular basis. In the course of our training, we care for children who have behavioral problems, learning, and sleep issues due to chronic tooth pain. In the hospital, we care for children with more severe sequelae of cavities, such as skin infections in the face and abscesses both around the tooth as well as in the brain.

In our practice we see many barriers to patients getting adequate fluoride supplementation. Many of the patients that we care for either do not have insurance or have insurance that does not cover the cost of fluoride beyond the early school years. Logistical barriers also exist in that to obtain supplementation, a family must attend a doctors visit, acquire a prescription, obtain it at the pharmacy, and remember to dose this medication daily in order to lessen their children's risk of cavities.

Putting fluoride in our city's water would guarantee all of our children are receiving proper dental preventative treatment. We look forward to working in a community where we know children have access to optimal medical and dental care. Please make the decision to fluoridate our water to help us and our colleagues achieve this goal.

Thank you,

Theresa Graif, MD
Lauren Harris, MD
Brenna Lewis, MD

Bibliography

The Fluoride Deception by Christopher Bryson

Fluoride the Aging Factor by John Yiamouyiannis

The Case Against Fluoride by Paul Connett

Website: fluoridealert.org

185612

9-6-2012
~~11-10-2012~~ asa

I am writing because I am unable to stay to testify I need to pick up my children from school.

In 1996 I experienced Dental fluorosis myself my sons daycare provider had fluoridated water and he was on formula and I was giving fluoride drops recommended by my pediatrician first he had white spots then brown decay when he was diagnosed with fluorosis I immediately stopped use and have studied and fought against forced fluoridation since,

I am very concerned about Dental fluorosis, osteo fluorosis and the impact on our environment and animals.

I am poor and cannot afford a water service and don't want to participate in plastic consumption I feel as an American citizen I should have a choice,

Everyone should
Mass forced medication/Slash poisoning
is a crime

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Autumn Leaf Arms 9-6-2012
Autumn Leaf Arms



My name is Nancy Becker. I live at 2417 ne 16th in Irvington and have resided here in Portland for 37 years.

I am a Registered Dietitian at Oregon Public Health Institute where I work on nutrition policy. Previously I taught nutrition science at PSU where fluoride was included in my Chemistry 250 class entitled "Introduction to Nutrition".

The reason I work on nutrition policy and not just on counseling folks to eat right is that it can be really hard for a person or a family to make good nutrition decisions in the current food environment. Everywhere we go there are sugary drinks and sugary foods, heavily marketed and directed mostly to innocent kids who cannot differentiate between truth and hype. I have come to the conclusion that nutrition education and efforts to try to change habits within the context of our present food system are ineffectual at best. Policies that make the healthy choice the default choice, such as statewide nutrition standards for snack foods and beverages in schools, which we have here in Oregon, and in Portland Parks and Recreation Centers, make an enormous contribution to the health of individuals.

It is in this context that I support fluoridation. As a nutritionist I know that fluoride is a natural element, a beneficial nutrient that is important to the integrity of bones and teeth. I have taught it, researched the pros and cons and have come to the conclusion that systemic water fluoridation is an efficient, safe and effective method to convey major dental health benefits to all age groups. The Academy of Nutrition and Dietetics, formerly the American Dietetic Association, just released a new position statement emphatically supporting systemic fluoridation as an important public health measure to promote oral health and overall health throughout life.

As a dietitian, public health advocate, mother and citizen I urge you to vote yes on fluoridation of Portland's water.

Sept 6, 2012

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