

SUPPORT SET FLUORIDATION REFERENDUM TO MAY 21, 2013**36993**IF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

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Tess Fields	3334 NE 54 th	

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Stephanie Calvert	2259 N. Dekum St. Portland OR 97217	Stephaniecalvert@yahoo

Testimony @Portland City Council: 12/20/12: Dr. Virginia Feldman
 11230 SW Collina Ave. PDX, 97219 (503) 635-4799

As pediatrician, mother, and grandmother to Portland children, I thank you, Mayor and Council members, for your previous work to improve the dental health of Portland's kids. This fall--you **EXTENSIVELY** looked at both sides of the issue: I know--I was here---you listened to hours and hours of testimony. Both sides had private interviews with you. You did not ram anything through---you heard everyone. **THEN** you chose what every major medical, dental and public health organization in the U.S. recommends: community water fluoridation at the entirely safe level of point 7 parts per million.

I understand you took heat about this decision, as all politicians must at some point in their careers, as some voters will always feel opposite. You took the brave stance of saying that we need this important public health intervention now---not later, later, later. You accepted the science behind water fluoridation as clear and compelling. To recap it: Thousands of studies show a consensus that fluoride is **THE** safe **and** effective way to deliver the **justice** of equal oral health to an entire community. Fluoride helps ease our terrible dental health discrepancies---both childhood and **LIFELONG** --we adults suffer, too. Such discrepancies are why so many members of the Everyone Deserves Healthy Teeth Coalition represent minority organizations.

I've heard opponents calling for more "independent studies": which is a well-worn delay tactic. Fluoridation has been one of **THE** most studied public health measure of the last 65 years. I've studied this science since I first came to OHSU back in 1975, seeing such high rates of rotten teeth. Today you've received 14 of the recent independent studies, done for organizations, cities, health departments all over the world. There are 20 more such studies done over these many years. One more review, in the shadow of a political vote, won't add a thing. It would only add another year of depriving our children of Fluoride's benefits. There is no new data out there to study. The only new conclusion out there is by the **lead** authors of the oft-referred to 'Harvard analysis', by Choi & Grandjean: "These results do not allow us to make any judgment regarding possible risk at levels of exposure typical for water fluoridation in the U.S."

I believe a May 2013 vote will **improve** the public trust: Portlanders have a right to a clear YES or NO vote. We all know there's being proposed a confusing ballot initiative about water additives for that 2014 election-- by the same group wanting to delay this referendum 'til then. Two questions, one requiring a Yes and one a No vote to approve Fluoride, or vice versa to **NOT** approve it-- is intentionally confusing, making it **harder** for citizens to have their voices heard. What if Fluoridation opponents proposed a 2016 ballot measure---should we delay until 2016 ?! A 2013 vote gives **SIX** more months to discuss it--there'd have been almost a year for this debate.

A May 2013 election will give Portland a chance to save dental health care dollars sooner, rather than later; and to start as early as possible to give my grandkid, and **everyone**, the healthy teeth they need, and deserve-- for life's success.

Malgosia Cegielski, Ph.D.

36993

LICENSED PSYCHOLOGIST
REGISTERED PLAY THERAPIST

I have given serious thought to the most critical message I want to communicate to you as to why this referendum should not be fast tracked. I continue to struggle to understand why you - who with this issue - are charged with so much responsibility for the health of Portland citizens & children & our salmon & environment would steadfastly ignore the massive amount of science you have been made aware of since Sept. of this year regarding the toxic nature of fluoridation chemicals and the mounting evidence that it is a very serious hazard to humans to fish & most importantly, as is typically the case with environmental toxins, to the very children you ~~claim~~ want to help.

I am trained as a scientist & my work is that of a child psychologist, I have ^{supervised} 3 large programs in AK, OR & WA - ~~over~~ 30 years I have seen clear disturbing trends in children's capacity to learn, to concentrate & also in endocrine systems, also on a fast track with puberty coming earlier & earlier (pituitary gland, endocrine, premature puberty, animal studies). If you would look at the science that has been conducted you would understand that fluoridation chemicals that you want to put in our pristine drinking water contributes adversely to just such health burdens our children already face.

The precautionary principle states if an action or policy has a suspected risk of causing harm to the public or environment, in the absence of scientific consensus that the action or policy is harmful, the burden of proof that it is not harmful falls on those taking the action. In some legal systems as in law of the EU the application of the precautionary principle has been made a statutory requirement, that is how widely respected it is.

As only 37% of Europe fluoridates & Canada & rest of the world is progressing in the elimination of fluoridation of municipal water I charge you with the obligation you have to apply the precautionary principle in the vote you are about to take.

Documentation exists that in the 40's after careful examination of already existing research both the ADA & the AMA (yes the ADA) warned against fluoridating water at even 1 ppm & considered fluoridation chemicals to be serious toxins for complicated political & historical reasons, (about which I have read copious amounts of water as fluoridated in much of the US anyway. ~~we put~~ ^{carcasses - put in water} ~~lead~~ we loved DDT, put lead in gasoline & paint & sprayed the dioxide and we put fluoridation chemicals in water. We even used to believe the earth was flat & early as 1800 we considered hunches. Systemic consumption of fluoridation chemicals is a much greater matter than dental health. It is a matter of everyone's total health & the environment in which we live and it is in fact an equity issue in that minorities when they are statistically more adversely affected by systemic consumption of fluoridation chemicals. My request for a careful & thorough scientific inquiry which cannot be adequately done by nay, by an objective panel of scientists, and to not succumb to pressure by paid lobbyists or any one else & political pressure which I have yet to fully grasp is not only reasonable but seems like the only possible decision you would want to make. Thank you.

December 20, 2012

My name is Kellie Barnes I am a physical therapist with 3 graduate degrees in allied health, and a mother of two young children residing and working in Portland.

I am asking each of you to vote no on moving the referendum vote up a year to May of 2013. The public upset this year is clearly shown through 33, 000 valid signatures. Why rush the process when the public has spoken?

Water fluoridation policy and science is complex. Education cannot be packaged into short sound bites, though Upstream Public Health and others may try. It requires time to gather facts, become educated, and to study details. It is a nuanced discussion not a PR messaging point.

I am asking each of you, as Portland's City Council Members, to establish an independent scientific review panel, charged with the responsibility to examine the growing body of science regarding water fluoridation programs and their impact not only on our teeth but also our body as a whole. This independent panel would ideally be composed of non-biased, independent scientists. This process takes time and cannot be completed by May 2013.

It is also interesting to me, to note, that each of you mentioned "equity" in the September vote to support water fluoridation practices in Portland; but none of you referred to the CDC references documenting concern of moderate and severe forms of fluorosis affecting children of color adversely. Black American children 2:1 compared to white children; and Latino children 1.5:1. This is not a cosmetic issue at these levels, even according to ADA literature. It is costly; it is emotionally embarrassing for these children, and it reduce the quality of their future oral health due to changes in the enamel of the teeth.

As you examine equity issues, ask yourself are you truly aware of increased risks associated with water fluoridation and how these risks affect children of color?

1. Studies showing HFA when combined with lead exposure increases blood lead levels, greater then lead alone?

Sawan, R et al. Fluoride increases lead concentration in whole blood and in calcified tissues from lead-exposed rats. Toxicology 271 (2010) 21-26.

2. Studies showing that when HFA is combined with disinfectants such as chloramines, there is increased leaching of lead from pipes?

Maas, R et al. Effects of fluoridation and disinfection agent combinations on lead leaching from

leaded brass parts. Science Direct, Neurotoxicology 28 (2007) 1023-1031.

3. Studies indicating that fluoride chemicals combined with lead increase the risk for fluorosis? Is this really equitable when those children of low-income homes are most at risk?

Leite, G. Sawan, R. Exposure to lead exacerbates dental fluorosis. Archives of Oral Biology (2011).

How can you, speak to equity of children, when your policy of water fluoridation places those most in need, in the most risk? Are there not better solutions? How can you ignore the website statements from companies such as Gerber's selling non-fluoridated water for the making of baby formula?

Does a single mother really have time and or money to be educated around this issue, to buy, or even know, they will need to use water free from fluoridation chemicals if they wish to not increase their child's risk for dental fluorosis? How is that equitable?

Ask yourself would you want to go shopping after a long day of work, with your child on one hip, and this bottle on the other... in order to keep your child safe from fluoridation chemicals? I can answer for me personally as a single mother, no!

"...GERBER PURE Water is a fluoride free choice—because babies less than 6 months don't need fluoride."

This statement is due to the fact that according to American Academy of Pediatrics (AAP), babies do not require fluoride during the first 6 months, and according to the ADA excess fluoride can lead to dental fluorosis.

In addition, concentration of recommended levels in water is not dose specific. Many people of color are at increased risk for diabetes and or kidney disease, (populations specifically recommended by their doctors to avoid fluoride.) How is this equitable?

It appears, that the recent studies show a fluoride ion is not a fluoride ion, is not a fluoride ion, as proposed by those in support of water fluoridation programs; especially when HFA is disassociating and binding with lead, already found in our homes, schools and children's blood.

Do you want the moral and personal liability associated with not considering these

studies; especially in a community, such as Portland, at risk for lead exposure according to research in our housing community.

Can the children we all desire to truly help have the safety and security of knowing they can go home to bottled non-fluoridated water or expensive reverse osmosis filters? Or do we place those we most care about at risk due to our lack of education and quick moving policy in the name of equity?

When I examine equity issues in Portland, I believe we can and should be doing more to support our children in need; many of these children are children of color. Dental access through federal and county programs are available, funding is increasing on the federal level. County programs for topical application of fluoride can be provided in schools. Not systemic swallowing of tablets and water fluoridation practices that even the CDC concludes was wrong in prior held belief that fluoridation's benefit was systemic. In addition, sealants can be used and provided for the molar teeth most at risk for dental carries. Equity, to me, indicates the responsibility to provide dental access for those children most in need, not placing fluoridation chemicals in our water, in the name of equity.

I ask you, if truly concerned about equity in Portland, to look at CDC studies showing risk to our children of color for increased moderate and high levels of fluorosis in our community, if water fluoridation was to occur. And I ask you to read the literature showing fluoridation chemical's harmful affect on increased blood lead levels, dental fluorosis risks, and leaching of lead when combined with other disinfectants such as chloramines.

And I ask you to request a truly independent and scientific panel to review these topics in depth, a committee composed of scientists and not primarily dentists that have the ability to objectively look at this issue as one of both healthy teeth and healthy bodies.

This impendent scientific review, this discussion in our community, and our public education cannot fit in a sound bite. Please allow our citizens the ability to make informed educated decisions, as we vote. We deserve this basic right.

Sincerely,



Kellie Barnes MOMT, MPT
971-404-6146

Dear Commissioners,

My name is Mel Rader. I am the Co-director of Upstream Public Health, which is dedicated to improving the health of all Oregonians and is a registered lobbying entity with the city. I also serve on the board of Healthshare of Oregon, the largest CCO, which serves 160,000 Medicaid recipients in the tri-county area.

As you may know, I received a letter on Monday from opponents of fluoridation that suggested we need an independent review committee to look at the science.

Therefore, I want to take this opportunity to describe the scientific analysis that has been already completed on water fluoridation.

Pew Charitable Trusts has found more than 3,000 peer-reviewed articles that have been published on water fluoridation so far. That is a remarkable body of scientific literature. Any review of the literature requires a considerable amount of time and expertise.

But, we are lucky that there have been at least 14 independent scientific reviews completed so far. All together, 232 separate credentialed scientists were involved in these reviews, plus thousands of public comments.

Reviews in the U.S have been completed by:

- The U.S. Public Health Service
- The Institute of Medicine
- The U.S. Centers for Disease Control and Prevention
- Taskforce on Community Preventive Services
- Fort Collins Technical Study Group
- An independent group of individual scientists
- The National Academy of Sciences

The National Academy of Sciences is an independent non-profit. According to their mission, the National Research Council, housed at the National Academy of Sciences “provides a public service by working outside the framework of government to ensure independent advice on matters of science, technology, and medicine.” The NAS has actually done reviews starting in 1951, then 1977, 1993, 2006 and finally in 2007. All reviews found that water fluoridation at the right level is safe and effective.

I encourage each of the city commissioners to read these reports if they are having trouble falling asleep at night. But, if you don't have time to read them, I'll give you the quick summary. Every one of these reports says fluoridation is very effective at reducing cavities, by at least 25%. And water fluoridation works better than every other option including brushing your teeth or school fluoride programs. And, the second finding is that in 65 years of practice, 3,000 studies and 14 expert review committees, there is no credible evidence of a single negative health effect from optimally fluoridated water.

Water fluoridated at the right amount has been found to do two things in the body: (1) It hardens teeth making them resistant to decay, and (2) it hardens bones reducing hip fractures. And, that's all it does.

And, in case you think there is a conspiracy among U.S. research committees, then you can also go to international, independent, scientific reviews that have been completed including by:

- York University in Britain in 2001
- The Australian Government's National Health and Medical Research Council, completed in 2007
- the New Zealand Government's, National Fluoridation Information Service Review, completed in 2011, with an update completed just six months ago

And, yes, just 6-months ago they found the same thing. Fluoridation prevents cavities. It reduces bone fractures when it is added at the right amount, and it doesn't do anything else.

Added on top of these expert, independent reviews, there are endorsements from all the leading health organizations. Seven U.S. surgeon generals in a row have endorsed fluoridation. Surgeon General C. Everett Koop said "Fluoridation is the single most important commitment a community can make to the oral health of its children and to future generations."

On one side, you have all the major health organizations and 14 independent scientific reviews saying fluoridation is the healthy thing to do. On the other side, there is not one major health organization that opposes fluoridation. Not a single one.

Let's not call for more science while dismissing the scientists. Let's not commission an independent review while ignoring 14 independent reviews on the table. The scientific community is growing hoarse from speaking over and over on the subject. The only question is whether we will listen to what the scientists are saying.

The calls for more science are designed to delay, not deepen our debate. For that reason, I ask you to schedule the vote on fluoride for next year.

I am opposed to a scientific review on whether climate change is happening, or whether tobacco causes cancer. Similarly, I am opposed to a review by the city about whether fluoride is actually safe and good for your teeth.

Let us have an open and fair debate. Opponents of fluoride are putting a confusing measure on the 2014 ballot. This issue of fluoridation is too important to be mucked up by competing initiatives. So, let us put the issue on a special election ballot next year and give voters a fair up or down vote.

NORTHWEST HEALTH FOUNDATION

The Community's Partner for Better Health

December 20, 2012

Before Portland City Council:

Testimony of Alejandro Queral, M.S., J.D., Program Officer, Northwest Health Foundation.

In support of May 21, 2013 Special Election referendum on fluoridation of Portland drinking water

I am here today to urge your support to set the referendum on fluoridation of Portland drinking water for May 21, 2013. Northwest Health Foundation supports an open and inclusive process that leads to community action, and especially so when this action results in a healthier, more equitable community. As the elected representatives of this city's residents, you acted decisively in September to give every Portlander, and especially every Portland child, an opportunity to have a life free of the burden of oral pain and disease.

The science behind community water fluoridation is settled. The Centers for Disease Control and Prevention have set very clear standards based on years of research and mounting evidence that, at the proper concentrations, fluoridated water is the most effective way to reduce tooth decay and improve everyone's dental health. Yes, we also need education about oral health, regular flossing and brushing, less sugar and more access to dental providers. But even these things are not enough, as we know many communities in our city have little or no access to dental care and other resources.

Water fluoridation is cost-effective, as it can reduce tooth decay by as much as 25 percent and lead to overall health care savings. In fact, analysis show that for every \$1 invested in water fluoridation, about \$38 are saved per person per year from decreased need for dental treatment.

But, most importantly, water fluoridation is an effective way of reducing differences in health status among communities. You may know that more than one in three children in Oregon suffer from tooth decay which is, incidentally, twice as much as children in Washington state.

But did you know that nearly half of Oregon Latino children suffer from tooth decay? Or that African Americans of all ages have substantially higher rates of tooth decay than their White counterparts? Low-income Oregonians are also disproportionately and unfairly affected by tooth decay. For instance, children in households below federal poverty level are 3 to 5 times more likely to have cavities and are more likely to miss more days of school due to painful dental disease.

Northwest Heath Foundation applauds the bold leadership you demonstrated when you voted back in September to fluoridate Portland's drinking water. By taking this action, you moved to implement the single most effective way to reduce or eliminate these unfair and avoidable inequities. Without it in place, it would be difficult to make a straight-face case that Portland is committed to equity.

I believe Portlanders are ready to affirm your decision and are ready to do so now. Opponents would like to stall the process to continue to muddy the waters with dubious claims about the science and far-fetched conspiracy theories. Questioning the scientific consensus – even when there is one – is the same tactic others have used to bog down any significant action to curb carbon emissions and avert a global climate catastrophe. Don't let this happen here. As a parent of a two-year old, it is imperative we don't miss this opportunity to give every child in Portland a chance at a healthier life.

clean water portland

Fluoridation proponents are misusing Oregon statewide data to claim a “Dental Health Crisis” in Portland requiring fluoridation



The Everyone Deserves Healthy Teeth Coalition claims that there is a “dental crisis” in Portland, but they’re basing the claim on statewide numbers for Oregon instead of Portland metro data.

Fluoridation promoters say: “One third of Oregon’s children suffer from untreated dental decay” ranking Oregon the “fifth-worst in the nation.”

If they want to add fluoridation chemicals to Portland metro’s water then shouldn’t they be talking about Portland’s dental health numbers, not Oregon as a whole?

How Does Portland Data Differ From Statewide Data?

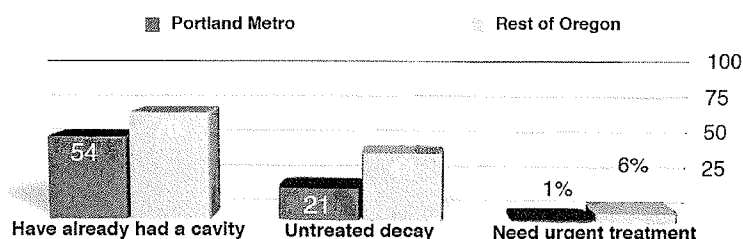
- The percentage of Portland metro children that have had a cavity is 54%, compared to 70% of children outside of Portland. (2007 Smile survey p.12) This is true even though only roughly 8% of the Portland metro area is fluoridated, but roughly 33% of Oregon residents outside Portland metro are fluoridated. ¹ Portland metro’s cavity rate is actually so much lower than the rest of the state, we bring *down* the statewide average to 66.3%.²
- The percentage of Portland metro children with untreated decay is 21%, compared to 44% outside of Portland and 35.4% statewide. (2007 Smile survey p.12)
- In the metro area, one in 100 students require urgent care. Outside the metro area, 1 in 17 students need urgent care. (2007 Smile Survey p.12)

How does Portland compare nationally?

• Fluoridation promoters like to compare Oregon to other states, but if Portland were a

state, **Portland’s children would rank as having the 15th lowest rate of “cavities experiences” in the U.S.** (CDC Caries Experience data³, New York state ranked 15th with 54.1%). This is true despite the high fluoridation rates in many states.

• While there’s always room for improvement, by 2007, the Portland metro area had already met the 2010 National Oral Health Objectives for rates of untreated decay (21%). That said, “untreated” decay highlights the real need for increased access to basic dental care and does nothing to support a need to fluoridate.



- With a untreated decay rate of 21%, if Portland were a state, **the rate of untreated decay would be the 15th lowest in the US** if compared to other states including many with high rates of fluoridation. (CDC Caries Experience data⁴, Iowa ranked 15th with 21.9%).

Conclusion: While Portland should work to improve oral health for children by increasing access to care and increasing preventative dental health education and sealants, there is no factual basis to support the claim that Portland faces a dental crisis that is greater than other states or regions.

REFERENCES

¹ Beaverton, Forest Grove and parts of Tualatin are fluoridated and have combined population of 136,940 (2010 census). This is equal to roughly 8% of the total population of the Portland metro area of Multnomah, Washington and Clackamas Counties as defined by the 2007 Oregon Smile Survey at 12. Proportional representation of these towns in the survey is assumed. The number of fluoridated people (FP) in Oregon is 833,227 (CDC 2010). Of those, approximately 136,940 FP live in Portland metro, the remaining approximately 696,287 FP live in the rest of Oregon. These 696,287 FP in the rest of Oregon comprise 31.8% of the population outside of Portland metro. Oregon population outside Portland metro is 2,190,038 (2010 Census).

² CDC Oral Health webpage: <http://apps.nccd.cdc.gov/nohss/IndicatorV.asp?Indicator=2&OrderBy=2>

³ CDC Oral Health webpage: <http://apps.nccd.cdc.gov/nohss/IndicatorV.asp?Indicator=2&OrderBy=2>

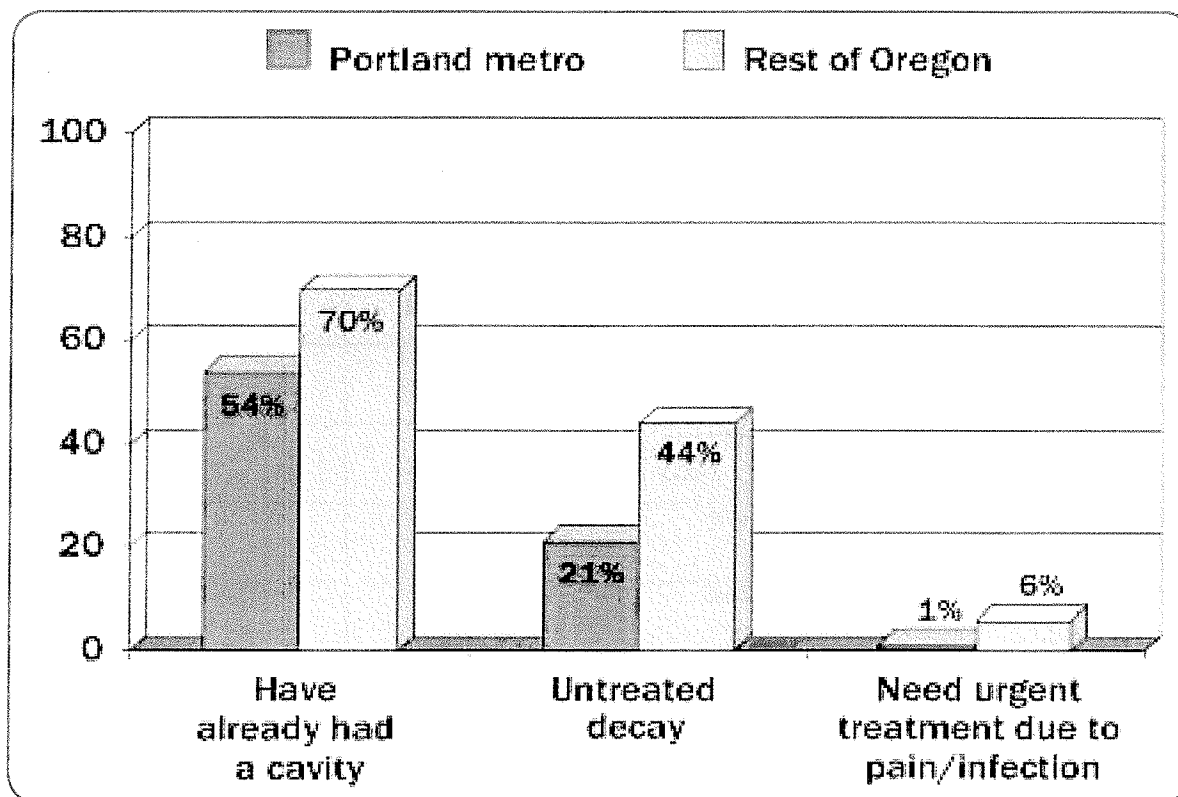
⁴ CDC Oral Health webpage: <http://apps.nccd.cdc.gov/nohss/IndicatorV.asp?Indicator=3&OrderBy=2>

Children living outside of metropolitan Portland* suffer from poorer oral health

Children in the Portland metropolitan area have less untreated tooth decay, are less likely to have ever had a cavity and are less likely to need urgent dental treatment.

In the metropolitan area, one in 100 students require urgent care due to pain or infection.

Outside of the metropolitan area, one in 17 students need urgent care.



In the Portland metropolitan area, more than half of third-graders – 51 percent – have sealants. Slightly less than a third of third-graders who live outside of the metropolitan area have sealants.

* This report defines the Portland metropolitan area as Multnomah, Washington and Clackamas counties.


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NOHSS

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National Oral Health Surveillance System

Caries Experience

Percentage of 3rd Grade students with Caries Experience (treated or untreated tooth decay)

[See also information on State Oral Health Surveys](#)

Overview by Percent with Caries Experience

Sort list by: [State](#) Percent with Caries Experience**Adult Indicators**[Dental Visit](#)[Teeth Cleaning](#)[Complete Tooth Loss](#)[Lost 6 or More Teeth](#)**Child Indicators**[Dental Sealants](#)[Caries Experience](#)[Untreated Tooth Decay](#)**Fluoridation Status**[Public Water Supply](#)[Fluoridation Growth](#)[Water Supply Statistics](#)**Cancer**[Cancer of the Oral](#)[Cavity and Pharynx](#)**Additional Resources**[Data Sources](#)[Related Links](#)[Glossary](#)[Contact Us](#)

State	School Year	Percent with Caries Experience	Response Rate ¹ (%)	Percent eligible for the National School Lunch Program ²		
				Sample		State
				Schools ³	Students ⁴	
Arizona	2009-2010	% CI N 75.0 (71.3-78.6) 3150	37	51	NR	48
Texas	2007-2008	% CI N 73.3 (69.5-77.1) 3864	51	NR	NR	NR
California	2004-2005	% CI N 70.9 (69.1-72.8) 10444	52	64	NR	57
Idaho	2008-2009	% CI N 67.1 (64.5-69.7) 4634	87	37	NR	45
Oregon	2006-2007	% CI N 66.3 (62.6-70.0) 1259	76	47	NR	47
Louisiana	2007-2009	% CI N 65.7 (62.3-69.1) 2642	42	61	NR	65
Nevada	2008-2009	% CI N 64.9 (60.8-69.1) 1786	41	41	NR	40
New Mexico	1999-2000	% CI N 64.6 ⁵ (59.5-69.7) 2136	47	NR	NR	NR
Montana	2005-2006	% CI N 64.4 ⁵ (61.3-67.4) 957	90	41	NR	35
Arkansas	2009-2010	% CI N 64.0 ⁵ (62.1-65.3) 4239	53	55	NR	65
Mississippi	2009-2010	% CI N 62.8 (60.6-65.1) 1928	55	74	73	72
South Dakota	2009-2010	% CI N 62.3 (57.9-66.6) 570	54	45	42	32
Utah	2000-2001	% CI N 61.0 ⁵ (59.0-64.0) 800	51	NR	NR	NR
Alabama	2005-2007	% CI N 60.1 (57.8-62.3) 9301	73	51	NR	56
Kentucky	2000-2001	% CI N 59.8 (57.1-62.6) 3244	64	52	NR	NR
Alaska	2007-2008	% CI N 59.6 ⁵ (56.1-62.9) 826	48	42	NR	46
Nebraska	2004-2005	% CI N 59.3 (55.0-63.6) 2057	92	34	NR	34
Kansas	2003-2004	% CI N 58.6 ⁵ (55.5-61.5) 3375	32	NR	NR	NR

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Oklahoma	2009-2010	% CI N	58.0⁵ (54.3-61.7) 751	42	61	NR	61
Washington	2009-2010	% CI N	57.9 (56.1-59.7) 2875	80	46	51	45
Colorado	2006-2007	% CI N	57.2 (55.4-58.9) 3012	79	40	NR	41
Michigan	2009-2010	% CI N	55.9 (52.3-59.5) 2056	33	41	48	43
Minnesota	2009-2010	% CI N	54.9⁵ (50.3-59.5) 1766	58	38	NR	42
Missouri	2004-2005	% CI N	54.7 (53.6-55.8) 3535	49	45	NR	46
Wisconsin	2007-2008	% CI N	54.7 (53.2-56.2) 4413	89	36	NR	37
North Dakota	2009-2010	% CI N	54.6 (52.0-57.1) 1499	90	36	NR	36
Delaware	2001-2002	% CI N	54.5 (49.5-59.4) 1032	43	37	41	40
South Carolina	2007-2008	% CI N	54.3⁵ (52.3-56.2) 2657	38	56	56	51
New York	2001-2003	% CI N	54.1 (51.5-56.6) 10895	38	NR	48	51
Illinois	2008-2009	% CI N	53.2 (49.2-57.1) 3696	52	57	NR	NR
Pennsylvania	1998-1999	% CI N	52.6 (49.2-55.9) 1767	NR	NR	NR	NR
Georgia	2010-2011	% CI N	52.0 (47.6-56.2) 3359	52	62	60	61
Ohio	2009-2010	% CI N	51.2 (49.2-53.2) 16839	50	41	44	45
Rhode Island	2007-2008	% CI N	47.6⁵ (42.5-52.8) 1303	66	46	NR	42
Virginia	2008-2009	% CI N	47.4⁵ (47.1-47.7) 7838	52	38	29	34
Iowa	2008-2009	% CI N	46.7⁵ (44.3-49.1) 1206	65	38	NR	34
Vermont	2002-2003	% CI N	45.1 (39.0-51.1) 409	68	31	NR	31
Maine	1998-1999	% CI N	44.7⁵ (42.0-47.4) 1297	51	NR	31	32
New Hampshire	2008-2009	% CI N	43.6 (39.7-47.4) 3015	64	24	NR	22
Maryland	2000-2001	% CI N	42.4 (37.5-47.3) 2482	50	NR	28	36
West Virginia	2010-2011	% CI N	42.1⁵ (37.5-46.7) 449	35	51	NR	55
Massachusetts	2006-2007	%	40.7⁵	46	NR	28	32

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		CI N	(36.5-44.8) 2211				
Connecticut	2006-2007	% CI N	40.6 (36.3-44.8) 8755	81	37	NR	35

% Percentage

CI 95% Confidence Interval

N Number of students in sample

NR Not Reported

- 1 Survey response rates differ among states. Differential nonresponse can bias the estimates. Response rates, the percent of selected children who actually participated, are presented to help the reader judge the potential for bias.
- 2 Caries experience may be associated with income. Eligibility for the National School Lunch Program is presented to help the reader assess whether the survey sample is representative of all 3rd graders in the state.
- 3 The percent eligible for the National School Lunch Program among students attending schools that participated in the survey.
- 4 The percent eligible for the National School Lunch Program among students who participated in the survey.
- 5 The percent with caries experience reported by this state has not been adjusted for nonresponse.



This system was developed with the collaboration of the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Dental Directors (ASTDD).

Page last modified: January 4, 2011

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[Centers for Disease Control and Prevention](#)
[National Center for Chronic Disease Prevention and Health Promotion](#)
[Division of Oral Health](#)

Parsons, Susan

3 6 9 9 3

From: Golden Age Muse [goldenagemuse@yahoo.com]

Sent: Thursday, December 20, 2012 12:59 PM

To: Parsons, Susan

Cc: Sacred Circle

Subject: Flouridation testimony for the record.

My Testimony Today:

BIG MONEY CORRUPTION STOPS HERE

2013 = PWB CORRUPTION

2014 = Public water public vote 44,000 strong

Please do not vote to corrupt a democratic process that will be worthwhile.... It sends a message that does not support any of Portland's best ideals.... Remember that. The big money can support a lot, but like the Super Pacs... corruption is corruption regardless of whether the results justify the means; a course of action that only leads into Collateral Damage, Humanity on a Balance Sheet.

Sincerely,
Beth Giansiracusa

12/20/2012

3 6 9 9 3

Moore-Love, Karla

From: Holly Spruance [hs@oeachoice.com]
Sent: Thursday, December 20, 2012 8:15 AM
To: Adams, Mayor
Cc: Moore-Love, Karla
Subject: Fluoride Hearing 12/20/12

Dear Mayor Sam Adams,

First of all thank you so very much for all your study of and support of adding Fluoride to Portland's water. I urge you to vote for the May 2013 ballot for the public to decide to add Fluoride to the water. This does give an additional 6 months for voters to weight the benefits and make up their minds. Also there is no reason to prolong the pain and suffering that is added to Portland residents (especially children) by waiting longer to provide this benefit. I wish I could be there in person today to show my support.

Take good care and thank you for all public service you provide to those you serve.
Sincerely

Holly Spruance

Executive Director
OEA Choice Trust
503.620.3822 (Tigard)
503.799.9922 (cell)
800.452.0914 (toll free)
hs@oeachoice.com

Be part of our Journey to Wellness! Find out more about it at

www.oeachoice.com

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12/20/2012

From: Guy Wagner [guy@guywagner.com]
Sent: Tuesday, December 18, 2012 10:57 PM
To: Commissioner Fish
Cc: Adams, Mayor; Leonard, Randy; Commissioner Saltzman; Commissioner Fritz; Moore-Love, Karla
Subject: Open letter to Nick Fish on fast-track fluoridation vote

Commissioner Fish,

"History will judge us in how we address this important issue." These are your words from the public hearing on fluoridation on September 6th. You then voted to add fluoride to Portland's water without a public vote, forcing concerned citizens to spend a huge amount of time and money to collect enough signatures to refer the decision to voters. You now have an opportunity to redeem yourself in the eyes of many Portlanders.

I hope that you will not be judged as someone who trampled science and democracy in the name of a failed public health policy. I hope that you will vote against Randy Leonard's proposal to fast-track the public vote on fluoridation and that you will support an independent scientific review panel to evaluate the current evidence on fluoridation.

Thank you,
Guy Wagner
Portland, OR

<http://www.AnInconvenientTooth.org>

3 6 9 9 3

Moore-Love, Karla

From: Lisa Gorlin [lianagan@hotmail.com]
Sent: Tuesday, December 18, 2012 2:17 PM
To: Commissioner Fritz
Cc: Moore-Love, Karla
Subject: For The Record - No Vote Requested on item 1521 - Keep the Fluoride Referendum Scheduled for 2014

Dear Commissioner Fritz,

Portland voters deserve a thoughtful review of current fluoride science conducted by neutral scientists who have not taken a position for or against fluoridation.

Therefore it is very important to allow an independent scientific review panel to study this issue in depth and report back to the citizens. These committees, typically staffed with several scientists, have been utilized in at least three other cities, Natick, MA; Ft. Collins, CO and Fairbanks, Alaska. In order to do the research thoroughly, the shortest time required (Natick) took six months while the other two required a full year.

This job can't be done adequately in time for a May 2013 election.

If you're thinking that May 2013 is enough time to have all the information out on the table before the referendum, consider these questions, which in the one-month rush to mandate fluoridation, were never debated or discussed in any depth:

- a. Why have the questions raised by the National Academy of Sciences 2006 report on fluoridation's effects on chronic kidney disease, low thyroid condition, bone cancer, diabetes, IQ and other health concerns not been addressed?
- b. What are the effects of fluoridation on the environment, especially salmon and other aquatic life?
- c. What are the ways fluoridation may be increasing lead and arsenic, both carcinogens and neurotoxins, in our water supply?
- d. Why do scientists and government leaders of most European nations (and most of the rest of the world) reject fluoridation?
- e. Why has Canada dropped from 45% fluoridated five years ago to 33% now?
- f. Why haven't the financial problems fluoridation creates for low-income parents been discussed?
- g. Why hasn't the FDA approved fluoride, which it acknowledges is a drug, for ingestion?
- h. Why has the question of the ethics of putting fluoride – or ANY drug – into the water supply, not been examined?

This issue needs, and this city deserves, a full investigation. Please vote no to the fast track push to put the fluoride referendum on the May 2013 ballot and maintain the original date of May 2014 kept for the referendum so we can all use the time between now and then to fully investigate this issue.

Thank you!

Sincerely,

Lisa Gorlin

12/18/2012

3 6 9 9 3

Parsons, Susan

From: emilydixonprice@gmail.com on behalf of emily dixon price [emily@dixonprice.net]
Sent: Monday, December 17, 2012 8:37 AM
To: Adams, Mayor; Commissioner Fritz; Commissioner Fish; Leonard, Randy; Commissioner Saltzman
Cc: Moore-Love, Karla
Subject: Don't rush the fluoridation vote!

Sam, Amanda, Nick, Randy, & Dan,

Voters deserve a thoughtful review of current fluoride science conducted by neutral scientists who have not taken a position for or against fluoridation.

Please don't thwart the public process once again — 33,000 Portland voters signed the referendum for a May 2014 vote, and the City should respect the will of the people, not take away the time needed for an independent scientific review to take place.

Sincerely,
Emily Dixon Price

--

Emily Dixon Price
325 NE 69th Avenue
Portland, Oregon 97213
503.816.9586

12/17/2012