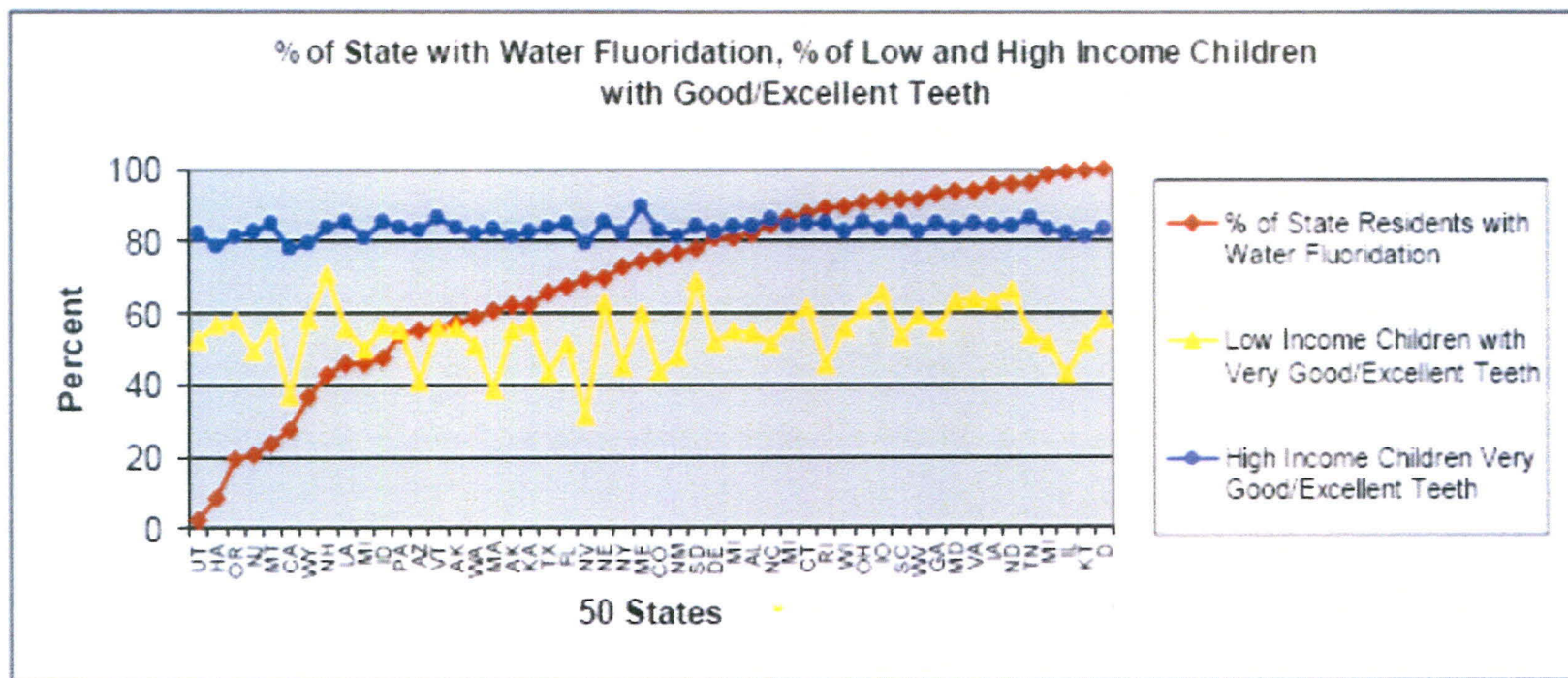


Water Fluoridation Has Little Effectiveness

FLUORIDE'S EFFECTS ARE MAINLY TOPICAL (SURFACE), NOT FROM SWALLOWING



Data taken from: The National Survey of Children's Health 2003. Rockville, Maryland. U.S. Department of Health and Human Services, 2005. <http://mchb.hrsa.gov/oralhealth/portrait/1cct.htm>

Assessment of children's teeth from parent/guardian evaluation.

Clean Water Portland www.cleanwaterportland.org

1990 – National Institute of Dental Research survey (LARGEST study ever conducted in U.S.): an average cavity decrease from fluoridation of **only 0.6 of a single tooth surface out of 128** (averaged for 5- to 17-year olds)

Water Fluoridation Has Little Effectiveness

1998 – de Liefde survey (New Zealand) – very little difference in permanent tooth decay between fluoridated and non-fluoridated communities; described the differences as **“clinically meaningless.”**

1999 – Centers for Disease Control (CDC): **“Laboratory and epidemiologic research suggests that fluoride prevents dental caries predominately after eruption of the tooth into the mouth, and its actions primarily are topical for both adults and children.”**

2007 – Pizzo et al (Italy) – **“It is now accepted that systemic fluoride plays a limited role in caries prevention.”**

2008 – Warren, Levy et al – the “Iowa Study”: the most extensive study examining tooth decay in children as a function of individual exposure to fluoride, as opposed to population studies. **“The benefits of fluoride are mostly topical . . . findings suggest that achieving a caries-free status may have relatively little to do with fluoride intake (emphasis in the original) . . . recommending an ‘optimal’ fluoride intake is problematic.”**

FLUORIDATION HAS FAILED TO PREVENT DENTAL CRISES IN OTHER CITIES

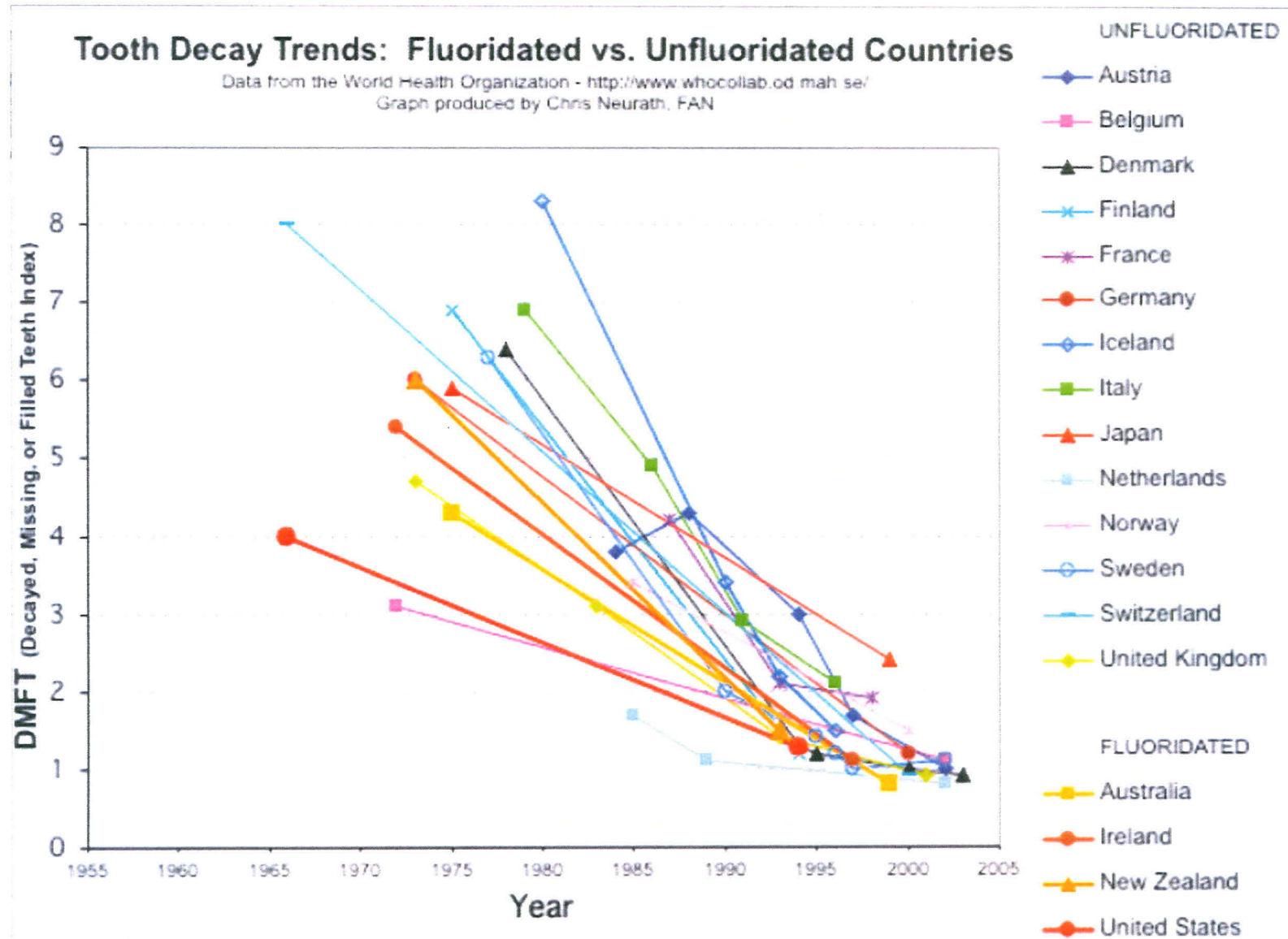
San Antonio (fluoridated since 2002): **“After 9 years and \$3 million of adding fluoride, research shows tooth decay hasn’t dropped among the poorest of Bexar County’s children. It has only increased – up 13 percent this year.”** KENS TV 5, Nov. 22, 2011

Cincinnati (fluoridated since 1979): **“City and regional medical officials say tooth decay is the city’s No. 1 unmet health need. . . ‘We have kids in this community with . . . self-esteem problems, and we have kids in severe pain . . .’ ”** – Cincinnati Enquirer, Oct. 6, 2002

Pittsburgh (fluoridated since 1953): **“Nearly half of children in Pittsburgh between 6 and 8 have had cavities . . . More than 70 percent of 15-year-olds in the city have had cavities, the highest percentage in the state.”** – Pittsburgh Tribune-Review, Feb. 13, 2005

Other fluoridated cities reporting similar findings: Boston, Detroit, Lexington, KY, New Haven, CN, New York, Washington, DC

Water Fluoridation Has Little Effectiveness



School-based Oral Health Programs

The Oral Health Unit of the Oregon Health Authority manages two School-based Oral Health Programs that are **FREE** for eligible schools - the [School Fluoride Program](#) (Tablets or Rinse) and the [School Dental Sealant Program](#). When these programs are combined, they can prevent almost 100% of cavities. However, even implementing one of these programs can make a significant difference in the oral health of participating children.

School Fluoride Program

Eligibility

- A school is eligible if at least 30% of the students are eligible for the Free-and-Reduced Lunch Program.
- Students are eligible if they have parental permission.

There are two ways to receive fluoride – Tablets or Rinse.

School Fluoride Tablet Program

The School Fluoride Tablet Program is recommended for children who live in areas without optimum levels of fluoride in the water supply and who are not taking fluoride tablets at home. To check your water supply, go to [My Water's Fluoride](#). The tablets are taken daily, chewed for a half minute, swished for a half minute, and then swallowed.

School Fluoride Rinse Program

The School Fluoride Rinse Program is recommended for children who have other sources of fluoride, but who may still be at risk for cavities because of other factors (examples: poor nutrition, lack of access to dental care, low socio-economic status). The rinse is used once a week, swished for 1 minute, and emptied out into a cup.

School Dental Sealant Program

Eligibility

- A school is eligible if at least 50% of the students are eligible for the Free-and-Reduced Lunch Program.
- Students are eligible if they have parental permission.

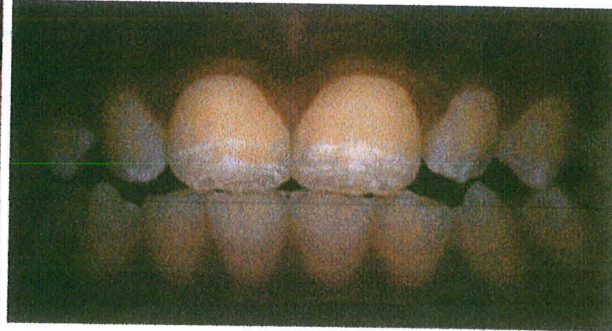
The Dental Sealant Program serves 1st-2nd graders or 1st-5th graders in very small schools. The dental team brings in portable equipment, screens the participating children, and applies sealants when appropriate. The screening takes about one minute per child and each child's sealant placement takes just 15-30 minutes, so there is very little disruption of class time.

FLUORIDE CAUSES FLUOROSIS

FLUOROSIS DISPROPORTIONATELY AFFLICTS MINORITIES



"Very Mild"



"Mild"



"Moderate"



"Severe"

Fluorosis Rates

	Very Mild	Mild	Moderate/Severe
Black	21.21%	8.24%	3.43%
Mexican-American	15.93%	5.05%	4.82%
White	14.09%	3.87%	1.92%

Source: CDC: Beltran-Aguilar ED et al. 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.

Figures include fluoridated and unfluoridated communities. If the data were only from fluoridated communities, fluorosis rates for ALL groups would be higher.

Since U.S. fluoridation has spread, fluorosis rates have nearly DOUBLED in little more than a decade - **41% of 12-15 year-olds now have this condition – which is permanent.** Sources: NCHS Data Brief No. 53, November 2010, Prevalence and Severity of Dental Fluorosis in the United States, 1999-2004 and National Resource Council/National Academies of Science, Fluoride in Drinking Water, 2006.

Pediatrician Yolanda Whyte, National Expert on African Americans and Fluoride, Speaks in Portland

Meanwhile, Washington State legislators early this week held a public hearing on the lack of preventive oral health care around the state

Lisa Loving Of The Skanner News

February 08, 2013

Clean Water Portland hosts Atlanta pediatrician Dr. Yolanda Whyte, current member of the National Medical Association's Environmental Health Task Force, speaking on the impact of fluoride on children's health.

The events are Tuesday, Feb. 12 at Portland State University, Room 236 in the Smith Memorial Student Union, 7 p.m.; and Wednesday, Feb. 13, at Emmanuel Temple Church, 1033 N. Sumner St., 7 p.m.

Whyte, a former member of the American Academy of Pediatrics Council on Environmental Health, opposes water fluoridation, and will talk about why the federal government recommends against using fluoridated water in baby formula, why she believes that African American and Latino kids suffer disproportionate ill effects from the practice, and what impact it might have on diabetics and people with kidney and liver disease.

Another question Whyte will discuss is how fluoride fits in with other environmental chemicals placing an increasing health burden on kids.

The City of Portland is set to vote on adding fluoride to the water supply in a special election May 21, after what may be the most divisive series of hearings in city history.

Hundreds of advocates, both pro-and anti-fluoride, crammed into City Hall last year when the Council held hearings on the issue – and commissioners endured significant criticism when they voted unanimously to place it on the ballot.

States around the nation -- including areas with fluoridated water -- are struggling with a crisis in oral health impacting people of all ages.

The New York Times last year, after publishing a yearlong series on the issue, criticized government health officials, whom it said “need to provide consistent, more up-to-date guidelines for the best levels of fluoridation, reflecting the latest research.”

Meanwhile, Washington State legislators early this week held a public hearing on the lack of preventive oral health care for children and at-risk communities around the state.

Washington, where almost all water supplies are fluoridated but a few are not, is considering House Bill 1516 and its companion legislation, SB 5433, that would look at creating a new labor sector in dental health as a way to improve overall access to dental services.

If passed the bills would “bring an evidence-based dental provider to our state: a licensed dental practitioner who can free dentists to extend care to underserved communities.”

The bills are sponsored by more than a dozen state senators and representatives, all Democrats.

The Washington State Dental Association has taken a stand against the two bills, suggesting “better alternatives to dental therapists including dental residency programs and reinstating adult dental Medicaid funding.”

Lawmakers and advocates, however, are not only promoting a workforce solution, but in some areas are suggesting more diversity among workers in the dental health industry is a significant issue.

“Across the state, our dental care system is failing children and working parents in low-income families, elderly people in nursing homes, people with special needs and people who live in rural and Tribal communities,” the bills’ language says.

“During a recent 18-month period, dozens of Washington emergency rooms recorded a total of 54,000 visits for dental treatment that could have been avoided earlier. Those visits cost taxpayers more than \$35 million.”

“Washington residents lack access to a cost effective means of getting the oral health care they need,” says Rep. Eileen Cody, one of HB 1516’s House sponsors. “It’s high time for dentists to gain the freedom to look after the needs of more people across our state.”

For more information about the Washington Dental Access Campaign go to www.wadentalaccess.com.

For more info on Yolanda Whyte, go to <http://www.yolandawhytemd.com>.



Core Physical Therapy LLC

Kellie Barnes, MOMT, MPT

971.404.6146

443 NE Knott Street, Portland, OR 97212

kellieb@corehealingpt.com • corehealingpt.com

PORTLAND CITY COUNCIL
COMMUNICATION REQUEST
Wednesday Council Meeting 9:30 AM

Council Meeting Date: 2-13-13

AUDITOR 01/16/13 AM10:03

Today's Date 1-16-13

Name Kellie Barnes

Address 2812 NE Stanton St. PORT, OR 97212

Telephone 971-404-6146 Email kelliebeezy Street.net

Reason for the request:

Water Filtration chemicals and
equity issues.

Kellie Barnes
(signed)

- Give your request to the Council Clerk's office by Thursday at 5:00 pm to sign up for the following Wednesday Meeting. Holiday deadline schedule is Wednesday at 5:00 pm. (See contact information below.)
- You will be placed on the Wednesday Agenda as a "Communication." Communications are the first item on the Agenda and are taken promptly at 9:30 a.m. A total of five Communications may be scheduled. Individuals must schedule their own Communication.
- You will have 3 minutes to speak and may also submit written testimony before or at the meeting.

Thank you for being an active participant in your City government.

Contact Information:

Karla Moore-Love, City Council Clerk
1221 SW 4th Ave, Room 140
Portland, OR 97204-1900

(503) 823-4086 Fax (503) 823-4571

email: Karla.Moore-Love@portlandoregon.gov

Sue Parsons, Council Clerk Assistant
1221 SW 4th Ave., Room 140
Portland, OR 97204-1900

(503) 823-4085 Fax (503) 823-4571

email: Susan.Parsons@portlandoregon.gov

Request of Kellie Barnes to address Council regarding water fluoridation
chemicals and equity issues (Communication)

FEB 13 2013

PLACED ON FILE

Filed FEB 08 2013

LaVonne Griffin-Valade
Auditor of the City of Portland

By 

COMMISSIONERS VOTED AS FOLLOWS:		
	YEAS	NAYS
1. Fritz		
2. Fish		
3. Saltzman		
4. Novick		
Hales		