Lauren Roge

Hello, my name is Lauren, and I'm a stay at home to 2 beautiful girls. It is not easy for me to get out of the house with 2 young little ones. But I think water fluoridation is such an important issue that I have made the trek here with them today. I would like to speak to you regarding fluoridation. Before becoming a SAHM, I used to work as a nurse. The last place I ever thought I would find myself is at a meeting like this one today. I was taught in school of the importance of fluoridation and truly believed in it. Being a nurse, I have always been a bit of a health nut. And having a family, made me start to research even more. What is the healthiest way to feed my daughters? How can I encourage them to move throughout the day? And what is the healthiest water for them to drink and bath in? As I researched, I found that my belief in fluoridation as a public health miracle did not match up with the scientific evidence, and I slowly changed my mind.

In the United States, the Oral Health Division of the Centers Disease Control (CDC) hails fluoridation as one of the "top ten public health achievements". However, comprehensive data from the World Health Organization reveals that there is no discernible difference in tooth decay between western nations that fluoridate water (or salt), and the majority that do not

Fluoridating water supplies is an outdated public health venture from the 1950s. Most developed nations, including all of Japan and 97% of western Europe, do not fluoridate their water.
The few nations that still fluoridate their water should end the practice. Here's three reasons why:

THREE REASONS TO END WATER FLUORIDATION

Reason #1: Fluoridation Is an Outdated Form of Mass Medication

Unlike all other water treatment processes, fluoridation does not treat the water itself, but the person consuming it. The Food & Drug Administration accepts that fluoride is a drug, not a nutrient, when used to prevent disease. By definition, therefore, fluoridating water is a form of medication. This is why most western European nations have rejected the practice — because, in their view, the public water supply is not an appropriate place to be adding drugs, particularly when fluoride is readily available for individual use in the form of toothpaste.

Reason #2: Fluoridation Is Unnecessary and Ineffective

The most obvious reason to end fluoridation is that it is now known that fluoride's main benefit comes from topical contact with the teeth, not from ingestion. Even the CDC's Oral Health Division now acknowledges this. There is simply no need, therefore, to swallow fluoride, whether in the water, toothpaste, or any other form. Further, despite early claims that fluoridated water would reduce cavities by 65%, modern large-scale studies show no consistent or meaningful difference in the cavity rates of fluoridated and non-fluoridated areas.

Reason #3: Fluoridation Is Not a Safe Practice

The most important reason to end fluoridation is that it is simply not a safe practice, particularly for those who have health conditions that render them vulnerable to fluoride's toxic effects.
Second, it is known that fluoridated water caused severe bone disease in dialysis patients up until the late 1970s (prior to dialysis units filtering fluoride). While dialysis units now filter out the fluoride, research shows that current fluoride exposures are still resulting in dangerously high bone fluoride levels in dialysis patients and patients with other advanced forms of kidney disease.

And, finally, a growing body of evidence reasonably indicates that fluoridated water, in addition to other sources of daily fluoride exposure, can cause or contribute to a range of serious effects, including arthritis, damage to the developing brain, reduced thyroid function, and possibly osteosarcoma (bone cancer) in adolescent males.

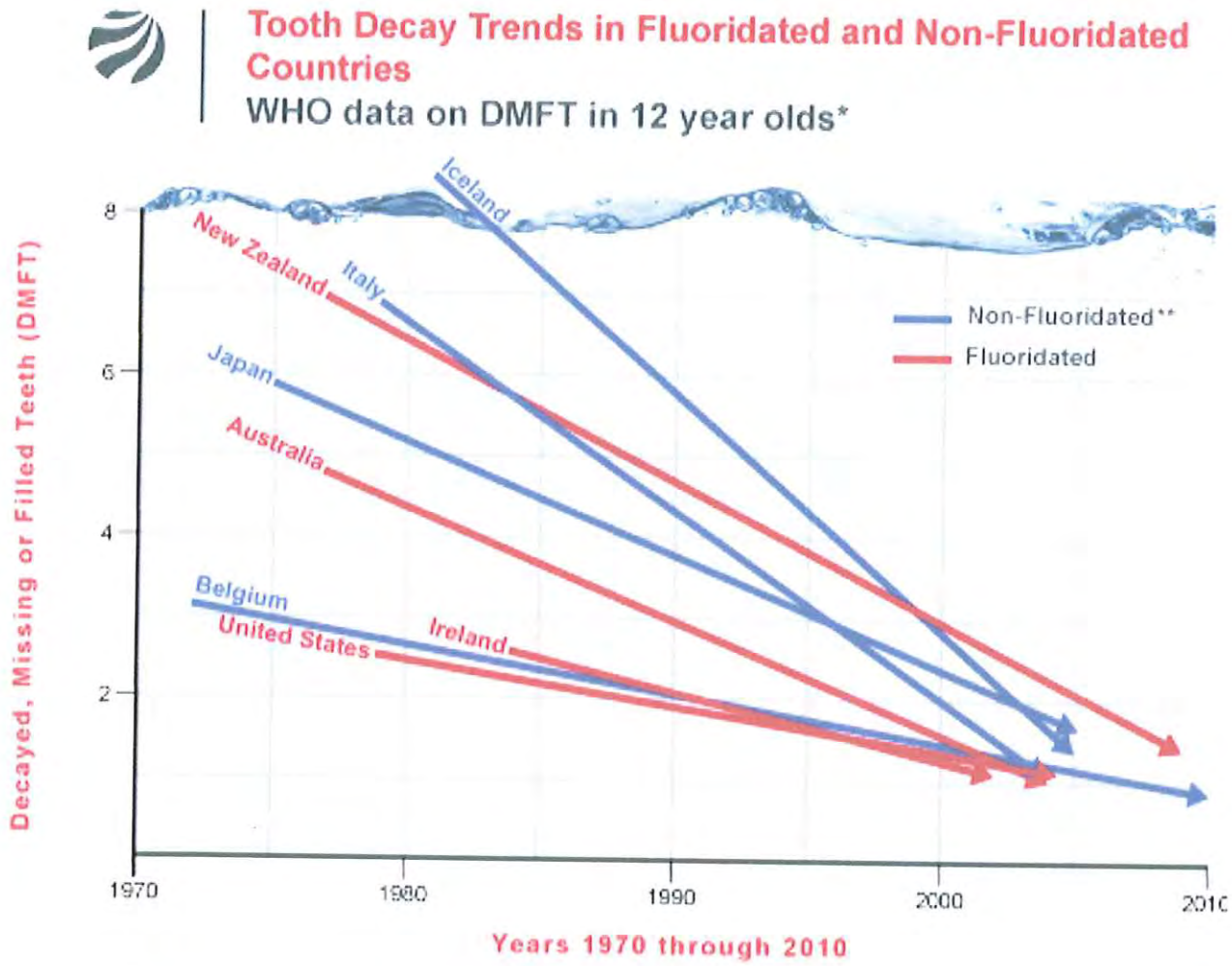
In Addition, In 2005, the Centers for Disease Control published the results of a national survey of dental fluorosis conducted between 1999 and 2002. According to the CDC, black children in the United States have significantly higher rates of dental fluorosis than either white or Hispanic children. As 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.

It is my right to decide what medications my children and I ingest. I ask you to please stop fluoridating Madison's water and allow me to decide what medications are safe for myself and my family. And if you will not consider ending fluoridation, I ask that after today, if you would at least look into the published research that shows that this chemical is not beneficial to people while being ingested. I have included some information with published researchers. And remember, correlation does not equal causation.

Please

You maybe surprised at what you find, like I was

Tooth decay rates have declined in **all** western countries, irrespective of whether the country ever fluoridated its water (or salt).



* World Health Organization (WHO). Collaborating Centre for Education, Training, and Research in Oral Health, Malmö University, Sweden. http://www.mah.se/CAPP/ (accessed June 10, 2012).

** No water or salt fluoridation.

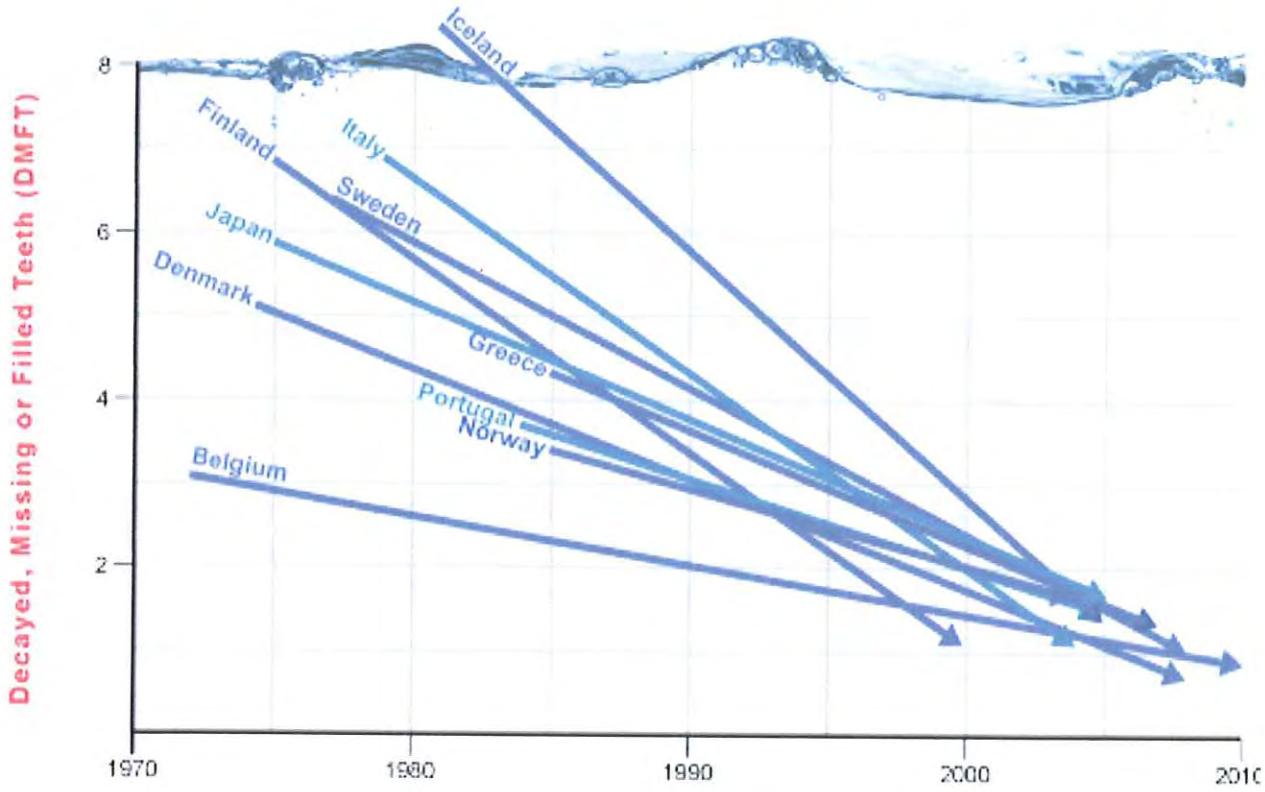
DMFT (Decayed, Missing & Filled teeth) Status for 12 year olds by Country
- World Health Organization Data (2012) -

Country	DMFTs	Year	Status*
Denmark	0.7	2008	No water fluoridation. No salt fluoridation.
Germany	0.7	2005	No water fluoridation. 67% salt fluoridation.

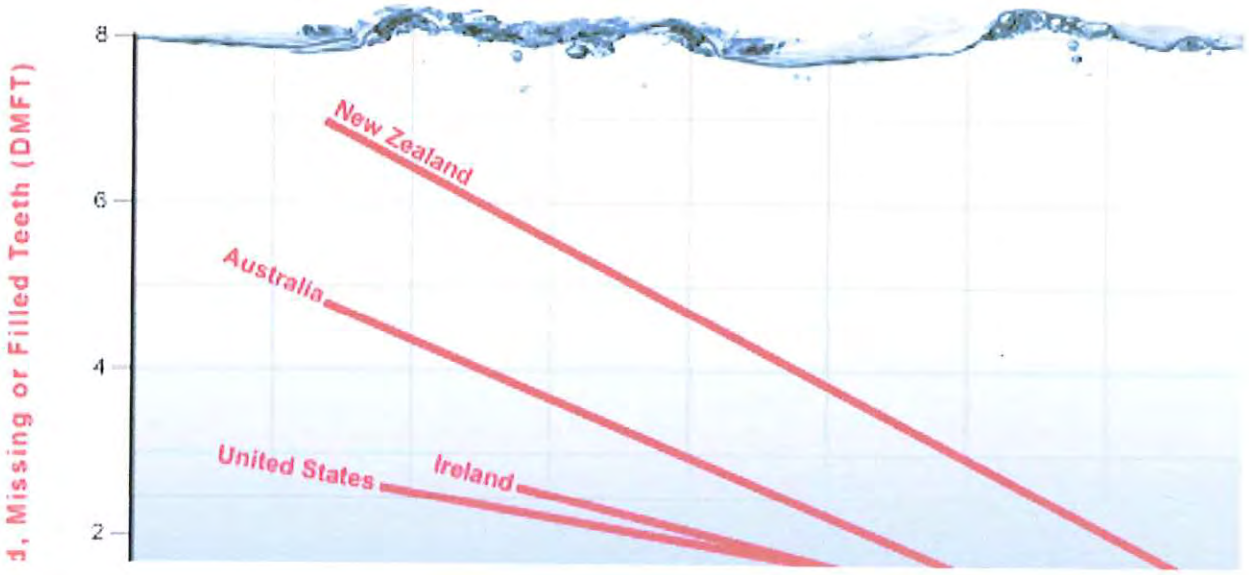
Tooth Decay Trends in Fluoridated, Non-fluoridated and Partially Fluoridated Countries

WHO data on DMFT in 12 year olds*

Tooth decay in countries with NO water or salt fluoridation



Tooth decay in countries that fluoridate most of the water



"For the past 50 years, CWF [community water fluoridation] has been considered the most cost-effective measure for the control of caries at the community level. However, it is now accepted that systemic fluoride plays a limited role in caries prevention. Several epidemiologic studies conducted in fluoridated and nonfluoridated communities **clearly indicated that CWF may be unnecessary for caries prevention, particularly in the industrialized countries where the caries level has become low.**"SOURCE: Pizzo G, Piscopo MR, Pizzo I, Giuliana G. 2007. Community water fluoridation and caries prevention: a critical review. *Clinical Oral Investigations* 11(3):189-93.

"These findings suggest that achieving a caries-free status may have relatively little to do with fluoride intake, while fluorosis is clearly more dependent on fluoride intake."SOURCE: Warren J, et al. (2009). Considerations on optimal fluoride intake using dental fluorosis and dental caries outcomes: A longitudinal study. Journal of Public Health Dentistry 69:111-15.

"This study reports changes in non-cavitated tooth surface diagnoses after a 4-year period... No fluoride, socioeconomic status or beverage variables were significantly associated with lesion progression."SOURCE: Warren JJ, Levy SM, Broffitt B, Kanellis MJ. (2006). Longitudinal study of non-cavitated carious lesion progression in the primary dentition. *Journal of Public Health Dentistry* 66(2):83-7.

"A Bayesian survival analysis is presented to examine the effect of fluoride-intake on the time to caries development of the permanent first molars in children between 7 and 12 years of age using a longitudinal study conducted in Flanders... Our analysis shows no convincing effect of fluoride-intake on caries development."SOURCE: Komarek A, et al. (2005). A Bayesian analysis of multivariate doubly-interval-censored dental data. *Biostatistics* 6:145-55.

"For children's dental health measures, it was found that fluoridation rates were not significantly related to the measures of either caries or

overall condition of the teeth for urban or rural areas."SOURCE: Hendryx M, et al. (2011). Water fluoridation and dental health indicators in rural and urban areas of the United States. West Virginia Rural Health Research Center. Available at: http://wvrhrc.hsc.wvu.edu/docs/2011_fluoridation_final_report.pdf

"Greater toothbrushing frequently was significantly associated with fewer new non-cavitated caries, while gender, exam variable, and composite water level were not significantly associated with new non-cavitated caries. . . . Gender, SES, tooth brushing frequency, and composite water fluoride level were not significantly associated with new cavitated caries."SOURCE: Chankanka O, et al. (2011). Longitudinal associations between children's dental caries and risk factors. *Journal of Public Health Dentistry* 71(4):289-300. [See discussion of study]

"Greater toothbrushing frequency was significantly associated with not having new cavitated caries, while gender, age at mixed dentition exam, and composite water fluoride level were not significantly associated with having or not having new cavitated caries. . . . A higher composite water fluoride level was significantly associated with not having new cavitated caries in girls (OR = 0.88, P = 0.08); however, it was not significantly associated with caries incidence in boys."SOURCE: Chankanka O, et al. (2011). Mixed dentition cavitated caries incidence and dietary intake frequencies. *Pediatric Dentistry* 33(3):233-40. [See discussion of study]

"This study assessed the relationship between dental caries and fluorosis at varying fluoride levels in drinking water. Methods: Subjects were followed from birth with questionnaires every 3-4 months to gather information on fluoride intake. 420 study subjects received dental examinations at age 5 on primary teeth and at age 9 on early-erupting permanent teeth… Conclusions: Fluorosis prevalence increased significantly with higher water fluoride levels; however, caries prevalence did not decline significantly."SOURCE: Hong L, Levy S, Warren J, Broffit B. (2006). Dental caries and fluorosis in relation to water fluoride levels. *ADEA/AADR/CADR*

Conference, Orlando Florida, March 8-11, 2006. http://iadr.confex.com/iadr/2006Orld/techprogram/abstract_73811.htm [See discussion of study]

"Water fluoridation status of the children's area of residence did not have a significant effect on Early Childhood Caries (ECC) at the 0.1 level of significance in the unadjusted logistic regression analysis, nor was it found to be a confounder of the effect of race/ethnicity on ECC prevalence in the multivariable model."SOURCE: Shiboski CH, et al. (2003). The association of early childhood caries and race/ethnicity among California preschool children. *Journal of Public Health Dentistry* 63(1):38-46.