

From: [susan susan](#)
To: [Water Utility Board](#)
Subject: Fluoride comments/testimony 8/25/20
Date: Tuesday, August 25, 2020 4:29:43 PM

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To the City of Madison

My name is Susan Michetti, 605 Sheila St., Mt. Horeb, WI. sunlightrising@gmail.com

August 25, 2020

Thank you for this opportunity to make a comment of great importance to me and to most of the people I know. I have spoken to this body on this issue previously.

My Ask:

I am asking you to waste no time in removing water fluoridation from the public drinking water supplies.

We need to maximize the cleanliness of our air, water, and food in order to best survive the Covid-19 virus and other animal viruses. Please remove the unnecessary chemicals in our drinking water. Fluoride is the most electro-negative element in the periodic table. That extreme electronegativity causes fluoride to rapidly interact chemically with electropositive metals and pull them along, particularly lead. In this way, lead is removed from metal pipes during transit in the water distribution system, from pipes between street and house, and, if metal, from pipes within the home. In order to prevent this lead from being removed by fluoride ions in the water, water utilities add more chemicals. We need all unnecessary chemicals removed from our water for the best public health.

Brain damage is an unacceptable trade-off for benefit of decreased tooth decay, based on the latest TSCA Court. Scientific Lab Research has identified that fluoride is accumulating in brain regions that impact learning, memory, and alters proteins and neurotransmitters in the Central Nervous System. Water fluoridation harms IQ-point and is associated with other brain damage, particularly in pregnant women and children. Fluoride harm has been identified as equivalent to the IQ-harm caused by lead exposure, by Dr. Phillippe Grandjean, Danish Neurotoxicologist, who wrote book Only One Chance, which warns of us about the severity of the dangers of neurotoxicant exposure in early fetal development and the great need to prevent early exposure to avoid decreased quality of life for the individual's lifetime and the society. Dr. Grandjean worked on fluoride studies since the 1980s at Mt. Sinai, NY. He published a meta-analysis of 27 fluoride studies, and 26 of 27 found increased harm.

I ask you to remove fluoride in the water. If you must put fluoride in our water, please go to pharmaceutical-grade sodium fluoride in our water, but above all, please stop the "switch and bait" deception where the community is under the misleading idea that it at least has pharmaceutical-grade sodium fluoride in our water, when this is not the truth. It's "switch and bait." The community is drinking heavy-metal contaminated industrial-grade fluoride byproduct from phosphate mining. It seems inconsistent that public health thinks that putting industrial-grade fluoride chemicals into the public water supply is a good thing, but this is what they say.

Meanwhile, there is nobody setting the proper amount, no monitoring, and

no dosage controls, no informed consent, as if all the big emphasis on the quality of science required to remove water fluoridation is just a big switch-and-bait joke at our expense.

Fluoride is not a benign chemical. Since 2010, 125 communities removed fluoride from their water supplies, with Portland, Oregon, where everyone wants to move, being the largest.

Update of Emerging Science:

In 2020, the US District Court for the Northern District of California in San Francisco is wrapping up its hearing of the Toxic Substances Control Act of 1976 (TSCA) hearing which began November 22, 2016 with 5 nonprofits and 5 individuals in a petition against the US Environmental Protection Agency (EPA) in Civ No. 17-CV-02162-EMC with Judge Chen involving the Fluoride Alert Network, Food and Water Watch, Inc., Moms Against Fluoride, and others, including a Wisconsin mom from Madison, Wisconsin.

The Citizens' Petition asked the judge to enforce Section 21 of TSCA to exercise authority to prohibit the addition of fluoridation chemicals into US water supplies on the grounds that a large body of animal, cellular, and human research showed fluoride to be neurotoxic at doses in fluoridated communities.

The judge found claims of fluoride benefits to be unacceptable in the presence of clear evidence of neurotoxic harm and degradation. It is unacceptable to seek to trade dental benefits for brain damage.

The judge found that the EPA's fluoride regulations do not comply with safety and ordered EPA to change its rules to protect the population from harm and to bring such changes back to this Court for oversight.

Fluoride is proven scientifically to be a developmental neurotoxin that lowers IQ in growing fetuses and children as well as increasing neurobehavioral problems and ADHD. These brain injuries are widespread problems diagnosed in American children in fluoridated communities who suffer from this persistent agitation and harm which decreases quality of life for everyone around them.

My Concern over IQ-Point Loss and Neurological and Brain Injuries:

Decreased tooth decay benefits are of minimal value compared to brain damage as the trade-off.

What parent of sound mind would want to risk brain injuries to any child in exchange for decreased tooth decay?

The proven association with IQ-point loss and other neurological and brain injuries is the central issue requiring the removal of water fluoridation from this point forward. The science about brain damage is not only extremely clear and replicated, but it is now accepted scientific fact within the scientific community that respects and adheres to the rigorous scientific method.

.Few scientists now believe that any tooth benefit accrues during fetal stage or early infancy during the very period when the greatest risks to the developing brain actually occur.

Deena Thomas, Brisa Sanchez, Karen Peterson, Niladri Basu, E. Angeles Martinez-Mier, Adriana Mercado-Garcia, Mauricio Hernandez-Avila, Christine Till, Morteza Bashash, Howard hu, Martha M Tellez-Rojo, ***Environmental contaminants and children's health: OP V- 2 Prenatal fluoride exposure and neurobehavior among children 1-3 years of age in Mexico***, ***BMJ Journals***. Recent studies using ELEMENT birth cohort and archived pregnancy samples report significant inverse association between fluoride exposure and IQ in children and subsequent neurobehavioral outcomes with 401 mother-infant pairs, with controls for education, marital status, ELEMENT cohort, child's sex, and child's age. Higher in utero exposure to fluoride has an adverse impact on offspring's cognitive development that can be detected in the first 3 years of life.

Morteza Bashash, Deena Thomas, Howard Hu, E. Angeles Martinez-Mier, Brisa N. Sanchez, Niladri Basu, Karen E. Peterson, Adrienne S. Ettinger, Robert Wright, Zhenzhen Zhang, Yun Liu, Lourdes Schnaas, Adriana mercado-Garcia, Martha maria Tellez-Rojo, and Mauricio Hernandez-Avila; ***Prenatal Fluoride Exposure and Cognitive Outcomes in Children at 4 and 6-12 years of age in Mexico***; Environmental Health Perspectives Vol. 125, No. 9, 9-19-2017. Evidence suggests fluoride may be neurotoxic to children. Few of the epidemiologic studies have been longitudinal, had individual measures of fluoride exposure, addressed impact of prenatal exposures, or involved more than 100 participants. Aim was to estimate association of prenatal exposure to fluoride with offspring neurocognitive development. Studied ELEMENT cohort, measured fluoride in archived urine samples from pregnant mothers and from their children when 6-12 years old, adjusted for urinary creatinine and specific gravity. Had complete data on 299 mother-child pairs of whom 287 had General Cognitive Index (GCI) and 211 had data for Full scale intelligence quotient (IQ). In this study, higher prenatal fluoride exposures were associated with lower scores on tests of cognitive function in offspring at age 4 and 6-12 years. In study of Mexican women and children using 2 of 3 cohorts of ELEMENT study, higher prenatal exposure to fluoride was associated with lower GCI scores at approximately 4 years old, and with lower Full-Scale IQ scores at 6/12 years old. Estimates from adjusted in linear regression models suggest mean GCI and IQ scores about 3 and 2.5 points lower in association with .5 mg/L increase in prenatal exposure, respectively. The associations with GCI appeared to be linear across the range of prenatal exposures, but some evidence associations with IQ may have been limited to exposures above .8 mg/L. Overall, results consistent with ecological studies suggesting children who live in areas with high fluoride exposure (.88 to 11.0 mg/L), have lower IQ scores than those who live in low exposures or control areas (.2 to 1.0 mg/L).

Choi et al, 2015. Longitudinal study with repeated measures of exposures beginning in prenatal period found associations re: prenatal fluoride exposures.

Valdez Jimenez et al, 2017. Urinary fluoride levels of exposure at each of 3 trimesters of pregnancy (1.9, 2.0, 2.7 mg/L) were associated with statistically significantly lower scores on the Bayley Scales' Mental Development Index (MDI) score after adjusting for gestational age, age of child, a marginality index, and type of drinking water.

Gedalia et al, 1959. Urinary fluoride in multiple samples of 117 healthy pregnant women in Jerusalem, where water .5 mg/L, and reported mean levels per person from .29 to .53 mg/L.

Opydo-Szymaczek, Borysewicz-Lewicka, 2005, Poland. Mean level .65 mg/L for women in 28th week of pregnancy, .84 mg/L in 33rd week, and 1.30 mg/L in healthy non-pregnant women of similar age where fluoride ranged .4 to .8 mg/L.

Dr. Howard Hu, M.D., M.P.H., Sc.D., Occupational Medicine, University of Toronto, University of Washington School of Public Health, took the lead on important NIH studies. Dr. Hu researched the Bashash studies in Mexico in 2017 and 2018 with 299 mom-child pairs involving prenatal fluoride exposure and showed adverse cognitive outcomes in children at 4 and at 6-12 years of age.

Dr. Bruce Lanphear coauthored the Green et al study in 2019 and the Till et al study in 2020, which replicated the Mexican studies by moving the studies to Canada with the same findings that prenatal fluoride exposure results in adverse cognitive outcomes in developing children.

Dr. Philippe Grandjean, M.D., DMSc., Harvard School of Public Health, University of Southern Denmark, Danish scientist and neurotoxicologist found that fluoride poses a threat to brains from environmental and epidemiological exposures. Dr. Grandjean holds world eminence as a consultant to US EPA, NIH, US FDA, and WHO over the past 25 years in terms of toxicology. He has authored or coauthored over 500 published science papers. Dr. Grandjean wrote his book entitled ***Only One Chance***, which **warns us about the severity of dangers from exposing children to neurotoxicants in early fetal development and the tremendous need to prevent early exposure in order to avoid a lifetime of decreased quality of life consequences for individuals and for society.** The US EPA relies on Dr. Grandjean for its rulemaking advice concerning mercury and other neurotoxicants. Dr. Grandjean has worked on fluoride studies since the 1980s at Mt. Sinai in New York. Dr. Grandjean

published a meta-analysis of 27 fluoride and IQ studies focused where all studies came from China except 2 studies, with consistent results in 26 of 27 studies where **increasing dosages of fluoride showed decreasing IQ points over 20 years involving different geography. The safe reference point is less than .15 mg/day to protect against 1 IQ point loss from only 1 glass of water per day.** I do not believe any parent would agree that losing 1 IQ point or more is a reasonable risk for a very small tooth benefit later in life. **Few scientists now believe that any tooth benefit accrues during fetal stage or early infancy during the very period when the greatest risks to the developing brain actually occur.**

Clean Water Action Council, headquartered I believe in Green Bay, has serious concerns that far too much of our US food and beverage products with liquids, including soda, soup, dressings, sauces, canned vegetables, canned fruits, have additional fluoride beyond any local “safe” water supply point. These ubiquitous sources of fluoride are uncontrolled. The individual dosage becomes uncontrollable, even more so for people who are unable to afford higher costs of products that would be labeled “fluoride-free” in the future, as this IQ harm trickles down. Parents using infant formula have no choice but to use systemic fluoride.

Dubious Systemic Tooth Benefit vs Topical Application Works Best, Per Science

Scientifically Dubious Tooth Benefit for Ingested Systemic Fluoride: The dubious part comes from overall rigorous scientific standards found in the 2006 NAS review. This systemic benefit isn’t a proven scientific fact, as the science is inconsistent and weak and not solidly pointing in one direction. **Consistency is insufficient.**

When the overall collection of science pertaining to tooth benefit is reviewed for strength of actual protective findings in terms of reliability of study design and analyses, I believe the overall systemic benefit is grossly exaggerated by this Public Health policy.

Topical application works best, per science: The good news is that the science has long been accepted as good quality for the currently widely available option of topical application of **pharmaceutical-grade sodium fluoride by a dentist.**

Rationally, if Public Health seeks to solve the dental problem, then I expect Public Health to put their energy into getting the private dentists to service the poor children that continue to mostly be turned away from private dental offices. The dentists continue to refuse to accept Medicaid, saying that Medicaid does not reimburse sufficiently to cover their expenses. I would support Public Health efforts to get Medicaid to pay dentists more for dental cleanings, especially during Covid-19.

More good news exists in Madison: **reasonable appointments can be made at a dental chain that accepts Medicaid,** and this provides access for all the poorest of children, who qualify for Medicaid, to get professional dental care, and they also have access to medical transportation, if needed. The problem of topical application has already been solved.

Rationally, if Public Health actually wants to dive deeper into solving the dental problem, then, I expect their conduct to identify and to remove the cause of dental caries. **The science literature shows the cause of dental cavities to be overwhelmingly linked to excessive sugar consumption, which also causes a juvenile diabetes epidemic.** The observations and studies of the traditional natives observed and recorded by Dentist Weston A. Price shows dental cavities associated with Western diet and rarely found in ancestral and traditional native diets. I would support Public Health efforts to remove sugar additives from processed foods from the food industry and to ban advertising of sugar-loaded food and beverages.

I find it unacceptable that Public Health expects parents to accept potential brain damage and decreased IQ in children and a multitude of other scientifically proven serious adverse health effects impacting seniors including female hip fractures, teenage males with lethal osteosarcoma, lifetime of female hormone disruption, athletes and others with physical work involving increased water drinking, thyroid abnormalities, enzyme abnormalities, certain cancer patients, and especially pregnant women, infants, and children. We do not need to put heavy-metal contaminated industrial-

grade fluoride products into our drinking, cooking, and bathing water.

The poorest children are finally being serviced by a dental chain that accepts Medicaid.

Equity considerations require reverse osmosis machines, but no organization provides help

Many chronically ill persons with thyroid abnormalities that are suspected to be caused or worsened from fluoride. Fluoride and/or bromide are suspected of blocking and/or interfering with the direct ability of the body to produce the proper levels of thyroid hormones needed for proper thyroid functions and metabolism. It is also suspected that fluoride and/or bromide may play some role in the increasing epidemic of thyroid cancer. These complications are suspected from these chemicals belonging to the same chemical family as iodine and possibly may react chemically inside the body in similar ways as iodine. Some thyroid patients do report experiencing decreased symptoms when they discontinue exposures to fluoride. Some report experiencing symptoms from fluoride exposure.

Other types of patients, such as 2% of the population that is estimated to be allergic to each element in the periodic table, also might need to eliminate fluoride in their water.

Individuals with cancer should eliminate fluoride in their water. Individuals with any of the symptoms or diseases associated with the fluoride should eliminate fluoride in their water.

Patients with thyroid abnormalities often are prescribed non-fluoridated drinking water by integrative doctors, who recommend reverse osmosis machines as the best technology available.

Fluoride, once added to the water, is very difficult to remove, due to two characteristics: First, it is slightly smaller than a water molecule and this size allows it to flow through filter systems without being stopped by the filter. Second, it is highly electro-negative in charge. Most filtration systems filter out the heavy metal minerals and other minerals, but never filter out fluoride, because these systems can only remove minerals which are electro-positive in charge. Most filtration systems are incapable of filtering out any electro-negative charges.

The reverse osmosis filtration system uniquely applies an evaporative process which eliminates the largest percentage of fluoride present of all the water filter systems, but it is incapable of removing all the fluoride. As a result, it is impossible to fully remove all of the harmful fluoride once it has been added to the water. Adding fluoride to the water is not a completely reversible act.

Water fluoridation complicates efforts of recovery by chronically ill persons because it can never be fully removed from the drinking, cooking, and bathing water.

Often, chronically ill persons become financially depleted without sufficient income. The original cost of a good reverse osmosis machine can average \$500 or more, and replacing parts 2 to 4 times a year can cost a couple hundred dollars. The cost of throwing away 2 or 3 parts of water for every part purified which greatly increases water and sewage costs. It is relatively costly to filter your water. Many cannot purchase this equipment or keep up with the maintenance costs.

Professor Roger Masters, PhD, Dartmouth. Epidemiological studies by county throughout the USA shows that **fluoridated water consumption by black men results in significantly increased prison time for spontaneous and emotional crimes** compared to black males in non-fluoridated communities controlling for all the factors equally.

Fluoride contamination in drinking water is social and environmental justice issue

Fluoride contamination in the drinking water is a social justice issue, considering the full environmental and epigenetic dangers. Even for those with more financial means, most water filters cannot filter out fluoride due to its unique electronegativity as well as the fact that it is slightly smaller than a water molecule. Even expensive reverse osmosis machines only remove a portion of the fluoride. Many cancer professionals advise people to avoid as many chemicals as possible. As you are likely aware, representatives from Black Lives Matters are working with most environmental groups right now to eliminate unnecessary chemical exposures, which have for too long already been preponderances of unacceptable variety and high dosages in poorer neighborhoods. Most people

know that this chemical contamination has adverse epigenetic effects that turn cell functions on and off in undesirable ways, including ways that trigger cancers. Dose involves weight and size, not some other measure. People who can't afford non-fluoridated alternatives should not have to make the choice between their health or their financial budget.

We use the term environmental justice in calling upon the establishment to stop poisoning poor people and to stop telling poor people they benefit somehow from chemical exposures.

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