

From: [Deming, Amy](#)
To: [Water Utility Board](#)
Subject: FW: Support for Community Water Fluoridation
Date: Monday, August 24, 2020 9:09:44 AM

From: Tamim Sifri <tamim@smartdentalmadison.com>
Sent: Monday, August 24, 2020 9:03 AM
To: Water <water@cityofmadison.com>
Subject: Support for Community Water Fluoridation

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Re: Water Utility Board Meeting Agenda Item 61861

Dear Madison Water Utility Board Members,

I am writing in support of continuing Madison's successful community water fluoridation program. I spoke passionately in defense of community water fluoridation to the Board in 2014 as the spokesperson of the Greater Dane Dental Society and I do so again today as a concerned dentist and member of the community. I am also disturbed that this issue is coming up in the midst of a global pandemic when the science establishing the safety, efficacy and need for community water fluoridation could not be more clear.

The case for community water fluoridation was strong in 1948 when the program was first introduced to Madison. In reviewing the thousands of peer-reviewed journal articles that have been published on this topic since that time, the American Dental Association, CDC, WHO, Wisconsin DHS amongst other reputable organizations still strongly support community water fluoridation programs in 2020.

The benefits of community water fluoridation are enjoyed most by those that can least afford to access dental care: the elderly, those at lower levels of socio-economic status and racial and ethnic minorities. Our communities of color have suffered disproportionately from both the Covid-19 Pandemic and from the epidemic of systemic racism. We must serve these communities better.

Childhood cavities continue to be the single greatest childhood disease. Tooth decay leads to toothaches, infections, poor sleep, missed school, missed work for parents and poor performance in school. Tooth decay is also a problem for adults and is a particular problem for older adults who are living longer and expecting greater quality of life with advancing age.

Advances in preventive dentistry and improved nutritional education and the availability of topical fluoride agents (toothpastes, mouth rinses, etc) have all helped the problem. **But we still see a 20-40% reduction in tooth decay in communities with optimal (0.7ppm) water fluoridation even when these other factors are in place.** Young children (birth to age 5) enjoy both the **topical and systemic benefits** of fluoridated water (stronger enamel). Older children and adults still enjoy the topical benefits of fluoridated water (makes enamel less soluble, decreases acid production by cavity-causing bacteria and re-mineralizes enamel).

Fluoride has a wide margin of safety when added to community water supplies at optimal levels. There are no known adverse health risks associated with optimally-fluoridated community water supplies. Critics will site a condition known as “dental fluorosis” as a reason to discontinue water fluoridation programs, but we have clear evidence that fluorosis overwhelmingly comes from inappropriate use of fluoride-containing toothpastes and mouthrinses (i.e. parents not supervising toothpaste use on pre-school-aged children). But even dental fluorosis is an overwhelmingly mild cosmetic condition which overwhelmingly requires no treatment .

Alternative cavity-preventing measures that are equally safe, effective and cost-efficient do not exist. Fluoride-supplement programs are expensive and compliance rates usually only hit 50% even with the most engaged and educated parents. **Every \$1 spent on community water fluoridation prevents \$38 in dental treatment costs.**

Fluoride is a naturally-occurring nutrient that is adjusted in water supplies much like other minerals, elements and nutrients. The earliest studies connecting water fluoride levels and tooth decay rates were done in communities with naturally occurring but elevated fluoride levels.

It is thus my strongest recommendation that the Madison Water Utility continue with optimal (0.7ppm) water fluoridation.

Respectfully Yours,

Tamim Sifri, D.D.S.

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