Testimony for NYS legislators Water Hearings

Thank you for the opportunity to speak at these hearings. I know mine isn’t a popular cause.

Perfluorooctanoic acid (PFOA) seems to be the spark that caused these hearings; but I’m here to speak about a different fluoride-containing industrial waste product, hydrofluosilicic acid, which is purposely added to about 73% of NYS’s public water supplies in a failed effort to reduce tooth decay in tap water drinkers. Its short hand name is fluoride. But not all fluorides are the same.

Because toxic fluoride industrial emissions killed farm animals and crops in the last century, it’s now illegal for industries to emit fluoride into the atmosphere. The phosphate fertilizer industry dutifully captures its fluoride wastes before they escape from smokestacks. Also captured in the process are trace amounts of lead, arsenic, and other nasty toxins. See: http://www.nsf.org/newsroompdf/NSFFactSheetonFluoridation.pdf

Unbelievably, this is the chemical brew that is trucked as hazardous waste and then injected unpurified into NYS’s public water supplies - the same water supplies that process, manufacture, mixes with and cooks many foods and beverages consumed by New Yorkers even if they avoid their tap water.

I heard the NYS Department of Health Commissioner say in a cable broadcast of your previous meetings that these toxins are ubiquitous in nature and some are even in bottled water. But it still doesn’t make sense to ADD them purposely into water supplies, no matter how low the dose of these cumulative toxins is.

Hydrofluosilicic acid, itself, has neither been safety tested in humans or animals nor has its synergistic effect been tested with other water additives or impurities. The US National Toxicology Program is just now studying fluoride’s toxic brain effects The American public, especially our children, are guinea pigs in this ongoing experiment.

Sadly, fluoride has also been shown to enhance lead absorption.

According to a retired EPA scientist, “If this stuff gets out into the air, it’s a pollutant; if it gets into the river, it’s a pollutant, if it gets into a lake, it’s a pollutant; but if it goes right straight into your drinking water system, it’s not a pollutant. That’s amazing!”-Dr. J. William Hirzy, EPA scientist
Several cities stopped fluoridation simply because the departments of health could not provide any safety studies for hydrofluosilicic acid as in Poughkeepsie, NY

In fact, after Poughkeepsie stopped fluoridation in 2008, tooth decay rates steadily declined, according to NYU researchers. In fact, plotting NYS tooth decay rates against county fluoridation rates neither shows any evidence that fluoridation is linked to less tooth decay nor that it closes the disparity gap between high and low income children.

I first became involved the 1980’s when I spearheaded the effort that stopped over two decades of fluoridation in Levittown, NY. It was the time of Lois Gibbs and Love Canal and when the environmental movement was in full swing. I never thought this would ever be initiated again. But I was wrong.

After Levittown stopped, Carle Place in Nassau County followed. Then, the Nassau communities bordering NYC and finally, in the 1990’s, after Suffolk county citizens protested their Health Commissioner’s fluoridation mandate, the Suffolk County legislature reversed his decision.

So Long Island is now totally non-fluoridated and we, along with other non-fluoridated NYS communities now are targets for fluoridation, according to J.V. Kumar former NYS Dental Bureau Chief of the NYS Dept of Health in his presentation to the American Dental Association Fluoridation Celebration. See:
http://www.ada.org/~/media/ADA/Public%20Programs/Files/Kumar.pdf?la=en

After that Suffolk County debacle, a state wide home rule bill was passed into law requiring fluoridation decisions be taken out of the hands of bureaucrats and placed in the hands of legislative bodies that own their own water system and presumably will answer to their constituents. It went through the normal process of garnering legislator support and was endorsed by many organizations and New Yorkers. Both sides of the issue were heard. See:
http://digitalcollections.archives.nysed.gov/index.php/Detail/Object/Show/object_id/34894

But the 2015-2016 approved budget changed that law, without citizen notification or input, and takes independent authority away from legislators and puts complicated rules into place for stopping fluoridation and gets bureaucrats back into the decision. The new law is so complicated that an upstate community needed to know what it had to do if it wanted to stop fluoridation but Dept of Health employees still needed to figure it out even though NYS has an employee dedicated to fluoridation issues.

Also approved in that budget was millions of dollars in grants to instigate and upgrade fluoridation equipment – sometimes with pressure as is being done in Cortland NY which has previously rejected fluoridation.
The state Dept of Health is also wasting more money conducting Fluoridation Spokesperson Training sessions to teach those interested about how to defend, promote or lobby for fluoridation. No one opposed is allowed to attend. I was asked to leave such a meeting at SUNY Farmingdale last year.

Fluoridation is based on old time beliefs that modern science has disproved.

You’ve got to look at the science. Hundreds of millions of dollars are changing hands across the US hiring PR agencies, conducting political strategies and funding pro-fluoridation activists with the caveat they don’t speak about health risks.

Those of us opposed to fluoridation work on a shoestring budget. All we have to offer is the truth.

The FDA regulates fluoride in toothpaste as drugs for topical application; but it says fluoride supplements meant for ingestion are unapproved drugs

How did we get into this mess?

At the beginning of the last century, it was believed that ingested fluoride was an essential nutrient to reduce tooth decay

Natural calcium-fluoridated water was originally found to be the cause of brown stained teeth (dental fluorosis) from ingesting too much fluoride while teeth were forming under the gums; Since those with brown teeth had less tooth decay, researchers assumed that fluoride must also be an essential nutrient to prevent cavities. We now know it’s the calcium and healthy diets that made their teeth decay resistant. Fluoride is just the tooth discoloring culprit and still is today.

Calcium fluoride is much less toxic than sodium fluoride or hydrofluosilicic acid. In fact, calcium is the antidote for fluoride poisoning.

Based on those early 1900’s findings, human experiments were set up first in Grand Rapids Michigan for tooth effects and then in Newburgh, NY, for health effects in 1945.

So, Newburgh children were the first guinea pigs in the health experiment to see if injecting sodium fluoride into the water supply could make them sick. It did - but that is ignored. In fact, after 50 years of fluoridation, Newburgh children had more tooth decay and more dental fluorosis than never-fluoridated Kingston New York which acted as the control city.

The Newburgh/Kingston experiment can and has been torn apart by HS biology classes. For example, only school children were studied – not toddlers or adults. The experiment was declared a success after five years – before the teeth of those born into the experiment had even erupted. Anyone sick two weeks prior to examination were excluded thereby missing the very children who may have been sickened by fluoride.
Cancer, brain and long term effects were never even considered.

In 1955, ten years after the K/N experiment began and five years after it was declared a success, a research paper from the State University of New York reported that children in fluoridated Newburgh had more cortical bone defects, anemia and earlier puberty than non-fluoridated Kingston.

This is the foundation by which you are told fluoridation is safe.

It was also a time when essential nutrients were discovered to “prevent” disease for example: consuming a diet deficient in Vitamin C causes scurvy — a vitamin D deficient diet causes rickets. However, consuming a diet that doesn’t include fluoride does not cause tooth decay.

But the main point of my testimony is that, if you won’t stop fluoridation, than you must stop adding toxin laden hydrofluosilicic acid into the water and find a safer, non-contaminated source.

Offering millions of dollars to communities to encourage the addition of tainted industrial waste into public water supplies should be halted unless the company that supplies the chemicals can provide evidence that their product has been tested and that they vouch for its safety.

The money you save could be used to clean up water supplies accidentally invaded by industrial toxic pollutants. New York City spends about $24 million yearly on fluoridation for chemicals, equipment repair, manpower, etc, according to a FOIA request. It seems more and more New Yorkers are avoiding their contaminated tap water anyway. So why add an unnecessary chemical that will just get flushed down the toilet?

Also, if the State Dept of Health is continuing its fluoridation spokesperson training, they need to provide experts who represent the science on BOTH sides of the issue. Right now, in essence, it’s just a government supported lobbying group.

Even if you believe fluoride is a good thing. You need to give us the freedom to choose. Fluoride, like all drugs, has adverse health effects. The water supply should never be used as a drug delivery system, prescribed by legislator, delivered by water engineers and dosed based on thirst and not age, health, weight, need or the presence or absence of teeth.

NYS Communities which have stopped or rejected fluoridation include: Suffolk, Nassau & Rockland counties, Albany, Elba, Naples, Levittown, Canton, Corning, Johnstown, Oneida, Carle Place, Beacon, Poughkeepsie, Riverhead, Central Bridge Water District, Homer, Ithaca, Rouses Point, Pulaski, Romulus and Amsterdam. Some of which are also targeted.
Rotten diets make rotten teeth, with or without fluoride, as proven in the 1930's by dentist Weston Price and reported in his book “Nutrition and Physical Degeneration.”

So after, 71 years of fluoridation reaching record numbers of Americans, 61 years of fluoridated toothpaste, a glut of fluoridated dental products both at the dentist and over the counter (and in higher concentrations), a fluoride-saturated food supply, fluoride containing medicines, yet tooth decay is still a national epidemic and dental fluorosis is becoming the new dental health epidemic.

But corporations who profit from tooth decay and fluoride sales have become multi-billion dollar, multi international conglomerates. And new dental schools are opening— one here in New York

Tooth decay is big business! And fluoridation doesn’t hurt dentists’ bottom line.

- END OF TESTIMONY –

Additional Information (If you want an emailed copy of this so you can click on the hyperlinks in this part, email me at media@fluoridealert.org)

FLUORIDATION DOES NOT SAVE MONEY

Fluoridation should be banned in New York State. However, legalizing Dental Therapists** who can do simple dentistry as well as dentists and need just two years training will definitely save NYS money since no New Yorker is, or ever was, fluoride deficient but too many are dentist-deficient because most NYS dentists refuse to treat Medicaid patients and most dental plans have out of pocket expenses that are too high for many New Yorkers sending them to hospital ER’s for extensive care costing ten times the amount of a simple filling.

Modern science indicates that fluoridation is ineffective at reducing tooth decay, harmful to health, unethical and a waste of money.
Cavity Rates in Low and High SES 3rd Graders Sorted by Fluoridation Rate - For NYS Counties with sufficient data

AND IN 2012
The above chart shows no relationship between fluoridation and less tooth decay; but NYS 3rd-graders cavities are related to consumption of sugar sweetened beverages (SSB), according to Kumar et al. ("Sugar Sweetened Beverage (SSB) Consumption and Caries Experience." (page 61 of abstracts presented at the 2014 National Oral Health Conference). They concluded that. Future interventions need to focus on educating parents and children on negative oral health effect of SSB.

Income breakdown is not available for 2012 data as it was for the 2004 date; but Dr. Kumar says "disease prevalence among lower-income children remained high"

However, national CDC 2011/2012 statistics reveal low-income children’s tooth decay rates are increasing substantially - despite record numbers of children served fluoride from water, foods, dental products and medicines causing an overall alarming surge in fluoride-overdose symptoms – dental fluorosis (white spotted, yellow, brown and/or pitted teeth)

Decay rates for children, living 100% below the Federal Poverty Level, are 40% in three- to five-year-olds; 69% in six- to nine-year-olds; and 74% in 13-15 year-olds, based on Federal data (2011/2012 NHANES) to be presented at an American Public Health Association Meeting 11/2/16).
Previous cavity rates (NHANES III 1988-1994) for similar children’s primary teeth were much lower - 30% of 2-5 year-olds; 42% of 6-12 year-olds and 34% of 15-18 year-olds' permanent teeth.

Claims that poor children need fluoride are without merit or evidence. It’s the dental care delivery system that needs fixing. Low-income Americans need dental care not fluoride.

In fact, dental Expenses were a leading contributor to Medical Debt in 2012.

Many dentists advertise their pricey services to cover up fluorosed teeth such as this NYC dentist: https://www.smilesofnyc.com/gallery/before-and-after-photos/case-37#content

Mild fluorosis is often dismissed as not harmful. But NYS dentist Elivir Dincer, writing in the NYS Dental Journals says, "Such changes in the tooth’s appearance can affect the child’s self-esteem."

In fact, when NYS Dept of Health dentist J Kumar published a study to show that fluorosed teeth had less tooth decay, he included national data that shows that, as fluoridation rates increase, fluorosis rates go up but that decay rates stay the same. Here’s a graph of those findings.
--- After reviewing all available fluoridation studies, the independent and trusted UK-based [Cochrane group of researchers](https://www.cochranelibrary.com) reported in 2015, that they could not find any quality evidence to prove fluoridation changes the “existing differences in tooth decay across socioeconomic groups.” Neither could they find valid evidence that fluoride reduces adults’ cavity rates nor that fluoridation cessation increases tooth decay.

--- A 1990 [NYS Department of Health report](https://www.health.ny.gov) alerted bureaucrats that fluoride can potentially harm kidney patients, diabetics and the fluoride hypersensitive even at optimal levels. But it is ignored.
A 1988 report "A Study of Fluoride Intake in New York State Residents," by Featherstone reveals that NYC 6-month-olds consume unsafe levels (0.4 milligrams daily from food and beverages). To avoid moderate dental fluorosis (yellow teeth) the Institute of Medicine (1997) recommends 6-month-olds and younger consume only 0.01 milligrams fluoride daily from all sources.

All infant formula contains fluoride at levels higher than recommended for 6-month-olds. (Journal of the American Dental Association)

Hidden fluoride in baby foods can also mar babies' teeth, also, according to General Dentistry and Infant juices, too.

Fluorosis is more prevalent and severe in African Americans and known since 1962. In fact, J. Kumar, formerly with the NYS Dept of Health corroborates this by reporting that fluorosis is more prevalent in NY's African American Children. African Americans also have higher rates of tooth decay.

The US National Toxicology Program (NTP) is reviewing hundreds of studies linking fluoride to adverse brain effects. The report won't be finalized until 2018 and may signal an end to the fluoridation program nation-wide. At least 314 studies investigated fluoride's effects on the brain and nervous system. This includes 181 animal studies, 112 human studies, and 21 cell studies. Fifty studies link fluoride to children's lower IQ.

The majority of these studies were published after the 2006 National Research Council's fluoride toxicology report concluded, "It is apparent that fluorides have the ability to interfere with the functions of the brain."

But it's just not the brain. Science, shows fluoride can do a lot of damage and has some nasty side effects which you can see here: http://www.FluorideAction.Net/issues/health

While you may have heard the oft-repeated CDC slogan that fluoridation is one of the Ten Great Public Health Achievements in the 20th Century, The CDC also reports the following:

"In the earliest days of fluoride research, investigators hypothesized that fluoride affects enamel and inhibits dental caries (cavities) only when incorporated into developing dental enamel..." but now CDC admits that: "Fluoride works primarily after teeth have erupted..."

CDC also admits that

"The prevalence of dental caries in a population is not inversely related to the concentration of fluoride in enamel, and a higher concentration of enamel fluoride is not necessarily more efficacious in preventing dental caries."
"Saliva is a major carrier of topical fluoride. The concentration of fluoride in ductal saliva, as it is secreted from salivary glands, is low — approximately 0.016 parts per million (ppm) in areas where drinking water is fluoridated and 0.006 ppm in nonfluoridated areas. This concentration of fluoride is not likely to affect cariogenic activity."

**Dental Therapists need just two years training to do simple dentistry. Other developed countries have successfully employed DTs for decades. Rural Alaska and Minnesota legalized DTs, other states are trying. No New Yorker is, or ever was, fluoride-deficient. Many are “dentist-deficient” for many reasons which floods our Emergency rooms with dental patients in severe pain costing taxpayers often ten times the amount of a simple filling – wiping out any projected “cost savings” of fluoridation.

DTs will go into mouths and areas where Dentists refuse to go and can charge less, having less student debt and will accept Medicaid, unlike most New York dentists. Promoting fluoridation wastes money and endangers workers and water-drinkers health. Legalizing Dental Therapists costs nothing but will lower dental costs to individuals and Medicaid. Articles supporting Dental Therapists:

**Former Surgeon General Satcher says Dental Therapists are necessary in Indian Country**

Is Crony Capitalism a Big Reason for America’s Dental Health Care Crisis?

**Dental therapy practice patterns in Minnesota: a baseline study.**

Pew Foundation: Dental Therapists in New Zealand: What the Evidence Shows

“Governing” magazine: Dental Therapists Fill Medicaid Holes and Dentists’ Pockets

Kellogg Foundation: study finds Alaska dental therapists provide safe, competent and appropriate care
Untreated Tooth Decay in 3rd Grade Children (Excluding New York City)

Source: NHANES Data Analysis: New York City

- 2002-2004
- 2009-2011