ALBUQUERQUE BERNALILLO COUNTY
WATER UTILITY AUTHORITY

TOWN HALL MEETING ON ADDING FLUORIDE TO
ALBUQUERQUE'S DRINKING WATER

April 9, 2014
6:01 p.m.
310 San Pedro Drive, Northeast
Albuquerque, New Mexico 87102

In Attendance:
Commissioner Kathleen Oweegon, Chair
Councillor Rey Garduno
Commissioner Maggie Hart Stebbins
Commissioner Debbie O'Malley
Barbara Gastian
David C. Kennedy
Howard F. Pollick

REPORTED BY:  PAUL BACA, CCR #112
PAUL BACA COURT REPORTERS
500 4th Street, NW, Suite 105
Albuquerque, New Mexico 87102
MS. OWEEGON: So welcome, everybody.

Thank so you much for taking the time out of your
life to be here today to talk about this very
important topic.

My name is Kathleen Oweegon. I am a
professional facilitator with Bridges of Peace, and
I have been contracted to serve as a neutral
moderator of this meeting. So I'm very happy to be
here and happy to see all of you here.

We are going to -- first of all, does
everybody have an agenda?

Yes? Good. All the details of what I am
going to cover are on your agenda.

We're going to start today with a couple
of our Water Authority board members who would like
to share a moment or two of their thoughts with you.

Water Authority board members that we have
with us here today are Debbie O'Malley, Maggie Hart
Stebbins, and Rey Garduno. Debbie O'Malley and Rey
Garduno would like to share a few of their thoughts
with you, and we'll start with Debbie O'Malley.

COMMISSIONER O'MALLEY: Thank you very
much.

The proposal to look at adding fluoride
was brought before the board, and Commissioner
Stebbins was the person who brought it forward to look at whether or not we should add fluoride to our system.

We already, as many of you know, have naturally-occurring fluoride in our water currently. And when we started to switch to surface water we saw the drop in the naturally-occurring fluoride. So of course we had the meeting, and we had a lot of folks come on and wanted to voice their opinion on it.

And we thought, you know, this needs to be part of a larger discussion because it affects everybody who drinks water who is, I guess, a rate payer resident of the Water Authority, which is Albuquerque/Bernalillo County. So that's why we're having this town hall tonight.

So I want to welcome everyone. Thank you for your participation and your interest. And I'm also looking forward to the discussion and am here to listen as well.

Thank you.

MS. OWEEGON: Thank you, Debbie.
And Rey Garduno.
COUNCILOR GARDUNO: Thank you. Thank you so much. And thank you also, as Commissioner
O'Malley says, thank you for being here and thank you, Commissioner Hart Stebbins, for bringing this forward. I think it's a really important issue. I don't pretend to know everything about it. That's why we're having this town hall. So when we listen to the experts, we'll be able to decipher what is going on, what things we need to question, what things we need to take forward.

And as members of the Water Authority, we have to make a decision. But we -- at least myself, I plan to make a decision with as much information as I can gather. And I want to make sure that we don't do harm, first of all, and/or we don't forget that those folks who use fluoridation are also considered. So whatever comes out of it I want to make sure that we know the facts.

With that, again, thank you very much for being here tonight. I'm very anxious to hear also, not only the presentations, but what you, the audience, has to say.

Thank you.

MS. OWEEGON: Thank you.

All right. So as I said to you all before, my job here today is simply to serve as a neutral moderator of tonight's meeting, which means
that my job is to help us keep our conversation friendly, focused, on task, and on time. And I need your help with that.

And here's the help that I need from you. You'll see at the bottom of your agenda that there are a series of meeting guidelines. They are also posted here in front of the podium.

So we're going to invite each and every one of you to please speak and listen with respect so that we can all learn from each other; to be as concise as possible when making your comments, so that everybody who would like to speak has a chance to speak; and to address the problem, if there is one, without attacking the person. People who feel attacked are less likely to listen, so it's helpful to you to be heard if you address the problem as opposed to attacking the person.

We're asking you to please seek clarification before you make assumptions.

And the last guideline may or may not apply tonight, but it might. And it's my personal favorite, because I think it is the answer to world peace. Let's try to seek solutions that meet everyone's needs to the best of our ability. All right?
So, let's see. What else?

In terms of making comments this evening, only those who signed up to comment will be able to comment and -- to verbally comment, I should say. And each of those who have signed up to comment will get two minutes. And we'll hear from as many people as we possibly can.

If you don't have an opportunity to comment tonight, or you prefer not to speak your comments, there are comment forms available in the front of the room and you can provide your comments in writing.

Those of you that have signed up to speak, it will be very helpful if you please sit in the front two rows so that when I call your name during the comment period it's easier and quicker for you to get up to the microphone, which is over here.

All right?

Whether or not you speak tonight, there will be another opportunity to make a three-minute comment during the public comment period at the Water Authority governing board meeting on April 23rd. That information is also at the bottom of your agenda. You might -- you must sign up to speak before the start of that meeting, just like we
1. did for this meeting, in order for you to be able to comment then.

   And we have a transcriptionist here tonight. And the transcript of this meeting and the comments that are received via e-mail or in writing from tonight's comment forms will be provided to the Water Authority governing board and posted to the Water Authority website -- the URL is at the bottom of your agenda -- so that you or anyone else who wants to see what happened tonight can go to that URL and find it.

   Additionally, our two experts that have come here to speak tonight have kindly provided a PDF of their PowerPoint presentations. And that will be on the website as well.

   So if you know of people who wish that they were here but didn't get a chance to be here and want to know what happened, send them to that URL, and all the details will be there. All right?

   So, let's see. In terms of the agenda, we have heard from our three members of the Water Authority governing board. And in a moment we are going to hear from -- a Water Authority presentation on the fluoridation status.

   Then we're going to hear presentations
from two experts, one who will speak for fluoridation and one who will share concerns about fluoridation.

And after that we'll open the floor to public comments.

And then we'll tell you the next steps, remind you what will happen after this meeting.

So after all of that, let's go ahead and get started with the body of the meeting.

So our first speaker today is the compliance manager for the Water Authority. Her name is Barbara Gastian. And she is going to share with you some information about the current status of fluoridation.

MS. GASTIAN: I appreciate all of you coming here this evening: Councilors, commissioners, and all the public. It's really important for us to hear what you have to say as we operate our water utility.

So what I have for you here is a very brief presentation that will take us from the time when we actually proposed a change in fluoridation in January of 2011 to the present moment. And it is intended to be very brief. If you need more information, that is posted in a myriad of different
presentations from which this comes over the course of the years.

And you can always contact us at the water quality at ABCWUA.org website -- excuse me -- e-mail address, and someone will get back to you. We have a water quality information line that responds to those calls.

At any rate, this is the status report. Let's see if we're going -- yes.

Fluoridation of Albuquerque drinking water. This is our history.

In the early 1970s the City of Albuquerque became -- excuse me -- begins fluoridation of the municipal water supply.

In 2005, when the Water Authority was created and we assumed control of the water system from the City of Albuquerque, we continued that practice.

The target level for the ordinance that was the city ordinance was 0.9 to 1.2 parts per million.

In 2006, the National Academies of Science did an assessment. They did the assessment at the request of the Environmental Protection Agency. The Environmental Protection Agency is, indeed, our
regulatory oversight agency for all water systems nationally.

They reviewed all of the new data on fluoride, and that resulted in a recommendation that the EPA update the health and exposure assessments to take into account bone and dental effects, as well as consider all of the sources of fluoride, as there had been some changes in the availability of fluoride from the 1940s through the 1990s, much less 2005.

In January of 2011 the Centers for Disease Control proposed a new recommended optimal fluoride level of 0.7 parts per million. That would reduce the optimal fluoride level from 0.2 to 1.2.

And that was a range. They essentially recommended adoption of the lower end of that range. The final optimal level recommendation was expected in the spring of 2011.

We stopped fluoridating in March of 2011 pending that final recommendation. We are still awaiting that final recommendation.

We are actually regulated, as I said, by EPA. So we look at a maximum level as well. EPA has a primary maximum contaminant level, or an upper limit to which the water can be
fluoridated, and that value is 4.0 parts per million.

Fluoride is unique. It has a secondary standard as well, and that secondary standard is 2.0 parts per million.

If that's exceeded, the water system would have to give public notification that that is a higher level for -- that would potentially affect children.

We have never gotten into that situation here in Albuquerque. It has happened in other water utilities where fluoride may occur naturally.

Current drinking water fluoride concentrations in our service area.

We have two sources of water, and both of them have naturally-occurring fluoride levels.

We have 92 production wells that are spread throughout our basin. The average fluoride in those production wells is 0.7 parts per million.

We also have the San Juan-Chama surface water treatment plant. The average there is 0.4 parts per million.

What you see in your home is a blended water supply. The wells from the -- excuse me.

The waters from the wells and the water
from the surface water plant are blended in water reservoirs throughout the city. 31 different places throughout the city provide water.

It is not the same water quality in each of those areas because there's some variability in the wells.

However, blended water supply we measure quarterly in the distribution system at points located many years ago throughout the water system. 2012 average was 0.5 parts per million. The 2013 average was 0.4 parts per million.

The proposal before the board today, and Councillor -- excuse me -- Commissioner O'Malley touched on that.

The proposal is that supplemental fluoride be added to bring the entire system to the CDC optimal of 0.7 parts per million level. And that is, indeed, a recommended optimal level at this point.

For maximum operational efficiency, fluoride would be added at a central location, and that would be the San Juan-Chama treatment plant. The estimated infrastructure cost for the fluoridation equipment at the surface water
1 treatment plant is an estimated $400,000.
2 And the operational O&M on an annual basis
3 is estimated to be $100,000.
4 Anyway, that concludes my presentation.
5 And I would like to turn it -- I'm sorry.
6 I would like to turn it over to these
7 gentlemen experts and all of you. It's very
8 important that we hear what you all have to say.
9 MS. OWEEGON: Thank you, Barbara.
10 All right. So now we are going to hear
11 from two experts on fluoridation.
12 And the first one is going to be sharing
13 concerns about fluoridation. And Dr. David Kennedy
14 is the past president of the International Academy
15 of Oral Medicine and Toxicology.
16 His bachelor's degree is in comparative
17 biochemistry and psychology, and his doctorate
18 degree is in dental surgery.
19 He was a presenter at the International
20 Society for Fluoride Research Conference on fluoride
21 in Budapest, and was involved in the Canadian Dental
22 Association Conference on the use of fluoride drops
23 and tablets.
24 In addition, he has published
25 peer-reviewed scientific literature and documents
regarding the health risks associated with ingesting fluoride.

So, Dr. Kennedy, thank you.

MR. KENNEDY: Thank you.

Good evening. It's a pleasure to be here.

I love Albuquerque.

And these kinds of things I call he said/she said. And so it gets really, really difficult for -- I've studied this for more than 30 years, and it gets difficult to make a decision based upon what this person is saying and that person is saying.

So I'm going to tell what you they say, what the National Academy of Science, the American Dental Association, and people like that say. So it's not me saying it, it's the other people, the people that are advocating this.

Like for instance the American Dental Association, they sent an egram out back in 2006 and said, If you're going to make up concentrate or powdered formula as the primary source of nutrition, you should mix it with water that's fluoride free if you don't want your child to have dental fluorosis.

And so, does fluoride work to reduce tooth decay if it's swallowed?
No, it does not. And there's two different references there. One from the Journal of American Dental Association and the other from the Center of Disease Control, the same people that are telling you it's good to put fluoride in the water. It does not work if you swallow it.

And that the only measurable effects, it says, are topical. So it's like sunblock. It's topical. You don't drink it.

And so again the CDC, in the Morbidity and Mortality Weekly, that's how they speak to the professionals. They said, The prevalence of dental caries in a population, it doesn't make any difference how much fluoride there is in your enamel. It doesn't make any difference how much comes out in your saliva after you swallow it, because it's insufficient to have a measurable impact.

Fluoride's predominant effects are after the tooth eruption into the mouth and topically. So even when the outer layer of enamel is as high as Crest toothpaste, a thousand parts per million, it did not create a measurable difference in acid solubility.

So topical fluoride incorporated from
swallowing, it's going around inside your body and coming out and getting built up into your tooth doesn't make any difference either.

And so let's conclude that fluoride's anticaries effects are topical, if any. And I would say if any.

What the FDA said in 1997, because there were 10,000 calls a year annually from children who swallowed toothpaste and got sick. And they said it's the same warning you would have on a .38-caliber pistol.

It says keep out of reach of children. In case of accidental ingestion, contact the poison control center. And that's the same amount that would be in about a liter of water or a quart of water in Albuquerque after you -- do you see that little smear? That's what they say. That's all you're supposed to put on there.

The decay inhibition effects are topical on the germs that cause tooth decay. That -- the fluoride inhibits the germs. So -- that's not the only thing it inhibits. It inhibits the bacteria to breathe. It also inhibits the enzymes that make our body. It inhibits the cells in a child's body making new teeth and new bones and brain.
And the enzyme that we know now that does that is called MMP, for the easy pronunciation, matrix metalloproteinase-20.

Okay? Well, that's a nice big term. What does that mean?

Well, if you've got Wikipedia, you can look it up. It's essential toward such things as embryonic development, reproduction, tissue remodeling, as well as disease processes, such as arthritis and cancer metastasis.

It doesn't sound to me like we're doing a real good thing to inhibit a child's body and an embryo's body during growth and development. Even if it did reduce tooth decay you would have to address the other issues. But no dentist can address any of the other issues because we are licensed only to fix teeth.

And so more on dental fluorosis later.

Is fluoride safe for babies or the handicapped? So, no, it's not. Let's do the math.

And Mr. Pollick, when he was asked this exact same question in San Diego said, If you're going to make up formula for a baby, then use fluoride-free water if you're going to reconstitute formula or mix powder with it, if you want to avoid
dental fluorosis.

And so the people that like this stuff, people like the American Academy of Pediatrics, what do they recommend for a baby? None. Zero. Nada.

Oh, okay. But what if it's an older child? After six months they can add the equivalent of one cup of water. Doesn't it get hot here? Doesn't a kid come in about noon and say, Mom, I'd like a glass of water.

Oh, no. You had your cup of water this morning. Wait until tomorrow.

But if they are a little older, three to six years, they can have two cups, you know. And maybe if they're 16 they have as many as four cups.

Well, what if they're running track? We used to drink three or four liters when we were running the long distance runs. You can't put a drug in the water and expect it to be regulated at all from people using it. People drink different amounts of water, depending on outdoor laborers.

Research has shown that mother's milk has almost no fluoride, and that's what God wants the baby to be drinking. I think we should feed the baby that.
Fluoride and tap water is responsible for a substantial percentage of dental fluorosis. In a 1987 study -- they didn't report on it until ten years later. And so there's the graph. Levels of about what we have in dental fluorosis, about what we have in Albuquerque without any addition. Still 13 percent of the children had dental fluorosis.

That means there's too much fluoride in the food already, like in Wheaties, Post Toasties, beverages, et cetera. And it goes right on up. The amount of fluoride in the water makes dental fluorosis increase.

So there's no question the more fluoride put in the water the more dental fluorosis you'll have in your community.

The same study found no statistically significant difference in tooth decay rates, blah, blah, blah. The same people announced that it reduced tooth decay wonderfully. But when you took the data apart it showed no statistically significant difference.

So is fluoride safe for everyone? I say, no, it's not. The agency for toxic substances and
disease registry says that the data, the existing data, indicate that subsets of the population may be unusually susceptible to the toxic effects of fluoride.

They include the elderly. They think that's anybody over 50.

People with deficiencies of calcium, magnesium, vitamin C, so iodine.

And poor nutrition increases its harm. So the very people we are pretending to help are the ones that are demonstrably harmed.

So, ingested fluoride. The question: Is ingested fluoride approved by the Food and Drug Administration for the purpose of reducing tooth decay?

A congressional investigation -- I didn't make this up. You can read all the questions on the keepers-of-the-well.org.

And the FDA is asked: Is it a drug?

They said, Yes, it is.

It is approved?

No, it's not. And they said nothing has been improved to swallow to prevent tooth decay.

In 1975, published in the Federal Register, they allowed the company that had
submitted Luride fluoride tablets to be voluntarily withdrawn, in vitamin form, and they rejected 35 other applications. They were voluntarily withdrawn.

And they stated there was no substantial evidence of drug effectiveness as prescribed, recommended, or suggested in its labeling.

Why? Because it doesn't work like that. You can't swallow it and get a benefit.

So it's just as simple as 1, 2, 3.

One, its benefits, if any, are topical.

Two, the ADA agrees that tap water formula is not safe for small babies.

And not FDA approved as safe or effective.

And they are the people that approve drugs in this country, in case you didn't know.

Then the question is: Why does this argument go on forever? And the answer is very simple.

What the dentists are told is simply not true. They said the National Academy of Science identified only the documented effect of dental fluorosis. That's not true.

And what they did is they -- community water fluoridation protects against the other
modalities of treatment, which is your prescription fluoride.

So this is -- this is what they're referring to -- we previously referred to that -- and said the 12 experts voted no, four parts per million is not safe.

That was the only question they were asked: Is it safe?

No, it is not.

They identified the effects at four parts per million: Skeletal fluorosis, bone fractures, and dental fluorosis.

And they said, therefore, four parts per million of fluoride in the water is not safe. They went on to say -- they did not say that fluoride was safe. They did not evaluate the efficacy of fluoridation. They were asked not to.

And so they pointed out lots of areas that need research. And they pointed out that some of the effects, such as thyroid supression, endocrine dysfunction, and -- in terms of milligrams per kilogram.

Well, what did we tell you about parts per million? They said, Wait a minute. I want to know the dose, because parts per million is a
concentration. Dose is milligrams per kilogram per
day.

And in terms of milligrams per kilogram
per day, they are exceeded -- the levels that are
caused by people drinking between one and
four milligrams per kilogram and all of the babies,
even at the current level of fluoride in
Albuquerque, would exceed the levels that were shown
in that document to harm people.

And so Dr. Thiessen, who is on the panel,
says putting even a small amount of safety factor
between the unsafe level and possibly safe puts
possibly safe below the levels of community water
fluoridation.

So if you're going to protect the baby and
vulnerable subsets you can't be adding chemicals to
the water supply that exceed the level that is known
to cause harm.

And so here's the bad news. It's not
fluoride. It's hydrofluosilicic acid, which is from
the pollution scrubber systems of the phosphate
fertilizer mining industries of Fluorida, [sic],
China, Japan, Mexico, Belgium.

So who wants to drink hazardous waste?
It's contaminated with a potpourri of bad beings,
including arsinic, lead, and whatever else.

So here's the other thing. This chemical causes disproportionate harm to ethnic minorities in our community: Black, Mexican, and white. And this is from the Morbidity and Mortality Weekly 2005.

And do you see any 10 percent fluorosis there? No.

But do you see the yellow stuff on the left? That's severe and moderate. They get more than the white, and they have a lot of severe fluorosis.

There's another thing. The -- ethnically, Hispanics and African Americans have higher blood levels of lead. But if you have silico fluorides in water, their lead levels go up through the sky.

That is a crime, in my opinion.

And so who did this? This is not done in the United States, it's done in Brazil, a dentist, Ms. Sawan, decided to see what happened.

She added lead, it went up a little bit.

Added silico fluoride and lead and it went up a lot.

So this chemical is still active in the water supply. They say it's -- oh, it's all dissolved. Show me your data.
Leiti did it another way. She looked to see if the control versus the silicofluoride, silicofluoride plus lead, and then the lead. Lead didn't go up and cause dental fluorosis. That's what she's looking at. She's looking at dental fluorosis. The lead didn't cause it. The silicofluoride caused -- silicofluoride and lead caused a lot.

Does that explain why we see disproportionate harm in our communities to African Americans who have more dental fluorosis? Hispanic children who have more dental fluorosis? We have proof now that this policy is harming people.

So I have a bumper sticker that I made up -- I think that everybody should get one -- that fluoride is not safe for a baby. Because everybody, but everybody, agrees. And I say, why is that okay? In a democracy, where the citizens have chosen hundreds of times -- in California over 100 times -- we have voted it out, and now we've got it in our water.

Why? Because there is a policy in Washington DC to promote it because it helps them get rid of hydrofluosilicic acid through the public
I don't want to use my water to dispose of hazardous waste, and I don't think you do either.
And I thank you very much for your attention.

MS. OWEEGON: All right. Thank you so much, Dr. Kennedy.

And now we are going to hear from another expert who is going to share with us his thoughts on the benefits of fluoridation so that you have, as much as possible, the whole picture.

We are going to do a little tech change right here during the introduction, so excuse our tech person here.

Our next speaker, speaking on the benefits of fluoridation, is Dr. Howard Pollick. Dr. Pollick is a clinical professor in preventive and restorative dental sciences in the school of dentistry at the University of California at San Francisco. His bachelor's degree is in dental surgery, and he holds a master's in public health with a concentration on epidemiology. That's a hard one to say.

He's currently the chair of the California fluoridation advisory counsel of the California
Dental Association Foundation.

He has made presentations on water fluoridation to the American Dental Association, the Pew campaign for dental health, National Environmental Health Association, the American Public Health Association, and the National Association of Regulatory Utility Commissioners.

He has published peer-reviewed scientific literature and documents supporting the addition of supplemental fluoridation of municipal water supplies.

So, Dr. Pollick, thank you for being here.

MR. POLLICK: Thank you.

And thank you, Dr. Kennedy, for your presentation.

And it's a pleasure to be here and be with you folks in Albuquerque. I have only been here a couple of times before, once to give a presentation in Taos, at the invitation of Rudy Blea, who is here from the Department of Health. I appreciate that.

And also, the American Dental Association had a meeting here at a high school, Sandia, in Albuquerque.

So thank you for the introduction, Kathleen.
And I am going to be talking about supporting the community and water fluoridation in Albuquerque.

And you will hear a very different presentation from me than what you hear from Dr. Kennedy. We are not going to go sort of back and forth and try to rebut each other. We're going to give you our version of what we think is the truth, as it were, and we don't always agree on everything.

So that will come out, and that will be clear.

Also, Rudy Blea just handed me some documents, some supportive letters from the community. And some of those folks are going to speak here later. And if I have time I will also talk about those.

So let's see if this works.

So this is the overview of what I'm going to talk about. And if I don't get to everything, then we have a few minutes afterwards for closing remarks.

So what is tooth decay, or dental caries?

What is enamel fluorosis?

Why fluoridate the water?
Safety of fluoridation.

Important -- cost effectiveness, also, of fluoridation.

And which organizations support fluoridation?

And why the change to .7, as you heard earlier talk about that.

And comparing the pro-fluoridation and anti-fluoridation arguments and what the basis is for that.

And then try to summarize.

So these are photographs, and they don't necessarily show clearly in this light in this format of what dental fluorosis and what dental caries looks like.

So I think I have a pointer here, and let me see if it works.

Okay. So this is what is considered to be normal looking teeth. And 80 percent of individuals from 6 to 39 years old in the United States have what are considered to be normal looking teeth. It is absence of any dental fluorosis.

This was from the latest information that we have from a national survey.

5 percent have what is called questionable
and maybe a little bit of white streaking, little flecks of white in the teeth.

11 percent have what is called very mild dental fluorosis. That looks like this.

And then about 2 percent have what's considered to be mild fluorosis.

And there are moderate and severe categories of fluorosis that I'm not showing here.

But we don't see any severe dental or enamel fluorosis in fluoridated communities. It has to be above two parts per million, which is the secondary EPA standard that Barbara talked about earlier.

In California in 1993/94 -- that's now a long time ago, 20 years ago -- I was the principal investigator for the California oral health needs assessment of children, and we looked at tenth graders in high schools.

And what we found in terms of urgent dental needs were that in the fluoridated communities -- and this was quite surprising, because this is an era when 95 percent of high school students said that they were using fluoride toothpaste, although they didn't necessarily use it every day or twice a day as we recommend.
That only four percent had what are considered to be urgent medical needs, which would be very large cavities like these, and not only large cavities, but an abscess formation because the diseases, the bacteria, go through the tooth from the pulp into the bone and into the soft tissue and also can cause bacteremias and infections.

But in the non-fluoridated area there were 25 percent of the tenth grade students that had these kinds of urgent dental needs, a very dramatic difference. And that was surprising to us.

In the United States 25 percent have untreated tooth decay, and that is a very large -- large proportion. Not everybody likes to go to the dentist. A lot of people are anxious to go to the dentist. Maybe they don't have the wherewithal, the financing, et cetera.

So why do we fluoridate the water?

To simulate the optimum natural environment.

So looking at the pre-1945 evidence, before fluoridation started, many, many studies were done including this 21-city study that was done in the midwest part of the United States looking at 12 to 14 year olds.
And that age was very important because they will also be getting their second permanent molars.

Over 7,000 children, and compared the decay problems, the enamel fluorosis and the severity of decay as well, and looking at the fluoride concentration naturally occurring in the water. There was no fluoride toothpaste, there was no adjusted fluoridation at the time.

So there's a complicated slide here. On the right-hand side, this is taken from an actual published article that shows the amount of tooth decay experienced by these 3,867 children aged 12 to 14 in 11 different cities and where the fluoride content of the water was less than .5. And where it was between .5 and .9, there was much less tooth decay. And where it was between 1 and 1.4 parts per million it was even less. And even less, more in the -- where there was more than 1.4 parts per million.

So this is very convincing evidence. It could be plotted like this, so that the average child in the very community you have negligible amounts of fluoride in the water, you would have about eight teeth affected by tooth decay at that
age; whereas, at about one part per million they
would only have three or four, and then it kind of
levels off and you don't get the continuing benefit,
but the dental fluorosis increases.

And it was decided at that time that about
one part per million was sort of an ideal optimal
environment where we would have a reduced amount of
tooth decay and not very much dental fluorosis.

And that's the two sides of fluoride, is
that there's a certain balance. So we wanted to
have the minimum amount of tooth decay and the
minimum amount of dental fluorosis.

Then in 1945 these four community trials
were started. There was a Grand Rapids, Michigan;
Kingston Newburgh -- New York State; Brantford,
Ontario; and in Newburgh, New York.

And they looked at these children from
birth all the way through to the 12 to 14 year olds,
and -- from 1945 to 1960.

And after 19- -- about 1960, each of
those communities showed a reduction in tooth decay
of between 49 percent and 70 percent. This was a
major, major advance in tooth protection health
promotion. And many communities started, even in
1950, to start fluoridating based upon the evidence
that was presented at that time.

And then there were subsequent studies in the area of fluoridated toothpaste use. And Dr. Kennedy talked about the 1987/88 school-based survey of about 40,000 children and compared the prevalence of decay in regions of the United States and the severity of decaying.

And where the region had about 75 percent of fluoridated, we couldn't measure the difference. There was no difference in the numbers of cavities that kids got, whether they were in the fluoridated or the non-fluoridated. And that was because there's a diffusion effect, a crossing of those boundaries between the fluoridated and non-fluoridated. People live in one area, they go to school in another, and they eat at restaurants in another.

There's -- food products that are made with the fluoridated water go to the non-fluoridated area and vice versa.

But where there was 20 percent, only 24 percent fluoridated, which was the west coast, there was a 60 percent difference, the same kind of difference that we saw in those community trials.

There was an increasing benefit by age.
Such that by the 17 year olds they had an average of one and a half teeth fewer decayed teeth in the fluoridated communities.

In California in the 1993/94 survey there were reduced disparities in decay between poor and non-poor children, and there was a significant benefit for children from poor families.

Many, many scientific reviews have been done of the literature. And Dr. Kennedy mentioned the National Research Council of 2006.

The most recent one, last month, published in England by Public Health England in the California Environmental Protection Agency's office of environmental health hazard assessment, they looked at all of the evidence on cause and ethnicity. And the -- there was a unanimous decision by the state epidemiologists that they decided fluoride does not cause cancer. It is not a carcinogen.

Health Canada did a report in 2010.

And all of these organizations, comprised of many scientists that go deliberately over the details of all the studies over a long period of time, concluded that water fluoridation was a safe practice.
So in the England study in 2014 they found that five year olds in fluoridated areas are 28 percent fewer, less likely to have tooth decay. And especially when taking deprivation and ethnicity into account, 45 percent fewer hospital admissions of young children, mostly for extractions under a general anesthetic. And there was no evidence of a difference in the rate of hip fractures, Down Syndrome, osteosarcoma, or all cancers, between these different areas fluoridated or not.

In terms of thyroid and fluoride, there's absence of association when looking at all the evidence. And this was the conclusion of the University of York review in 2000 and the 2002 review by the International Programme on Chemical Safety.

So the NRC report found that -- the chairman said that there were no endocrine effects of fluoridation. In fact, no endocrine effects of fluoride at the four milligram per liter level. So anything below that, there was no evidence of thyroid effects or any endocrine effects.

There is a basic principle of toxicology, and Dr. Kennedy talked about the dose. And it's the
dose that distinguishes the remedy from a poison. When studying the relationship between any substance and the disease of condition, it is most important to consider the dose, the amount that an individual is exposed to over a certain period of time.

Drinking water itself can be toxic if too much is consumed over a short period of time, and it has been fatal in that way.

Yet we don't consider water to be a poison or to be toxic, and the same is true of fluoride. A certain amount consumed over a period of time could be toxic if there's too much, or it could be beneficial if it's an optimum amount.

There was a recent article on neurotoxicity and fluoride of children absent an association with fluoridation.

Now, I appreciate that people are concerned about this article because it came out in Lancet Neurology and listed fluoride, now, as a new neurotoxin.

And some of you may be familiar with that. The authors are Philippe Grandjean at Harvard and Philip Landrigan of New York.

However, the single reference on fluoride
use in the Lancet article is from Grandjean's review of a collection of studies from China, Mongolia, and Iran, where there were very high levels of fluoride in the drinking water, and other potential risk factors were not considered, including the concentration of arsenic.

And that review was published in Environmental Health Perspectives in 2012.

There have also been several criticisms of the methods employed with the studies used in that review.

And the lead author of the 2012 review has stated that the findings do not apply to the conditions we have in the United States.

And as reported in the Atlantic last month, the second author on the Lancet article, Landrigan, has said that fluoride is very much a two-edged sword. There's no question that at low doses it's beneficial.

He was asked, Are the exposure levels in China comparable to what we have in our drinking water and toothpaste?

And he said, No, they are probably higher. In some places in China there are naturally high levels of fluoride in the groundwater.
So fluoridation is safe for the environment. I was able to review the evidence on this, and this was published in the International Journal of Occupation Environmental Health.

And they -- the environmental concerns have been reviewed in the literature reviews in Washington state, and no negative impact of water fluoridation on the environment has been established.

The CDC stated that after seeing the National Research Council's 2006 report, that at the bottom here it says:

"Water fluoridation should be continued in communities currently fluoridated and extended to those without fluoridation."

That was their conclusion after reading that report.

So cost effectiveness of fluoridation. CDC finds that for every dollar invested in fluoridation there's approximately a $38 savings in dental treatment costs.

Fluoridation lowers the need for general anesthesia for dental treatments.

Studies in the US, UK, and Australia have shown that there are lower hospital costs for dental
1 treatment in fluoridated communities.
2 And I'm going to end with the next slide, if I can get to it, about Albuquerque. And I'm going to continue my presentation, because my time is up, in my closing arguments.
3 Thank you.
4 MS. OWEEGON: Thank you, Dr. Pollick.
5 All right. So we have heard two different perspectives on the situation of fluoridation. So we are now going to hear your comments.
6 And because each of our presenters this evening so far have been very concise and very respectful of the time boundaries that we gave them, we actually have a little bit of extra time to hear from a few more of the public commenters than we expected.
7 So here's the way that it's going to work. Just one minute here.
8 Okay. So I am going to set up an iPad on the podium that's going to have a timer on it so that everybody can see that we're being fair in our allotments of time.
9 Each commenter will get two minutes. If you don't need all of your time, don't feel like you have to take all of your time. It will give
somebody else an opportunity to speak.

And we will also have Jason -- this
gentleman over here by the microphone -- will hold
up timing signs for you all as he did for our other
speakers, letting you know how much time you have
remaining, because we don't expect you to watch the
timer while you're speaking.

So Jason will support you in keeping the
time by using those cards, so you will be able to
see them.

We will hear as many comments as possible
until the comment period ends at 8:15. Speakers
will alternate between fluoridation opponents and
fluoridation supporters.

In terms of the sign-ups, we had about a
2-to-1 ratio of those having concerns versus those
in support of. So what I'm going to do when I call
people up is, I'm going to do it 2-to-1. So it will
be two people speaking in opposition followed by one
speaking in favor and so forth through as many as we
can get to by 8:15.

Let's see. Please state your reasons for
your positions. Don't just say I love it or I hate
it, but let them know why.

And if another speaker has covered the
information that you want to cover, we would be very grateful if you simply say, I agree with that speaker, and maybe not reiterate the point again, so that we have enough time for other people to bring up fresh new points that we haven't heard yet.

And speakers are not allowed to cede their time to others. So we can't have somebody accumulating everybody else's time so they get 10 minutes. We can't do that. So sorry.

So when you come up to the microphone, it's very important for the transcriptionist that you state your name clearly and that you spell it, because we know we have a lot of unusual spellings here in New Mexico, and he wants to make sure and get that right for you.

All right. Then after that we will hear some wrap-up comments from our two experts.

This comment period is not intended to be a question-and-answer period. It's simply for you to deliver your information.

If you have a question you want to pose you can ask it, but don't expect them to answer it at that time. They may choose to answer questions during their five minute wrap-up comments, but they may not. So just so that you know, it's not a
1 question-and-answer period.

2 MS. WATSON: I'm Patty Watson.

3 We have had one more request. In addition
to stating your name and spelling it, we would
appreciate it if you would tell us if you are a
resident of the Albuquerque/Bernalillo County area
or if you're here from someplace else.

MS. OWEEGON: Okay. So state your name,
spell your name, and say where you're from.

All right. So I am going to call up five
names at a time and ask those people to come up to
the microphone, and then Patty will help moderate.

So, Lilly Rendt and Pam Costello and
Rudy -- it looks like Blea, and Bill Wolfe, and Dan
Schrader.

So we'll hear from each of these people,
and then I'll call up some more names.

MS. COSTELLO: I'm Pamela Costello. I'm
an MD, Ph.D. I'm a neurological surgeon in
Albuquerque, New Mexico. I'm also a neuroscientist
with a postdoctoral fellowship, and study
noninflammatory causes of dementia and other
neurodegenerative illness.

My practice for 25 years has been
reversing neurological disease, both treating it
surgically as well as finding underlying causes.
Because I additionally have a degree in biological medicine through the Parasol Assistance Institute in Switzerland, I am acutely aware of very underground baseline polls of neuro inflammatory illness.

Because of my Ph.D. being in developmental brain systems, my experience with the effect on infants as well as adults from all neurotoxins is quite extensive. I've had over 20,000 patients I've cared for, and every single one of them has been managed through detoxifying their brain.

I will tell you a watchword for the population. The reason autism is now 1 in 50 births, was 1 in 650,000 when I trained. The reason that multiple sclerosis is now an epidemic in children is because with each additional toxin we add to our environment our brain absorbs it and we become more and more genetically fragile with each new generation.

Fluoride is something that absolutely potentiates the effects of lead on the brain and lead toxicity, which has been well-defined through the Clean Air Act.

So the potentiation and the proof and
scientific studies on animal models, don't let us
become those animals. We have enough influences
deteriorating our IQs, our brain function, and
cau sing neurological disease.

I pray that you pay attention to what
they're putting in your water. We don't have a lot
of control of what else we're being exposed to
that's toxic, but you have control over this. And
the effects of lead on the brain are overwhelming.

Thank you.

MR. WOLFE: Hello. I'm Bill Wolfe. I'm a
dentist here in Albuquerque. I'm a mercury-free
dentist, a fluoride-free dentist for 45 years in
New Mexico.

I'm very concerned about putting
medication in our water supply, whether it be
fluoride or Valium or Xanax or anything else.

The effectiveness of fluoride, as stated
by the American Dental Association in their journal
in July of 2000, Volume 131, by Dr. John
Featherstone, who is a master of science and Ph.D.,
fluoride is the key agent in battling caries that
works primarily via topical mechanisms, inhibition
of demineralization and enhancement of
remineralization and inhibition of bacterial
Topical application. This should be a decision between the patient and their healthcare practitioner so the rest of us don't have to drink a poison.

Also, I have a letter here from the United States Environmental Protection Agency in response to a question about safety.

To answer your first question on whether we have in our possession empirical scientific data on the effects of fluoro silicic acid or sodium silica chloride on health and behavior, our answer is no. Health effects research is primarily conducted by our national health and environmental effects laboratory. They report that with the exception of some acute toxicity data they were unable to find any information on the effects of silico fluoriditis on health and behavior.

There is no safety study really done. It's all talked about effectiveness. Do we drink it? Do we put it on the teeth? If it was so safe why do they have on toothpaste, keep out of the reach of children under six years of age. If you accidentally swallow more than you use for brushing, seek professional help or contact your
poison control center immediately.

MS. OWEEGON: Just a quick reminder for everybody, please remember to spell your name as well as state your name.

And the last person's last name was Wolfe, with an E on the end. Okay.

So we are now going to be hearing from somebody in favor. Is that right? Okay.

MR. BLEA: Good evening, members of the commission and members of the Albuquerque community.

My name is Rudy Blea, B-L-E-A, and I am from Santa Fe, New Mexico. I am the program director for the department of health.

And my purpose in being here this evening is to, once again, restate the governor's position that was relayed to the Water Board authority back in February, and that the department is in support of community water fluoridation. It believes it to be safe and to be efficient in preventing tooth decay.

The second -- at the same time I'm here to also present to the chairperson Clarissa Pena, from the authority, a letter transmitting the Centers for Disease Control support letter for water fluoridation that was prepared especially for the
State of New Mexico.

The document, again, states the importance of fluoridation, it's safe and effectiveness for the prevention of tooth decay, and that it does not harm anyone.

So I will be providing this copy of the report from the CDC to the members of the commission, and it will be available for public review.

Thank you.

MS. RENDT: My name is Lilly Rendt. I'm a former schoolteacher. I taught science and math for many years in Albuquerque.

And I have problems with some of the numerical figures here. For instance, parts per million we don't have -- and yet they say we will save for only 500,000 people in Albuquerque residents, you know.

I mean, what are we talking about? We're changing figures around. And whether it's 1 in 100 or 1 in 1,000 or 1 in 10,000, it doesn't matter.

What matters is if one child has problems then we need to -- we need to work on the statistics here and make them more accurate and try to understand that one child is one life.
My father had TB of the bones, and this sort of thing came up again and again and again, but he still died of TB of the bones. So -- and that was enough for me.

In other words, let's get our statistics a little bit more accurate and really look at this thing and see if it's dangerous or it's not. And if one person gets hurt I think it's enough.

That's all I have to say.

MS. WATSON: Just a reminder, you have to be signed up to speak to get in line here.

So who is our next speaker?

MS. OWEEGON: Our next speaker should be Don Schrader.

And before we hear from Don, I want to go ahead and call up the next five speakers.

So after Don we'll be hearing from Mark Moores.

Then we'll be hearing from Kevin Kirby, William Miller, Michael Moxey and Michael Jensen. Those will be our next five speakers after we hear from Don Schrader.

And for the transcriptionist, Ms. Rendt's last name is R-E-N-D-T.

MR. SCHRADER: My name is Don Schrader,

To members of the Water Utility Authority board, even if sodium fluoride reduces cavities, are you sure? Are you sure it has no dangerous side effects?

Often educated people have sincerely thought they were right, but history proved them terribly wrong.

Are you sure fluoridation has no unintended consequences?

Many drugs developed by highly-paid experts and prescribed for years by many doctors were later recalled and banned because of severe side effects.

Are you sure water fluoridation causes no long-range harm to health?

Decades ago cigarettes were advertised in a leading medical journal and recommended by some doctors. But eventually, we found out the deadly truth.

Beware of the arrogant ignorance of establishment experts. Some experts introduced non-native species in many places but did not foresee the massive environmental harm they were doing.
Are you sure that all the scientific studies, all the articles, all the books the past 60 years damning water fluoridation are totally wrong? Why is fluoridation not legal in Sweden, Denmark, and Holland? Why have France and Norway never fluoridated?

Why did Germany and Belgium stop fluoridation?

Are you sure fluoridated drinking water poses no health dangers?

If you vote to fluoridate, will you some day see how deluded you were?

I strongly compliment Commissioner Art De La Cruz for opposing fluoridating city water.

MS. OWEEGON: Our next speaker should be Mark Moores.

MR. MOORES: Thank you. Mark Moores, M-A-R-K, M-O-O-R-E-S. I am a resident of Bernalillo County and of the city of Albuquerque, and I stand in strong enthusiastic support of continuing to add fluoride in our water.

This is a -- an issue that shouldn't have happened. Because in the last 40 years -- 40 years here in Bernalillo County, in Albuquerque, we have safely and optimally had fluoride in our water. It
has been very positive.

I am here on behalf of two different organizations. One is the New Mexico Dental Association.

We saw an incredible reduction in caries, cavities, in Bernalillo County, in Albuquerque, once we added fluoride 40 years ago.

Before that everyone had cavities. It's something when we grew up, we had cavities. And now you go in with your kid -- my kid has grown up here in Albuquerque and she doesn't have a cavity.

And what does that mean? It means that people are not missing school. We have our problems with our educational system in New Mexico. And oral healthcare is one of the leading causes of school absence here in New Mexico.

And when you see -- go to areas that don't fluoridate you see a huge increase in the number of kids who are missing school because of caries and dental problems. So this is a very, very important serious issue for us.

I also have been fortunate enough that I'm also elected as a state senator from here in Bernalillo County. And where this is actually an action of the state, it's one-third of New Mexicans
are now on Medicaid. One-third. So every penny we spend on fluoridation will save us, as a tax, huge amounts of money.

We're talking about kids in the South Valley, kids in poverty areas around the city that they are going to be missing school, that are going to have caries in their mouth, and all it takes is 20 cents per family in the city to actually invest in it and get those kids -- preventing caries and getting them into school. That is an investment I am willing to make as a senator and as a New Mexican.

Thank you.

MS. OWEEGON: Our next speaker is Kevin Kirby.

MR. KIRBY: Let's see. I guess that one of the things that I've noticed here is that a lot of people are talking about fluoride as the great panacea.


Again, fluoride really isn't going to make us look like people that are on the KOAT news at night. It is not going to solve our problems
medically. It is only part of a solution. It is not the whole solution.

Let me give you some data. This is from CDC. Let's see. 77 percent -- at the time that the state had a 77 percent fluoridation status, which is over three-quarters of the state, we had 64.6 percent of third graders who were studied with caries. In other words, they had cavities.

Next. We had about 37 percent untreated tooth decay as well.

This is from the Centers for Disease Control June 16th, 2009.

In addition, a child's complete preventive dental program should include -- and this is from CDC's report we were given by the National Center for Health Statics held in the United States in 2009.

A child's complete preventive dental program includes fluoride twice on daily brushing, with wise food choices and regular dental care.

It didn't matter if you were a boy or a girl. That wasn't a factor. The two big factors: Race and Hispanic origin a significant factor, percent of poverty level a significant factor.

Fluoride will not change the color of your
skin or your ethnic identity. It will not change your poverty level.

Fluoride is not a substitute for access to good dental healthcare. It's only a part of overall dental health.

MS. OWEEGON: Thank you.

Our next speaker is William Miller.

MR. MILLER: Hello. My name is William Miller, M-I-L-L-E-R, and I am from Bernalillo County.

The National Kidney Foundation has dropped support in 2006 for fluoridation due to the 20 million patients, injured people that have kidney problems, that it's excessive damage to them.

97 percent of western Europe does not drink fluoridated water. More people drink artificially fluoridated water in the US alone than the rest of the world combined.

A national survey by the CDC found that 40 percent of American teenagers have a condition called dental fluorosis. 36 -- 30 have found a correlation between fluoride and lower IQ.

For infants, fluoridated water benefits no -- provides no benefits, only risks.

Fluoride supplements have never been
approved by the FDA. Because of fluoride toxicity, you can buy -- you can only buy a fluoride supplement if you have a doctor's prescription. The FDA has never approved fluoride supplements for the prevention of tooth decay. The fluoride supplements the FDA has reviewed have been rejected.

Fluoride is the only medicine added to public water.

Swallowing fluoride provides little benefit to teeth.

Disadvantaged communities are the most disadvantaged by fluoride.

Andrew Young, the former assistant to Bill Clinton and mayor of Atlanta has this to say:

"I'm deeply concerned for poor families who have babies. If they cannot afford unfluoridated water for their baby's milk formulas, do their babies not count? Of course they do. This is an issue of fairness, civil rights, and compassion. We must find" --

Is that it? All right. Thank you.

MS. OWEEGON: Okay.

Our next speaker is Michael Moxey.

MR. MOXEY: Good evening. My name is
Michael Moxey, M-O-X-E-Y. I am a resident of Bernalillo County. And I am the government and PR director for the New Mexico Dental Association.

Thank you very much for having this forum. We appreciate the opportunity to hear both sides. I don't want to take up a lot of time. Mark said a lot of what I would like to say. But from 1972 until two years ago Albuquerque was fluoridated over the .7 limits that are the recommended optimal levels. Right now, as we saw, it is at .4 and .5. That means the community is below optimal level in getting fluoridation that is needed to continue to have good oral health.

So I would say -- I would say on behalf of our dentists, some of which will speak, in the Albuquerque dental society and dentists across New Mexico, that we would wholeheartedly hope that the Albuquerque/Bernalillo County Water Utility Authority looks at this and realizes that 40 years it has worked in Albuquerque and see that we reestablish supplemental fluoridation.

Thank you.

MS. OWEEGON: Thank you. Okay. Our next speaker is going to be Michael
Jensen. But before we hear from you Michael, let me just call up the next five people.

Peter Nathanson and Jesus Galvan, Glen Comyford, Sunil Pai, Les Hutchins, and -- okay. That's it for this next round.

Go ahead, Michael.

MR. JENSEN: Thank you. My name is Michael Jensen, J-E-N-S-E-N. I'm a 24-year resident of Albuquerque. And I would like to say I work, as some people know, for an organization called Amigos Bravos, a river conservation organization. But I'm not speaking for them, I'm speaking for myself. Not to repeat too much, but there's an already existing experiment out there. As somebody already mentioned, many countries in Europe don't fluoridate, and yet the tooth health outcomes are at least as good in those countries as they are here in the United States, so there must be something else going on.

The range of fluoride levels that are naturally-occurring here are close to the optimal level. But before we started using river water, we just used groundwater, which is above the optimal level. And yet somehow, before we started
fluoridating, we had bad tooth outcomes and we suddenly had good ones, and I think people are compounding things.

In addition to adding fluoride, there was a big public health, you know, education campaign about proper healthcare for your teeth and fluoride in the toothpaste and all of that other stuff, so it is not just fluoridation in the water.

For the Water Utility Authority, adding fluoride is one of a potential hazard for the workers. It's difficult to do accurately in the small increments that are needed to make the difference, and it's going to cost the Water Utility Authority money it doesn't have, even if it's only a little bit.

And one last comment on low-income people. Studies have been done, and low-income people have access to dental care from Medicaid and the CHIP program. It's the people that are just above the poverty level that don't have it, and the Affordable Care Act now provides that. So...

MS. OWEEGON: Our next speaker should be Peter Nathanson.

MR. NATHANSON: My name is Peter Nathanson, N-A-T-H-A-N-S-O-N. I'm a resident of the
city limits of Albuquerque.

I am a registered professional engineer in New Mexico with over 30 years of experience working in the water and wastewater industry, over half of that here in New Mexico.

Proposing to add supplemental fluoride to our drinking water for dental health is -- essentially represents the Water Authority practicing medicine without a license, and that's a crime.

Fluoride is a pollutant. And that is represented by its presence on both the primary and secondary drinking water standard lists, and that's recognized by the EPA.

The optimized dose is actually -- it's supposed to be tailored to the average ambient air temperature of the community you're in, because it bio accumulates. It adds up in the body. Our bodies do not excrete fluoride, and over time the deleterious effects make themselves known. We do not get rid of fluoride.

One other point. Fluoride is the most representative chemical of the halogen family, and regulations already address chlorine and bromine as disinfection byproducts. There's nine of them that
are regulated. They are known carcinogens. We have no idea what those fluoride compounds are going to create. Even though they're not yet regulated, they will be.

The authority should stick to its mission, and that is to remove contaminants, not put contaminants in.

MS. OWEEGON: All right.

Our next speaker is Jesus Galvan.

Forgive me if I mispronounce your last name.


My current status is that I am chief dental officer for Delta Dental New Mexico. We are a dental benefits carrier. We happen to insure the City of Albuquerque.

Of course now the City of Albuquerque is an entity who pays its own way. They are self-insured versus paying a premium to be recovered as a risk program.

So Dr. Pollick left an interesting slide up there. And I did a little bit of calculation based on his -- on his slide. And I figured that
knowing that the City of Albuquerque, the number of employees and family members covered by the City of Albuquerque's dental benefit program is 22,751 as of a week ago.

Calculating the cost as exists here on the -- on the slide, it is -- if we discontinue and don't give this sort of dollar invested $38 saved, it's going to increase the cost to the City of Albuquerque to cover and pay for dental benefits annually $162,375. I can see that it's $100,000 to run this program annually.

Thank you.

MS. OWEEGON: Okay.

Our next speaker is Glen Comyford.

Forgive me if I mispronounce your name.

MR. COMYFORD: Glen Comyford, C-O-M-Y-F-O-R-D. And I've heard a lot of the councilmen or water people today speak about how water fluoridation is really the best and the easiest means for health for the underprivileged, those that can't afford dental care.

But I would like to read a statement from LULAC. LULAC is opposing water fluoridation. I'm sure everybody knows who that is.

"Whereas, the League of United Latin
American Citizens is the nation's oldest and largest latino organizations founded in Corpus Christi, Texas, on February 17, 1929.

"And whereas LULAC, throughout history, has committed itself to principles that latinos have equal access to opportunities, employment, education, housing, and healthcare.

"Whereas, LULAC advocates for the well-being but not exclusively of Hispanics throughout our country.

"And whereas, safe drinking water is a necessary necessity for life.

"And whereas, the purpose of public water supply is to supply water to the entire community which is composed of people with varying health conditions and varying stages of life and varying economic statuses, not to forcibly mask, medicate the population, which is a civil rights violation.

"And whereas, fluoridation is a mass medication of the public to the public water supply.

"And whereas, the current science shows that fluoridation chemicals pose increased risks to sensitive subpopulations including infants, the elderly, diabetics, kidney patients, and people with poor nutritional status.
"Whereas, the minority communities are more highly impacted by fluoride, as they historically experience more diabetes and kidney diseases.

"And whereas, minorities are disproportionately harmed by fluoride, as documented by the increased states of dental fluorosis.

"Whereas, the National Research Counsel in 2006 established that there are large gaps in the research on the fluoride's effects on the whole body, a fact that contradicts previous assurances made by public health officials and by elected officials that fluoride and fluoridation has been exhaustive."

MS. OWEEGON: I would just like to reiterate, because a couple of people got cut off before they finished, including our last gentleman. You absolutely can submit those comments in writing as well, so that they get into the cumulative documentation for this meeting and on this topic. So thank you.

Our next speaker is Sunil Pai?

MR. PAI: Yes. Sunil, S-U-N-I-L, P-A-I. I am an MD. I specialize in integrated medicine, and I have a large integrated medicine practice here
in Albuquerque. I am a resident and also a native of the state.

I want to just put on the record that I do agree with Dr. Kennedy, Dr. Costello, and Dr. Wolfe and all the other members here who are opposing fluoridation in the water.

I want to just implore to the Water Authority board that we cannot control the dose, and that's really important.

As a physician I treat all ages, children to adults. And unfortunately, some of these dentists are only restricted to looking at the caries. But we have to look at all the systematic diseases and other occurrences that are happening.

And we need to kind of -- I'm asking for the water board to do -- first do no harm. That's my oath that I have to take every day when I go to my practice. Hopefully, the board will listen to the community and citizens of Albuquerque and the community that they do no harm as well.

If it is a choice, then that choice should be given to the individual. And for this price that the taxpayer will have to pay -- and we could do an outreach program on an appropriate dental care, appropriate diet, and also provide even toothpaste...
to those people who want to have that. It could be provided for probably much cheaper and actually have a topical application for those people who believe in topical applications of fluoride versus taking it as a systemic -- what I consider a systemic toxin.

Thank you.

MS. OWEEGON: Okay.

Our next speaker is going to be Les Hutchins. But before we hear from you, Les, let's go ahead and call up our next five people.

That would be Jim Brinkman, Chris Oglesby, Dr. Guy Clark, I believe it says, and Merry Crates and Kristine Roy.

Okay. Les, are you ready to speak?

MR. HUTCHINS: I am Les Hutchins. I am a dentist in here in Albuquerque. I have been in practice here for 42 years.

My name is Les, L-E-S, H-U-T-C-H-I-N-S.

I started practicing before Albuquerque fluoridated. My typical child would come in and have a mouth full of cavities before we fluoridated.

We passed a referendum. I don't know how the water board got by that referendum. Anyway, they did.

So my -- my answer -- my question isn't a
question. I'm really following the money here.

The average child, since the city stopped fluoridating, I have seen an increase in cavities again not only in children but in adults.

So to the water board, I would like to submit a very possible scenario.

A new article came out in the ADA journal this week talking about that the incidence of dental visits representative from dental things amount to a billion dollars a year.

With the advent of Obamacare, there will be ways to be looked at to save money. That money is going to have to come from somewhere. It's going to have to be to reduce a disease. Decay is a disease. We are fighting that with fluoride.

MS. OWEEGON: Thank you. Okay.

Our next speaker is Jim Brinkman.

MR. BRINKMAN: Yes. My name is Jim Brinkman, B-R-I-N-K-M-A-N. My profession is -- I'm a hydrogeologist. I live in Bernalillo County, and I am a customer of the water utility.

I don't only drink the water, I shower in the water. I bathe in the water. I use it to cook my food. I use it to grow my garden.

Yesterday I received the annual report
from the Water Authority. And they say, about this
fluoride, the National Research Counsel, National
Academy of Sciences, recommended that the EPA update
its fluoride risk assessment to include new data on
health risks and better estimates of total exposure.

EPA hasn't investigated the exposure I receive on my skin, from breathing in the vapors
when I shower, from fluoride. There's already
fluoride in the water. I don't think there's a need
to put still more fluoride in the water, when I'm
not sure how it's affecting my lungs, intake through
the skin, in my food, et cetera.

Thank you.

MS. OWEEGON: Thank you.

Our next speaker is Chris Oglesby. Don't
forget to spell your name.

MR. OGLESBY: Hello. My name is
Christopher Oglesby, C-H-R-I-S-T-O-P-H-E-R,
O-G-L-E-S-B-Y. And I am a lifelong resident of
Albuquerque, New Mexico, Bernalillo County.

I'm an educator, and I came here to get
some information about an issue that I found very
important, and it's the health of my family, myself,
and our community.

And at the risk of invoking a stereotype,
I have to share my impression that I find it ironic that we're getting information from the English on our dental health. That would be like asking them how to make a good spicy enchilada.

But what I want to know is -- speaking of irony, it's also ironic to me, if I may share my observations, all of these dentists who are against people having to get dental work done. That raises my suspicion. It would be like a teacher who says, you know, these kids are all too smart to educate.

But what I have found interesting is the data does not represent our area. If I want to find some information, I want to know the data in this area. I don't want to disaggregate it by race. There's too many factors at play.

If I am in need of vitamin D because I work inside and I live in the midwest or I live on the east coast I don't suggest going to another state, where they're working outside in the sun, and giving it to them in their water.

I think it's a very important consideration, and I thank you for all the information that I've gained.

I'm strongly against medicating our water.

Thank you.
MS. OWEEGON: Thank you.

Our next speaker is Dr. Guy Clark.


I wonder about the people that hate the idea of medicating water, but they think about putting chlorine in the water. You know chlorine has probably saved millions of lives in countless nations over the last century or two, getting rid of typhus and cholera and various other diseases. Water is medicated. In this way it saves lives.

Now, fluoride isn't going to save a lot of lives. It will save a couple of lives here and there in this country. We don't let dental abscesses kill people very often.

Interesting, I've been a dentist for over 40 years. I did research in dental school. I'm not an expert. You know the experts are up there. It is a he said/she said sort of a thing. I like my research better than your research.

I've been reading research articles for over 40 years, many of them on fluoridation of city water in this nation and in England -- sorry for whoever that offends -- in Australia and...
1 New Zealand.

2 And you know, maybe all of my literature
3 has been one sided, but I read quite a few different
4 journals.

5 And my impression -- and that's about all
6 I can leave with you -- is that fluoridation of the
7 water is a health benefit.

8 And let me tell you why, you know, the
9 reports on how it helped these -- these cities where
10 they fluoridated the water and their kids have less
11 cavities, and they said something about it doesn't
12 get -- it doesn't affect the tooth enamel.

13 In a city like Albuquerque, where you have
14 about one part per million fluoride in the water and
15 the people drink that water, in a young child who's
16 forming teeth, that water, one part per million,
17 goes to 900 to about 2,400 parts per million.

18 Do you think that's an accident, that God
19 or evolution make a mistake there?

20 MS. OWEEGON: Thank you, sir.

21 Our next speaker is Merry Crates.

22 MS. CRATES: My name is Merry Crates.

23 It's M-E-R-R-Y, C-R-A-T-E-S. And I am a resident of
24 Bernalillo County, Albuquerque.

25 I am against fluoridating the water
because, one, it's a poison. We know that. Kids tend to ingest a lot more than they should. It's difficult to not find a child that doesn't want to eat the toothpaste. And I'm also very concerned about how they're going to control the amount going to different areas of the city once they put it in. I know this was a problem before.

I'm a -- I've been a dental assistant for 43 years. I have not seen any benefit from fluoride treatments when I was doing them, which was 33 years ago. I have not worked in an office for 33 years that does fluoride.

But back then when we were doing it, and I came from a smaller community, it wasn't making any difference in the number of cavities.

I'd like to see them use the money they're projecting to increase care to these people that need it and to educating parents to diet. We raised four kids, no cavities, no fluoride. So it can be done, but it has to be diligent.

And I really would like to see that money better spent, and I hope the authority will reconsider this.

Thank you.
MS. OWEEGON: Our next speaker will be Kristine Roy.

But before we hear from Kristine I would like to call up the next five speakers.

That is Mary Altenberg, Rich Rose, Karen Hammer, Mary Rose Twohig, and Angelique Doyle.

Go ahead, Kristine.

MS. ROY: My name is Kristine Roy, K-R-I-S-T-I-N-E, Roy, R-O-Y. I'm an Albuquerque resident.

I'm a licensed physical therapist for the past 23 years. I primarily work with people, children and adults with disabilities, neuro developmental problems, autism, and also at any age in the population with pain and disabilities.

I have two issues to present of a concern putting fluoridation in the water. And that is the issue of, as a healthcare provider, of the issue of informed consent.

As a provider of intervention, what they're saying is that we are applying -- putting fluoride as an intervention. And so if you are intervening medically in any way the person should have the right to informed consent. Meaning I should be able to sign off on whether I approve this
or not.

I personally would never approve this. I agree with -- I'm very concerned with what Dr. Kennedy said, the issue of how lead interacts with fluoride. 25 percent of the children nowadays do not have the genes to detox heavy metals. I'm actually one of those. I had a reaction to vaccines when I was very little. I cannot process heavy metals.

I have a -- I have a filtration system on my water for my bath, everything. I have to be extra careful.

But I'm advocating for the people who do not have the funds to put a filtration system on their system, those vulnerable kids and adults who cannot process heavy metals. They do not have the genes to detox.

And once that fluoride is in there it's stuck. It's going to take a long time. It would take a long time to do that.

So informed consent, to do no harm, are my issues why I do not support fluoridation in the water system. It's -- our healthcare system is already costing too much, and we don't have the practitioners to actually serve the people we have
already for medical services. Do we want to add more medical complications to New Mexico?

MS. OWEEGON: All right.

Our next speaker is Mary Altenberg.

MS. ALTENBERG: Good evening. My name is Mary Altenberg, M-A-R-Y, A-L-T-E-N-B-E-R-G. I'm a resident of Bernalillo County and the city of Albuquerque.

And I'm glad to have another opportunity to speak to the members of the Water Utility Authority board who are still here, and to speak for two -- from two bases.

One is as a mother and -- who has three children. All were born and raised in Albuquerque when they were actively supplementing with fluoride. None of them have cavities.

Number two, I'm the executive director of Community Dental Services, a nonprofit organization that serves three of the neediest neighborhoods in Albuquerque. I'm a passionate, passionate advocate in favor of supplemental water fluoridation. We are not eliminating fluoride. It's already in the water. All we're asking is to just bring it up to an optimal health benefit level.

And so I don't know what else more to say,
but I really, really hope that we will reinstate supplemental fluoridation.

Thank you.

MS. OWEEGON: Thank you.

Our next speaker is Rich Rose.

Okay. We will take him off the list.

And the next speaker after that is Karen Hammer.


And I'm very concerned about the water, the fluoride in the water. Because for one thing, it's a cumulative effect that affects people.

When I go back to -- I've had it since I was born, because that's how long they've been doing it. So it's accumulated in my bones, in my body, and my teeth.

And I'm concerned that all my friends let me know that they have osteoporosis or osteopenia. So this is affecting everybody.

Another thing, I am a raw food educator, so I care about what people eat. So I educate them how to eat plant foods to keep toxins out of their
body. And then this is a toxin that they would have no choice ingesting.

I am concerned about babies that ingest -- drink the water. And children, they are getting the effect, you know quadrupled, or so much more than our bodies could deal with it, that they can deal with it.

Anyhow, basically, I think that we should be aware that this is in our water, that this is something we have no choice about. I would like to have the choice. And if I wanted to put topical on I would, and that we should stay healthy by staying away from fluoride.

MS. OWEEGON: All right.

Our next speaker is Mary Rose Twohig.

MS. TWOHIG: I'm Dr. Mary Rose Twohig, T-W-O-H-I-G. I'm the president of the Albuquerque District Dental Society. I'm here on behalf of the dental society.

The CDC has called community water fluoridation one of the 10 great public health achievements of the 20th century, and I would just hate to see us take a step backward and not give our children the benefit of the knowledge that we currently know.
Thank you.

MS. OWEEGON: Thank you.

Our next speaker is Angelique Doyle.

But before we hear from Angelique, let's go ahead and call up Anthony Delelles, Brian Bakri, James Twohig, Katie Flamm, and Laurie Blackwood.

MS. DOYLE: My name is Angelique Doyle, D-O-Y-L-E. I, too, am a resident of Albuquerque, born and raised in the last 40 years since fluoridation, as was my husband, and we both have cavities. So there goes that theory, I guess.

In response -- just to add to what another gentleman said about the supposed drop in tooth decay due to water fluoridation, I have here a graph of data compiled by the World Health Organization that shows that tooth decay rates have actually declined just as rapidly in non-fluoridated western countries as they have in fluoridated western countries.

So maybe it's not the fluoridation that is helping people with not having tooth decay.

It is unconscionable to me that we would even consider adding a chemical waste product and probable neurotoxin to our drinking water.

But aside from the science and the serious
health concerns about water fluoridation, this is a
major civil rights issue. Fluoride is a medication,
not a nutrient, not a water purification treatment
to kill bacteria, like chlorine. It is a
medication.

And, board members -- I don't know where
you are -- let me be clear. You do not have my
consent to medicate my children with a highly
suspect hazardous waste chemical.

Let me say it again.

You do not have my consent to medicate my
children.

MS. OWEEGON: Thank you.

Our next speaker is Anthony -- and I can't
pronounce your name, so I'll let you do it.

MR. DELELLES: Anthony Delelles,
D-E-L-E-L-L-E-S, a concerned Albuquerque/Bernalillo
County resident.

I want to thank the board for holding this
town hall. There's ample evidence that points to
supplemental fluoride being toxic to the human body.
It's an unneeded added expense, both in human health
terms as well as physical terms for
Albuquerque/Bernalillo County residents.

Last night I sent an e-mail to each of the
board members urging them to take a look at fluoride health research with links included, including studies investigating how fluoride affects the brain as far as IQ scores, the bones and joints as far as arthritis, the cardiovascular system, the kidneys and the thyroid gland.

I urge the board to please look over that e-mail.

There are many studies on the adverse health impact of fluoride on the human body. Since the year 2001 there have been 450 studies on the skeletal system, including 75 studies on arthritis; 294 studies on the mechanisms by which fluoride damages cells, including 155 on oxidated stress; 237 on the brain, including 95 studies on cognitive function; and 182 studies on the kidneys, including 64 studies on the heightened risk faced by kidney patients.

If anyone is interested in checking out those studies, they can do a Google search for fluoride action network study tracker.

Thank you.

MS. OWEEGON: Okay. I may have called these names out of order, but I'm trying to get the alternation right.
Our next speaker should be James Twohig, please.

MR. TWOHIG: My name is James Twohig, T-W-O-H-I-G. I've been a practicing dentist here in Albuquerque for over 40 years.

I have seen firsthand the effect of fluoride on kids' teeth.

The fluoride -- when I went into private practice, I worked for a short time in the public health service. I administered two pueblos, one with an optimal amount of fluoride and one with a low amount of fluoride.

And through my observation -- I'm not into research or anything -- we had far many more cavities in the non-fluoridated pueblo than the one with fluoride.

And I stand for fluoride.

Thank you.

MS. OWEEGON: Okay.

Our next speaker should be Brian Bakri.

MR. BAKRI: Hi. My name Brian Bakri, B-A-K-R-I. I'm a resident of Albuquerque, though sometimes I wonder what planet I'm living on.

A book came out in the 1950s saying that the first use of fluoridated water was used in the
concentration camps of Nazi Germany and Russia.

I have seen that debunked. But basically, they were saying that it was to keep the prisoners docile. Regardless if that's true or not, the first use of fluoride was basically in World War II, as far as a highly toxic neurotoxin called sarin gas. It is one of the main ingredients, and that it is classified as a weapon of mass destruction.

And if you don't believe me, the next time you're in Albertsons or any grocery store, walk by where they keep the rat poison. Pick up any can. Will Kill, d-Con, whatever. The first ingredient is sodium fluoride.

Look at any insect killer. The main ingredient in the majority of them is sodium fluoride or its derivatives.

And once again, there's a difference between naturally-occurring calcium fluoride in the water and this byproduct of the toxic aluminum, or whatever you want to call it, conglomeration that is placed in all of us.

It is also the main ingredient in most antidepressants and sedatives, including Prozac, which is 25 percent fluoride.

So there is definitely a correlation
between docility, dullness, and what is going on. And that -- but it's not really funny.

A couple of weeks ago in Time magazine they said use of a fluoride will reduce your IQ by seven points.

I've seen studies that triple that amount of decline. But how do you measure it? How do you know?

A few years ago -- look this up -- there was a water treatment plant in Massachusetts that was complaining because their fluoride was contaminated from China. It was gumming up the gears.

They showed a picture of the bag. And on the bag, skull and crossbones, sodium fluoride, do not ingest.

And they were complaining because their poison was contaminated?

MS. OWEEGON: All right.

Our next speaker is Katie -- I'm going to let you pronounce your own last name.

MS. FLAMM: Flamm. The last name is Flamm, F-L-A-M-M. I'm a resident of Albuquerque.

I have master's degree in biology, a specialty in clinical nutrition. I've been in the
field of nutrition for 40 years.

I would like to ask the water utility board: Where are the safety studies for this level of fluoride consumption? Please show us the safety studies.

As I understand it, members of the board want to give a target dose of seven parts per million to every person who drinks water in the district because, according to you, that is a safe dose.

However, this dose cannot be controlled. Once fluoride is put into the water it is impossible to control the dose of each individual. People drink different amounts of water. Some people, like manual laborers, athletes, diabetics, and people with kidney disease, drink substantially more water than others.

Additionally, everyone is now receiving fluoride from many other sources besides water. Exposure to non water sources of fluoride has significantly increased since the water fluoridation program first began in the mid '50s.

The more processed the food is the more fluoride it will have. This is true where mass water fluoridation programs are in place.
If a meat product has been processed it will contain more fluoride. A chicken nugget will contain more fluoride than a roast chicken. And a sliced sandwich chicken will contain more fluoride than a slice from a roasted chicken.

Most flavored -- excuse me. Most flavored beverages that you buy, like soda, sports drinks, juice drinks, and beer have 5 to 10 times more fluoride than water.

Beverages that are made from conventionally grown grapes, like wine and grape juice, are the main way people are exposed to fluoride pesticides.

MS. OWEEGON: And again, just a reminder for those we cut off, put it on -- submit your comments in writing so we can make sure and have them included, whatever you didn't get a chance to say.

Our next speaker is going to be Laurie Blackwood. But before we hear from Laurie, let me call up the next speakers.

They would be Barbara Posler, Bryan Flamm, Frances Gauthier, Mary Kaye Vigil, Ramseys De La Cruz.

Laurie, you're up.
MS. BLACKWOOD: L-A-U-R-I-E, B-L-A-C-K-W-O-O-D. And I'm very much opposed to fluoridation. I'm also very sensitive to toxins. In fact, I'm smelling a lot of perfumes here and reacting to that already in my head.

And we have filters. We have lots of filters. We have a whole house filter with special fluoridation -- extra fluoridation filtration, in addition to particulate -- well, it's a very fancy filter. It's very expensive. We have to replace it every other year.

We also do reverse osmosis to drink. I consider this an environmental justice issue because many, many, many people cannot afford and will not, you know, spend the money that they have on filtration. And it costs a lot.

It's a -- it probably averages out to about $1,000 a year that we spend just for filtration in our house to make our -- the city water okay for us to bathe in and drink.

The other thing that I just wanted to talk about is, I have a question about how, if fluoride interacts with lead in a way that makes lead much worse for the human body than it would be if you didn't have the fluoride in the water, what about
uranium? We have uranium in our water.

What about arsenic? We have arsenic in our water.

What about, you know, maybe a fuel spill.

Is the City going to be liable?

And there have been a lot of lawsuits.

MS. OWEEGON: All right. Thank you.

Our next speaker is Barbara Posler.

MS. POSLER: My name is Barbara Posler, P-O-S-L-E-R. And I am a resident of Bernalillo County and the city of Albuquerque, and I'm here to speak in favor of supplemental fluoride.

And I have been a dental hygienist for over 40 years. I have worked in fluoridated communities and communities that have not been fluoridated.

And I can tell you the difference is like night and day in the cavity rate. And this is especially evident in the children.

And so tell me, do you think a three year old who has rampant decay, this is healthy?

I know my comments are anecdotal, but they are consistent with valid scientific evidence and consistent with over 65 years of proven use in community water supplies across the country.
Thank you.

MS. OWEEGON: Thank you. All right.

Our next speaker is Bryan Flamm.


I am a Doctor of Oriental Medicine for 30 years. I'm also a licensed nationally certified medical laboratory technologist for the last 45 years.

And I'm going to start at the end of my comments, because most of my talking points have been covered.

I believe the Water Utility board of governors has a duty to reject fluoridation because there's far too much evidence that this practice may cause harm.

David Morris, from the Water Utility board of 2011, I echo his comments when he stated we must err -- and he was speaking for the Water Utility board -- we must err on the side of caution and stop fluoridating city water.

I still believe that's the case today, because we don't have adequate safety studies for this product.
We have a lot of tooth studies. We don't have studies on the systemic problems that fluoridation might cause.

I think we all agree that we are more than a bony cranium with a mandible and teeth.

And everything we're really hearing tonight that's pro water fluoridation is important, because there are systemic effects, and there are hundreds of epidemiological studies throughout the world that talk about concentration of the bone, thyroid problems, IQ problems.

So I have no problem with fluoridation, but do it topically, as Dr. Kennedy said. Do it topically and don't ask everybody to consume it. And the board really has a duty to protect everybody in the environment.

Thank you very much.

MS. OWEEGON: Our next speaker is Frances Gauthier. I hope I said that right.


The dentists are talking just about teeth, and we are a whole lot more than teeth. And like
The lady spoke a few minutes ago, I'm one of those people that is sensitive to side effects and have suffered in the past from side effects of medication.

And this is one that builds up slowly over the years, and you won't know the effects until many years from now.

And speaking of unintended consequences, all of the people who don't want the fluoride in the water, if you put fluoride in the water and then those that can afford it go out and get these reverse osmosis whole house filtration systems, my understanding is those use several gallons of water for each gallon that you get back, and that's using our most precious resource, which is water.

Thank you.

MS. OWEEGON: Our next speaker is Mary Kaye Vigil. Mary Kaye Vigil.

MS. VIGIL: I'm Mary Kaye Vigil, M-A-R-Y, K-A-Y-E, V-I-G-I-L. And I am the president of the New Mexico Dental Hygienist Association. I'm the -- the association is in support of refluoridating the water in Albuquerque. I'm also an Albuquerque resident.

Many of the things that -- in support have
My name is Ramseys de la Cruz.

Just talk to you guys? Is that okay?

MR. DE LA CRUZ: Thanks for coming. Can I
Ramseys, you're up.

and Gabriel Otero, Chertse Quezada, and Ron Romero.

The last name, and Raz Rossington, it looks like,
They would be Mary -- Betvea, I think it

up our next five speakers.

but before we hear from him, let's go ahead and call
our next speaker is Ramseys de la Cruz.

MS. OWEEGON: Thank you.

Thank you very much.

Fluoride -- Fluoridation of the Albuquerque water.

Dental Hygienist Association supports supplemental
Because of the reasons the New Mexico

Tooth loss.

Abscesses, severe health problems, and eventual
And untreated dental decay can lead to

may not have access to dental care.

double-edged sword for those families because they

New Mexico, Albuquerque, and it's even more of a
And even more so for the lower income population of

one, treating dental decay is expensive,

of things.

already been said, so I'm just going to say a couple.

So I would just ask a real good question of everybody here. Whoever thinks that fluoride is a bad idea, just clap.

The reason I ask you that, so I can speak for you. We're all speaking for each other.

The term vox populi, that's who we are. That's the voice of the people.

I mean we see stuff here. We see -- for all who see against, we see China. Who wants data from China?

Which is ironic, because do you know what's banned in China? Fluoride in the water. Okay?

Yet they collect it all, and one of the major exports to the US from China is fluoride for our water. That doesn't make any sense at all.

We can go back and forth on the data, and it wasn't debunked.

When we talk about Hitler was the first guy to put it in the water in the concentration camps, well, we all know he wasn't a dentist, right? It was done for other reasons.

So we have to look past all of this and
say, Hey, let's play follow the money. Because somebody is getting paid to put it back in the water after we took it out. Why can't we just have water that's like water? How about just water coming out of the tap and coming out of the shower instead of this medicinal cocktail we're forced to drink because we really don't have a choice?

There's products out there now called fluoride shield that you can buy that takes toxins out of your system. It takes the fluoride out of your system.

Why is there a need for products like that? Because it is. If families want fluoride, hey, that's fine. Let's give it to them and leave it out of our water. That way they can mix it in the Kool-Aid and give it to kids or snort it like cocaine, whatever they want to do with it.

Vox populi. That's what we are. Let's say no.

MS. OWEEGON: Mary --

MS. BELYEA: Belyea.

MS. OWEEGON: -- Belyea. Thank you.

MS. BELYEA: I'm Mary Belyea, M-A-R-Y B-E-L-Y-E-A. I'm a 20-year resident of Albuquerque, and I have been into health promotion for 34 years.
I'm a mother, grandmother, great grandmother. I do not agree with fluoridation. I -- in the water. I've been actually working on taking it out of my body. I'm coming from a spiritual aspect. I believe that fluoride, along with calcium, calcifies the pineal gland and dumbs us down and makes us not be in touch with our higher selves. I -- I am a person living with a brain injury, a traumatic brain injury, and I am also multiple chemical sensitive. And I -- I just don't see the logic in that, like most of those that have spoken before me about -- I forgot what I was going to say, about -- oh, gosh, I lost what I was going to say. Anyway, I might go back to that. But I choose not to contribute my 20 cents per year to this project, and I believe it's a toxic additive, and I -- I do want to say -- want to -- I'm losing it. I want to ask you to read about that, the pineal gland and the importance of that. And thank you very much. MS. OWEEGON: Our next speaker is Raz, and I'll let you pronounce your own last name, and don't forget to spell it.
A. My name is Raz, R-A-Z, last name R-O-S-S-I-G-N-O-L. Some of you may know me as Razi Keno, my married name.

I came here 13 years ago with my husband to purchase Dr. Wolfe's practice of biological dentistry, which we decided to come here because it was like a needle in a haystack. Everybody doesn't even know what that is.

Well, what it is is a dentist who also takes into consideration that what he's putting in their mouth is going to affect the rest of their body.

And my husband had been a dentist for 15 years. And my mom died of cancer, and when we started researching what caused -- what they did in other countries, the first thing they did was look in their mouth and see if they had amalgam fillings, if they had root canals and cavitations, endless things.

Well, all of that being said we came here, and what we tried to do didn't work. But that's another story.

But I'm in another realm right now, but I ran into a friend of mine, and she said that there was going to be a forum tonight on fluoridation in
the water, and I have been wanting to say something
about this for five years.

When I was leaving my husband, notice came
in the mail from Art De La Cruz speaking about the
high levels of mercury in the Rio Grande River and
that they were being -- they traced it back to the
dentists. The dentists were allowed to just -- when
they removed the amalgams or placed one, to let that
mercury go into the Rio Grande River. And they were
asking them to voluntarily place an amalgam
separator and stop this.

Well, guess what? When I checked and I
started to call today just at random to see, it was
never done.

MS. OWEEGON: Our next speaker is Gabriel
Otero.

MR. OTERO: Hello. My name is Gabriel
Otero. I am a resident of Albuquerque. My name is
spelled G-A-B-R-I-E-L, O-T-E-R-O.

And I am completely opposed of it. And
specifically why, some of the questionable aspects
is, like a lot of people have cited, with the lower
IQ studies.

I have here in my hand a controlled study
in China that actually proves the fact of why it
does. And how it causes, actually, the low IQ in kids is because of the fact that when you give fluoridated water to a baby it's blood-brain barrier is not developed.

So anything that you take in like caffeine, drugs of any kind, takes time to go through a processing phase of the blood-brain barrier. And when you give fluoridated water to a baby its blood-brain barrier is not developed, so it goes straight into the baby's brain, which causes the effects of low IQ.

Of course some people have more of a higher sensitivity, and some people have a stronger -- how should you say it -- defense against it biologically speaking.

The other questionable aspect is that since we're fluoridating our water, why is it actually labeled as a level four, the strongest form of chemical side effects?

That's pretty much all I have to say.

Thank you for letting me speak.

MS. OWEEGON: And our next speaker is Cherise Quezada.

MS. QUEZADA: Good evening. My first name is C-H-E-R-I-S-E. My last name is Quezada,

I suffer from an autoimmune disease called hypothyroidism. Ingesting fluoridated water can further suppress my thyroid function and that of my family.

I also feel that public water fluoridation is a form of mass medication. I'm strongly opposed to adding even more fluoride to Albuquerque's drinking water.

Thank you for your time.

MS. OWEEGON: Our next speaker is going to be Ron Romero.

But before we hear from Ron, let's call up our last four speakers, which are Laura Eaton, Elizabeth Honce, Pat Toledo, and Fabby Flores.

And those will be the last of our speakers, and we should have time for all of them.

Go ahead, Ron.

MR. ROMERO: I want to thank you for having this town hall meeting and allowing us to speak for and against.

My name is Ron Romero, R-O-N, R-O-M-E-R-O. I'm a dentist. I've been a dentist for over 30 years. I'm a native New Mexican, and I have provided preventive dental services to children in
Albuquerque, Sandoval, Torrance, surrounding areas, and many of the counties in New Mexico.

So I have seen many communities which are fluoridating, which have naturally-occurring fluoride, and those that aren't fluoridated or don't have the optimal level.

And I can tell you, from my experience for over 30 years, the difference between fluoridating communities and non-fluoridating communities.

In New Mexico we like history. The way fluoride was found to be of benefit was in our sister city up in Colorado Springs. There was a dentist who found that some kids had more cavities than others, and so he did a study.

That study found that the kids that had fluoride in their water had less cavities. Those kids that had suboptimal fluoride had more cavities, and that's the way it was started back many years ago.

Since 1960, we have been fluoridating US water systems throughout the country in various places. In Albuquerque we have been doing that for 40 years.

We have been doing it safe, effective, and it's the best way to provide preventive dental care
to our children, not only poor children, but it benefits all children and all adults as well.

It's not only children that it benefits, because it is the topical fluoride as you ingest it.

MS. OWEEGON: Thank you, sir.

Our next speaker is Laura Eaton.


There are a lot of issues that, you know, we have all been discussing, risk versus benefit.

And I think there's more potential risk than benefit. And we are more than our teeth, we are more than just children.

I haven't heard anybody address any -- and we brought up the infant issue -- that the infants shouldn't have it in their water.

Are we going to provide all the people that have infants fluoride-free water? How are we going to do that?

Elderly? I've read studies that it can make your bones more brittle and cause more fractures.

You know we're talking about the cost of cavities. What about costs of fractures, you know,
and all the other issues, the cost of the medical
care for people that have other issues from it?

Freedom of choice. You know, that's, you
know, a democratic ideal of the United States, that
individuals be able to make their own choices,
informed consent about, you know, being able to
consent to medicating yourself.

Let's see. And cost. Half a million
dollars, this for the first year? Maybe we could
put some of that money into finding alternative ways
to put that money into topical treatments.

You know, can we provide free toothpaste,
free mouthwash, free treatment? You know that money
could go towards all of that for that one issue.

So as Don has said, you know, Are you sure
there's, you know, no risk to it? Is the benefit
really better than the potential risks?

So thank you.

MS. OWEEGON: Thank you.

And our next speaker is Elizabeth Honce.

MS. HONCE: Yes. My last name is spelled
H-O-N-C-E. And I'm a local Albuquerque attorney. I
live here in this community.

And I came here tonight with another
Albuquerque attorney. Her name is Marcella Neville
NEVILLE.

And we came here because we are concerned that this is a civil rights violation and that it is forced medication, to put a toxin like this in the water at the levels, when we already have the natural in the water to begin with.

However, we have documents that we would like to submit which are sources of fluoride that we have today, which are so many more than what was discussed in the doctor's pre-1945 study, when there wasn't even fluoridated toothpaste, nor was there regular dental visits for most people.

So we would submit different sources that we have in supplements and foods and mouthwash and toothpaste.

Also, we would submit postmortem pictures of the pineal gland. That when — from people who have had fluoride exposure, and it's quite striking.

And I would ask the members of the board if they would want any of their loved ones to be accumulating in their brain this -- this toxin.

We also would like to submit a study from 2005 from Harvard that shows that fluoride water causes cancer, that young -- in young boys -- that are at risk for bone tumors.
Also, we would submit articles on skeletal fluorosis.

And finally, we would also submit 37 studies that have been cited that talk about IQ reductions have been significantly associated with fluoride levels in just the 0.88 milligram per liter among children with iodine deficiencies. And iodine is being taken out of our breads, taken out of a lot of things.

And so why do we want to dumb down our children?

Thank you.

MS. OWEEGON: And Elizabeth, in order for those to become part of the record you will need to send them electronically, and the information is on the bottom of your agenda, and we can get it all in there for you. Okay?

MS. HONCE: Thank you.

MS. OWEEGON: The next speaker -- are you Pat Toledo?

No? Is Pat Toledo here?

MR. TOLEDO: Yes.

MS. OWEEGON: All right. So Pat Toledo is next, and then we'll hear from you, Fabby. Thank you.
MR. TOLEDO: My name is Pat Toledo, P-A-T, T-O-L-E-D-O. I've lived in Albuquerque all my life.
I wanted to salute one of the pioneers of the anti fluoridation movement from 30 years ago. His name was Dr. Llamas. And he back then, 30 years ago, he was speaking the same stuff, some of what the anti fluoride guy up here was stating. And he was proven excellent, proven truthful.
But what I wanted to talk about a little bit more tonight is just economic justice for the poor.
And I get really nervous when I hear some of these dentists talking about how they're going to help the poor and they're interested in helping these people who don't have anything.
The reason these things happen is because the healthcare is so pathetic in Albuquerque. We're 50th in almost everything when it comes to the children.
If we really cared about them we would have programs like they have in some other cities, if we could afford it. But we could afford it if we didn't invest all of our money in trying to lure these big corporations here and we had all those -- we're tied to the strangulation of Sandia Base,
Kirtland Air Force Base.

I have a deal for the Albuquerque citizens. We will do a trade-off. You can put fluoride in our water when you get Kirtland Air Force Base to take all of that rocket fuel out of all the water they contaminated.

You know when that's going to happen?

Never.

So again, the fluoride here, it's a complete ridiculous topic that should never even be entered into the Albuquerque water situation right now. Our water is being threatened by big corporate interests. We have a toxic legacy for all of these companies like Sandia, Los Alamos, and that's where we've got to start too.

I am really nervous. Did one of these dentists talk about limiting sugar and the corporations that bring sugar? That is a simple solution to stopping the cavities.

It also addresses diabetes and obesity.

These are the things we've got to get to.

Thank you.

MS. OWEEGON: And our final speaker for the evening before we hear closing remarks from our two presenters is Fabby Flores.
MS. FLORES: Thank you. My name is Fabby Flores. That's F-A-B-B-Y, F-L-O-R-E-S. And I am a resident of Albuquerque for 32 years. And I'm here representing my husband and all the other common folk here in Albuquerque.

As many of you have said, it naturally occurs in our water anyway, at levels that are deemed recommended by the Center for Disease Control and also the Environmental Protection Agency.

So there was a reason why they had took it out a few years ago in the first place. So putting it back in makes absolutely no sense.

I also want to point out that for over three years now, my husband and I have used fluoride-free toothpaste, have drank bottled water. We do not consume the water from the city. Though we do shower in it, we don't ingest it through our mouth.

And we are cavity free and have been since we've been doing this. So please, supporters of this, tell me again why I need a toxin to prevent cavities and tooth decay. Okay?

And another thing I do want to point out that is one of the biggest concerns for this issue is fixing the cavity and tooth decay problems of our
Well, let me tell you what the issue is with our poor community. It's lack of education, not lack of fluoride. Okay? I have a nephew who falls under this category of poor community and poverty. And the problem with his teeth are they are decaying. He's three years old.

The reason they are decaying is because his mother does not take care of his teeth properly, okay, and also feeds him a lot of juice.

Well, as many of you dentists know, that causes tooth decay, right? If you don't have proper care your teeth are going to fall apart.

Educate the people. Don't force them to ingest a toxin that they obviously do not want to ingest. Okay?

And one question for the Water Authority. Obviously, there's an overwhelming opposition for the active fluoridating of our water. My question to you would be, is that: Are you going to listen to the great citizens of Albuquerque who, by the way, you do work for and will ultimately be the ones affected by this horrendous act?

Thank you.

MS. OWEEGON: So we actually got through
every name on the list.

I'm sorry, sir. I got through every name on the list.

And actually, we got through more names than we expected because everybody was so concise here. We actually got to hear everyone who did sign up.

So thank you all for that. So the last part of our meeting is a little bit of a wrapup of comments from our two expert presenters, each of whom will have five minutes to complete their thoughts.

We're going to start with Dr. Pollick first, since his information is already up and that saves us the tech switch.

And we'll go ahead and hear from you for five minutes, sir.

And a special reminder to both of the presenters to watch the timing cards, because we are a little bit over time already.

MR. POLLICK: Thank you, Kathleen.

I really appreciate everybody's input. It's very important. It's one of the few public health issues that people actually get to decide on through some entity of voting.
I don't think we vote on whether to chlorinate the water. But fluoride, for some reason, has also had this public involvement. I think that's a good thing, so that everybody feels like they are part of this civic activity.

So you have had a chance to read that. This is just a slide of the different kinds of fluorides and how much they cost to apply and who would benefit from them.

Water fluoridation is, by far, the least expensive. It goes -- benefits all ages and all groups.

Fluoride toothpaste is a lot more expensive. People are willing to pay for that.

Fluoride mouth rinse is a little bit more expensive but isn't used for children, because they can swallow that rinse. They don't necessarily spit it out.

I mean we don't want to increase their fluoride intake too much, because fluoride mouth rinse has 225 parts per million of fluoride in it.

The fluoride -- dietary fluoride supplements of the high-risk children, in terms of tooth decay, and that's quite expensive.
And the fluoride -- topical fluoride application, whether it's fluoride varnish or in other forms, is obviously much more expensive. And that's a little bit for people at the high-risk.

So water fluoridation is, by far, the least costly of all of that.

So who supports fluoridation?

Well, fluoridation is supported by major health and science organizations. The World Health Organization, the American Medical Association, the American Dental Association, the American Public Health Association, the US Public Health Service. You -- all the US surgeons general and the American Water Works Association, and 100 more national and international organizations.

And as somebody has said, CDC says that one of the 10 greatest public health achievements of the 20th century is community water fluoridation.

Currently, the most recent data from 2012 by the CDC shows that about three-quarters of the US population on public water systems are receiving fluoridated water. That's more than 210 million people.

18 and a half thousand water systems are actually fluoridating, 44 of the largest 50 cities.
And of course Albuquerque is one of the largest
50 -- one of the 50 largest cities.

And the target for the healthy people, the
2020 document, is almost 80 percent for the USA.

Why change to .7 from the -- the .7 to
1.2, or as the ordinance here has it, from .9 to
1.2?

Well, it used to be that it was by the
average maximum temperature, as somebody has said,
and that still stands. Until this proposed standard
is actually made as a recommendation, we expect that
to happen in a little time.

But it's going to be standardized across
the country primarily because kids aren't drinking
much more differently in different climate zones
anymore with sedentary lifestyles, generally
speaking, heating and air conditioning, that kind of
thing. And it still will provide the benefit we
think that we are looking for without, you know,
increasing dental fluorosis.

When we compare the pro and the anti
fluoridationists, I think it comes down to this.
That anti fluoridationists, people who are opposed
to fluoridation, want to prevent the unnecessary
exposure of living things to fluoride, in the belief
that any amount of fluoride is toxic; whereas, those
that propose fluoridation want to reduce tooth decay
through the judicious use of fluoride with the
knowledge that there's an optimum amount that is
beneficial and safe.

A couple of different arguments that we
have put together, and I've got one minute to go.

I've seen statements like:

"If they were to accurately draw up a list
of the greatest public health achievements of the
past century, fluoridation might appear alongside
the Tuskegee incident, or positions that once
promoted smoking tobacco and the use of asbestos and
lead in building materials."

You compare that kind of a statement with
what the lower part says:

"For 65 years, community water
fluoridation has been a safe and healthy way to
effectively prevent tooth decay. CDC has recognized
water fluoridation as one of 10 great public health
achievements of the 20th century."

I believe there's no room for agreement or
compromise. And so it's very difficult for us to
get together and come to a consensus. So it's
unfortunate, but I think that's the way it is.
I highly recommend reading The Fluoride Wars. I recommend the dentists read The Fluoride Wars. It's written by two environmental scientists and researchers and hydrologists. And they have looked at the pro and the anti sides objectively, because they're not invested in fluoridation at all. And I think you'll come down and realize, as they do, that fluoridation is the way to go. So I am going to conclude right there. Thank you very much.

MS. OWEEGON: And finally, we'll hear closing remarks from Dr. Kennedy, and I will let you all know our next steps.

MR. KENNEDY: Thank you for your attention this evening. And I want to take just a moment to thank my dental colleagues for coming. Not just Bill Wolfe, but the rest of the gentlemen and ladies in the dental profession. I know why you're here. You believe what you're saying is true. I know that because I could have been here saying exactly the same thing you were 20, 30 years ago. And I learned about dose. We weren't taught dose in school.

Do you know dose? I didn't know dose.
Dose is milligrams per kilogram body weight.

We heard this evening that Duoll, the National Academy of Science chairman, said, There's no effect on thyroid.

Duoll is the cigarette guy. He's the guy that produced all of those studies saying smoking didn't cause cancer.

They put him in that committee to make sure it came out with the normal conclusion.

Fluoride is good.

But the committee voted unanimously to say that's not true. Read chapter 8. I'm going to send you a PDF of the National Academies of Science Review. Go to chapter 8 and read it.

They showed that the dose of fluoride that harms the thyroid is between .03 and .01. In other words, in terms of money, between 3 cents and a penny.

When the baby is on the bottle at the previously-alleged beneficial level, they get 25 cents worth of it.

So what kind of idiot gives 25 times more than is known to harm an iodine-deficient infant?

And there's a lot of iodine deficiency in this country. Interestingly enough, the dental
profession has been diverted into this pro-fluoride thing when it's not very effective. It doesn't kill the germs.

You're trying to stop an infection, tooth decay, your teeth rotting because there's a germ in there called streptococcus mutans. If you really cared about your community you would make sure that every child in daycare spits in a tube. If it turns purple, you would address that issue. That's a question of hygiene and killing the bug called streptococcus mutans and a little bit of lactobacillus. That's how you stop tooth decay.

That's how they do it in Denmark, Sweden, Norway, Finland. In other places they address the issue on a group basis and they get rid of the decay. Their decay has dropped faster than ours.

So one of the dentists was saying, Oh, it used to be really high. I had fluoride. My dad was a dentist. I had lots of fluoride. I had 13 cavities. Fluoride doesn't affect tooth decay.

My older brother had the least amount of tooth decay, and he had the least amount of fluoride. So this is anecdotal.

Look at the science. The York review did a review, and there was no quality science on tooth
decay and fluoride. So yeah, blah, blah. Here's the 21 study. 21 cities. He surveyed 200. He wants to tell you about 21. I can -- I can take 200 rats and show you that of 21, smoking is good for them.

This is not valid science. And if the dentists really want to get an earful and maybe change their mind based upon peer-reviewed scientific literature, National Academies of Science, I can show you -- we heard that there's no severe dental fluorosis. Yet every single city has severe dental fluorosis and moderate dental fluorosis in enormous amounts, especially in more Nordic communities.

So how do we get from one point to the other? Was that a published peer-reviewed finding? Well, they -- they claim.

What we got tonight was fear mongering. They show you pictures of tooth decay. Well, we need to do it for the kids.

So I'm going to summarize what they said. The children. The children. The children. Oh, the children. The children. The children.

That's called fear mongering. They got
bad endorsements. You missed the people that
endorsed it. They don't show you the list of
organizations that don't endorse it. Show me the
other side.

The National Kidney Foundation, we heard
about that. They went away.

The American Nurses Association never gave
permission.

The EPA used to endorse it. They are
forbidden by law.

So we get blah, blah, and the fact that
it's the 10th best thing since sliced bread.

We get the CDC patting themselves on the
back, thank you very much.

Delta Dental here, a totally owned
insurance company by dentists.

So who was here tonight saying it was a
good idea? The dentist, the dentist, the dentist,
the dentist. Their assistants, their assistants,
their helpers, their assistants, and the people that
work with them, and one senator who gets money from
them.

You heard about the original trial, the
Kingston Newburgh. But did they tell you there's no
difference today between the tooth decay in
Newburgh, fluoridated -- and Kingston never fluoridated because citizens like you got up and said, Well, Pat, there's no difference today. 60 years later no difference.

But there is a difference in the onset of menses. Little girls drinking fluoridated water start having a period early. So that's linked.

So show me the science. That's my motto. And thank you for listening.

MS. OWEEGON: Many, many thanks to both of our speakers, and many, many thanks to all of you. You guys were great.

Let me tell you the last next steps here.

A summary of this meeting will be available at the website on the bottom of your agenda no later than April 18.

The Water Authority governing board will vote on the issue on April 23rd. And again, if you want to make comments at that meeting get there before 5:00 and make sure that you sign in to give your comments.

Thank you, everyone. Have a peaceful evening and have a safe drive home.

(Proceedings concluded.)
CERTIFICATE

I, Paul Baca, RPR, CCR in and for the State of New Mexico, do hereby certify that the above and foregoing contains a true and correct record, produced to the best of my ability via machine shorthand and computer-aided transcription, of the proceedings had in this matter.

PAUL BACA, RPR, CCR
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