

1 ALBUQUERQUE BERNALILLO COUNTY  
2 WATER UTILITY AUTHORITY  
3  
4 TOWN HALL MEETING ON ADDING FLUORIDE TO  
5 ALBUQUERQUE'S DRINKING WATER

6 April 9, 2014  
7 6:01 p.m.  
8 310 San Pedro Drive, Northeast  
9 Albuquerque, New Mexico 87102

10 In Attendance:

11 Commissioner Kathleen Oweegon, Chair

12 Councillor Rey Garduno

13 Commissioner Maggie Hart Stebbins

14 Commissioner Debbie O'Malley

15 Barbara Gastian

16 David C. Kennedy

17 Howard F. Pollick

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23 REPORTED BY: PAUL BACA, CCR #112  
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Albuquerque, New Mexico 87102

1 MS. OWEEGON: So welcome, everybody.  
2 Thank so you much for taking the time out of your  
3 life to be here today to talk about this very  
4 important topic.

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

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

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

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

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

22 COMMISSIONER O'MALLEY: Thank you very  
23 much.

24 The proposal to look at adding fluoride  
25 was brought before the board, and Commissioner

1 Stebbins was the person who brought it forward to  
2 look at whether or not we should add fluoride to our  
3 system.

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

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

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

21 Thank you.

22 MS. OWEEGON: Thank you, Debbie.

23 And Rey Garduno.

24 COUNCILOR GARDUNO: Thank you. Thank you  
25 so much. And thank you also, as Commissioner

1 O'Malley says, thank you for being here and thank  
2 you, Commissioner Hart Stebbins, for bringing this  
3 forward. I think it's a really important issue.

4 I don't pretend to know everything about  
5 it. That's why we're having this town hall. So  
6 when we listen to the experts, we'll be able to  
7 decipher what is going on, what things we need to  
8 question, what things we need to take forward.

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

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

21 Thank you.

22 MS. OWEEGON: Thank you.

23 All right. So as I said to you all  
24 before, my job here today is simply to serve as a  
25 neutral moderator of tonight's meeting, which means

1 that my job is to help us keep our conversation  
2 friendly, focused, on task, and on time. And I need  
3 your help with that.

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

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

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

20 And the last guideline may or may not  
21 apply tonight, but it might. And it's my personal  
22 favorite, because I think it is the answer to world  
23 peace. Let's try to seek solutions that meet  
24 everyone's needs to the best of our ability. All  
25 right?

1           So, let's see. What else?

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

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

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

19           Whether or not you speak tonight, there  
20 will be another opportunity to make a three-minute  
21 comment during the public comment period at the  
22 Water Authority governing board meeting on  
23 April 23rd. That information is also at the bottom  
24 of your agenda. You might -- you must sign up to  
25 speak before the start of that meeting, just like we

1 did for this meeting, in order for you to be able to  
2 comment then.

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

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

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

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

25           Then we're going to hear presentations

1 from two experts, one who will speak for  
2 fluoridation and one who will share concerns about  
3 fluoridation.

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

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

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

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

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

20 So what I have for you here is a very  
21 brief presentation that will take us from the time  
22 when we actually proposed a change in fluoridation  
23 in January of 2011 to the present moment. And it is  
24 intended to be very brief. If you need more  
25 information, that is posted in a myriad of different

1 presentations from which this comes over the course  
2 of the years.

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

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

10           Fluoridation of Albuquerque drinking  
11 water. This is our history.

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

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

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

22           In 2006, the National Academies of Science  
23 did an assessment. They did the assessment at the  
24 request of the Environmental Protection Agency. The  
25 Environmental Protection Agency is, indeed, our

1 regulatory oversight agency for all water systems  
2 nationally.

3           They reviewed all of the new data on  
4 fluoride, and that resulted in a recommendation that  
5 the EPA update the health and exposure assessments  
6 to take into account bone and dental effects, as  
7 well as consider all of the sources of fluoride, as  
8 there had been some changes in the availability of  
9 fluoride from the 1940s through the 1990s, much less  
10 2005.

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

15           And that was a range. They essentially  
16 recommended adoption of the lower end of that range.

17           The final optimal level recommendation was  
18 expected in the spring of 2011.

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

22           We are actually regulated, as I said, by  
23 EPA. So we look at a maximum level as well.

24           EPA has a primary maximum contaminant  
25 level, or an upper limit to which the water can be

1 fluoridated, and that value is 4.0 parts per  
2 million.

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

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

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

13 Current drinking water fluoride  
14 concentrations in our service area.

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

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

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

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

25 The waters from the wells and the water

1 from the surface water plant are blended in water  
2 reservoirs throughout the city. 31 different places  
3 throughout the city provide water.

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

7 However, blended water supply we measure  
8 quarterly in the distribution system at points  
9 located many years ago throughout the water system.

10 2012 average was 0.5 parts per million.

11 The 2013 average was 0.4 parts per  
12 million.

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

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

21 For maximum operational efficiency,  
22 fluoride would be added at a central location, and  
23 that would be the San Juan-Chama treatment plant.

24 The estimated infrastructure cost for the  
25 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

1 regarding the health risks associated with ingesting  
2 fluoride.

3 So, Dr. Kennedy, thank you.

4 MR. KENNEDY: Thank you.

5 Good evening. It's a pleasure to be here.  
6 I love Albuquerque.

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

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

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

24 And so, does fluoride work to reduce tooth  
25 decay if it's swallowed?

1           No, it does not. And there's two  
2 different references there. One from the Journal of  
3 American Dental Association and the other from the  
4 Center of Disease Control, the same people that are  
5 telling you it's good to put fluoride in the water.  
6 It does not work if you swallow it.

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

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

19           Fluoride's predominant effects are after  
20 the tooth eruption into the mouth and topically.

21           So even when the outer layer of enamel is  
22 as high as Crest toothpaste, a thousand parts per  
23 million, it did not create a measurable difference  
24 in acid solubility.

25           So topical fluoride incorporated from

1 swallowing, it's going around inside your body and  
2 coming out and getting built up into your tooth  
3 doesn't make any difference either.

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

7           What the FDA said in 1997, because there  
8 were 10,000 calls a year annually from children who  
9 swallowed toothpaste and got sick. And they said  
10 it's the same warning you would have on a  
11 .38-caliber pistol.

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

19           The decay inhibition effects are topical  
20 on the germs that cause tooth decay. That -- the  
21 fluoride inhibits the germs. So -- that's not the  
22 only thing it inhibits. It inhibits the bacteria to  
23 breathe. It also inhibits the enzymes that make our  
24 body. It inhibits the cells in a child's body  
25 making new teeth and new bones and brain.

1           And the enzyme that we know now that does  
2           that is called MMP, for the easy pronunciation,  
3           matrix metalloproteinase-20.

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

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

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

18          And so more on dental fluorosis later.

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

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

1 dental fluorosis.

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

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

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

12           But if they are a little older, three to  
13 six years, they can have two cups, you know.

14           And maybe if they're 16 they have as many  
15 as four cups.

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

22           Research has shown that mother's milk has  
23 almost no fluoride, and that's what God wants the  
24 baby to be drinking. I think we should feed the  
25 baby that.

1           Fluoride and tap water is responsible for  
2 a substantial percentage of dental fluorosis.

3           In a 1987 study -- they didn't report on  
4 it until ten years later. And so there's the graph.  
5 Levels of about what we have in dental fluorosis,  
6 about what we have in Albuquerque without any  
7 addition. Still 13 percent of the children had  
8 dental fluorosis.

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

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

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

23           So is fluoride safe for everyone?

24           I say, no, it's not.

25           The agency for toxic substances and

1 disease registry says that the data, the existing  
2 data, indicate that subsets of the population may be  
3 unusually susceptible to the toxic effects of  
4 fluoride.

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

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

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

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

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

19 And the FDA is asked: Is it a drug?

20 They said, Yes, it is.

21 It is approved?

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

24 In 1975, published in the Federal  
25 Register, they allowed the company that had

1 submitted Luride fluoride tablets to be voluntarily  
2 withdrawn, in vitamin form, and they rejected 35  
3 other applications. They were voluntarily  
4 withdrawn.

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

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

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

11 One, its benefits, if any, are topical.

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

14 And not FDA approved as safe or effective.  
15 And they are the people that approve drugs in this  
16 country, in case you didn't know.

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

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

24 And what they did is they -- community  
25 water fluoridation protects against the other

1 modalities of treatment, which is your prescription  
2 fluoride.

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

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

9           No, it is not.

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

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

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

23           Well, what did we tell you about parts  
24 per million? They said, Wait a minute. I want to  
25 know the dose, because parts per million is a

1 concentration. Dose is milligrams per kilogram per  
2 day.

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

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

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

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

24 So who wants to drink hazardous waste?  
25 It's contaminated with a potpourri of bad beings,

1 including arsenic, lead, and whatever else.

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

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

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

12           There's another thing. The -- ethnically,  
13 Hispanics and African Americans have higher blood  
14 levels of lead. But if you have silico fluorides in  
15 water, their lead levels go up through the sky.  
16 That is a crime, in my opinion.

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

20           She added lead, it went up a little bit.

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

23           So this chemical is still active in the  
24 water supply. They say it's -- oh, it's all  
25 dissolved. Show me your data.

1           Leiti did it another way. She looked to  
2 see if the control versus the silicofluoride,  
3 silicofluoride plus lead, and then the lead. Lead  
4 didn't go up and cause dental fluorosis.

5           That's what she's looking at. She's  
6 looking at dental fluorosis. The lead didn't cause  
7 it. The silicofluoride caused -- silicofluoride and  
8 lead caused a lot.

9           Does that explain why we see  
10 disproportionate harm in our communities to African  
11 Americans who have more dental fluorosis? Hispanic  
12 children who have more dental fluorosis?

13           We have proof now that this policy is  
14 harming people.

15           So I have a bumper sticker that I made  
16 up -- I think that everybody should get one -- that  
17 fluoride is not safe for a baby. Because everybody,  
18 but everybody, agrees. And I say, why is that okay?

19           In a democracy, where the citizens have  
20 chosen hundreds of times -- in California over 100  
21 times -- we have voted it out, and now we've got it  
22 in our water.

23           Why? Because there is a policy in  
24 Washington DC to promote it because it helps them  
25 get rid of hydrofluosilicic acid through the public

1 water supply.

2 I don't want to use my water to dispose of  
3 hazardous waste, and I don't think you do either.

4 And I thank you very much for your  
5 attention.

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

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

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

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

24 He's currently the chair of the California  
25 fluoridation advisory counsel of the California

1 Dental Association Foundation.

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

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

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

13 MR. POLLICK: Thank you.

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

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

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

24 So thank you for the introduction,  
25 Kathleen.

1           And I am going to be talking about  
2 supporting the community and water fluoridation in  
3 Albuquerque.

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

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

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

18           So let's see if this works.

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

23           So what is tooth decay, or dental caries?

24           What is enamel fluorosis?

25           Why fluoridate the water?

1 Safety of fluoridation.

2 Important -- cost effectiveness, also, of  
3 fluoridation.

4 And which organizations support  
5 fluoridation?

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

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

11 And then try to summarize.

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

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

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

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

25 5 percent have what is called questionable

1 and maybe a little bit of white streaking, little  
2 flecks of white in the teeth.

3 11 percent have what is called very mild  
4 dental fluorosis. That looks like this.

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

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

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

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

19 And what we found in terms of urgent  
20 dental needs were that in the fluoridated  
21 communities -- and this was quite surprising,  
22 because this is an era when 95 percent of high  
23 school students said that they were using fluoride  
24 toothpaste, although they didn't necessarily use it  
25 every day or twice a day as we recommend.

1           That only four percent had what are  
2           considered to be urgent medical needs, which would  
3           be very large cavities like these, and not only  
4           large cavities, but an abscess formation because the  
5           diseases, the bacteria, go through the tooth from  
6           the pulp into the bone and into the soft tissue and  
7           also can cause bacteremias and infections.

8           But in the non-fluoridated area there were  
9           25 percent of the tenth grade students that had  
10          these kinds of urgent dental needs, a very dramatic  
11          difference. And that was surprising to us.

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

18          So why do we fluoridate the water?

19          To simulate the optimum natural  
20          environment.

21          So looking at the pre-1945 evidence,  
22          before fluoridation started, many, many studies were  
23          done including this 21-city study that was done in  
24          the midwest part of the United States looking at 12  
25          to 14 year olds.

1           And that age was very important because  
2 they will also be getting their second permanent  
3 molars.

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

10           So there's a complicated slide here.

11           On the right-hand side, this is taken from  
12 an actual published article that shows the amount of  
13 tooth decay experienced by these 3,867 children aged  
14 12 to 14 in 11 different cities and where the  
15 fluoride content of the water was less than .5.

16           And where it was between .5 and .9, there  
17 was much less tooth decay. And where it was between  
18 1 and 1.4 parts per million it was even less. And  
19 even less, more in the -- where there was more than  
20 1.4 parts per million.

21           So this is very convincing evidence. It  
22 could be plotted like this, so that the average  
23 child in the very community you have negligible  
24 amounts of fluoride in the water, you would have  
25 about eight teeth affected by tooth decay at that

1 age; whereas, at about one part per million they  
2 would only have three or four, and then it kind of  
3 levels off and you don't get the continuing benefit,  
4 but the dental fluorosis increases.

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

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

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

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

20 And after 19-- -- about 1960, each of  
21 those communities showed a reduction in tooth decay  
22 of between 49 percent and 70 percent. This was a  
23 major, major advance in tooth protection health  
24 promotion. And many communities started, even in  
25 1950, to start fluoridating based upon the evidence

1 that was presented at that time.

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

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

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

21 But where there was 20 percent, only  
22 24 percent fluoridated, which was the west coast,  
23 there was a 60 percent difference, the same kind of  
24 difference that we saw in those community trials.

25 There was an increasing benefit by age.

1 Such that by the 17 year olds they had an average of  
2 one and a half teeth fewer decayed teeth in the  
3 fluoridated communities.

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

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

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

20 Health Canada did a report in 2010.

21 And all of these organizations, comprised  
22 of many scientists that go deliberately over the  
23 details of all the studies over a long period of  
24 time, concluded that water fluoridation was a safe  
25 practice.

1           So in the England study in 2014 they found  
2   that five year olds in fluoridated areas are  
3   28 percent fewer, less likely to have tooth decay.

4           And especially when taking deprivation and  
5   ethnicity into account, 45 percent fewer hospital  
6   admissions of young children, mostly for extractions  
7   under a general anesthetic. And there was no  
8   evidence of a difference in the rate of hip  
9   fractures, Down Syndrome, osteosarcoma, or all  
10   cancers, between these different areas fluoridated  
11   or not.

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

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

24           There is a basic principle of toxicology,  
25   and Dr. Kennedy talked about the dose. And it's the

1 dose that distinguishes the remedy from a poison.

2           When studying the relationship between any  
3 substance and the disease of condition, it is most  
4 important to consider the dose, the amount that an  
5 individual is exposed to over a certain period of  
6 time.

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

10           Yet we don't consider water to be a poison  
11 or to be toxic, and the same is true of fluoride.

12           A certain amount consumed over a period of  
13 time could be toxic if there's too much, or it could  
14 be beneficial if it's an optimum amount.

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

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

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

25           However, the single reference on fluoride

1 use in the Lancet article is from Grandjean's review  
2 of a collection of studies from China, Mongolia, and  
3 Iran, where there were very high levels of fluoride  
4 in the drinking water, and other potential risk  
5 factors were not considered, including the  
6 concentration of arsenic.

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

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

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

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

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

23 And he said, No, they are probably higher.  
24 In some places in China there are naturally high  
25 levels of fluoride in the groundwater.

1           So fluoridation is safe for the  
2 environment. I was able to review the evidence on  
3 this, and this was published in the International  
4 Journal of Occupation Environmental Health.

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

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

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

16           That was their conclusion after reading  
17 that report.

18           So cost effectiveness of fluoridation.

19           CDC finds that for every dollar invested  
20 in fluoridation there's approximately a \$38 savings  
21 in dental treatment costs.

22           Fluoridation lowers the need for general  
23 anesthesia for dental treatments.

24           Studies in the US, UK, and Australia have  
25 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,  
3 if I can get to it, about Albuquerque. And I'm  
4 going to continue my presentation, because my time  
5 is up, in my closing arguments.

6 Thank you.

7 MS. OWEEGON: Thank you, Dr. Pollick.

8 All right. So we have heard two different  
9 perspectives on the situation of fluoridation. So  
10 we are now going to hear your comments.

11 And because each of our presenters this  
12 evening so far have been very concise and very  
13 respectful of the time boundaries that we gave them,  
14 we actually have a little bit of extra time to hear  
15 from a few more of the public commenters than we  
16 expected.

17 So here's the way that it's going to work.  
18 Just one minute here.

19 Okay. So I am going to set up an iPad on  
20 the podium that's going to have a timer on it so  
21 that everybody can see that we're being fair in our  
22 allotments of time.

23 Each commenter will get two minutes. If  
24 you don't need all of your time, don't feel like you  
25 have to take all of your time. It will give

1 somebody else an opportunity to speak.

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

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

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

15           In terms of the sign-ups, we had about a  
16 2-to-1 ratio of those having concerns versus those  
17 in support of. So what I'm going to do when I call  
18 people up is, I'm going to do it 2-to-1. So it will  
19 be two people speaking in opposition followed by one  
20 speaking in favor and so forth through as many as we  
21 can get to by 8:15.

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

25           And if another speaker has covered the

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

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

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

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

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

21 If you have a question you want to pose  
22 you can ask it, but don't expect them to answer it  
23 at that time. They may choose to answer questions  
24 during their five minute wrap-up comments, but they  
25 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  
4 to stating your name and spelling it, we would  
5 appreciate it if you would tell us if you are a  
6 resident of the Albuquerque/Bernalillo County area  
7 or if you're here from someplace else.

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

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

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

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

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

24 My practice for 25 years has been  
25 reversing neurological disease, both treating it

1 surgically as well as finding underlying causes.

2           Because I additionally have a degree in  
3 biological medicine through the Parasol Assistance  
4 Institute in Switzerland, I am acutely aware of very  
5 underground baseline polls of neuro inflammatory  
6 illness.

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

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

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

25           So the potentiation and the proof and

1 scientific studies on animal models, don't let us  
2 become those animals. We have enough influences  
3 deteriorating our IQs, our brain function, and  
4 causing neurological disease.

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

10 Thank you.

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

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

18 The effectiveness of fluoride, as stated  
19 by the American Dental Association in their journal  
20 in July of 2000, Volume 131, by Dr. John  
21 Featherstone, who is a master of science and Ph.D.,  
22 fluoride is the key agent in battling caries that  
23 works primarily via topical mechanisms, inhibition  
24 of demineralization and enhancement of  
25 remineralization and inhibition of bacterial

1 enzymes.

2 Topical application. This should be a  
3 decision between the patient and their healthcare  
4 practitioner so the rest of us don't have to drink a  
5 poison.

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

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

19 There is no safety study really done.

20 It's all talked about effectiveness. Do  
21 we drink it? Do we put it on the teeth? If it was  
22 so safe why do they have on toothpaste, Keep out of  
23 the reach of children under six years of age. If  
24 you accidentally swallow more than you use for  
25 brushing, seek professional help or contact your

1     poison control center immediately.

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

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

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

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

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

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

21                  The second -- at the same time I'm here to  
22    also present to the chairperson Clarissa Pena, from  
23    the authority, a letter transmitting the Centers for  
24    Disease Control support letter for water  
25    fluoridation that was prepared especially for the

1 State of New Mexico.

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

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

10 Thank you.

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

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

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

22 What matters is if one child has problems  
23 then we need to -- we need to work on the statistics  
24 here and make them more accurate and try to  
25 understand that one child is one life.

1           My father had TB of the bones, and this  
2           sort of thing came up again and again and again, but  
3           he still died of TB of the bones.

4           So -- and that was enough for me.

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

9           That's all I have to say.

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

12          So who is our next speaker?

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

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

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

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

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

25          MR. SCHRADER: My name is Don Schrader,

1 S-C-H-R-A-D-E-R. I live in Albuquerque.

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

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

9 Are you sure fluoridation has no  
10 unintended consequences?

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

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

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

21 Beware of the arrogant ignorance of  
22 establishment experts. Some experts introduced  
23 non-native species in many places but did not  
24 foresee the massive environmental harm they were  
25 doing.

1           Are you sure that all the scientific  
2 studies, all the articles, all the books the past 60  
3 years damning water fluoridation are totally wrong?

4           Why is fluoridation not legal in Sweden,  
5 Denmark, and Holland? Why have France and Norway  
6 never fluoridated?

7           Why did Germany and Belgium stop  
8 fluoridation?

9           Are you sure fluoridated drinking water  
10 poses no health dangers?

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

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

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

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

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

1 has been very positive.

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

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

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

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

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

22 I also have been fortunate enough that I'm  
23 also elected as a state senator from here in  
24 Bernalillo County. And where this is actually an  
25 action of the state, it's one-third of New Mexicans

1 are now on Medicaid. One-third. So every penny we  
2 spend on fluoridation will save us, as a tax, huge  
3 amounts of money.

4 We're talking about kids in the South  
5 Valley, kids in poverty areas around the city that  
6 they are going to be missing school, that are going  
7 to have caries in their mouth, and all it takes is  
8 20 cents per family in the city to actually invest  
9 in it and get those kids -- preventing caries and  
10 getting them into school. That is an investment I  
11 am willing to make as a senator and as a  
12 New Mexican.

13 Thank you.

14 MS. OWEEGON: Our next speaker is Kevin  
15 Kirby.

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

20 Oh, I'm sorry. Kevin Kirby. K-E-V-I-N,  
21 K-I-R-B-Y. I'm a resident here in Bernalillo  
22 County. Okay.

23 Again, fluoride really isn't going to make  
24 us look like people that are on the KOAT news at  
25 night. It is not going to solve our problems

1 medically. It is only part of a solution. It is  
2 not the whole solution.

3 Let me give you some data. This is from  
4 CDC. Let's see. 77 percent -- at the time that the  
5 state had a 77 percent fluoridation status, which is  
6 over three-quarters of the state, we had  
7 64.6 percent of third graders who were studied with  
8 caries. In other words, they had cavities.

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

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

13 In addition, a child's complete preventive  
14 dental program should include -- and this is from  
15 CDC's report we were given by the National Center  
16 for Health Statics held in the United States in  
17 2009.

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

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

25 Fluoride will not change the color of your

1 skin or your ethnic identity. It will not change  
2 your poverty level.

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

6 MS. OWEEGON: Thank you.

7 Our next speaker is William Miller.

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

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

15 97 percent of western Europe does not  
16 drink fluoridated water. More people drink  
17 artificially fluoridated water in the US alone than  
18 the rest of the world combined.

19 A national survey by the CDC found that  
20 40 percent of American teenagers have a condition  
21 called dental fluorosis. 36 -- 30 have found a  
22 correlation between fluoride and lower IQ.

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

25 Fluoride supplements have never been

1 approved by the FDA. Because of fluoride toxicity,  
2 you can buy -- you can only buy a fluoride  
3 supplement if you have a doctor's prescription.

4 The FDA has never approved fluoride  
5 supplements for the prevention of tooth decay. The  
6 fluoride supplements the FDA has reviewed have been  
7 rejected.

8 Fluoride is the only medicine added to  
9 public water.

10 Swallowing fluoride provides little  
11 benefit to teeth.

12 Disadvantaged communities are the most  
13 disadvantaged by fluoride.

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

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

22 Is that it? All right. Thank you.

23 MS. OWEEGON: Okay.

24 Our next speaker is Michael Moxey.

25 MR. MOXEY: Good evening. My name is

1 Michael Moxey, M-O-X-E-Y. I am a resident of  
2 Bernalillo County. And I am the government and PR  
3 director for the New Mexico Dental Association.

4 Thank you very much for having this forum.  
5 We appreciate the opportunity to hear both sides.

6 I don't want to take up a lot of time.  
7 Mark said a lot of what I would like to say.

8 But from 1972 until two years ago  
9 Albuquerque was fluoridated over the .7 limits that  
10 are the recommended optimal levels.

11 Right now, as we saw, it is at .4 and .5.  
12 That means the community is below optimal level in  
13 getting fluoridation that is needed to continue to  
14 have good oral health.

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

23 Thank you.

24 MS. OWEEGON: Thank you. Okay.

25 Our next speaker is going to be Michael

1 Jensen. But before we hear from you Michael, let me  
2 just call up the next five people.

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

6 Go ahead, Michael.

7 MR. JENSEN: Thank you.

8 My name is Michael Jensen, J-E-N-S-E-N.  
9 I'm a 24-year resident of Albuquerque.

10 And I would like to say I work, as some  
11 people know, for an organization called Amigos  
12 Bravos, a river conservation organization. But I'm  
13 not speaking for them, I'm speaking for myself.

14 Not to repeat too much, but there's an  
15 already existing experiment out there. As somebody  
16 already mentioned, many countries in Europe don't  
17 fluoridate, and yet the tooth health outcomes are at  
18 least as good in those countries as they are here in  
19 the United States, so there must be something else  
20 going on.

21 The range of fluoride levels that are  
22 naturally-occurring here are close to the optimal  
23 level. But before we started using river water, we  
24 just used groundwater, which is above the optimal  
25 level. And yet somehow, before we started

1 fluoridating, we had bad tooth outcomes and we  
2 suddenly had good ones, and I think people are  
3 compounding things.

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

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

16 And one last comment on low-income people.

17 Studies have been done, and low-income  
18 people have access to dental care from Medicaid and  
19 the CHIP program. It's the people that are just  
20 above the poverty level that don't have it, and the  
21 Affordable Care Act now provides that. So...

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

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

1 city limits of Albuquerque.

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

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

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

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

22 One other point. Fluoride is the most  
23 representative chemical of the halogen family, and  
24 regulations already address chlorine and bromine as  
25 disinfection byproducts. There's nine of them that

1 are regulated. They are known carcinogens. We have  
2 no idea what those fluoride compounds are going to  
3 create. Even though they're not yet regulated, they  
4 will be.

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

8 MS. OWEEGON: All right.

9 Our next speaker is Jesus Galvan.

10 Forgive me if I mispronounce your last  
11 name.

12 MR. GALVAN: I am Dr. Jesus Galvan,  
13 spelled J-E-S-U-S, G-A-L-V-A-N. I am a dentist.  
14 I've been a dentist for 40 years.

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

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

23 So Dr. Pollick left an interesting slide  
24 up there. And I did a little bit of calculation  
25 based on his -- on his slide. And I figured that

1 knowing that the City of Albuquerque, the number of  
2 employees and family members covered by the City of  
3 Albuquerque's dental benefit program is 22,751 as of  
4 a week ago.

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

12 Thank you.

13 MS. OWEEGON: Okay.

14 Our next speaker is Glen Comyford.  
15 Forgive me if I mispronounce your name.

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

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

25 "Whereas, the League of United Latin

1 American Citizens is the nation's oldest and largest  
2 latino organizations founded in Corpus Christi,  
3 Texas, on February 17, 1929.

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

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

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

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

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

21 "And whereas, the current science shows  
22 that fluoridation chemicals pose increased risks to  
23 sensitive subpopulations including infants, the  
24 elderly, diabetics, kidney patients, and people with  
25 poor nutritional status.

1           "Whereas, the minority communities are  
2 more highly impacted by fluoride, as they  
3 historically experience more diabetes and kidney  
4 diseases.

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

8           "Whereas, the National Research Counsel in  
9 2006 established that there are large gaps in the  
10 research on the fluoride's effects on the whole  
11 body, a fact that contradicts previous assurances  
12 made by public health officials and by elected  
13 officials that fluoride and fluoridation has been  
14 exhaustive."

15           MS. OWEEGON: I would just like to  
16 reiterate, because a couple of people got cut off  
17 before they finished, including our last gentleman.

18           You absolutely can submit those comments  
19 in writing as well, so that they get into the  
20 cumulative documentation for this meeting and on  
21 this topic. So thank you.

22           Our next speaker is Sunil Pai?

23           MR. PAI: Yes. Sunil, S-U-N-I-L, P-A-I.  
24 I am an MD. I specialize in integrated medicine,  
25 and I have a large integrated medicine practice here

1 in Albuquerque. I am a resident and also a native  
2 of the state.

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

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

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

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

21 If it is a choice, then that choice should  
22 be given to the individual. And for this price that  
23 the taxpayer will have to pay -- and we could do an  
24 outreach program on an appropriate dental care,  
25 appropriate diet, and also provide even toothpaste

1 to those people who want to have that. It could be  
2 provided for probably much cheaper and actually have  
3 a topical application for those people who believe  
4 in topical applications of fluoride versus taking it  
5 as a systemic -- what I consider a systemic toxin.

6 Thank you.

7 MS. OWEEGON: Okay.

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

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

14 Okay. Les, are you ready to speak?

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

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

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

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

25 So my -- my answer -- my question isn't a

1 question. I'm really following the money here.

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

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

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

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

16 MS. OWEEGON: Thank you. Okay.

17 Our next speaker is Jim Brinkman.

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

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

25 Yesterday I received the annual report

1 from the Water Authority. And they say, about this  
2 fluoride, the National Research Counsel, National  
3 Academy of Sciences, recommended that the EPA update  
4 its fluoride risk assessment to include new data on  
5 health risks and better estimates of total exposure.

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

13 Thank you.

14 MS. OWEEGON: Thank you.

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

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

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

25 And at the risk of invoking a stereotype,

1 I have to share my impression that I find it ironic  
2 that we're getting information from the English on  
3 our dental health. That would be like asking them  
4 how to make a good spicy enchilada.

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

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

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

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

24 I'm strongly against medicating our water.

25 Thank you.

1 MS. OWEEGON: Thank you.

2 Our next speaker is Dr. Guy Clark.

3 MR. CLARK: Hello. I'm Dr. Guy Clark,  
4 G-U-Y, C-L-A-R-K. My office is in northwest  
5 Albuquerque. I live in Corrales.

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

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

17 Interesting, I've been a dentist for over  
18 40 years. I did research in dental school. I'm not  
19 an expert. You know the experts are up there. It  
20 is a he said/she said sort of a thing. I like my  
21 research better than your research.

22 I've been reading research articles for  
23 over 40 years, many of them on fluoridation of city  
24 water in this nation and in England -- sorry for  
25 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

1 because, one, it's a poison. We know that. Kids  
2 tend to ingest a lot more than they should.

3 It's difficult to not find a child that  
4 doesn't want to eat the toothpaste.

5 And I'm also very concerned about how  
6 they're going to control the amount going to  
7 different areas of the city once they put it in. I  
8 know this was a problem before.

9 I'm a -- I've been a dental assistant for  
10 43 years. I have not seen any benefit from fluoride  
11 treatments when I was doing them, which was 33 years  
12 ago. I have not worked in an office for 33 years  
13 that does fluoride.

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

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

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

25 Thank you.

1 MS. OWEEGON: Our next speaker will be  
2 Kristine Roy.

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

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

7 Go ahead, Kristine.

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

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

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

20 As a provider of intervention, what  
21 they're saying is that we are applying -- putting  
22 fluoride as an intervention. And so if you are  
23 intervening medically in any way the person should  
24 have the right to informed consent. Meaning I  
25 should be able to sign off on whether I approve this

1 or not.

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

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

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

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

21 So informed consent, to do no harm, are my  
22 issues why I do not support fluoridation in the  
23 water system. It's -- our healthcare system is  
24 already costing too much, and we don't have the  
25 practitioners to actually serve the people we have

1 already for medical services. Do we want to add  
2 more medical complications to New Mexico?

3 MS. OWEEGON: All right.

4 Our next speaker is Mary Altenberg.

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

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

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

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

25 And so I don't know what else more to say,

1 but I really, really hope that we will reinstate  
2 supplemental fluoridation.

3 Thank you.

4 MS. OWEEGON: Thank you.

5 Our next speaker is Rich Rose.

6 Okay. We will take him off the list.

7 And the next speaker after that is Karen  
8 Hammer.

9 MS. HAMMER: Good evening. My name is  
10 K-A-R-E-N, H-A-M-M-E-R. And I live in Albuquerque  
11 unincorporated, just right near the border, so I  
12 drink water in Albuquerque a lot.

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

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

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

23 Another thing, I am a raw food educator,  
24 so I care about what people eat. So I educate them  
25 how to eat plant foods to keep toxins out of their

1 body. And then this is a toxin that they would have  
2 no choice ingesting.

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

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

14 MS. OWEEGON: All right.

15 Our next speaker is Mary Rose Twohig.

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

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

1 Thank you.

2 MS. OWEEGON: Thank you.

3 Our next speaker is Angelique Doyle.

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

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

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

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

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

25 But aside from the science and the serious

1 health concerns about water fluoridation, this is a  
2 major civil rights issue. Fluoride is a medication,  
3 not a nutrient, not a water purification treatment  
4 to kill bacteria, like chlorine. It is a  
5 medication.

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

10 Let me say it again.

11 You do not have my consent to medicate my  
12 children.

13 MS. OWEEGON: Thank you.

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

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

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

25 Last night I sent an e-mail to each of the

1 board members urging them to take a look at fluoride  
2 health research with links included, including  
3 studies investigating how fluoride affects the brain  
4 as far as IQ scores, the bones and joints as far as  
5 arthritis, the cardiovascular system, the kidneys  
6 and the thyroid gland.

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

9 There are many studies on the adverse  
10 health impact of fluoride on the human body.

11 Since the year 2001 there have been 450  
12 studies on the skeletal system, including 75 studies  
13 on arthritis; 294 studies on the mechanisms by which  
14 fluoride damages cells, including 155 on oxidated  
15 stress; 237 on the brain, including 95 studies on  
16 cognitive function; and 182 studies on the kidneys,  
17 including 64 studies on the heightened risk faced by  
18 kidney patients.

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

22 Thank you.

23 MS. OWEEGON: Okay. I may have called  
24 these names out of order, but I'm trying to get the  
25 alternation right.

1           Our next speaker should be James Twohig,  
2 please.

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

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

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

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

17           And I stand for fluoride.

18           Thank you.

19           MS. OWEEGON: Okay.

20           Our next speaker should be Brian Bakri.

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

24           A book came out in the 1950s saying that  
25 the first use of fluoridated water was used in the

1 concentration camps of Nazi Germany and Russia.

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

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

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

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

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

25 So there is definitely a correlation

1 between docility, dullness, and what is going on.

2 And that -- but it's not really funny.

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

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

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

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

17 And they were complaining because their  
18 poison was contaminated?

19 MS. OWEEGON: All right.

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

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

24 I have master's degree in biology, a  
25 specialty in clinical nutrition. I've been in the

1 field of nutrition for 40 years.

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

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

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

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

23 The more processed the food is the more  
24 fluoride it will have. This is true where mass  
25 water fluoridation programs are in place.

1           If a meat product has been processed it  
2 will contain more fluoride. A chicken nugget will  
3 contain more fluoride than a roast chicken. And a  
4 sliced sandwich chicken will contain more fluoride  
5 than a slice from a roasted chicken.

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

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

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

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

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

25           Laurie, you're up.

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

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

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

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

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

1 uranium? We have uranium in our water.

2 What about arsenic? We have arsenic in  
3 our water.

4 What about, you know, maybe a fuel spill.  
5 Is the City going to be liable?

6 And there have been a lot of lawsuits.

7 MS. OWEEGON: All right. Thank you.

8 Our next speaker is Barbara Posler.

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

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

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

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

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

1 Thank you.

2 MS. OWEEGON: Thank you. All right.

3 Our next speaker is Bryan Flamm.

4 MR. FLAMM: Good evening. I am Bryan  
5 Flamm, B-R-Y-A-N, F-L-A-M-M. I live in Los Ranchos  
6 in Bernalillo County, and I drink county water.

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

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

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

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

23 I still believe that's the case today,  
24 because we don't have adequate safety studies for  
25 this product.

1           We have a lot of tooth studies. We don't  
2           have studies on the systemic problems that  
3           fluoridation might cause.

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

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

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

17          Thank you very much.

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

20          MS. GAUTHIER: Hi. My name is Frances,  
21          F-R-A-N-C-E-S, Gauthier, G-A-U-T-H-I-E-R, and I live  
22          in Albuquerque. And the last guy said a lot of what  
23          I wanted to say.

24          The dentists are talking just about teeth,  
25          and we are a whole lot more than teeth. And like

1 the lady spoke a few minutes ago, I'm one of those  
2 people that is sensitive to side effects and have  
3 suffered in the past from side effects of  
4 medication.

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

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

16 Thank you.

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

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

25 Many of the things that -- in support have

1 already been said, so I'm just going to say a couple  
2 of things.

3 One, treating dental decay is expensive,  
4 and even more so for the lower income population of  
5 New Mexico, Albuquerque. And it's even more of a  
6 double-edged sword for those families because they  
7 may not have access to dental care.

8 And untreated dental decay can lead to  
9 abscesses, severe health problems, and eventual  
10 tooth loss.

11 Because of these reasons the New Mexico  
12 Dental Hygienist Association supports supplemental  
13 fluoride -- fluoridation of the Albuquerque water.

14 Thank you very much.

15 MS. OWEEGON: Thank you.

16 Our next speaker is Ramseys De La Cruz.  
17 But before we hear from him, let's go ahead and call  
18 up our next five speakers.

19 They would be Mary -- Belyea, I think is  
20 the last name. And Raz Rossignol, it looks like,  
21 and Gabriel Otero, Cherise Quezada, and Ron Romero.

22 Ramseys, you're up.

23 MR. DE LA CRUZ: Thanks for coming. Can I  
24 just talk to you guys? Is that okay?

25 My name is Ramseys De La Cruz.

1 R-A-M-S-E-Y-S, D-E-L-A-C-R-U-Z, and I am a resident  
2 of Albuquerque.

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

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

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

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

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

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

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

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

25 So we have to look past all of this and

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

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

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

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

20           MS. OWEEGON: Mary --

21           MS. BELYEA: Belyea.

22           MS. OWEEGON: -- Belyea. Thank you.

23           MS. BELYEA: I'm Mary Belyea, M-A-R-Y  
24 B-E-L-Y-E-A. I'm a 20-year resident of Albuquerque,  
25 and I have been into health promotion for 34 years.

1 I'm a mother, grandmother, great grandmother.

2 I do not agree with fluoridation. I -- in  
3 the water. I've been actually working on taking it  
4 out of my body. I'm coming from a spiritual aspect.  
5 I believe that fluoride, along with calcium,  
6 calcifies the pineal gland and dumbs us down and  
7 makes us not be in touch with our higher selves.

8 I -- I am a person living with a brain  
9 injury, a traumatic brain injury, and I am also  
10 multiple chemical sensitive.

11 And I -- I just don't see the logic in  
12 that, like most of those that have spoken before me  
13 about -- I forgot what I was going to say, about --  
14 oh, gosh, I lost what I was going to say. Anyway, I  
15 might go back to that.

16 But I choose not to contribute my 20 cents  
17 per year to this project, and I believe it's a toxic  
18 additive, and I -- I do want to say -- want to --  
19 I'm losing it.

20 I want to ask you to read about that, the  
21 pineal gland and the importance of that.

22 And thank you very much.

23 MS. OWEEGON: Our next speaker is Raz, and  
24 I'll let you pronounce your own last name, and don't  
25 forget to spell it.

1           A.       My name is Raz, R-A-Z, last name  
2 R-O-S-S-I-G-N-O-L. Some of you may know me as Razi  
3 Keno, my married name.

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

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

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

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

23                   But I'm in another realm right now, but I  
24 ran into a friend of mine, and she said that there  
25 was going to be a forum tonight on fluoridation in

1 the water, and I have been wanting to say something  
2 about this for five years.

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

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

15           MS. OWEEGON: Our next speaker is Gabriel  
16 Otero.

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

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

24           I have here in my hand a controlled study  
25 in China that actually proves the fact of why it

1 does. And how it causes, actually, the low IQ in  
2 kids is because of the fact that when you give  
3 fluoridated water to a baby it's blood-brain barrier  
4 is not developed.

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

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

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

20           That's pretty much all I have to say.  
21 Thank you for letting me speak.

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

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

1 Q-U-E-Z-A-D-A. I reside in Albuquerque.

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

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

10 Thank you for your time.

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

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

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

18 Go ahead, Ron.

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

22 My name is Ron Romero, R-O-N, R-O-M-E-R-O.  
23 I'm a dentist. I've been a dentist for over 30  
24 years. I'm a native New Mexican, and I have  
25 provided preventive dental services to children in

1 Albuquerque, Sandoval, Torrance, surrounding areas,  
2 and many of the counties in New Mexico.

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

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

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

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

20 Since 1960, we have been fluoridating US  
21 water systems throughout the country in various  
22 places. In Albuquerque we have been doing that for  
23 40 years.

24 We have been doing it safe, effective, and  
25 it's the best way to provide preventive dental care

1 to our children, not only poor children, but it  
2 benefits all children and all adults as well.

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

5 MS. OWEEGON: Thank you, sir.

6 Our next speaker is Laura Eaton.

7 MS. EATON: I am Laura Eaton, E-A-T-O-N,  
8 and I live in Albuquerque. And I am strongly  
9 against putting fluoride in our water.

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

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

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

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

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

24 You know we're talking about the cost of  
25 cavities. What about costs of fractures, you know,

1 and all the other issues, the cost of the medical  
2 care for people that have other issues from it?

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

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

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

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

18 So thank you.

19 MS. OWEEGON: Thank you.

20 And our next speaker is Elizabeth Honce.

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

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

1 N-E-V-I-L-L-E.

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

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

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

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

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

22           We also would like to submit a study from  
23 2005 from Harvard that shows that fluoride water  
24 causes cancer, that young -- in young boys -- that  
25 are at risk for bone tumors.

1           Also, we would submit articles on skeletal  
2 fluorosis.

3           And finally, we would also submit 39 -- or  
4 I'm sorry -- 37 studies that have been cited that  
5 talk about IQ reductions have been significantly  
6 associated with fluoride levels in just the 0.88  
7 milligram per liter among children with iodine  
8 deficiencies. And iodine is being taken out of our  
9 breads, taken out of a lot of things.

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

12           Thank you.

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

18           MS. HONCE: Thank you.

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

21           No? Is Pat Toledo here?

22           MR. TOLEDO: Yes.

23           MS. OWEEGON: All right. So Pat Toledo is  
24 next, and then we'll hear from you, Fabby. Thank  
25 you.

1 MR. TOLEDO: My name is Pat Toledo, P-A-T,  
2 T-O-L-E-D-O. I've lived in Albuquerque all my life.

3 I wanted to salute one of the pioneers of  
4 the anti fluoridation movement from 30 years ago.  
5 His name was Dr. Llamas. And he back then, 30 years  
6 ago, he was speaking the same stuff, some of what  
7 the anti fluoride guy up here was stating. And he  
8 was proven excellent, proven truthful.

9 But what I wanted to talk about a little  
10 bit more tonight is just economic justice for the  
11 poor.

12 And I get really nervous when I hear some  
13 of these dentists talking about how they're going to  
14 help the poor and they're interested in helping  
15 these people who don't have anything.

16 The reason these things happen is because  
17 the healthcare is so pathetic in Albuquerque. We're  
18 50th in almost everything when it comes to the  
19 children.

20 If we really cared about them we would  
21 have programs like they have in some other cities,  
22 if we could afford it. But we could afford it if we  
23 didn't invest all of our money in trying to lure  
24 these big corporations here and we had all those --  
25 we're tied to the strangulation of Sandia Base,

1 Kirtland Air Force Base.

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

7 You know when that's going to happen?  
8 Never.

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

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

20 It also addresses diabetes and obesity.  
21 These are the things we've got to get to.

22 Thank you.

23 MS. OWEEGON: And our final speaker for  
24 the evening before we hear closing remarks from our  
25 two presenters is Fabby Flores.

1 MS. FLORES: Thank you. My name is Fabby  
2 Flores. That's F-A-B-B-Y, F-L-O-R-E-S. And I am a  
3 resident of Albuquerque for 32 years. And I'm here  
4 representing my husband and all the other common  
5 folk here in Albuquerque.

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

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

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

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

23 And another thing I do want to point out  
24 that is one of the biggest concerns for this issue  
25 is fixing the cavity and tooth decay problems of our

1 poor community.

2 Well, let me tell you what the issue is  
3 with our poor community. It's lack of education,  
4 not lack of fluoride. Okay? I have a nephew who  
5 falls under this category of poor community and  
6 poverty. And the problem with his teeth are they  
7 are decaying. He's three years old.

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

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

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

17 And one question for the Water Authority.

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

24 Thank you.

25 MS. OWEEGON: So we actually got through

1 every name on the list.

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

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

8 So thank you all for that.

9 So the last part of our meeting is a  
10 little bit of a wrapup of comments from our two  
11 expert presenters, each of whom will have five  
12 minutes to complete their thoughts.

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

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

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

21 MR. POLLICK: Thank you, Kathleen.

22 I really appreciate everybody's input.  
23 It's very important. It's one of the few public  
24 health issues that people actually get to decide on  
25 through some entity of voting.

1 I don't think we vote on whether to  
2 chlorinate the water. But fluoride, for some  
3 reason, has also had this public involvement.

4 I think that's a good thing, so that  
5 everybody feels like they are part of this civic  
6 activity.

7 So you have had a chance to read that.

8 This is just a slide of the different  
9 kinds of fluorides and how much they cost to apply  
10 and who would benefit from them.

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

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

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

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

23 The fluoride -- dietary fluoride  
24 supplements of the high-risk children, in terms of  
25 tooth decay, and that's quite expensive.

1           And the fluoride -- topical fluoride  
2 application, whether it's fluoride varnish or in  
3 other forms, is obviously much more expensive. And  
4 that's a little bit for people at the high-risk.

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

7           So who supports fluoridation?

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

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

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

24           18 and a half thousand water systems are  
25 actually fluoridating, 44 of the largest 50 cities.

1 And of course Albuquerque is one of the largest  
2 50 -- one of the 50 largest cities.

3 And the target for the healthy people, the  
4 2020 document, is almost 80 percent for the USA.

5 Why change to .7 from the -- the .7 to  
6 1.2, or as the ordinance here has it, from .9 to  
7 1.2?

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

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

21 When we compare the pro and the anti  
22 fluoridationists, I think it comes down to this.  
23 That anti fluoridationists, people who are opposed  
24 to fluoridation, want to prevent the unnecessary  
25 exposure of living things to fluoride, in the belief

1 that any amount of fluoride is toxic; whereas, those  
2 that propose fluoridation want to reduce tooth decay  
3 through the judicious use of fluoride with the  
4 knowledge that there's an optimum amount that is  
5 beneficial and safe.

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

8 I've seen statements like:

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

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

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

22 I believe there's no room for agreement or  
23 compromise. And so it's very difficult for us to  
24 get together and come to a consensus. So it's  
25 unfortunate, but I think that's the way it is.

1 I highly recommend reading The Fluoride  
2 Wars. I recommend the dentists read The Fluoride  
3 Wars. It's written by two environmental scientists  
4 and researchers and hydrologists. And they have  
5 looked at the pro and the anti sides objectively,  
6 because they're not invested in fluoridation at all.

7 And I think you'll come down and realize,  
8 as they do, that fluoridation is the way to go.

9 So I am going to conclude right there.

10 Thank you very much.

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

14 MR. KENNEDY: Thank you for your attention  
15 this evening.

16 And I want to take just a moment to thank  
17 my dental colleagues for coming. Not just Bill  
18 Wolfe, but the rest of the gentlemen and ladies in  
19 the dental profession. I know why you're here. You  
20 believe what you're saying is true. I know that  
21 because I could have been here saying exactly the  
22 same thing you were 20, 30 years ago.

23 And I learned about dose. We weren't  
24 taught dose in school.

25 Do you know dose? I didn't know dose.

1 Dose is milligrams per kilogram body weight.

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

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

8 They put him in that committee to make  
9 sure it came out with the normal conclusion.  
10 Fluoride is good.

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

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

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

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

24 And there's a lot of iodine deficiency in  
25 this country. Interestingly enough, the dental

1 profession has been diverted into this pro-fluoride  
2 thing when it's not very effective. It doesn't kill  
3 the germs.

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

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

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

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

24           Look at the science. The York review did  
25 a review, and there was no quality science on tooth

1 decay and fluoride. So yeah, blah, blah. Here's  
2 the 21 study. 21 cities. He surveyed 200. He  
3 wants to tell you about 21. I can -- I can take 200  
4 rats and show you that of 21, smoking is good for  
5 them.

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

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

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

21           So I'm going to summarize what they said.

22           The children. The children. The  
23 children. Oh, the children. The children. The  
24 children.

25           That's called fear mongering. They got

1 bad endorsements. You missed the people that  
2 endorsed it. They don't show you the list of  
3 organizations that don't endorse it. Show me the  
4 other side.

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

7 The American Nurses Association never gave  
8 permission.

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

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

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

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

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

23 You heard about the original trial, the  
24 Kingston Newburgh. But did they tell you there's no  
25 difference today between the tooth decay in

1 Newburgh, fluoridated -- and Kingston never  
2 fluoridated because citizens like you got up and  
3 said, Well, Pat, there's no difference today. 60  
4 years later no difference.

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

8 So show me the science. That's my motto.

9 And thank you for listening.

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

13 Let me tell you the last next steps here.

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

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

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

24 (Proceedings concluded.)

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CERTIFICATE

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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.

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