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To:

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Attention: Scott Pattison, CEO; Frederick Isasi, Director Health Division; David Parkhurst, General Counsel; and NGA contacts David Moore, Melinda Becker, Caroline Sevier, Stephen Parker, Justin Stevens, and Alex Whitaker for delivery to all NGA subcommittee membership

April 27, 2016

Governors and National Governors Association Leadership,

It has come to our attention that in the fourth quarter of 2015, the NGA Best Practices Committee issued a *de facto* national endorsement of community water fluoridation (CWF) that circumvents the intent of the Safe Drinking Water Act (SDWA). That NGA paper, *Health Investments that Pay Off: Strategies to Improve Oral Health*, selectively draws from dated dental endorsements, flawed studies, policy statements, and marketing materials from advocacy groups with vested interests in the continuation of the ill-conceived FSA/PHS/DHHS 1940s fluoridation scheme rather than referencing modern science, the law, or ethical considerations.

Among the many glaring omissions in this back-door lobby attempt to establish a national policy of state mandates is the lack of any reference to the international Cochrane review of fluoridation literature published in June 2015. This is particularly noteworthy as the Cochrane reviews on dental sealants and on topical use of fluorides were cited in the NGA paper. The 2015 fluoridation review, like the 2000 York review, found only small evidence of any benefit which in absolute terms amount to some children having one or two fewer cavities per lifetime. Both prestigious panels also found evidence of dental harm from fluorosis affected significant portions of the population. Both determined dental claims that fluoridation reduced SES oral health disparity were unsupported by contradictory evidence. Similarly, they both noted there was no evidence of whole health safety.

Cochrane eliminated over 4,000 studies at the start because they were either unrelated to the topic or couldn't meet Cochrane's minimum level criteria for having confidence in their results. These are the bulk of the "thousands" of studies pro-fluoridationists cite as evidence of its effectiveness. For those studies making the first cut, they eliminated another 112 because of "inappropriate study design," including "absence of data from two time points," "unsuitable control group" or "absence of concurrent control group." And of the 155 studies left, 97% were still at a high risk of bias. - Rick North, former Executive Vice President of the Oregon American Cancer Society and former Project Director of Oregon Physicians for Social Responsibility's Campaign for Safe Food (2015)

Another glaring omission is the lack of any reference to the 2006 National Research Council (NRC) panel on EPA contaminant levels for fluoride in drinking water which found that the EPA MCL/MCLG

was not protective of human health and that there was no scientific evidence of any safe level of fluoride in the drinking water. That panel specifically stated that susceptible sub-populations could be reasonably anticipated to experience adverse health effects at the low concentrations used for artificial water fluoridation. Those subpopulations include pregnant women and their fetuses, bottle-fed infants and young children, the elderly and those with prolonged health conditions such as endocrine disease, renal disease and diabetes, and who are immunocompromised. The EPA, like the PHS, DHHS, and all other government agencies, has failed to address the NRC concerns, although EPA scientists, like Michigan bureaucrats, avoid tap water for their own personal use.

We applied EPA's risk control methodology, the Reference Dose, to the recent neurotoxicity data. The Reference Dose is the daily dose, expressed in milligrams of chemical per kilogram of body weight, that a person can receive over the long term with reasonable assurance of safety from adverse effects. Application of this methodology to the Varner et al. data leads to a Reference Dose for fluoride of 0.000007 mg/kg-day. Persons who drink about one quart of fluoridated water from the public drinking water supply of the District of Columbia while at work receive about 0.01mg/kg-day from that source alone. This amount of fluoride is more than 100 times the Reference Dose. On the basis of these results the union filed a grievance, asking that EPA provide un-fluoridated drinking water to its employees.

- From NTEU Chapter 280 statement, "Why EPA's Headquarters Union of Scientists Opposes Water Fluoridation" (May 1, 1999)

Three major studies in 2015 are among the hundreds that support the NRC concerns voiced in 2006. They are the report showing significantly higher incidence of low thyroid in fluoridated regions of England (Peckham et al.), the study documenting between 67,000 and 131,000 more diagnosed cases of hyperactivity in children living in fluoridated regions of the United States (Malin and Till), and the pilot study that correlated the severity of dental fluorosis with learning disabilities in 7 year olds living in a community with a stable 1 mg/L fluoride in drinking water (Choi et al.). This last is in follow-up to dozens of earlier epidemiological neurotoxicity studies as well as animal studies. All these studies were conducted by expert teams, peer reviewed, and published in credible journals. All three 2015 studies are missing from the NGA position paper that supports fluoridation mandates.

Equally disturbing is the NGA emphasis on the faulty return on investment claims promoted by the CDC. Aside from the fact that fluoridation provides little if any benefit and causes considerable harm, another 2015 study points out the flaws in the CDC ROI argument and determines that even if accepting the premise of a reduction of cavities, fluoridation schemes are still a community loss based on their own short sighted parameters (Ko & Thiessen). We suggest you speak to Arkansas Governor Asa Hutchinson about the millions of dollars in increased fluoridation costs over what was promised his state by Delta Dental lobbyists and the scandal over the deceptive non-study study used to manipulate Arkansas legislators into passing that state's mandate. (See Resources)

We also suggest the NGA consider the many studies proving that fluoridation increases human lead levels due to its corrosive effect on infrastructure and sinister biochemistry. In addition to those peer-reviewed studies, the Environmental Working Group has issued reports on this topic, including discussion of the harmful synergy of fluoride combined with disinfectants. Governor Rick Snyder of Michigan might not be up to speed on fluoridation, but he certainly understands the repercussions of gaming water reports and failure to act on evidence of government actions that increase blood lead in children. (Masters et al. 1999 & 2000, Maas et al. 2007, Copland 2007, Sawan 2010)

*In research published in the scientific journal Neurotoxicology, researchers found that the mixture of the two chemicals: disinfectant (whether chlorine or chloramine) with fluorosilicic acid has a **drastically increased potency, leaching amazingly high quantities of lead.***

Where does this lead go? Into our drinking water and right on into our bodies, where they wreak havoc by poisoning our heart, kidneys and blood, causing irreversible neurological damage and impairing reproductive function.

- Olga Naidenko, Environmental Working Group Senior Scientist (2009)

NGA leadership might also speak to Governor Bill Walker of Alaska about the 1992 Hooper Bay mass poisoning, the most infamous of several Alaskan overfeeds. Fluoride exceeded recommended levels largely due to its corrosive effect on the machinery used to dispense the fluoridation chemicals into the water system. One died and hundreds were sickened in this small First Nations community. Overfeed due to corrosion is not an uncommon occurrence:

December 1991 – Benton Harbor, Michigan: A faulty pump allowed approximately 900 gallons of hydrofluosilicic acid to leak into a chemical storage building at the water plant. City engineer Roland Klockow stated, “The concentrated hydrofluosilicic acid was so corrosive that it ate through more than two inches of concrete in the storage building.” This water did not reach water consumers, but fluoridation was stopped until June 1993. The original equipment was only two years old. (Carton 1994)

October 2003 - Marlborough, Massachusetts: A valve malfunction allowed a concentrated level of fluoride to flow into the water system. Workers went door to door to alert nearby customers, flushed water mains, and shut down the plant for some time. Residents and businesses were advised to take extreme care when flushing their pipes, and not to come into contact with the water, which could cause burning, skin irritation, or both. (Ko & Thiessen 2015)

July 2008 - Conway, Arkansas: A 42-inch water pipe corroded to the point of failure, due to the fluoride injection port being mounted too close to a chlorine injection port, necessitating the shutdown of a portion of the plant that was completed only in 2005. (Ko & Thiessen 2015)

Another area totally overlooked by lobbyists attempting to dupe politicians and public is the impact on the environment. About 99% of fluoridation chemicals added to city water are flushed down the toilet or otherwise by-pass human teeth. Although the common sense assumption is fluoride becomes diluted upon disposal into our soils and waterways, fluoride actually becomes more concentrated during the treatment process. Moreover, it accumulates in the environment over time, which is one of the many reasons why fluoride is considered a contaminant by the EPA and why legal disposal is so difficult for industry. Let us make this crystal clear, fluoridated wastewater concentrates this enzyme inhibiting and endocrine disrupting contaminant in our environment along with harmful metals leached from plumbing and tramp contaminants, i.e. arsenic. Fluoride is even found at dangerously high levels in the brains of birds where it calcifies the pineal gland, similar to what has been observed in humans. (Luke 2001, Kalisinska 2014, Mullenix 2014, Maas 2007)

Studies show that elevated concentrations in fresh water receiving fluoridated effluent may persist for some distance. Bahls showed that the effluent from Bozeman Montana of 0.6- 2.0 mgF/L, discharged into the East Galletin River did not return to the background level of 0.33 mgF/L for 5.3 km. Singer and Armstrong reported that a distance of 16 km was required to return the Mississippi River to its background level of 0.2 mg/FL after receiving the effluent of 1.21 mgF/L from Minneapolis-St Paul. Although dilution reduces concentration over distance, the amount of fluoride in effluent is either deposited in sediment locally or is carried to the estuary where it may persist for 1-2 million years or may re-contaminate if dredging were to take place. (Foulkes 1994)

Perhaps the most troubling omission from the “best practices” paper is that there is absolutely no acknowledgment that Civil Rights leaders and consumer advocates have been very outspoken

against fluoridation, calling it an Environmental Justice issue. Even the CDC's own 21st century data shows that 58% of black adolescents as compared to 36% of white adolescents have dental fluorosis which is the visible proof of fluoride poisoning during childhood. Latinos, Asians, and Indigenous People have similarly higher rates of dental fluorosis. They account for most of the moderate to severe cases that stain between fifty and 100% of their teeth and includes pitting and enamel erosion. These populations also suffer from higher rates of kidney disease and diabetes. Since damaged kidneys are less effective at clearing fluoride from the body, kidney disease accelerates the build up of this toxin in the bones and soft tissue where it causes inflammation, calcification, and pain. Since diabetics often drink substantially more water, they ingest more fluoride also increasing their bioaccumulation of this inflammatory drug which results in debilitating symptoms. Additionally, fluoride interferes with glucose metabolism, another strain on diabetics.

The Fluoridegate scandal needs to be investigated. This will benefit every racial and ethnic group, the young and old, the wealthy and the poor. - Rev. Wm. Owens (2015)

I support the holding of Fluoridegate hearings at the state and national level so we can learn why we haven't been openly told that fluorides build up in the body over time (and) why our government agencies haven't told the black community openly that fluorides disproportionately harm black Americans." - Rev. Gerald Durley (2011)

I am most deeply concerned for poor families who have babies: if they cannot afford unfluoridated water for their babies' milk formula, do their babies not count? Of course they do. This is an issue of fairness, civil rights, and compassion. - Rev. Andrew Young (2011)

No one should be subjected to drinking fluoride in their water, especially sensitive groups like kidney patients and diabetics, babies in their milk formula, or poor families that cannot afford to purchase unfluoridated water. Black and Latino families are being disproportionately harmed." - Rev. Alveda King (2011)

LULAC demands to know why government agencies entrusted with protecting the public health are more protective of the policy of fluoridation than they are of public health. - League of United Latin American Citizens in "Civil Rights Violation Regarding Forced Medication" (2011)

Moreover, there is significant evidence-based science confirmed by august organizations that fluoridated communities have higher rates of violence. This is likely due to its neurotoxic impact when fluoridation exposure occurs during critical stages of early brain development plus fluoridation's association with heavy metal contamination. This societal impact should be of concern to all our governors, legislators, and citizenry. (Choi 2015, Selinus et al. 2010)

The silicofluorides commonly used in artificial water fluoridation also leach metals out of plumbing, fixtures and cookware, especially when used in conjunction with chemical disinfectants and water softening agents.....

From the point of view of peace-building and recovery operations, it is important to realize that heavy-metal toxicity causes dysfunction in the parts of the brain that mediate inhibition, reasoning, judgment, and impulse control, making individuals or groups of individuals prone to violent outbursts. - Pearson Papers, vol 12 (2009)

Governors, community water fluoridation is a reckless policy. It is inconsistent with the Safe Drinking Water Act that states no substance shall be added to water other than to make it potable. CWF policy also contravenes the 1947 Nuremberg Code and 2005 and 2010 UNESCO statements on Bioethics and Consent which are quite clear that each individual has a right not to participate in any medical intervention. Consequently, regardless of authoritative recommendations and whether or not fluoridation has any significant impact on reducing cavities, it is illegal and it is immoral to use any municipal water system as a delivery system for uncontrolled doses of a prophylactic drug.

Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

- UNESCO on Bioethics and Human Rights (2005)

In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

- Informed Consent in UNESCO documents on Bioethics and Human Rights, Article 6 (2010)

....Thus, adding prophylactic medication (fluoride) to drinking water exceeds the scope of state police power, and courts should apply the highest standard of judicial review called "strict scrutiny" to the legislation authorizing fluoridation.

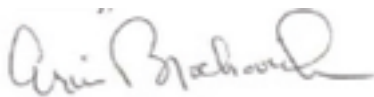
- Douglas Balog, Esq. in Pace University Law Review (1997)

The cessation of all compulsory water fluoridation schemes should be the goal of all public health agencies, ethical lawmakers, and informed citizens.

- Rita F. Barnett-Rose, Esq. in Wm. & Mary Environmental Law & Policy Review (2014)

The NGA and member governors should now consider themselves '**learned intermediaries**' regarding the content of this letter and attached modern references that were apparently not made available to them by lobbyists. Consequently, we urge the NGA to rescind the specious 2015 *Health Investments that Pay Off: Strategies to Improve Oral Health* and issue a recommendation that governors enact immediate fluoridation moratoriums at the state level in order to protect their constituents, preserve their infrastructure, conserve the environment, and limit their legal liability.

Respectfully,



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Enclosure: References, Quotes

cc: Channing D. Phillips as D.C. District Attorney, Loretta E. Lynch as U.S. Attorney General, Sen. Chuck Grassley, Sen. Kirsten Gillibrand, Sen. Barbara Boxer, Rep Robin Kelly, Rep Ted Lieu, Rep Paul Gosar, Rep Wm. Lacy Clay, Rep. Buddy Carter, Rep. Michelle Lujan Grisham, Rep. Dana Rohrabacher, Del. Stacey Plaskett, National Conference of State Legislatures (NCSL), Moms Against Fluoridation, Fluoride Action Network, Mark Hyman MD at Huffington Post, Physicians for Social Responsibility, Environmental Working Group, webmaster@NGA.org

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Quotes Across the Decades

Expert in Endocrine Disease: "This study does not support the use of fluoride in drinking water." - *Dr. Thomas Zoeller, U Mass commenting on 2015 Cochrane Review*

Expert in Risk Assessment: "The available data, responsibly interpreted, indicate little or no beneficial effect of water fluoridation on oral health." - *Dr. Kathleen Thiessen, 2006 National Research Council panelist (2011)*

Expert in Preventative Dentistry: "The evidence that fluoride is more harmful than beneficial is now overwhelming... fluoride may be destroying our bones, our teeth, and our overall health." - *Dr. Hardy Limeback BSc, PhD, DDS, former President of Canadian Association of Dental Research, former head of Preventative Dentistry at the Univ of Toronto, 2006 National Research Council panelist (2007)*

Expert in Neuroscience & Behavioral Psychology: "There's no doubt that the intake of fluoridated water is going to interrupt basic functions of nerve cells in the brain, and this is certainly not going to be [for] the benefit of anybody.....The addition of fluorides to drinking water was, and is, a mistake." - *Dr. Robert Isaacson, 2006 National Research Council panelist on Fluoride in Drinking Water (2007)*

York Review Scientists: "It is particularly worrying then that statements which mislead the public about the review's findings have been made in press releases.... The review did **not** show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis." - *Professor Trevor Sheldon, chair of Advisory Board for 2000 York Review on Fluoridation (2000)*

York Review Conclusion: "The evidence about reducing inequalities in dental health was of poor quality, contradictory and unreliable." - *McDonagh et al. in 2000 York Review*

Expert in Toxicology: "The evidence against the safety of this public health policy will keep mounting and never disappear again. My ignorance of fluoride in the beginning was a matter of chance. If you ignore this evidence today, it will be a matter of choice." - *Dr. Phyllis Mullenix, former Head Toxicologist at Forsyth Dental Center (1999)*

Expert in Toxicology: "Fluoride is a carcinogen by any standard we use. I believe EPA should act immediately to protect the public, not just on the cancer data, but on the evidence of bone fractures, arthritis and mutagenicity and other effects." - *Dr. Wm. Marcus, EPA Chief Scientist (1998)*

Expert in Medical History: "I now realize that what my colleagues and I were doing was what the history of science shows all professionals do when their pet theory is confronted by disconcerting new evidence: they bend over backwards to explain away the new evidence. They try very hard to keep their theory intact — especially so if their own professional reputations depend on maintaining that theory..... It is my best judgement, reached with a high degree of scientific certainty, that fluoridation is invalid in theory and ineffective in practice as a preventive of dental caries. It is dangerous to the health of consumers" - *Dr. John Colquhoun DDS, PhD, former Chief Dental Officer of Auckland, New Zealand (1998 and 1993)*

Expert in Chemical Research: "Fluoride is an enzyme poison, in the same class as cyanide, oxalate, or azide ... it is capable of a very wide variety of harmful effects, even at low doses. It is a scientific disgrace that a well organized lobby of the American Dental Association ever managed to stampede American legislators into ignoring the highly technical but very cogent objection to fluoridation." - *James B. Patrick, Ph.D., National Institute of Health statement to Congress (1982)*

About Collusion: "Fluoridation ... is an attempt by industry to camouflage their deadliest pollutant (w)ith government officials and Madison Avenue advertisers beating the drums...." - *Gladys Caldwell, author of "Fluoridation and Truth Decay" (1974)*

About Fluoride Politics: "No school, college or independent medical research institution dares to be critical of fluoridation because they receive grants from the U.S. Public Health Service. Likewise, no big food, beverage or drug company will dare speak critically of fluoride because they are under the supervision of the FDA, a branch of the USPHS." - *W .B. Hartsfield, mayor of Atlanta, Georgia, in Dental Survey (1961)*

Expert in Cancer Research: "The plain fact that fluorine is an insidious poison, harmful, toxic and cumulative in its effects, even when ingested in minimal amounts, will remain unchanged no matter how many times it will be repeated in print that fluoridation of the water supply is 'safe'." - *Ludwig Gross, MD, former Chief of Veterans' Administration Cancer Research and medical journalist, in Letter to NY Times 6 March 1957*