

Fluoride Action Network

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Re: Proposed Data Collection Submitted for Public Comment and Recommendations

National Surveillance of Community Water Systems and Corresponding Populations with the Recommended Fluoridation Level for the collection of the fluoridation status of the nation's approximately 52,000 community water systems (CWS) which serve the 50 states and the District of Columbia.

Fluoride is a developmental neurotoxicant and the fetal brain is the most vulnerable to fluoride's toxicity. Citizens across the country want to know the levels of fluoride in drinking water in the areas that they live in. It is important for government agencies to collect this data and to have it be as accessible to the public as it can be. This is what citizens expect of their government agencies.

We have yet to actually see fluoride test data in the Safe Drinking Water Information System (SDWIS) other than violations. If it really exists, the public should have access to it. I have requested this information on behalf of the Fluoride Action Network, a non-profit advocacy group, on several occasions without success. It would be much better if the Water Fluoridation Reporting Systems (WFRS) had this information in it, even if it just gets transferred from the SDWIS. At least part of WFRS information is currently put online for anyone to access while none of the SDWIS fluoride data for non-violating systems is provided publicly.

The WFRS system is an important program that needs to be expanded, strengthened, and made more transparent.

WFRS could be greatly improved by allowing public access to it. As advocates for the public, we don't know of any legal reasons why all of WFRS cannot be made public. It is collected by states at public expense and voluntarily given to the CDC.

There is no reason states should have the right to deny it being released publicly, which seems to be the argument CDC uses for keeping it non-public. Note that there is not even an established mechanism for researchers to gain access to WFRS. The only people granted access are public health officials at the local, state, or federal level, and even then you have to sign up and get approved. The CDC is carefully guarding this information with disregard to transparency – they have locked the public out. We urge that this situation change.

A prime justification for improving it should be the fact that the CDC made the major decision to lower the recommended level of F in artificial fluoridation and along with that recommendation came the recommendation to carefully monitor the F levels in water as well as dental fluorosis rates in relationship

to water fluoridation. The WFRS is crucial for both these tasks. Weakening it will directly contravene the important recommendations of CDC themselves.

Sincerely,

Ellen Connett
Managing Director