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May 12, 2016

Jason A. Helgerson  
New York Department of Health,  
Deputy Commissioner,  
Office of Health Insurance Programs,  
NYS Medicaid Director  
Empire State Plaza  
Corning Tower Building, 14th Floor  
Albany, NY 12237

Via Email: jah23@health.state.ny.us

**Re: The use of New York Medicaid Funds to Support Community Water Fluoridation**

Dear Mr. Helgerson,

We attended the May 4, 2016, public hearing in New York city because it was stated on the Department of Health's website that "**Feedback on all waiver programs is welcomed**" - see [Downstate and Upstate Public Comment Days on New York's 1115 Waiver Programs](#)

After the public comments at the meeting you informed us that the fluoridation waiver was not on the May 4 agenda because it was "old business".

Therefore, we need to ask you the following questions on the 1115 Waiver that establishes the use of New York State Medicaid dollars to fund both new and old community water fluoridation projects. As stated in the 2015-2016 State Budget, Medicaid dollars will be used

**to establish a grant program to provide  
assistance to local governments  
to cover the costs of  
installing, replacing, repairing  
or upgrading water  
fluoridation equipment**  
[Assembly Bill A03007, 2015-2016](#)

## Our Questions to NYS Medicaid:

1. Please confirm if the Medicaid Redesign Team's recommendations in 2012 for fluoridation funds are still applicable today, as stated in Appendix III(k), MRT Reinvestment Program: Public Health Innovation, MRT 1115 Waiver Amendment, at <http://fluoridealert.org/wp-content/uploads/ny.2012.mrt-waiver.pdf>

\$20 million total for five years:  
\$1 million for 2013  
\$2 million for 2014  
\$5 million for 2015  
\$6.5 million for 2016

2. Are there any other waivers, or legislative bills, that allowed the use of NYS Medicaid funds for fluoridation projects in the state prior to 2013? If there were, please provide the details.

3. What communities in the state have submitted requests for NYS Medicaid-funded fluoridation grants? Please give us the name of the city and county, the reason the grant money was requested, the amount of the grant, and the date the request was made.

4. What is the total amount that NYS Medicaid has paid for community water fluoridation projects to this date?

5. Is it a conflict of interest that Kate Breslin, a lobbyist for fluoridation interests, sits on the Medicaid Redesign Team panel?

6. Why have groups, such as the national Fluoride Action Network (FAN), not been invited to be members of the NY Medicaid Redesign panel? FAN is a non-profit that advocates for alternatives for dental health care for low-income children that does not include fluoridation. These alternatives have proved to be more successful and cheaper than community water fluoridation and carry no risk to the child.

7. In 2015, Dr. Jay Kumar identified the following areas that are targeted for NYS Medicaid fluoridation funds. Please include any target areas missing from this list.

Albany County: City of Albany  
Broome County: Johnson City Water Works  
Cortland County: Cortland  
Dutchess County: Poughkeepsie  
Nassau County: All of county  
Rockland County: All of county  
Suffolk County: All of county  
Tompkins County: Ithaca  
Tompkins County: Cornell University  
Warren County: Queensbury Water District  
Ref: Fluoridation Program Management  
<http://fluoridealert.org/wp-content/uploads/kumar.target-ny-cities.circa-2015.pdf>

8. Was there any attempt to notify the residents in these communities that they were being targeted for community water fluoridation?

9. Have there been any press reports on the use of NYS Medicaid funds for water fluoridation projects? If there have been, please give us the details.

10. Please send us the data on which you based your considerations for the need for fluoridation in the NYS targeted communities. Was any consideration given to the level of fluoride exposure to children and adults in the target areas such as:

- rates of dental fluorosis in children
- levels of fluoride in the urine or in the blood
- proximity to fluoride-emitting industries
- naturally occurring levels in community water

11. Please send us the data for all examinations performed on children's teeth (either in schools, through the WIC programs, or any other program) for the communities that NYS Medicaid fluoridation funds have either been allocated or under consideration. We request all the examination data for the rates of dental fluorosis (by age and years examined) and for the DMFT data (decayed, missing, and filled teeth) by age and years examined -- or whatever other indicator is used, such as 'children with caries experience' or 'white spots on teeth' etc.

12. Please send us all other data used to determine if the children (and adults) in the target areas for NYS Medicaid fluoridation funds are not over-exposed to fluoride. Such data includes urine and blood tests. For example, the CDC's National Health and Nutrition Examination Survey (NHANES) team were in NYS in 2013 taking measurements for fluoride exposure that included dental fluorosis, urine and blood tests.

13. Did NYS Medicaid, or another Medicaid division, request NHANES to perform this 2013 survey in NY?

14. Does the NYS Medicaid office have the results of the 2013 NHANES survey? If you do, can you share the results with us?

15. Did NYS Medicaid make any attempt to know the total fluoride intake of children in the targeted areas? For example, children in Connersville, Indiana, had ingested "optimal" amounts of fluoride without fluoridation.

See <http://www.ncbi.nlm.nih.gov/pubmed/?term=connersville+fluoride>

16. Please send us copies of your communications with the Centers for Medicare and Medicaid Services (CMS) on the allowability of Medicaid financing for community water fluoridation. It was noted that such guidance would be sought from CMS in this 2014 report, *Oral Health Plan for New York State*, page 9, <http://fluoridealert.org/wp-content/uploads/ny-2014.pdf>

17. Is the NYS Medicaid Redesign work on fluoridation being copied in any other state?

18. Where else in the U.S. are Medicaid dollars used to fund fluoridation?

19. Since we were told on May 4, 2016, that we were speaking to the wrong group and were too late, what date and what place was the appropriate time for us to comment?

20. Please provide the comments you received about fluoridation both for and against during the Hearings that were held on NYS Medicaid funding of fluoridation projects.

21. Several residents in Long Island have expressed concern about the addition of fluoride into the public water supplies in areas where the groundwater has been contaminated.

21. We found the sources cited in support of the use of NYS Medicaid funds for community water fluoridation to be weak and selective. No mention was given the fact that both [dental researchers and the CDC](#) have stated that the benefit of fluoride is topical, not systemic. As to the effectiveness of fluoridation, the authors of a 2015 review by Cochrane titled: [Water fluoridation for the prevention of dental caries](#) state:

- There is insufficient information to determine whether initiation of a water fluoridation programme results in a change in disparities in caries across socioeconomic status (SES) levels.
- No studies that aimed to determine the effectiveness of water fluoridation for preventing caries in adults met the review's inclusion criteria.
- With regard to dental fluorosis, we estimated that for a fluoride level of 0.7 ppm the percentage of participants with fluorosis of aesthetic concern was approximately 12% (95% CI 8% to 17%; 40 studies, 59,630 participants). This increases to 40% (95% CI 35% to 44%) when considering fluorosis of any level (detected under highly controlled, clinical conditions; 90 studies, 180,530 participants). Over 97% of the studies were at high risk of bias and there was substantial between-study variation.
- There is very little contemporary evidence, meeting the review's inclusion criteria, that has evaluated the effectiveness of water fluoridation for the prevention of caries.
- The available data come predominantly from studies conducted prior to 1975, and indicate that water fluoridation is effective at reducing caries levels in both deciduous and permanent dentition in children. Our confidence in the size of the effect estimates is limited by the observational nature of the study designs, the high risk of bias within the studies and, importantly, the applicability of the evidence to current lifestyles. The decision to implement a water fluoridation programme relies upon an understanding of the population's oral health behaviour (e.g. use of fluoride toothpaste), the availability and uptake of other caries prevention strategies, their diet and consumption of tap water and the movement/migration of the population. There is insufficient evidence to determine whether water fluoridation results in a change in disparities in caries levels across SES. We did not identify any evidence, meeting the review's inclusion criteria, to determine the effectiveness of water fluoridation for preventing caries in adults.

## Community water fluoridation is an Environmental Justice issue.

The arguments that fluoridation is an Environmental Justice issue are fully presented in our report, [Water Fluoridation and Environmental Justice](#), submitted to the Environmental Justice Interagency Working Group in September 2015.

There are several reasons for this, including, but not limited to the racial disparities in dental fluorosis. EJ concerns for the specific targeting of poor children in the state of New York to fluoride exposure include the following:

- Black-American and Mexican-American children have significantly higher rates of the more severe forms of dental fluorosis due to over-exposure to fluoride.
- Low income families and communities of color have not been informed of the potential risks of fluoride exposure.
- Fluoride is Neurotoxic.
- Fluoride is an Endocrine Disruptor.
- Fluoride is a Developmental Toxicant.
- Fluoride is defined as an “unapproved drug” by the Food and Drug Administration.
- Formula-fed infants in areas with community water fluoridation (with the fluoride level at 0.7 ppm) receive up to 175 times more fluoride than human-fed infants.
- Fluoridation chemicals contain trace amounts of arsenic and lead, both neurotoxic and known human carcinogens.
- There are 50 published papers that reported an association of lowered IQ in children with exposure to fluoride.

•• A January 1962 internal memorandum from a top Public Health official in connection with the first fluoridation trial revealed that “**negroes in Grand Rapids had twice as much [dental] fluorosis than others**’. This information was not shared with the black, medical, or scientific communities. ([http://fluoridealert.org/wp-content/uploads/1962\\_01\\_10\\_Blacks\\_Fluorosis.pdf](http://fluoridealert.org/wp-content/uploads/1962_01_10_Blacks_Fluorosis.pdf))

•• **Black Americans and Mexican Americans** have significantly higher rates of the more severe forms of dental fluorosis (ref, CDC, Table 23, 2005, <http://fluoridealert.org/content/table-23-enamel-fluorosis-among-persons-aged-6-39-mmwr-2005/>). This information was not shared with the black or medical communities.

•• New York State Oral Health Reports have provided no information on dental fluorosis and **no warnings to communities of color** on their extra vulnerabilities. For example, there was no mention of dental fluorosis in any of these 5 reports:

-- 2005. **Oral Health Plan for New York State**. By the New York State Department of Health, <http://fluoridealert.org/wp-content/uploads/ny-2005-b.pdf>

-- 2005. **Oral Health Status of Third Grade Children**. By Kumar et al. New York State Oral Health Surveillance System, <http://fluoridealert.org/wp-content/uploads/ny-2005.pdf>

-- 2005. **Children’s Oral Health**. By the Schuyler Center for Analysis and Advocacy (Albany NY), <http://fluoridealert.org/wp-content/uploads/ny-2005.schuyler-center.pdf>

-- 2012. **Oral Health in New York City**. By the New York City Department of Health. NYC Vital Signs, Volume 11, No. 5, June 2012, [http://fluoridealert.org/wp-content/uploads/ny-2012.nyc\\_.pdf](http://fluoridealert.org/wp-content/uploads/ny-2012.nyc_.pdf)

-- 2014. **Oral Health Plan for New York State. December 2014**. By the New York State Department of Health, <http://fluoridealert.org/wp-content/uploads/ny-2014.pdf>

•• There was no mention of dental fluorosis in the 2010 study cited by the Medicaid Redesign Team by Kumar et al. *Geographic Variation in Medicaid Claims for Dental Procedures in New York State: Role of Fluoridation Under Contemporary Conditions*. *Public Health Reports*, Sept-Oct, 25: 647-654. See <http://fluoridealert.org/wp-content/uploads/kumar-2010-2.pdf>

•• Dental fluorosis was cited in the 2011 report, New York Medicaid Redesign Team (MRT) Health Disparities Work Group. Final Recommendations:

“Concerns with Recommendation: Some members of the public are opposed to fluoridation, in part due to concerns about excessive exposure to fluoride... A report late last year by the Centers for Disease Control and Prevention linked fluoride to an increase among children in dental fluorosis. About 40 percent of children ages 12 to 15 had dental fluorosis, mostly very mild or mild cases, from 1994 to 2004. That percentage was 22.6 in a 1986-87 study...” [http://fluoridealert.org/wp-content/uploads/ny.mrt\\_.final-recommendations.2011.pdf](http://fluoridealert.org/wp-content/uploads/ny.mrt_.final-recommendations.2011.pdf)

Dental fluorosis was the only concern listed. There was no mention of the [racial disparities of dental fluorosis](#), or neurotoxicity, or endocrine disruption, or the potential for lowered IQ, or the fact that the FDA labels fluoride an “unapproved drug”, or that fluoridation chemicals contain trace amounts of arsenic and lead which are known neurotoxins and human carcinogens, that poor nutrition exacerbates fluoride’s toxicity, and more.

•• While a 1998 NYS study by Kumar et al. reported that the increase in dental fluorosis was **relatively higher among African Americans**, we are not aware that this information was shared with the black community in NY. (*Changes in Dental Fluorosis and Dental Caries in Newburgh and Kingston, New York*. Public Health Briefs, December 1998, Vol. 88, No. 12. <http://fluoridealert.org/wp-content/uploads/kumar-1998.pdf> )

•• A 1999 NYS study by Kumar and Swango reported, “Children examined in 1996 were at higher risk for both questionable and very mild to severe dental fluorosis if they received fluoride from water or daily tablet use, or started brushing before the age of 2 years. The increase in risk from 1986 to 1995 was **greater for African-American children**.” Again, we are not aware that this information was shared with the black community in NY. (*Fluoride exposure and dental fluorosis in Newburgh and Kingston, New York: policy implications*. Community Dentistry and Oral Epidemiology; June 27(3):171-80. <http://fluoridealert.org/studytracker/17922/> )

•• While a 2000 NYS study by Kumar and Swango concluded: “Lower birth weight did not explain the **higher prevalence of dental fluorosis observed among African-American children**” we are not aware that this information was shared with the black community in NY. (*Low birth weight and dental fluorosis: is there an association?* Journal of Public Health Dentistry; 60(3):167-71.60(3):167171.71. <http://fluoridealert.org/studytracker/17923/>

•• There is no mention of dental fluorosis in the 2012 report, *New York State Medical Redesign Team (MRT) Waiver Amendment. Achieving the Triple Aim* at <http://fluoridealert.org/wp-content/uploads/ny.2012.mrt-waiver.pdf>

•• Infants have the highest exposures to fluoride with respect to body weight.

•• Formula-fed infants in fluoridated communities receive approximately 175 times more fluoride compared to the human-fed infant, when the water is fluoridated at 0.7 ppm. Mother's milk has very low levels of fluoride (0.004 ppm) and these levels barely rise even if the mother lives in an area with high fluoride levels in the water. Nature has contrived to protect the new born baby from fluoride, but this protection is denied formula-fed infants in fluoridated communities. We are not aware that this information has ever been shared with low-income families or in communities of color in NYS.

•• Low-income families cannot afford filters to remove fluoride (such as reverse osmosis and distillation) nor can they afford to buy no-fluoride or low-fluoride water compared to higher income groups. Low-income families are held captive to fluoridated water and thus there is no equity in water fluoridation.

**The NYS scheme to use Medicaid funds to specifically target poor children is a serious issue. Other, but not all, concerns include:**

•• An abstract of a study on preterm birth in Upstate New York titled [Relationship between municipal water fluoridation and preterm birth in Upstate New York](#) (2009). The lead author works for the NYS Department of Health. The abstract states: "Domestic water fluoridation was associated with an increased risk of PTB [preterm birth]. **This relationship was most pronounced among women in the lowest SES [socio-economic-status] groups and those of non-white racial origin.**" We are not aware that this information was shared with low-income communities in NY. Abstract at <http://fluoridealert.org/studytracker/17140/>

•• Fluoride is an endocrine disruptor, identified in 2006 by the National Research Council of the National Academies in 2006. See page 266, <http://www.nap.edu/read/11571/chapter/10?term=disruptor#266>

•• Fluoride is a developmental neurotoxicant, identified in 2014 by Grandjean and Landrigan in *The Lancet Neurology*, <http://fluoridealert.org/wp-content/uploads/grandjean-20141.pdf>

•• Published research on fluoride as a neurotoxin includes:

- Over 100 animal studies showing that prolonged exposure to varying levels of fluoride can [damage the brain](#)
- 50 human studies linking moderately high fluoride exposures with **reduced intelligence**, <http://fluoridealert.org/studies/brain01/>
- 37 animal studies reporting that mice or rats ingesting fluoride have an **impaired capacity to learn and/or remember**, <http://fluoridealert.org/studies/brain02/>
- 12 studies (7 human, 5 animal) linking fluoride with **neurobehavioral deficits**, (e.g., impaired visual-spatial organization), <http://fluoridealert.org/studies/brain03/>

- 3 human studies linking fluoride exposure with impaired **fetal brain development**, <http://fluoridealert.org/studies/brain05/>

That NYS Medicaid is using funds for fluoridation projects in an effort to help the dental health of poor children is an Environmental Justice issue because low-income families and communities of color have a disproportional risk to fluoride exposure (see 2015 report, [Environmental Justice and Water Fluoridation](#)). We request the opportunity to meet with you to discuss a moratorium on the use of NYS Medicaid funding for fluoridation projects and to consider instead the use of these funds for alternative programs that have proven to be successful in improving the dental health of low-income children without any risks to the child.

Yours sincerely,

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