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May 12th, 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 Deputy Commissioner Helgerson,

This submission to the DSRIP/MRT is a follow up of my presentation at the Public Comment day on Wednesday, May 4th, 2016 in NYC. As per Assembly Bill A03007, 2015-2016, a bill has been passed which
“makes changes necessary to continue implementation of **Medicaid redesign team** recommendations ...
“to establish a grant program to provide assistance to local governments to cover the costs of **installing**, replacing, repairing or upgrading water fluoridation equipment.”

In your capacity as both the NYS Deputy Commissioner of the Department of Health and the NYS Medicaid Director, I appreciate that the mandate of cutting costs while not cutting health service must be extremely challenging to achieve and difficult choices have to be made.

Although on the face of it, adding fluoride to the drinking water may seem to be an efficient and cost saving program both common sense and recent scientific review shows that this is far from the truth.

Common sense tells us that water fluoridation is inefficient:

1. If fluoride is put into our drinking water, most of the water goes down the drain, therefore literally, most of the fluoride is *wasted*.
2. When we drink it, most of it goes down our esophagus, our digestive tract and into our stomach – very little of it is retained in our mouth ([see CDC for estimated 0.016 ppm concentration in saliva](#)).
3. Over 70 percent of US public water supplies are fluoridated, and water fluoridation has been implemented for over 70 years, therefore one would assume that tooth decay would have decreased substantially, even in poor areas with full access to fluoridated water. However, the US Surgeon General in 2000 declared dental caries as the “Silent Epidemic” and worse for children on Medicaid. If water fluoridation worked at reducing tooth decay for children of lower SES, we would not be experiencing this very serious problem 70 years later.
4. Furthermore, on inspection of the NYS DOH 2005-2012 data regarding ER visits for tooth decay, there seems to be no difference between the increase 3 and 5 year olds needing **emergency room** visits in areas with 100% water fluoridation and those with 0% fluoridation (see Exhibit D).

Common sense tells us that water fluoridation is inefficient and not working, what about the science?

In 2015 The Cochrane Review on Water Fluoridation and the prevention of dental caries published their conclusions:

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. (Emphasis added)

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. (*However*) Our confidence in the size of the effect estimates is limited by

- a. the **observational nature** of the study designs,
- b. the **high risk of bias** within the studies and, importantly,
- c. the *applicability of the evidence* to current lifestyles...

...There is **insufficient evidence** to determine whether water fluoridation results in a **change in disparities in caries levels across Socioeconomic Status**. (Emphasis added)

We **did not identify any evidence**, meeting the review's inclusion criteria, to determine the *effectiveness of water fluoridation for preventing caries in adults*. (Emphasis added)

There is **insufficient information** to determine the effect on caries levels of stopping water fluoridation programmes. (Emphasis added)

There is a **significant** association between **dental fluorosis** (of aesthetic concern or all levels of dental fluorosis) and fluoride level. The evidence is limited due to **high risk of bias** within the studies and substantial between-study variation. (Emphasis added)

http://www.cochrane.org/CD010856/ORAL_water-fluoridation-prevent-tooth-decay

Therefore, despite 70 years of water fluoridation, there is no substantial evidence to support that water fluoridation is effective at preventing tooth decay, especially in the poor.

In other words, millions of dollars are literally being poured down the drain to support a system that increases **dental fluorosis**, reduces decay in one surface out of four children under 10 in children based on CDC data, (clinically insignificant), and furthermore most likely does nothing to prevent tooth decay in teen and adult teeth.

This speaks to the inefficiencies of water fluoridation: what about the possible adverse effects?

As the Deputy Commissioner of the Department of Health you must be well aware of the potential hazards of adding fluoride chemicals to drinking water.

Hexafluorosilicic acid (HFSA) is not naturally occurring, as is calcium fluoride, but a hazardous waste product from the phosphate fertilizer industry with arsenic, lead and other contaminants (see Exhibit A and B).

HFSA has a probable lethal dose LD(50) of 5-50mg/kg (see exhibit B) therefore is more toxic than lead which has a LD(50) of 450 mg/kg.

Fluoride is a known developmental neurotoxicant and endocrine disruptor: these are well established facts and not in dispute within the scientific community. What is in dispute is, does the latest 0.7ppm HHS recommended level solely for tooth decay prevention, provide a sufficient safety margin for all persons at risk to exposure for the probable and possible adverse effects?

Common sense arguments against adding a known endocrine disruptor and neurotoxin to our drinking water:

1. If the government allows a lead concentration of 0.015ppm to be added to drinking water, then does not *common sense* dictate that **fluoride, which is more toxic than lead**, should have even a lower allowable level? (Fluoride maximum was recently reduced from 1.2ppm to 0.7ppm, thus in this aspect it should be less than 0.015ppm).

2. Even though there is an 'allowable' concentration of added lead and arsenic contaminants, does it make **economic** sense to add **lead** and **arsenic** to our drinking water? (see Exhibit A) This will not increase the health of anyone, particularly not those living in poverty.

Scientific Review of Adverse Side Effects

The US EPA charged the National Academies of Sciences to conduct a review on water fluoridation which was published in a 500 page document in 2006. Their conclusions (see Exhibit C) included that there is insufficient evidence (despite 70 years of water fluoridation) to rule out adverse health effects at the levels found and recommended in our drinking water. One recommendation was for the EPA to reduce its maximum contaminant level goal. (This recommendation has yet to be implemented.)

Probable and possible health effects include **reduced thyroid function, reduced IQ, endocrine disruption, arthritis, joint pain and diabetes.**

In the US, data tells us that hypothyroidism will **affect 1 in 8 women** in their lifetime, congenital hypothyroidism (causing cognitive impairment and developmental delays) has **doubled** since collecting incidence data, and 15% of children will be diagnosed with one or more neurodevelopmental disorders. That is **1 in 6 to 1 in 7 children** will have some form of disorder including Attention Deficit Disorder, Autism, reduced IQ, learning and speech delays.

As yet no studies ruling out these possible adverse effects of drinking hexafluorosilicic acid have been conducted in the US.

Are we really willing to add a further neurotoxic burden to our NYS residents, children, adults and the elderly alike? As a health professional you are fully aware that when we add a chemical to our drinking water we cannot control for dose, and our Medicaid recipients are at high risk for medical issues. Does this make **economic** sense?

Common sense dictates that water fluoridation is a waste of funds. A systematic review of the available *science* bears this out. Instead of supporting spending millions of dollars on promoting fluoridation projects, please support using these funds to promote education about dental hygiene, good nutrition and cutting down on sugar. (It is sugar that causes cavities, not lack of fluoride.) In addition, if we are really interested in serving those most in need, it is vital to provide affordable direct dental care to Medicaid patients and children.

Thank you for your time,
Yours sincerely,

Dr. Robin Warwick
Audiologist,
NYC Resident.

646R

Simplot

SIMPLOT PHOSPHATES LLC

Certificate of Analysis (COA)

SIMPLOT PHOSPHATES LLC
515 South Hwy 430
Rock Springs, WY 82901

DATE: Friday, October 23, 2015

TO: Norfolk Southern TBT C/O BHS Marketing

Product:	<u>Fluorosilicic Acid (FSA)</u>
Bill of Lading Number:	<u>036406 RS</u>
Rail Car Number	<u>GATX 4022</u>
Date Analyzed:	<u>September 23, 2015</u>
Other Information:	<u>Release # 2236266.1</u>

Analysis Name	Specification		Analysis
	Max	Min	
% Assay (H_2SiF_6)	25%	23%	24.41
% HF	1.0%		0.67
% P2O5			0
Specific gravity @ 60°F			1.220
Lead (Pb) ppm			0.36
Arsenic ppm			4.81
Color (APHA)	200		5
Visible Suspended Matter			0



Certified to	Max. use:
NSF/ANSI 60	6 mg/L

Meets ANSI / AWWA B703-11


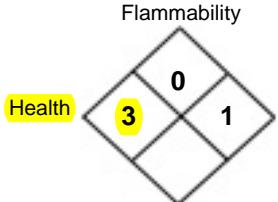
Brian Thomas

Brian Thomas, Lab Supervisor

Material Safety Data Sheet

Revision Issued: 03/01/2013	Supercedes: 10/23/2009	First Issued: 1/20/1996
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Section I – Product and Company Identification

Product Name: Hydrofluosilicic Acid	PotashCorp MSDS No.: 52 ERG No.: 154
 <p>1101 Skokie Blvd., Northbrook, IL 60062 Phone (800) 241-6908 / (847) 849-4200</p> <p>Suite 500, 122 – 1st Avenue South Saskatoon, Saskatchewan Canada S7K7G3 Phone (800) 667-0403 from Canada (800) 667-3930 from USA</p> <p>Emergencies (800) 424-9300 (CHEMTREC) Web Site www.potashcorp.com Health Emergencies, Contact Your Local Poison Center</p>	<p>Flammability</p>  <p>Instability</p> <p>Specific Hazard</p> <p>NFPA Code</p>

Common Name: Hydrofluosilicic Acid	Formula: H ₂ SiF ₆	Synonym: HFSA	Uses: Industrial
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Section II – Composition / Information On Ingredients

Chemical Name	CAS No.	Exposure Limits								% by Weight
		OSHA PEL		TLV – TWA		STEL		CEIL		
		mg/m ³	ppm	mg/m ³	ppm	mg/m ³	ppm	mg/m ³	ppm	
Hydrofluosilicic Acid	16961-83-4									24
Fluoride (19%)		2.5		2.5						

* No exposure limits have been established for Hydrofluosilicic Acid, however, the OSHA Permissible Exposure Limit (PEL) and ACGIH threshold limit value (TLV) of 2.5 mg/m³ for fluoride for the eight hour time weighted average applies.

Section III – Hazard Identification

Potential Acute Health Effects:	Hydrofluosilicic acid is extremely corrosive to the skin, eyes or mucous membrane through direct contact, inhalation or ingestion. Handle with extreme caution.
Eyes and Skin:	May cause irritation or burns in all parts of the body. Eye contact may cause severe damage, including ulceration of the cornea and blindness if not adequately flushed.
Inhalation:	May cause irritation or burns in all parts of the body, including nose, throat and respiratory system. Symptoms of overexposure may include ulceration of the nose and throat, coughing, salivation, headache, fatigue, dizziness, nausea, shock and pulmonary edema (fluid buildup in the lungs causing great difficulty in breathing). May lead to coma or death.
Ingestion:	May cause tissue destruction of the digestive tract, ulceration of mucous membranes, intense thirst, abdominal pains, vomiting, shock, convulsions and death.
Potential Chronic Health Effects:	Long-term exposure may cause chronic irritation of the nose, throat and bronchial passages. Chronic fluoride poisoning may result in bone changes (fluorosis) or calcium metabolism disorders.
CARCINOGENICITY LISTS	IARC Monograph: No NTP: No OSHA: No

Section IV – First Aid Measures

Eyes:	Immediately flush eyes (holding eyelids apart) with plenty of water for at least 15 minutes. Get medical attention.
Skin:	Immediately flush skin with plenty of water while removing contaminated clothing. Get medical attention if irritation develops or persists.
Ingestion:	Do not induce vomiting. Drink large amounts of water (or milk if available) to dilute the acid. Prevention of absorption of the fluoride ion following ingestion can be obtained by giving milk, chewable calcium carbonate tablets or milk of magnesia to conscious victims. Get medical attention immediately.
Inhalation:	Remove to fresh air. If breathing has stopped, give artificial respiration. If breathing with difficulty, give oxygen. Observe for possible delayed reaction. Treat bronchospasm with inhaled beta 2 agonist and oral or parenteral corticosteroids.

Section V – Fire Fighting Measures			
Flash Point:	Non-flammable	Autoignition Temperature:	Not Applicable
Lower Explosive Limit:	Not Applicable	Upper Explosive Limit:	Not Applicable
Unusual Fire and Explosion Hazards:	Hydrofluosilicic Acid is not flammable however the following hazards can occur during a fire: reacts with many metals to produce flammable and explosive hydrogen gas; decomposition occurs above 227°F to produce toxic, irritating and corrosive fumes including SiF ₄ and HF.		
Extinguishing Media:	Use appropriate agent to extinguish surrounding material.		
Special Firefighting Procedures and Equipment:	Keep personnel removed from and upwind of fire. Wear full fire-fighting turn-out gear (full Bunker gear) and respiratory protection (SCBA). Cool containers containing hydrofluosilicic acid with water spray to prevent rupture.		

Section VI – Accidental Release Measures	
Small Spill:	Neutralize acid spill with alkali such as soda ash, sodium bicarbonate, limestone or lime. Absorb material with an inert material such as sand, vermiculite, diatomaceous earth or other absorbant material and place in chemical waste container to be disposed at an appropriate waste disposal facility according to current applicable laws and regulations and product characteristics at time of disposal. Adequate ventilation is required for soda ash due to the release of carbon dioxide gas. No smoking in spill area.
Large Spill:	Contain spill with dikes and transfer the material to appropriate containers for reclamation or disposal. Absorb remaining spill with an inert material such as sand, vermiculite or other absorbant material and place in chemical waste container to be disposed at an appropriate waste disposal facility according to current applicable laws and regulations and product characteristics at time of disposal. Neutralize residue with alkali such as soda ash, sodium bicarbonate, limestone or lime. Adequate ventilation is required for soda ash due to the release of carbon dioxide gas. No smoking in spill area.
Release Notes:	If spill could potentially enter any waterway, including intermittent dry creeks, contact the local authorities. If in the U.S., contact the US COAST GUARD NATIONAL RESPONSE CENTER toll free number 800-424-8802. In case of accident or road spill notify: CHEMTREC IN USA at 800-424-9300; CANUTEC in Canada at 613-996-6666 CHEMTREC in other countries at (International code)+1-703-527-3887.
Comments:	See Section XIII for disposal information and Section XV for regulatory requirements. Large and small spills may have a broad definition depending on the user's handling system. Therefore, the spill category must be defined at the point of release by technically qualified personnel.

Section VII – Handling and Storage	
Ventilation:	Use with adequate ventilation.
Handling:	Use appropriate personal protective equipment as specified in Section VIII. Avoid contact with skin and eyes. Avoid inhalation and ingestion.
Storage:	Store in unopened container in cool, well ventilated area, away from potential sources of heat and fire. Keep away from combustible materials, strong bases and metals. Large storage tanks should be bermed and electrically grounded. Avoid using glass, metal or stoneware containers.

Section VIII – Exposure Controls/ Personal Protection	
Engineering Controls:	Good ventilation should be sufficient to control airborne levels.
Personal Protection:	
Eye Protection:	Wear chemical splash goggles and face shield (ANSI Z87.1 or approved equivalent) when eye and face contact is possible due to splashing or spraying of material.
Protective Clothing:	Where contact is likely, wear chemical-resistant gloves, a chemical suit, rubber boots and chemical safety goggles plus a face shield.
Respiratory Protection:	Wear NIOSH approved respiratory protective equipment when vapor or mists may exceed applicable concentration limits.
Other Protective Clothing or Equipment:	Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower.

Section IX – Physical and Chemical Properties			
Appearance/Color/Odor:	Water white to straw yellow and pungent odor.	Boiling Point:	Decomposes at 227°F
Melting Point/Range:	-1 to -4°F	Boiling Point Range:	Not Available
Solubility in Water:	Complete	Vapor Pressure (mmHg):	24 mm Hg @ 77°F
Specific Gravity:	1.2 @ 75°F	Molecular Weight:	144
Vapor Density:	Not Applicable	% Volatiles:	Not Applicable
Bulk Density:	10.3 lbs/gal	Evaporation Rate:	Not Applicable
pH:	1.5-2.0 in 10% solution	Freezing Point:	Not Applicable
Viscosity:	Not Applicable	Density:	Not Available

Section X – Stability and Reactivity	
Stability:	This product is stable under normal conditions of storage, handling and use.
Hazardous Polymerization:	Will not occur
Conditions to Avoid:	High temperatures above 194°F. Hydrofluosilicic acid attacks glass and stoneware. Since hydrofluosilicic acid may react violently with water and generate heat, use caution if dilution is necessary. Always add acid to water, not water to acid.
Materials to Avoid (Incompatibles):	Strong alkalis, metals, glass, stoneware, strong concentrated acids such as sulfuric and perchloric acid, chlorites, combustible solids and organic peroxides. Hydrofluosilicic acid may react violently with water. It may dissociate to form extremely toxic hydrofluoric acid (HF).
Hazardous Decomposition Products:	Reacts with many metals to produce flammable and explosive hydrogen gas, decomposition occurs above 227°F to produce toxic, irritating and corrosive fumes of fluorides including SiF ₄ and HF.

Section XI – Toxicological Information		
Significant Routes of Exposure:	Eyes, Skin, Respiratory System, Digestive Tract	
Toxicity to Animals:	Acute Oral Toxicity:	LD ₅₀ = 200 mg/Kg (guinea pig)
	Acute Inhalation Toxicity:	LC ₅₀ 850 – 1070 ppm / 1 hour (Rat)
	Acute Toxicity: Other Routes:	Percutaneous: 0.5 mL. Severe erthema and edema observed (Rabbit)
	Acute Dermal Toxicity:	LD _{LO} = 140 mg/Kg (with animals)
	Repeated Dose Toxicity:	No data available.
	Eye & Skin Irritation/Corrosion:	LD _{LO} = 140 mg/Kg (with animals)
Special Remarks on Toxicity to Animals:	Developmental Toxicity/Teratogenicity:	No data available.
	Bacterial Genetic Toxicity In-Vitro: Gene Mutation:	No data available.
	Non-Bacterial Genetic Toxicity In-Vitro: Chromosomal Aberration:	No data available.
	Toxicity to Reproduction:	No data available.
	Carcinogenicity:	No data available.
Other Effects on Humans:	Probable oral death dose; 5-50 mg/Kg. (7 drops to one teaspoon for a 70 Kg human)	
Special Remarks on Chronic Effects on Humans	Changes in bone, corrosivity of the mucous membranes, coughing, shock, pulmonary edema, fluorosis, coma and death.	
Special Remarks on Other Effects on Humans:	No data available.	

Section XII – Ecological Information		
Ecotoxicity	EPA Ecological Toxicity rating :	No data available.
	Acute Toxicity to Fish:	No data available.
	Chronic Toxicity to Fish:	No data available.
	Acute Toxicity to Aquatic Invertebrates:	(Frog) Subcutaneous: LD _{LO} = 140 mg/kg.
	Chronic Toxicity to Aquatic Invertebrates:	No data available.
	Acute Toxicity to Aquatic Plants:	No data available.
	Toxicity to Soil Dwelling Organisms:	No data available.
	Toxicity to Terrestrial Plants:	No data available.
Environmental Fate:	Stability in Water:	Product is NSF certified to ANSI Standard 60 for the fluoridation of municipal water supplies.
	Stability in Soil:	No data available.
	Transport and Distribution:	No data available.
Toxicity:	No data available	
Degradation Products:	Biodegradation:	No data available.
	Photodegradation:	No data available.

Section XIII – Disposal Considerations	
Product Disposal:	Dispose of waste at an appropriate waste disposal facility according to applicable laws and regulations. Neutralize with lime or other base. Collect in appropriate containers. Dispose of at an appropriate waste disposal facility in accordance with current applicable laws and regulations and product characteristics at time of disposal.
General Comments:	None

Section XIV – Transportation Information		
	USDOT	TDG - Canada
Proper Shipping Name:	Hydrofluosilicic Acid	Hydrofluosilicic Acid
Hazard Class:	8	8
Identification Number:	UN1778	UN1778
Packing Group (Technical Name):	II	II
Labeling / Placarding:	Corrosive	Corrosive
Authorized Packaging:	Rail: DOT 111A 100 W5 Rubber lined Truck: MC307, 310, 311, 312, DOT 407, 412 Rubber Lined	
Notes:	1) Packaging must be protected with non-metallic lining impervious to the lading or have a suitable corrosion allowance. 2) Aluminum construction materials are not authorized for any part of a packaging which is normally in contact with the hazardous material.	

Section XV – Regulatory Information										
UNITED STATES: SARA Hazard Category:	This product has been reviewed according to the EPA Hazard Categories promulgated under Section 311 and 312 of the Superfund Amendment and reauthorization Act of 1986 (SARA title III) and is considered, under applicable definitions, to meet the following categories:									
	Fire:	No	Pressure Generating:	No	Reactivity:	No	Acute:	Yes	Chronic:	No
	40 CFR Part 355 - Extremely Hazardous Substances:						None Applicable			
	40 CFR Part 370 - Hazardous Chemical Reporting:						Applicable			
All intentional ingredients listed on the TSCA inventory.										
SARA Title III Information:	This product contains the following substances subject to the reporting requirements of Title III (EPCRA) of the Superfund amendments and Reauthorization Act of 1986 and 40 CFR Part 372:									
	Chemical	CAS NO.	Percent by Weight	CERCLA RQ (lbs)	SARA (1986) Reporting					
					311	312	313			
	Hydrofluosilicic Acid	16961-83-4	24		Yes	Yes	No			
CERCLA/Superfund, 40 CFR Parts 117, 302:	If this product contains components subject to substances designated as CERCLA reportable Quantity (RQ) Substances, it will be designated in the above table with the RQ value in pounds. If there is a release of RQ Substance to the environment, notification to the National Response Center, Washington D.C. (1-800-424-8802) is required.									
CANADA:	WHMIS Hazard Symbol and Classification:			This product is WHMIS controlled. Category E						
	Ingredient Disclosure List:			This product does contain ingredient(s) on this list.						
	Environmental Protection:			All intentional ingredients are listed on the DSL (Domestic Substance List).						
EINECS#:	(Hydrofluosilicic Acid) 241-034-8									
California: Prop 65:	This is not a chemical known to cause cancer, nor is it listed.									

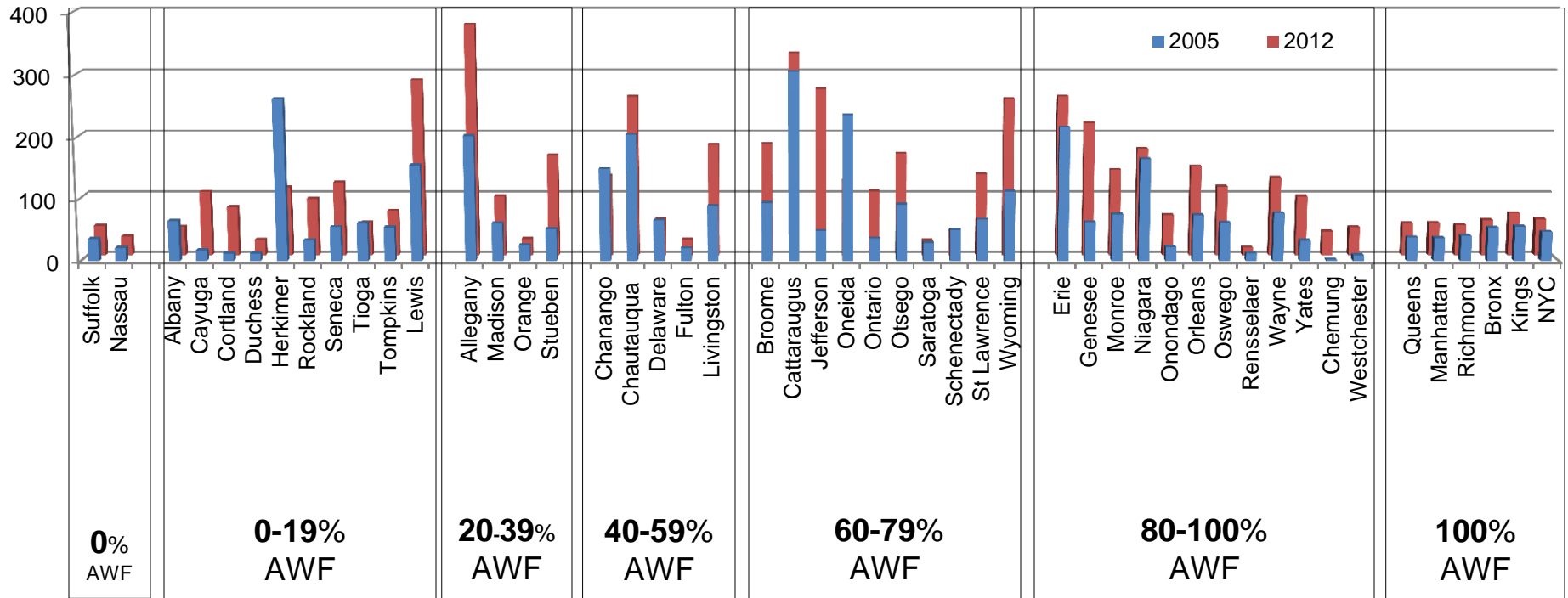
Section XVI – Other Information				
NFPA Hazard Ratings:	Health: 3	Flammability: 0	Instability: 1	Special Hazards:
	0 = Insignificant	1 = Slight	2 = Moderate	3 = High 4 = Extreme
COMMENTS:				
Section(s) changed since last revision:				
<p>Although the information contained is offered in good faith, SUCH INFORMATION IS EXPRESSLY GIVEN WITHOUT ANY WARRANTY (EXPRESS OR IMPLIED) OR ANY GUARANTEE OF ITS ACCURACY OR SUFFICIENCY and is taken at the user's sole risk. User is solely responsible for determining the suitability of use in each particular situation. PCS Sales specifically DISCLAIMS ANY LIABILITY WHATSOEVER FOR THE USE OF SUCH INFORMATION, including without limitation any recommendation which user may construe and attempt to apply which may infringe or violate valid patents, licenses, and/or copyright.</p>				

Key Messages from the National Academies of Science Report 2006: <http://dels.nas.edu/Report/Fluoride-Drinking-Water-Scientific/11571?bname>

Adverse Effect	Summary
<p>Reproductive hormones Fertility Down's Syndrome</p>	<p>A few studies of human populations have suggested that fluoride might be associated with alterations in reproductive hormones, fertility, and Down's syndrome, but their design limitations make them of little value for risk evaluation (no studies in the US as of April 2016)</p>
<p>Irritation to the GI system Renal tissue and function Alter hepatic and immune system</p>	<p>Case reports and in vitro and animal studies indicated that exposure to fluoride at concentrations greater than 4 mg/L can be irritating to the gastrointestinal system, affect renal tissues and function, and alter hepatic and immunologic parameters. Such effects are unlikely to be a risk for the average individual exposed to fluoride at 4 mg/L in drinking water. However, a potentially susceptible subpopulation comprises individuals with renal impairments who retain more fluoride than healthy people do.</p>
<p>Endocrine disruptor</p>	<p>Fluoride is an endocrine disruptor in the broad sense of altering normal endocrine function or response, although probably not in the sense of mimicking a normal hormone. The mechanisms of action remain to be worked out and appear to include both direct and indirect mechanisms.</p>
<p>Lack of evidence to make accurate risk and benefit analysis.</p>	<p>Gaps in the information on fluoride prevented the committee from making some judgments about the safety or the risks of fluoride at concentrations of 2 to 4 mg/L.</p>
<p>Elderly and Chronic Kidney Disease CKD at risk for skeletal fluorosis</p>	<p>Groups likely to have increased bone fluoride concentrations include the elderly and people with severe renal insufficiency.</p>
<p>EPA's MCLG should be lowered</p>	<p>In light of the collective evidence on various health end points and total exposure to fluoride, the committee concludes that EPA's MCLG of 4 mg/L should be lowered.</p>
<p>Immune system</p>	<p>Little data is available on immunologic parameters in human subjects exposed to fluoride from drinking water or osteoporosis therapy, but in vitro and animal data suggest the need for more research in this area.</p>
<p>Neurotoxin: affects brain and body by direct and indirect means</p>	<p>On the basis of information largely derived from histological, chemical, and molecular studies, it is apparent that fluorides have the ability to interfere with the functions of the brain and the body by direct and indirect means.</p>

<p>Cannot control fluoride content/absorption into the skeleton with water fluoridating programs.</p>	<p>On the basis of pharmacokinetic modeling, the current best estimate for bone fluoride concentrations after 70 years of exposure to fluoride at 4 mg/L in water is 10,000 to 12,000 mg/kg in bone ash. Higher values would be predicted for people consuming large amounts of water (>2 L/day) or for those with additional sources of exposure. Less information was available for estimating bone concentrations from lifetime exposure to fluoride in water at 2 mg/L. The committee estimates average bone concentrations of 4,000 to 5,000 mg/kg ash.</p>
<p>Difficult to assess true toxicology across different species as rats require higher chronic exposure than humans to achieve the same plasma and bone concentrations.</p>	<p>Pharmacokinetics should be taken into account when comparing effects of fluoride in different species. Limited evidence suggests that rats require higher chronic exposures than humans to achieve the same plasma and bone concentrations.</p>
<p>Renal tissue and function Liver function Immune system with high levels of F. No good studies on lower levels of F.</p>	<p>Studies of the effects of fluoride on the kidney, liver, and immune system indicate that exposure to concentrations much higher than 4 mg/L can affect renal tissues and function and cause hepatic and immunologic alterations in test animals and in vitro test systems.</p>
<p>No good studies on GI, renal liver or immune systems with lower levels of F.</p>	<p>The committee did not find any human studies on drinking water containing fluoride at 4 mg/L where GI, renal, hepatic, or immune effects were carefully documented.</p>
<p>No appropriate studies on bone fracture.</p>	<p>The committee finds that the available epidemiologic data for assessing bone fracture risk in relation to fluoride exposure around 2 mg/L are inadequate for drawing firm conclusions about the risk or safety of exposures at that concentration.</p>
<p>2 to 4 mg/L only. Need to study benefits and risks at lower levels of concentration.</p>	<p>The committee's conclusions regarding the potential for adverse effects from fluoride at 2 to 4 mg/L in drinking water do not address the lower exposures commonly experienced by most U.S. citizens. The charge to the committee did not include an examination of the benefits and risks that might occur at these lower concentrations of fluoride in drinking water.</p>
<p>Fluorosis at "severe" level is considered to be a toxic/adverse effect.</p>	<p>The damage to teeth caused by severe enamel fluorosis is a toxic effect that the majority of the committee judged to be consistent with prevailing risk assessment definitions of adverse health effects.</p>
<p>Insufficient information to determine toxicity at moderate enamel fluorosis.</p>	<p>The degree to which moderate enamel fluorosis might go beyond a cosmetic effect to create an adverse psychological effect or an adverse effect on social functioning is also not known.</p>
<p>Fluoride exposure is mostly from water and other beverages and food, not toothpaste.</p>	<p>The single most important contributor to fluoride exposures (approaching 50% or more) is fluoridated water and other beverages and foods prepared or manufactured with fluoridated water.</p>

ER Outpatient Visits per 10,000 for Tooth Decay per County: Aged 3-5 years, In Order of Fluoridated Water Supplies, 0 to 100%, in 2009 and 2012, Showing No Correlation with Artificial Water Fluoridation (AWF).



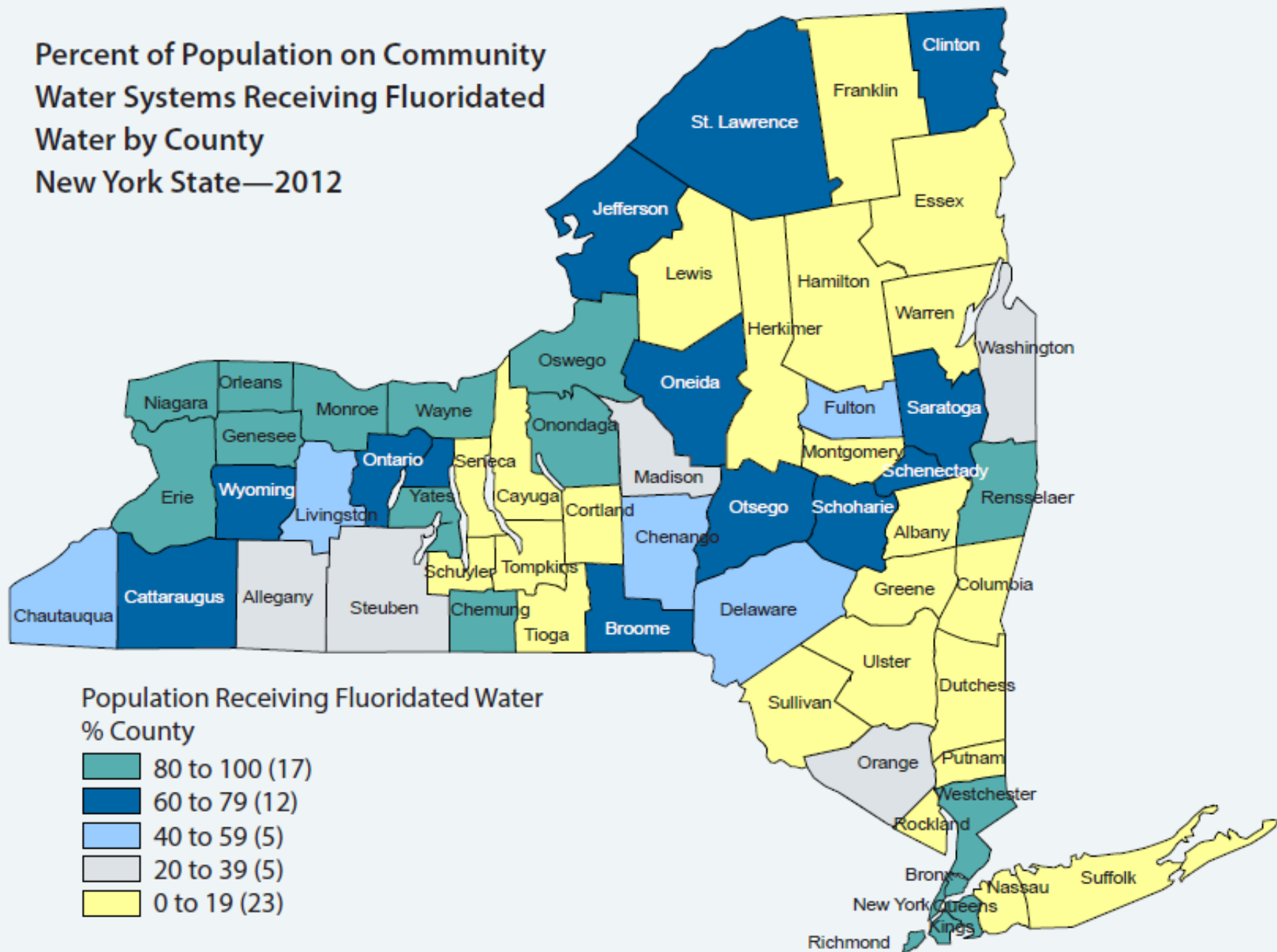
No correlation between increased levels of fluoridated water supplies and decrease in ER visits for tooth decay.

In nearly every county caries rate **increased** from 2005 to 2012, fluoridated or non-fluoridated.

In all NYC counties caries rates increased from 2005 to 2012 despite 100% access to fluoridated water

*This data is not controlled for social economic status, or blood- and/or urine-fluoride content.

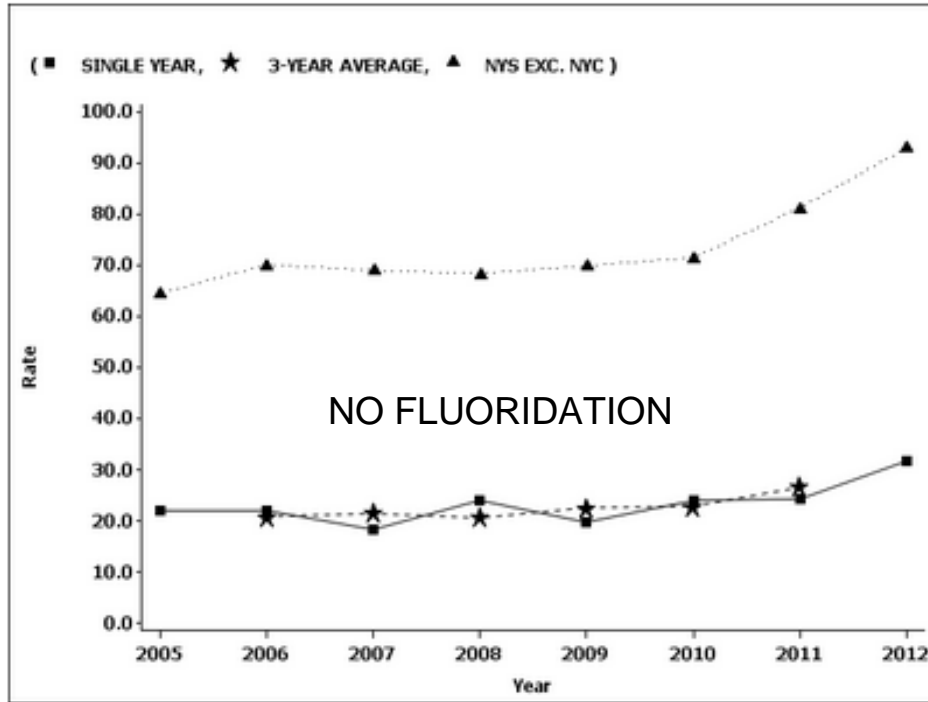
**Percent of Population on Community Water Systems Receiving Fluoridated Water by County
New York State—2012**



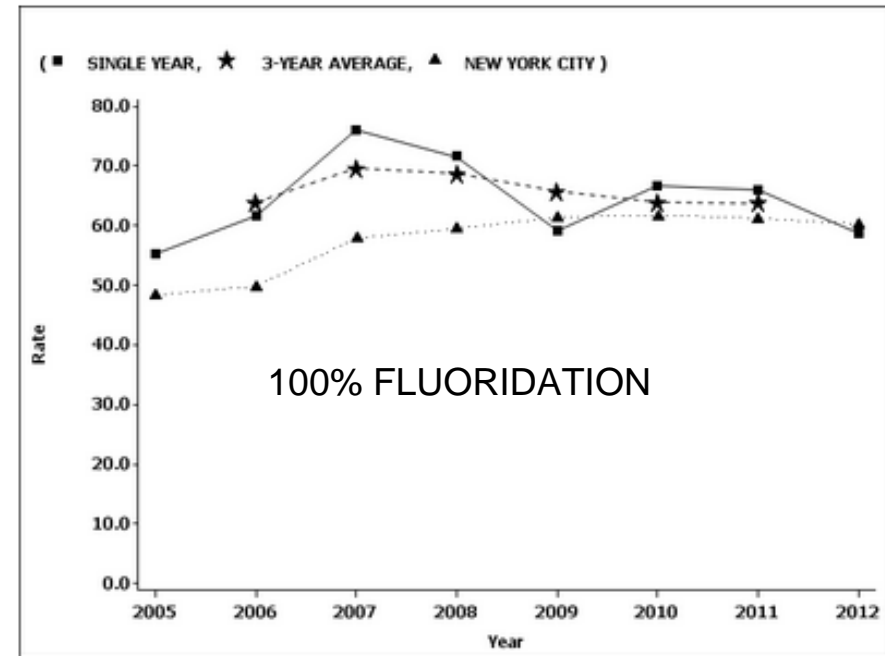
Department of Health
Information for a Healthy New York

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Nassau County Caries outpatient visit rate per 10,000 - Aged 3-5 years



Bronx County Caries outpatient visit rate per 10,000 - Aged 3-5 years



Caries outpatient visit rate per 10,000 - Aged 3-5 years

Year	Crude Rate		
	Single Year	3-Year Average	NYS exc. NYC
2005	22.0		64.5
2006	22.1	20.9	70.1
2007	18.4	21.5	69.0
2008	24.0	20.7	68.4
2009	19.8	22.6	69.9
2010	24.1	22.8	71.5
2011	24.4	26.7	81.2
2012	31.7		92.9

Caries outpatient visit rate per 10,000 - Aged 3-5 years

Year	Crude Rate		
	Single Year	3-Year Average	New York City
2005	55.2		48.4
2006	61.5	63.9	49.8
2007	76.1	69.6	57.9
2008	71.6	68.7	59.5
2009	59.1	65.7	61.4
2010	66.7	63.8	61.8
2011	66.0	63.8	61.2
2012	58.7		60.3

Comments for meeting on use of Medicaid funds for water fluoridation in NY state

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NYU Kimmel Center (60 Washington Square Park South), May 4th, 2016

In the early 1940's NYC was the center of a top-secret, special-access program, the Manhattan Project led by the Army's 509th Composite Group to develop atomic weapons which were used against Japan. After the war ended, the U.S. government wanted to create a better image for its nuclear program as a whole. The idea of "dual-use technologies," those that had both military and civilian applications, was created for this purpose. The first effort was to develop peaceful uses of atomic materials in the form of medical radioisotopes¹. These were used in ecological and "human tracer experiments" some of which remained classified until President Clinton ordered them declassified in 1998. The second was to create a better image for fluoride, which was needed in large quantities to produce atomic weapons². The U.S. military was afraid of a fluoride shortage and this was another reason to improve fluoride's public image.

Both the radioisotope and fluoride programs originated at the University of Rochester and some of the same individuals worked in both. Worker and farmers near metal smelting plants had suffered physical health effects from exposure to fluoride, the most reactive chemical known, as were scientists at Columbia University working for the Manhattan Project. The idea was hatched to use it as a tooth hardener after it was observed by Trendley Dean, working for the U.S. Public Health Service, that communities with high levels of natural fluoride in their water had both higher levels of disfigured and mottled enamel from dental fluorosis and also lower incidence of cavities. But Dean was against adding fluoride to drinking water, as was first done in Grand Rapids, MI in 1945, because he observed that too much ingested fluoride caused a dental disfiguration condition known as fluorosis.

Recent research shows that we have underestimated the risks of dental fluorosis and just this week HHS suggested lowering the amounts of fluoride in drinking water from 1.2 to .7 ppm. New research links fluoride to lower IQ, thyroid issues, and ADHD: just last year the British medical journal *The Lancet* classified fluoride as one of the top-ten neurotoxins on the planet. Last year, the country of Israel banned drinking water fluoridation, leaving only a handful of countries that still do so.

The evidence that fluoride is beneficial for dental health is at best marginal and quite old at this point, while new studies suggest that caution is warranted. We no longer put lead in gasoline, use DDT, asbestos, or fluorocarbons in spray cans or refrigerators, or give pregnant women Thalidomide or unnecessary amounts of mammograms after the harms were deemed to outweigh the benefits.

Proponents of fluoridation often tout the claims that for every \$1 invested in community water fluoridation it saves \$35 in dental costs. However, this misleading claim was recently shown to be false by Ko and Thiessen (2015)³. In fact they show a NEGATIVE cost-benefit after the costs of replacing corroded municipal fluoride equipment and severe dental fluorosis are taken into account.

Comments for meeting on use of Medicaid funds for water fluoridation in NY state

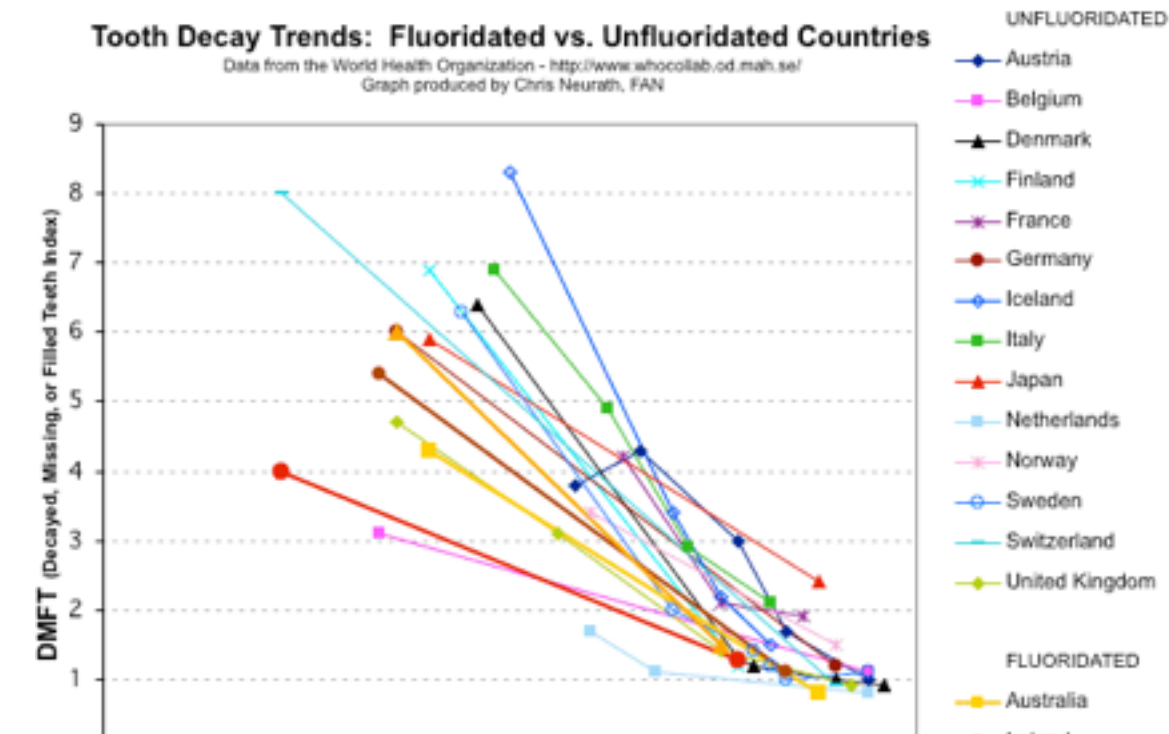
In 1998, because of its health risks, over 1500 union scientists at the EPA signed a petition against community water fluoridation due to its health risks.

In 2006, the National Research Council, part of the National Academy of Sciences concluded that benefits of fluoride are mainly topical rather than systemic: that is, applied to teeth directly in the form of toothpaste and gels used by dentists echoing a position taken by the CDC in 1999⁴.

Recent research shows that the fluoride product used by many communities comes from China and as contains heavy metals like lead and cadmium, as well as uranium and arsenic all of which are toxic, some even in minute quantities.

A look at the data from many Western countries from the 1960's to 2005 show that countries that don't fluoridate their water have improved their dental health even faster than those who do⁵.

In 2012, I wrote to *Science* magazine, published by the American Association for the Advancement of Science, for clarification on this issue based on a previous article that claimed that improvements in dental health in the U.S and Europe were due to fluoridated water. (See the chart below.) They responded⁶: "The article implied that both European countries and the United States added fluoride to their drinking water in the 1970s. In fact, **water in most European nations was not fluoridated**. However, **European improvements in public dental health from the 1970s to the present have matched or even exceeded those of the United States**. Reasons include **fluoridated toothpastes, which became widely available in the 1970s, and changing criteria for diagnosing caries**. See T. M. Marthaler, *Caries Res.* 38, 173 (2004).



CORRECTIONS AND CLARIFICATIONS

Letters: "Friends in fungi" by G. D. A. Werner and E. T. Kiers (21 September, p. 1452). The image of the rare ericoid mycorrhizal fungus was misleading. The Letter's discussion applies more closely to arbuscular mycorrhizal fungi. The image has been replaced in the HTML and PDF versions online. The caption has been changed to "Arbuscular mycorrhizal fungi" and the credit has been changed to Jan Jansa.

This Week in Science: "Modulating the clock" (31 August, p. 1017). The image with this

drinking water in the 1970s. In fact, water in most European nations was not fluoridated. However, European improvements in public dental health from the 1970s to the present have matched or even exceeded those of the United States. Reasons include fluoridated toothpastes, which became widely available in the 1970s, and changing criteria for diagnosing caries. See T. M. Marthaler, *Caries Res.* 38, 173 (2004).

TECHNICAL COMMENT ABSTRACTS

Comments for meeting on use of Medicaid funds for water fluoridation in NY state

In short, fluoridated water is an atomic-era, Cold War idea whose relatives, like widespread use of medicinal radioisotopes and intentionally exposing the general population to radioactivity are no longer tolerated. We should adopt precautionary principle with regard to a substance that has potential harm and instead go by the best science which shows that fluoride is extremely effective in preventing decay when applied by individuals and dentists directly to teeth rather than diluted in drinking water which has little benefit. Fluoridated drinking water contains known and unknown risks, especially for low-income communities, the elderly, and infants: groups which are more susceptible to the negative effects of chemical added to drinking water.

Sources:

1. Creager, Angela N. H., 2013. *Life Atomic: A History of Radioisotopes in Science and Medicine* University of Chicago Press, Ltd.
2. Bryson, Christopher. 2004. *The Fluoride Deception*. Seven Stories Press.
3. Ko, Lee and Kathleen M. Thiessen 2015. "A critique of recent economic evaluations of water fluoridation". *International Journal of Occupational and Environmental Health* Vol. 21(2)
4. Centers for Disease Control, 1999 and 2001.
5. World Health Organization. Chart of "Decayed Missing and Filled Teeth by country, 1965-2005".
6. *Science Magazine*, 2012, Nov 2. "Correction and Clarifications", p. 604 Vol 338.

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Sent: Saturday, April 30, 2016 2:29 PM
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Fluoride is a Neuro-Toxin and the Claims that it has dental benefits are fraud, particularly for drinking water & where there can be dermal absorbing

Government should NOT be putting POISONS, Toxins in our water supply, much less, with tax money.

Bobbie Clark

From: Carol S. Kopf
Friday, April 29, 2016 9:51 AM
Subject: DSRIP Comments on Fluoridation

FLUORIDATION DOES NOT SAVE MONEY

Fluoridation should be removed from your list and replaced with legalizing Dental Therapists** which will definitely save NYS money.

Modern science indicates that fluoridation is ineffective at reducing tooth decay, harmful to health, unethical and a waste of money.

If you relied on your [companion document](#) and its references to approve Medicaid funds be spent on fluoridation, you have been misled. Here's why:

1) The companion document says, "Analysis of dental procedures in predominantly fluoridated community water versus nonfluoridated drinking water communities in New York State suggests savings of \$24 per child."

However, this statement is based on reference - a flawed study (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 2010).

Kumar uses Medicaid data but fails to explain that most NYS dentists refuse to treat Medicaid patients. Low-income New Yorkers in extreme dental pain seek urgent care in hospital emergency rooms where their infection isn't classified as "dental." So these cases don't show up in Kumar's calculations. Kumar, himself, explains more limitations [within his paper](#)

He writes, "This study was subject to several limitations...[and] one should be cautious in attributing this geographic variation solely to water fluoridation."

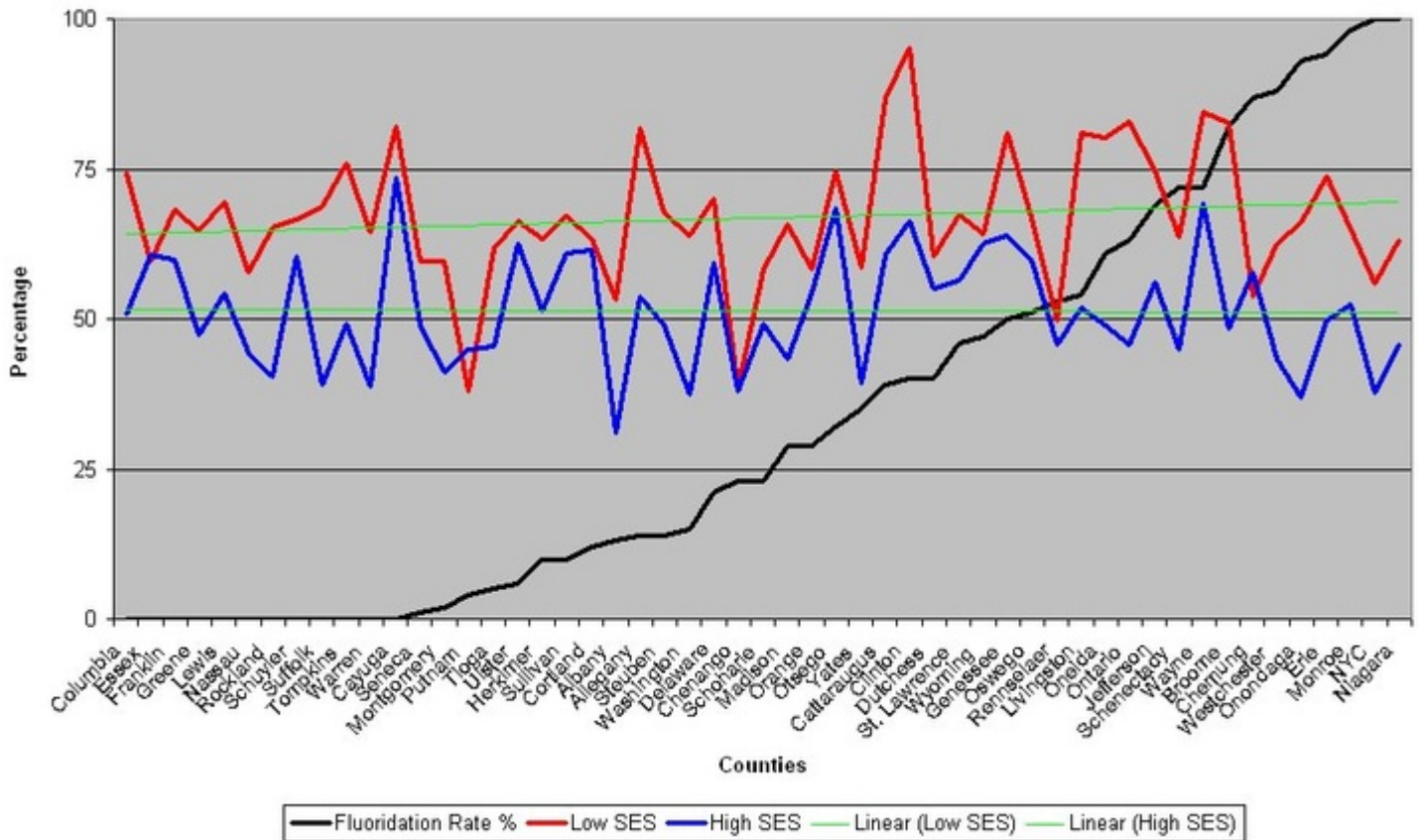
In another paper published in the [Journal of the American Dental Association](#) (Jan 2012) , Kumar et al, reports that [despite NYS's 72% fluoridation rate] emergency treatment for NYS toddlers' severe tooth decay has grown substantially in numbers and costs; many toddlers required general anesthesia. The reason: "There is a limited number of dentists willing to treat patients younger than 6 and/or accept Medicaid," admits Kumar, et al.

Another Kumar study published in the [Journal of Public Health Dentistry \(Winter 2003\)](#) reports that severe tooth decay was responsible for two thirds of hospital visits by children under six in New York State. Also, In New York City, 100% fluoridated since 1965, more children required cavity-related hospitalizations, proportionately, than two of New York State's largest non-fluoridated counties, Suffolk and Nassau (Long island) whether payment was made by Medicaid or privately.

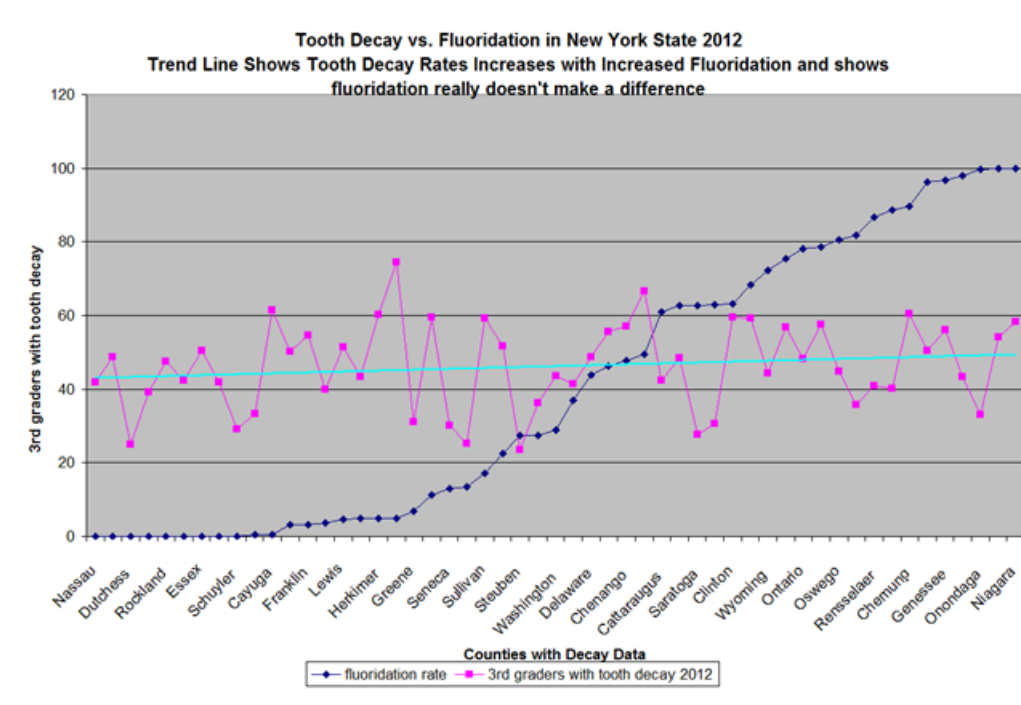
In 2009, NY City spent about [\\$24 million](#) on fluoridation annually ([Page 2](#)). Yet tooth decay [is rampant in NYC's low-income population](#) Further, NYS DoH

statistics show that highly-fluoridated NYS counties don't have less tooth decay and fluoridation has not leveled out tooth decay between lower and higher income children in 2004 (The following two charts are based on NYS Dep't of Health statistics)

Cavity Rates in Low and High SES 3rd Graders Sorted by Fluoridation Rate - For NYS Counties with sufficient data



AND IN 2012



Income breakdown is not available for 2012 data as it was for the 2004 data; but Dr. Kumar says [“disease prevalence among lower-income children remained high”](#)

The above chart shows no relationship between fluoridation and less tooth decay; but NYS 3rd-graders cavities *are* related to consumption of sugar sweetened beverages (SSB), according to Kumar et al. (“Sugar Sweetened Beverage (SSB) Consumption and Caries Experience.” [page 61](#) of abstracts presented at the 2014 National Oral Health Conference). They concluded that. Future interventions need to focus on educating parents and children on negative oral health effect of SSB.

The math claiming fluoridation saves money isn’t accurate according to Thiessen and Ko in [the *International Journal of Occupational and Environmental Health* \(March 2015\)](#) who write: “Recent economic evaluations of CWF [community water fluoridation] contain defective estimations of both costs and benefits.” They concluded “Minimal correction reduced the savings to \$3 per person per year for a best-case scenario, but this savings is eliminated by the estimated cost of treating dental fluorosis [white spotted, yellow, brown and/or pitted teeth due to fluoride overdose].”

Many dentists advertise their pricey services to cover up fluorosed teeth such as this NYC dentist: <https://www.smilesofnyc.com/gallery/before-and-after-photos/case-37#content>

Mild fluorosis is often dismissed as not harmful. But [NYS dentist Elivir Dincer](#), writing in the NYS Dental Journals says, “Such changes in the tooth’s appearance can affect the child’s self-esteem,”

2) The MRT companion document says “Systematic reviews of the scientific evidence have concluded that community water fluoridation is effective in decreasing dental caries prevalence and severity.” Three citations are used to support this claim - (a,b,c below) but they fail to prove fluoridation effectiveness.

a) McDonagh MS, Whiting PF, Wilson PM, et al. Systematic review of water fluoridation. BMJ 2000;321 and dubbed the “York Review.” But this was the actual [conclusion](#)

“Given the level of interest surrounding the issue of public water fluoridation, it is surprising to find that little high quality research has been undertaken. As such, this review should provide both researchers and commissioners of research with an overview of the methodological limitations of previous research.”

Pro-fluoridation activists continue to misrepresent this study so the York researchers were forced to issue this statement in 2003, “[What the ‘York Review’ on the fluoridation of drinking water really found.](#)”

Excerpts: “We are concerned about the continuing misinterpretations of the evidence and think it is important that decision makers are aware of what the review really found. As such, we urge interested parties to read the review conclusions in full. We were unable to discover any reliable good-quality evidence in the fluoridation literature world-wide.

What evidence we found suggested that water fluoridation was likely to have a beneficial effect, but that the range could be anywhere from a substantial benefit to a slight disbenefit to children's teeth. This beneficial effect comes at the expense of an increase in the prevalence of fluorosis (mottled teeth). The quality of this evidence was poor.”

“The evidence about reducing inequalities in dental health was of poor quality, contradictory and unreliable.

b) The next reference they gave you is equally misleading - Truman BI, Gooch BF, Evans CA Jr, editors. "The guide to community preventive services: interventions to prevent dental caries, oral and pharyngeal cancers, and sports-related craniofacial injuries." Am J Prev Med 2002;23(Suppl 1)

This was updated in 2013

[U.S. Community Preventive Services Task Force's Fluoridation Recommendation.](#)

The Task Force also admitted it couldn't evaluate how race, ethnicity and total fluoride intake influenced fluoridation effectiveness because of limited data. "Few studies provided data on socioeconomic status, and most studies had measurement issues; many didn't blind examiners and there was a lack of consistency among indices used to measure caries."

The Task Force members, themselves, had data quality issues. They write:

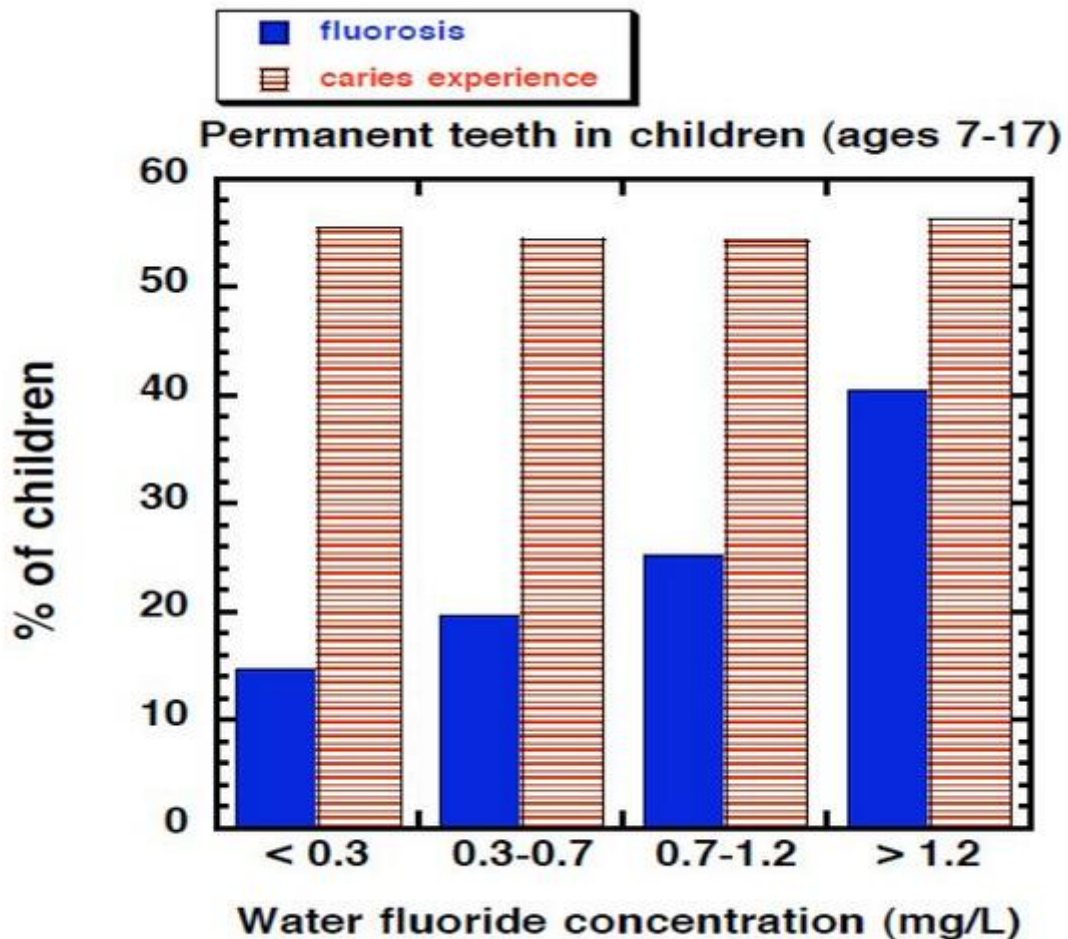
"Included studies provided limited data on other sources of fluoride or race or ethnicity. Thus, the extent to which these factors influenced the effectiveness of CWF could not be evaluated...[and] there was not enough evidence to clearly determine the effects of community water fluoridation on health disparities between groups.

"Quality issues across studies included failure to measure or acknowledge relevant factors such as the contribution of fluoride from other sources or access to dental care. Most of the studies also had measurement issues; many did not blind the examiners, and across studies there was a lack of consistency among indices used to measure caries and fluorosis," they write.

c) Researchers from the [University of York](#) criticized the third reference (Griffin et al. "Effectiveness of Fluoride in Preventing Cavities in Adults." J Dent Research 2007)

"This review concluded that fluoride helps prevent caries in adults of all ages. The authors' conclusions appear to follow from the results presented, although the paucity of more recent studies and poor quality of the included studies limit their reliability and relevance to current populations."

In fact, when NYS Dept of Health dentist J Kumar published a study to show that fluorosed teeth had less tooth decay, he included national data that shows that, as fluoridation rates increase, fluorosis rates go up but that decay rates stay the same. Here's a graph of those findings.



Besides the limitations of the references described above, more evidence points to the lack of valid data showing fluoridation is safe or effective.

--- After reviewing all available fluoridation studies, the independent and trusted UK-based [Cochrane group of researchers](#) reported in 2015, that they could not find any quality evidence to prove fluoridation changes the “existing differences in tooth decay across socioeconomic groups.” Neither could they find valid

evidence that fluoride reduces adults' cavity rates nor that fluoridation cessation increases tooth decay.

-- A 1990 [NYS Department of Health report](#) alerted bureaucrats that fluoride can potentially harm kidney patients, diabetics and the fluoride hypersensitive even at optimal levels. But it is ignored.

-- A 1988 report "[A Study of Fluoride Intake in New York State Residents](#)," by Featherstone reveals that NYC 6-month-olds consume unsafe levels (0.4 milligrams daily from food and beverages). To avoid **moderate** dental fluorosis (yellow teeth) the [Institute of Medicine](#) (1997) recommends 6-month-olds and younger consume only 0.01 milligrams fluoride daily from all sources.

-- All infant formula contains fluoride at levels higher than recommended for 6-month-olds. ([Journal of the American Dental Association](#))

-- Hidden fluoride in baby foods can also mar babies' teeth, also, [according to General Dentistry](#) and [Infant juices, too](#).

-- Fluorosis [is more prevalent and severe in African Americans](#) and known since 1962. In fact, J. Kumar, formerly with the NYS Dept of Health corroborates this by reporting that fluorosis is more prevalent in [NY's African American Children](#). African Americans [also have higher rates of tooth decay](#).

The [US National Toxicology Program](#) (NTP) is reviewing hundreds of studies linking fluoride to adverse brain effects. The report won't be finalized until 2018 and may signal an end to the fluoridation program nation-wide. At least 314 studies investigated fluoride's effects on the brain and nervous system. This includes [181 animal studies](#), [112 human studies](#), and [21 cell studies](#). Fifty studies link fluoride to children's lower IQ.

The majority of these studies were published after the 2006 National Research Council's fluoride toxicology report concluded, "It is apparent that fluorides have the ability to interfere with the functions of the brain."

But it's just not the brain. Science, shows fluoride can do a lot of damage and has some nasty side effects which you can see here:

<http://www.FluorideAction.Net/issues/health>

While you may have heard the oft-repeated CDC slogan that fluoridation is one of the *Ten Great Public Health Achievements* in the 20th Century, The CDC also reports the following:

“In the earliest days of fluoride research, investigators hypothesized that fluoride affects enamel and inhibits dental caries (cavities) only when incorporated into developing dental enamel...” but now CDC admits that: “Fluoride works primarily after teeth have erupted...”

CDC also admits that

“The prevalence of dental caries in a population is not inversely related to the concentration of fluoride in enamel, and a higher concentration of enamel fluoride is not necessarily more efficacious in preventing dental caries.”

and

"Saliva is a major carrier of topical fluoride. The concentration of fluoride in ductal saliva, as it is secreted from salivary glands, is low --- approximately 0.016 parts per million (ppm) in areas where drinking water is fluoridated and 0.006 ppm in nonfluoridated areas. This concentration of fluoride is not likely to affect cariogenic activity."

Fluoride is not a nutrient or essential for healthy teeth – meaning consuming a fluoride-free diet does not cause cavities. Fluoride is a drug with side effects which shouldn't be funded by Medicaid, prescribed by a legislator, delivered by water engineer, and dosed based on thirst and not age, weight, health without monitoring for side effects and overdose symptoms.

END

**Dental Therapists need just two years training to do simple dentistry. Other developed countries have successfully employed DTs for decades. Rural Alaska and Minnesota legalized DTs, other states are trying. No New Yorker is, or ever was, fluoride-deficient. Many are “dentist-deficient” for many reasons which floods our Emergency rooms with dental patients in severe pain costing taxpayers often ten times the amount of a simple filling – wiping out any projected “cost savings” of fluoridation.

DTs will go into mouths and areas where Dentists refuse to go and can charge less, having less student debt and will accept Medicaid, unlike most New York dentists. Promoting fluoridation wastes money and endangers workers and water-drinkers health. Legalizing Dental Therapists costs nothing but will lower dental costs to individuals and Medicaid. Articles supporting Dental Therapists:

[Former Surgeon General Satcher says Dental Therapists are necessary in Indian Country](#)

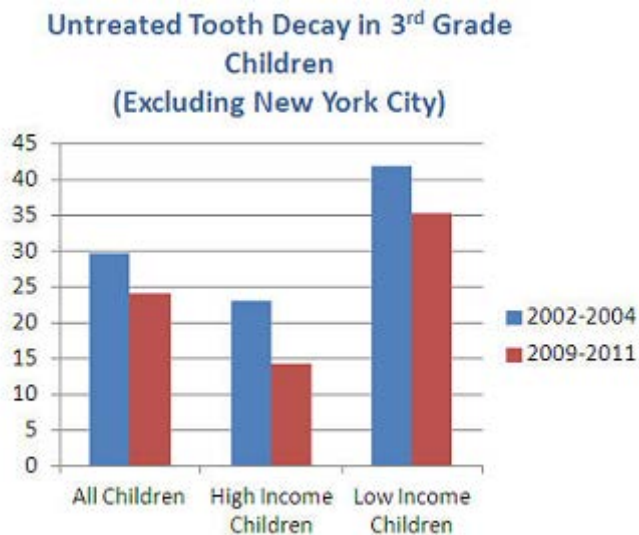
[Is Crony Capitalism a Big Reason for America's Dental Health Care Crisis?](#)

[Dental therapy practice patterns in Minnesota: a baseline study.](#)

[Pew Foundation: Dental Therapists in New Zealand: What the Evidence Shows](#)

[“Governing” magazine: Dental Therapists Fill Medicaid Holes and Dentists’ Pockets](#)

[Kellogg Foundation: study finds Alaska dental therapists provide safe, competent and appropriate care](#)



Source: NYSDOH Oral Health Survey of Third Grade Children

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Sent: Saturday, April 30, 2016 1:56 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Cc: info@fluoridealert.org
Subject: Reasons NOT to use fluoride

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To Whom It May Concern:

It has been known for years that fluoride is a poison and is one of the gravest scams ever perpetrated on the public. For New York State to target poor children is criminal while cities and communities - as well as countries - around the world cease fluoridating water. Here are some key facts:

1. Researchers in England examined patient records from almost every single medical practice across the U.K. And they compared the health of residents in areas with water fluoridation to those living in unfluoridated communities.

They found that people whose water contains fluoride had a **30 percent higher rate of thyroid disease** -- specifically hypothyroidism or underactive thyroid.

And that's no simple little issue, because an underactive thyroid can affect every single organ in your body. When your thyroid is out of balance, everything else can go haywire.

For example, some of the symptoms of hypothyroidism include:

- uncontrollable weight gain,
- memory problems,
- high cholesterol,
- joint and muscle pain,
- depression, anxiety and mood swings,
- sensitivity to cold,
- exhaustion

Now, this was no little study, or just a bunch of researchers in their lab studying rats.

It covered almost the entire U.K., and was a look at the largest group of people to date.

The number of residents believed to be affected with hypothyroidism in the U.K. *as a direct result* of the fluoride in their water is said to be around 15,000. But that's a drop in the bucket compared to America.

Source:

"Water fluoridation may increase risk of underactive thyroid disorder, Douglas Main, February 24, 2015, Newsweek, newsweek.com

2. Thanks to the mass fluoridation of our municipal water supplies and the inclusion of man-made fluoride in toothpastes and other dental and consumer products, most of us regularly consume dangerous amounts of a dangerous form of fluoride. Instead of promoting dental health, as has been the justification for including man-made

fluoride in our water and other products, **such fluoride actually leads to worse dental health as well as a host of other very serious health consequences.** Though it may be next to impossible to avoid fluoride entirely, there are many steps one can take to avoid much of the fluoride we consume as well as eliminate existing fluoride in our bodies.

Natural versus Man-made Fluoride

Contrary to what we have been told for many decades, **man-made fluoride actually leads to fluoridosis**, a condition that is marked by stained and weakened hole-filled teeth. Notably, in Europe and US communities where there is no water fluoridation, cavities are less than in fluoridated US communities. **Even worse, fluoride can result in hyperactivity and/or lethargy, arthritis, lowered thyroid function, lowered IQ, dementia, disrupted immune system, genetic damage, cell death, cancers, deactivated essential enzymes and lower life span.**

Fluoride in its natural form is actually considered an essential trace element, but we only need very tiny amounts and the natural form of fluoride is a far cry from the man-made form added to our water and products. The natural form of mineral fluoride found in your teeth and in nature is called Apatite (calcium fluoro-chloro-hydroxyl phosphate). The unnatural form of fluoride added our municipal water supplies and is sodium fluoride - a chemical by-product of aluminum, steel, cement, phosphate, and nuclear weapons manufacturing. Such fluoride has no nutrient value or health benefits whatsoever.

The Nazis used fluoride to dumb down the population and make it more docile and subservient. Besides being one of the most potent rat poisons, fluoride is also one of the basic ingredients in both Prozac (FLUoxetine Hydrochloride) and Sarin nerve gas (Isopropyl-Methyl-Phosphoryl FLUORIDE).

Before the public was sold on the idea of added fluoride, the aluminum and nuclear industries were having an increasing problem disposing of all their highly toxic fluoride waste by-products. Now, thanks to the big lie sold to an unwitting public, we dispose of toxic fluoride waste, ingesting it and flushing it down the sewage system back into our environment. Besides solving their toxic waste disposal problem, the manufacturing industries also reap quite the tidy profit by selling their fluoride at a markup of over 20,000 times!

Source: Safely Avoid and Remove Dangerous Man-Made Fluoride By [Tony Isaacs](#) on 07/08/2010

3. **Source** from Dr. Mercola 12/19/12: Url: <http://articles.mercola.com/sites/articles/archive/2012/12/18/more-communities-vote-against-fluoridation.aspx>

- Since 2010, more than 75 U.S. and Canadian communities have voted to end water fluoridation
- Most recently, in Kirkland Lake, a community of 9,000 in Northeastern Ontario, Canada, the city council unanimously voted in favor of a motion to not add fluoride to the town's water
- Council members, and the town's mayor, voiced ethical concerns about adding fluoride to the water supply without informed consent, as well as health concerns, such as the amount of fluoride babies ingest when drinking fluoridated tap water
- Fluoride compounds like fluorosilicic acid are toxic industrial waste products, which can also be contaminated with lead, arsenic, radionucleotides, aluminum and other industrial contaminants; along with posing a grave risk to the environment, fluoride is linked to numerous human health risks

Do You Know What Fluoride Really Is?

It's a hazardous waste product, at least as classified by the U.S. Environmental Protection Agency (EPA). It is so toxic it can't legally be put in oceans, rivers or lakes, or added to soil – but it *can* be sold as an additive to commercial water supplies! As FAN reported:²

"Fluoride is a major industrial pollutant, one which has caused widespread damage to fluoride-exposed workers and downwind communities. During the Cold War, fluoride was responsible for more litigation against U.S. industry than all other air pollutants combined.

Although the development of modern pollution control technology has resulted in significant reductions in fluoride emissions, millions of workers around the world remain at risk for respiratory, neurological, and bone diseases from fluoride exposure, and downwind communities remain at risk in countries with weak environmental regulation."

And then there is the central issue of your health freedom, and your right to informed consent. The fluoride added to drinking water is not a nutrient or a prescription drug, but actually an industrial waste product. Despite this, it is being put into your water as a "drug," ostensibly to improve your oral health, and yet it is being done *without* your explicit permission. Even promoters of fluoridation now admit that fluoride's predominant action is topical, on the surface of the tooth (although even this is now being questioned), and not from inside your body – so why are so many Americans and others around the world still being forced to *swallow* it when swallowing fluoride provides little or no benefit to your teeth?

I am able to provide much more information. PLEASE UNDERSTAND THAT FLUORIDE POISONS THE BODY. There is sufficient medical information that proves the damage which fluoride does to the body: teeth, bones, organs. The longer that one ingests fluoride the worse the damage.

Carole Lynn Steiner

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https://www.youtube.com](https://www.youtube.com/Steiner/1560285894192622?code=26183/) In Search bar, type in: Carole Lynn Steiner

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From: Carolyn <[REDACTED]>
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To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Fluoridating Nassau and Suffolk County water supply

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To say I'm beyond outraged is truly an understatement. How, after knowing fluoride has finally been placed of the toxic/ carcinogen list, would our government even consider this. It's absolutely despicable what is happening to one of the wealthiest countries in the world. It's sad that we can not trust that our government has its people in their best interest, they care only about power and money. I truly hope this is not passed, you're killing our world.

Carolyn Ejnes

Sent from my iPhone

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From: David Vernon <[REDACTED]>
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Subject: Fluoridation (Stop the poisoning)

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It is 2016 and well past due that fluoridation be stopped so that the species can resume evolution. It has been proven that fluoridation has no positive effects. It is only logical that where fluoride that is dumped into the water supply comes from is TOXIC! Wake up people! Be a real human being and stop this denial. It's no longer a matter of being right or wrong and if your stuck on this theory then you should step down from your positions.

It's disgraceful and anyone who is in support of this poisoning of the human species is an infringement on our civil liberties.

STOP!

doh.sm.delivery.system.reform.incentive.payment.program

Subject: FW: Medicaid Proposal 1115 Waiver

From: admin@rejuvdentist.com [<mailto:admin@rejuvdentist.com>]

Sent: Wednesday, May 11, 2016 12:14 PM

To: doh.sm.delivery.system.reform.incentive.payment.program <dsrip@health.ny.gov>

Cc: Dr. Curatola <gcuratola@rejuvdentist.com>

Subject: Medicaid Proposal 1115 Waiver

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Subject: Medicaid proposal 1115 Waiver

Attention: Project Approval and Oversight Panel,

Email: DSRIP@health.ny.gov.

Dear Sir or Madam,

As a professional in the community, with 33 years of experience both as a research clinician and an academic leader in the field, I respectfully request that you reject Medicaid proposal 1115 Waiver. Fluoride, once believed to be "one of the greatest public health initiatives of late 20th century" has come under intense scientific scrutiny because of many surprising public health problems. According to the CDC, 41% of adolescent children have damaged teeth from a condition called fluorosis. **Simply put, fluoride is a highly reactive and known toxic element, and fluoride exposure has been linked to a broad range of serious health problems from a malfunctioning thyroid, to decreased IQ and cancer.**

A malfunctioning thyroid often leads to weight gain. And diabetics and patients with kidney disease are often thirsty, causing them to consume increased amounts of fluorides if they have access to only fluoridated water. Communities of color and the underserved are disproportionately harmed by fluorides because they rely on municipal water sources, many of which continue to add fluoride, despite research showing the potential harms and negating the potential benefits. Any beneficial effects of fluoride have become insignificant in comparison to the danger to systemic health. **Furthermore, studies have emerged showing some fluoridated communities having an even higher rate of decay than non-fluoridated communities.** I believe the true value of fluoride was overestimated, and the onslaught of emerging evidenced-based research is causing many dental professionals to reevaluate fluoride's application and use. **The National Research Council has issued a lengthy report documenting "huge gaps in fundamental research on the effectiveness of fluoride."**

Fluoride over-exposure from toothpaste, fluoridated water, and other sources, has led to a virtual epidemic of fluoride damage. Fluoride was promoted because it stimulates remineralization of teeth. **What they didn't look at is what type of mineral is left in that tooth—it's a mineral known as fluorapatite. Unlike, hydroxyapatite the natural mineral of our teeth and bones, fluorapatite is very hard, but lacks the flexibility of our natural teeth and bones.**

I encourage you to review the attached weblinks to research and reports:

<http://www.nap.edu/read/11571/chapter/13#350>

<http://www.niddk.nih.gov/health-information/health-topics/endocrine/hypothyroidism/Pages/fact-sheet.aspx>

<http://www.tandfonline.com/doi/abs/10.1080/10643380600678112>

http://media.khi.org/news/documents/2012/07/23/FJ2006_v39_n3_p163-172.pdf

<http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0528.1999.tb01990.x/abstract>

Thank you for your kind consideration.

Sincerely,
Dr. Gerald P. Curatola



Rejuvenation Dentistry
Dr. Gerald Curatola

521 Park Avenue | New York, New York 10065

Telephone. 212 355 4777 | Fax. 212 355 4844

www.rejuvdentist.com

 [DrGerryCuratola](#)

 [RejuvenationDentistry](#)

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From: Eunice mak <[REDACTED]>
Sent: Saturday, April 30, 2016 11:19 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Flouride in our water

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To whom it may concern:

I am outraged after learning about the purposal regarding using government money to add fluoride to our drinking water. As a native New Yorker, I take pride in our water. Please do not poison our water with fluoride or any other toxins! We need to take toxins out, not add them in!

Thank you for your time.

Eunice

doh.sm.delivery.system.reform.incentive.payment.program

From: Janice <[REDACTED]>
Sent: Wednesday, May 04, 2016 12:45 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Fluoridation

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Are you people serious putting poisonous fluoride in our water supply? Let parents be responsible for their children's dental care. We don't want or need this poison , which has never been proven to strengthen teeth!!! I will fight this and not pay my water bill if this is passed!

Sent from my iPhone

doh.sm.delivery.system.reform.incentive.payment.program

From: Jessica Malihan <[REDACTED]>
Sent: Saturday, April 30, 2016 9:53 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: NO TO FLOURIDE

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Please do not put flouride in the water. Many consider it unsafe to add chemicals to the water.

This is not needed and costs should placed on supporting children in other ways

Bad for the environment, because adding chemicals to our drinking water is unhealthy and unnecessary.

Flouride is an old practice that should be banned.

Help educate people on the effects of flouride in the water.

--

Art is the mirror of humanity...

doh.sm.delivery.system.reform.incentive.payment.program

From: [REDACTED]
Sent: Monday, May 02, 2016 6:53 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: fluoride

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Please note

Even if fluoride reduced cavities (IT DOES NOT), that is no excuse to forcibly POISON everyone. Have you ever seen anyone put fluoride in the water supply? They wear Hazmat suits. Why because it is a known carcinogen.

<http://naturalsociety.com/top-scientist-fluoride-already-shown-to-cause-10000-cancer-deaths/>

It also reduces IQ. From the Harvard School of Public Health

<http://www.hsph.harvard.edu/news/features/fluoride-childrens-health-grandjean-choi/>

<http://articles.mercola.com/sites/articles/archive/2014/12/13/fluoride-deception.aspx>

So you are thinking about putting a known carcinogen in the water supply? People were hung after being found guilty at the Nuremberg trials for performing medical experiments on millions of people without giving them the option of informed consent. What if a similar court today found that you did the same thing as the Nazi scientists?

<https://youtu.be/GqstwfKGzPI>

Jon Kopel

doh.sm.delivery.system.reform.incentive.payment.program

From: Karen Spencer <[REDACTED]>
Sent: Tuesday, April 05, 2016 3:08 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Public Comment on NYS proposal for Medicaid funding of fluoridation
Attachments: FluorideChloramineLead_2.pdf; ATT00001.htm; Erin Brockovich - The CDC updated its "waterfluoridation....pdf; ATT00002.htm

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

"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)*

"Industry has learned that debating the science is much easier and more effective than debating the policy. In field after field, year after year, conclusions that might support regulation are always disputed. Animal data are deemed not relevant, human data not representative, and exposure data not reliable." - *David Michaels, Assistant Secretary of Labor for Occupational Safety and Health, in "Doubt Is Their Product" (2008)*

It is unconscionable that the NYS Dept of Health and Medicaid continue to allow themselves to be used by fluoridationists despite the substantial evidence that:

1. Fluoridation is neurotoxic to the developing brains of fetuses, bottle fed infants and young children.
2. Fluoridation is an endocrine disruptor that increases the rates of thyroid disease and interferes with normal glucose and calcium metabolism.
3. Other susceptible populations vulnerable to adverse impacts from fluoridation include those with renal disease, the elderly, and any with immune system disorders or inflammatory diseases.
4. Fluoridation chemicals are ALWAYS contaminated with other toxins such as arsenic, lead, aluminum, cadmium, etc.
5. In the case of HFSA, fluoridation leaches lead out of plumbing. One of the two large studies of hundreds of thousands of children living in fluoridated communities who had increased blood lead levels occurred in New York, the other in Massachusetts. Other studies indicate that when any fluoride is present, the lead uptake by tissues is increased. Used of disinfectants such as chloramine multiply the sinister impact of dangerous metals on the consumer. (see attachment)

Fluoridation is a false dilemma based on flawed studies and falsified data. The policy is propped up by agencies and individuals who either profit from the practice or who are too arrogant or ignorant to admit their error.

Please see the comments and citations in this link to a 2016 American Thyroid Association letter from three doctors, a dentist, a scientist and a lawyer. http://www.ehcd.com/wp-content/uploads/2016/02/2016_02_11_ATALtrCWF.pdf

Also see the two attached pdfs, one a reference document with a number of scientific citations regarding fluoride and lead, the other a commentary from Erin Brockovich on the March 2016 CDC publication regarding the contamination of fluoridation products per NSF studies and AWWA report. That commentary includes links to government sites.

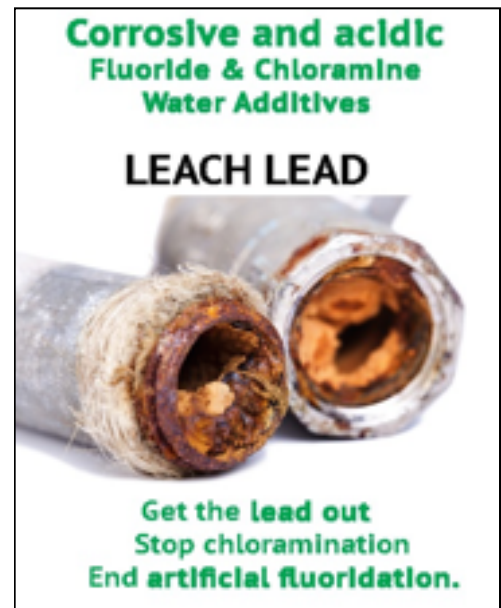
I do not think I put too fine a point on it when I say that policy supporting the fluoridation of water supplies is criminal.

I do not think I put too fine a point on it when I say that policy supporting the fluoridation of water supplies is criminal.

Fluoride, Chloramine & Lead:

Bad for people, pipes and planet!

1. Masters RD, Coplan MJ, Hone BT, Dykes JE. *Association of silicofluoride treated water with elevated blood lead*. Neurotoxicology. 2000 Dec;21(6):1091-100. <http://www.ncbi.nlm.nih.gov/pubmed/11233755>
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11. Lee Ko and Kathleen M. Thiessen. *A critique of recent economic evaluations of community water fluoridation*. International Journal of Occupational and Environmental Health. 2015, 21:2, 91-120. <http://www.tandfonline.com/doi/full/10.1179/2049396714Y.0000000093>
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Fluoride, Chloramine & Lead:

Bad for people, pipes and planet!

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Takeaways

- | | |
|--|---|
| <ol style="list-style-type: none">1. Fluoride is a universal catalyst that dissolves lead and other metals.2. Fluoridated water supplies accelerate the destruction of plumbing infrastructure and increase blood lead levels in children.3. Fluoride is an enzyme poison that bioaccumulates in man and environment.4. Fluoridated water has an adverse effect on brain development in man and animal and interferes with thyroid hormones.5. Fluoridation for oral health is a false dilemma based on flawed studies and falsified data. | <ol style="list-style-type: none">6. Chloramine corrodes pipes, increases lead levels in water and acts synergistically with fluoride to increase toxicity.7. Chloramine creates toxic and genotoxic byproducts such as iodoacetic acids which are not regulated by current EPA law.8. Chloraminated communities have an increased risk for illnesses such as Legionella and Naegleria fowleri.9. Fluoridation chemicals and chloramine disinfectants are ineffective strategies that worsen public health & damage environment. |
|--|---|



Erin Brockovich ✓

7 hrs · 🌐

The CDC updated its “waterfluoridation additives” page <http://www.cdc.gov/fluoridation/engineering/wfadditives.htm>, March 31, 2016, and directs our attention to “Trace contaminants in water treatment chemicals: sources and fate” by MacPhee, et al. published in the December 2004 peer-reviewed Journal of the American Water Works Association (AWWA). <http://www.awwa.org/.../journal.../abstract/articleid/15160.aspx>

The CDC informs us that fluoridation chemicals were contaminated with black particles, a bird’s nest, plastic bags, waxy material, iodine and 1,2-dichlorobenzene. That’s in addition to the lead, arsenic and other toxins the CDC allows in the fluoridation chemicals added to public water supplies even though the safe level of lead and arsenic is zero.

The authors tell us they used the same information in an earlier published article but in more detail (MacPhee et al in 2002) which was funded by the AWWA Research Foundation.

After surveying 266 water treatment plants in 38 states, the MacPhee 2002 research regarding hydrofluorosilicic acid and sodium fluorosilicate, commonly used fluoridation chemicals, revealed the following:

- Frequent low levels of black particles in hydrofluorosilicic acid deliveries attributed to breakdown of tank liner in delivery vehicle. One respondent characterized frequency of occurrence as “always”.
- Bird’s nest and dead bird in solid sodium fluorosilicate jammed and broke feed equipment. Fluoride feed was disrupted for several days during repairs. No microbial contamination of finished water was detected, though utility was concerned since this organic material was fed to the system after chlorine addition.
- One incident where plastic bags clogged feed lines during delivery of sodium fluorosilicate. Bagged material was used to supplement delivery because vendor did not have enough bulk material on hand.
- One incident of hydrofluorosilicic acid delivery with layer of waxy material of indeterminate composition.
- One facility traced the occurrence of 1,2-dichlorobenzene in the finished water to contaminated hydrofluorosilicic acid.
- Iodine contamination was identified in some fluoridation chemicals

The researchers write “Four commercially available hydrofluorosilicic acid products were analyzed during this study. One product contained 3.3 percent hydrofluoric acid, well in excess of the AWWA Standard of one percent. Therefore, this product would not be suitable for drinking water use....Arsenic was the only trace metal found above detection limit in all three products...Titanium, vanadium zinc, and cadmium were found in one product...”

The researchers report that, because it’s so corrosive, hydrofluorosilicic acid is routinely delivered in specially lined tanker trucks.

We are left to wonder why more recent information isn't made public or if any federal agency is bothering to look. And what would be the results if every water treatment plant in the country were surveyed. According to the CDC's recently released 2014 fluoridation statistics, there are 5,956 Community Water Systems "adjusting" fluoride - which means adding contaminated and artificial fluoride chemicals into your bodies. This is down from 5,999 from its 2012 statistics' report.

The CDC says, the EPA gave authority to a private company, NSF International, to determine fluoridation chemical safety. So, NSF doesn't have to answer our questions or release any documents under the freedom of information laws.

Although the safe levels of lead and arsenic are zero, the CDC and EPA

allows the use of lead- and arsenic-laced fluoridation chemicals to be added into public water supplies. Testing equipment used by water employees on the finished product often can't detect these small lead and arsenic contaminants that probably meet standards, not for ingestion, but for acceptable levels in water. Acceptable to whom, we are left to wonder.

Remember there is no safe level of lead for ingestion. Children shouldn't be fed any lead because it can especially damage the brain and accumulates in the body.

See: <http://www.cdc.gov/nceh/lead/>

NSF tested just 216 hydrofluorosilicic acid samples, from 2007 to 2011, to reveal 50% were contaminated with arsenic. NSF also lists contamination by lead, barium, chromium, copper, lead, radionuclides, radionuclides beta, and thallium.

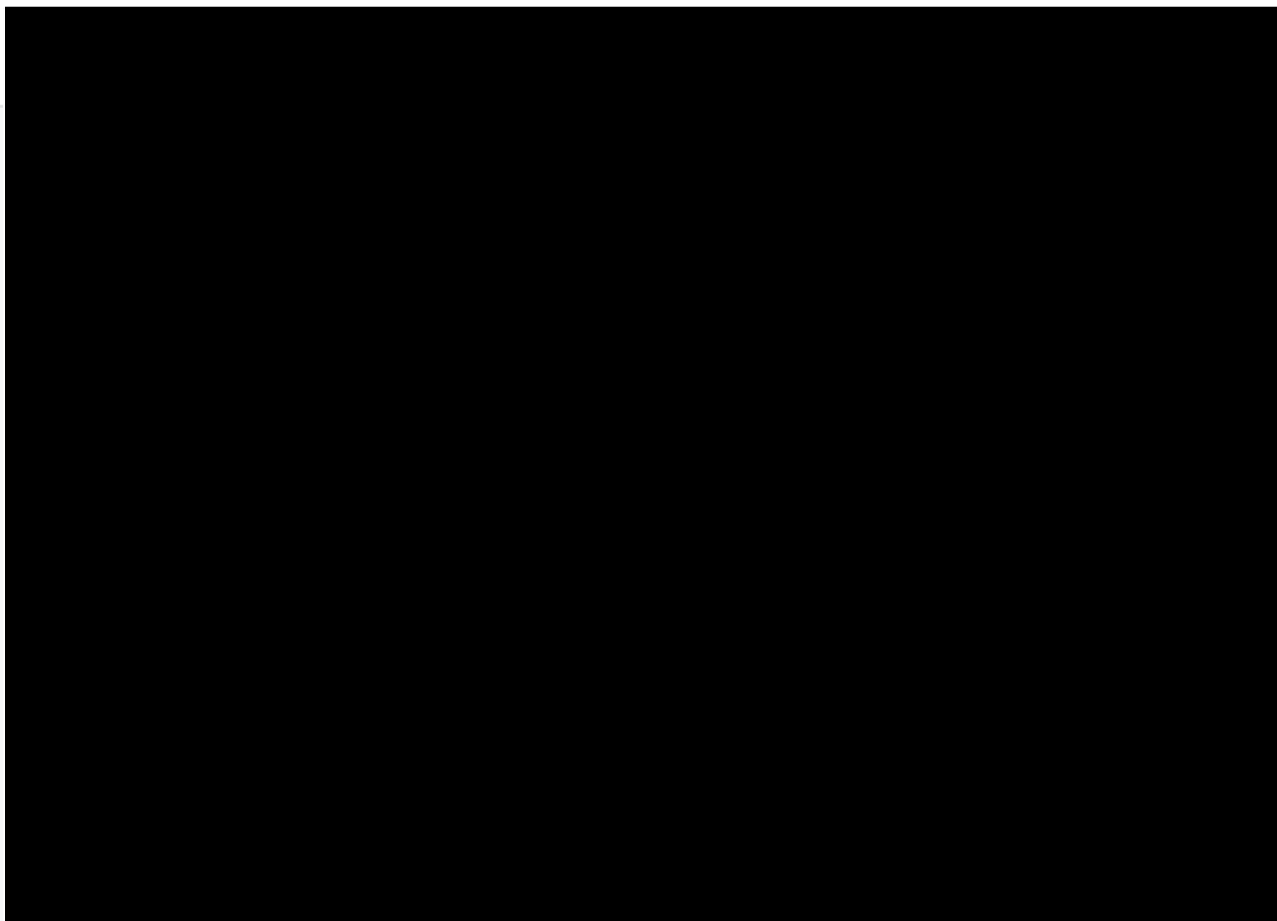
See: http://www.nsf.org/newsr.../NSF_Fact_Sheet_on_Fluoridation.pdf

Results from 2000-2006 using 245 samples showed similar results but also include mercury and cadmium and selenium

Silence means acceptance. Whether you approve of fluoride ingestion or not, tell your local, state and federal legislators to cease fluoridation to stop this chemical attack on our children. Dosing babies with fluoride should be a doctor/parent's job - not your lobbied legislator's job.

Fluoride is neither a nutrient nor essential for healthy teeth - meaning consuming a fluoride-free diet does not cause tooth decay. Rotten diets make rotten teeth and no amount of fluoride will change that.

Further, studies show that fluoridation chemicals themselves can leach lead from water pipes. Other studies show that fluoridation chemicals can cause children to absorb more lead when lead is anywhere in their environment (air pollution, lead paint, toys, etc.).



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From: [REDACTED]
Sent: Saturday, April 30, 2016 10:25 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Opposed to Using Funds for Water Fluoridation

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Re: The New York State Department of Health is proposing to use Medicaid to fund community water fluoridation in an effort “to promote dental health for children on Medicaid”¹. The target population is poor children.

The NYSDOH says that the Medicaid funds will be used for community water fluoridation equipment, chemical additives, supplies, and staff time in population centers (cities of over 50,000) where the majority of Medicaid eligible children reside.²

Please do not use my tax payer money to fund "fluoridation" of the water supply. Fluoride and the industry waste product used for fluoridation are extremely toxic substances and the science to indicate any potential benefit is flawed. I had terrible reactions to fluoride from toothpaste and the public water supply so I now have to use filters and spring water. Please do not support this funding and instead move to eliminate all sources of added fluoride to our public water system. This is forced medication of the public and was used in Nazi Germany to "quiet down" the prisoners (certainly not to promote their health!). People should have the option to poison themselves if they wish, but I prefer not to. Everyone who votes for this should be required to handle the compound fluorine in the lab so they can see how hazardous this element truly is. It is not something to ingest. Please vote: No!

Lorraine - MS Organic Chemistry, BS Biology - Former Director of Product Safety & Regulatory Affairs

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From: Maciek Jasik <[REDACTED]>
Sent: Saturday, April 30, 2016 4:46 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Fluoride funded by Medicaid -- AGAINST

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Dear Medicaid Redesign Team,

I oppose the addition of fluoride into our water supply and I am vehemently against using Medicaid funds to 'promote dental health for children.'

- 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.
- Bottle-fed infants in fluoridated areas receive 100 times EPA’s “safe level” of fluoride.
- Bottle-fed infants in fluoridated areas receive up to 175 times more fluoride than human-fed infants.
- Recent studies have shown that fluoridation is likely linked to higher rates of ADHD and hypothyroidism

Do not make it even more difficult for poor children to succeed in life by giving them this neurotoxin for the most important element they put into their bodies.

Thank you.

++maciek

-----+-----++-----
[REDACTED]
[REDACTED]
[REDACTED]
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[REDACTED]

doh.sm.delivery.system.reform.incentive.payment.program

From: Maureen Shea [REDACTED] >
Sent: Saturday, April 30, 2016 4:20 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Please dont misuse Medicaid funding to add more fluoride to our water

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Water is a precious resource. Fluoride is known to be a toxic agent.

This proposed program to increase water fluoridation would be a terrible and immoral misuse of funding.

Although there has been great success in the project to change public perception of fluoride (toxic by-product from aluminum production) from a rat poison to a health promoting substance, its the PR that has changed and not the fluoride.

Overall health effects of fluoride have not been fully tested but recent studies have shown that the concentrations of fluoride commonly found in typical American diets are much higher than the norms developed for the supposed public health effects.

In 1977, it was shown that fluoridation caused about 10,000 cancer deaths in epidemiological studies by Dr. Dean Burk, former head of the Cytochemistry Section at the National Cancer Institute and Yiamouyiannis. After analyzing the study results in rats, it was found that animals who drank fluoridated water:

Showed an increase in tumors and cancers in oral squamous cells.

Developed a rare form of bone cancer called osteosarcoma.

Showed an increased in thyroid follicular cell tumors.

Developed a rare form of liver cancer known as hepatocholangiocarcinoma.

Water fluoridation has not only been linked to an increased cancer risk, but a decreased IQ in children. In fact, the findings forced the government to call for lower fluoridation levels nationwide.

Stephen Peckham, professor of health policy at the centre for health service studies at Kent University, said the process was introduced before there was enough research to demonstrate its safety and effectiveness.

He told The Guardian: 'It's a dental health policy that's got up a head of steam and people have been reluctant to see it criticised.

'You can't really confidently say that water fluoridation is either safe or effective. There is a problem where the evidence is seen as either totally in favour or totally negative and it's more murky than that.

Fluoride ingestion decreases iodine uptake and contributes to poor thyroid function. Considering that we have an epidemic of obesity, it is very problematic to create an environment of almost inescapable fluoridation.

I use a water filter which removes some of the fluoride in the water. It is very difficult and expensive to remove some of the fluoride. There are many people who cannot afford this- especially if they are receiving medicaid.

I strongly object to the proposed terrible plan for misusing Medicaid funding- to make people less healthy especially vulnerable children.

Maureen Shea
Brooklyn, NY

doh.sm.delivery.system.reform.incentive.payment.program

From: ml@loftsbrooklyn.com
Sent: Saturday, April 30, 2016 11:24 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Fluoridation is CRIMINAL

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Fluoridation is CRIMINAL and destructive to YOU, and to all life. You will be held accountable on every level. Fluoridation must stop now.

Minnette Le Blanc
President and CEO

The Le Blanc Organization, Inc.

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52 South Sixth Street

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ml@loftsbrooklyn.com

www.loftsbrooklyn.com

doh.sm.delivery.system.reform.incentive.payment.program

From: Miranda Sehl <[REDACTED]>
Sent: Wednesday, May 04, 2016 11:49 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Fluoride

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Medicaid Redesign Team,

I very strongly urge you: please **do not fund community water fluoridation**. While Fluoride *may* be beneficial to teeth, it causes harm to the rest of our bodies and minds. We should restrict the use of fluoride to topical applications directly to the teeth; such as in toothpastes, mouth rinses, etc. Fluoride also builds up in our irrigated food. As a child, I overdosed on fluoride. Which caused dental fluorosis. My teeth became mottled with white patches. Who knows what other damage this did to my body and mind.

Fluoride is a type of *medication* and it should be treated as such. It should be used carefully and optionally, it should not be forced upon everyone in their water. **Please do not support the medication of people without their consent.** We need to stop putting fluoride in drinking water. Please read about its damaging effects on the body and mind.

Please allocate these funds instead, to where they will better service New Yorkers. Please call me or write to me if you'd like to discuss this or any issue with me further. Thank you for your time and consideration in this important matter.

Miranda Sehl
[REDACTED]
[REDACTED]
[REDACTED]

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From: DARA WARE <[REDACTED]>
Sent: Saturday, April 30, 2016 10:37 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: The Real Reason Some People have no Tooth Decay

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To Whom It May concern:

As a teacher, I can verify that the children whom I saw eating candy every day in the inner city had high rates of too decay in spite of the fact that New York City's water has been flouridated for years. However my own son and daughter and whole tribes in Kenya and other parts of Africa are 100% free of tooth decay because they do not eat may refined sweets. The suger found naturally in apples, sugar cane plants, etc does not contribute to tooth decay.

Yours truly,
Pearl C Ware

The Lord Jesus said, \22I am the Way, the Truth, and the Life. No man comes to the Father, but by Me.\22 John 14\3a6

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From: Yuka Azuma <[REDACTED]>
Sent: Wednesday, May 04, 2016 3:35 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Comment on Water Fluoridation

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To New York State Department of Health
DSRIP@health.ny.gov

Re: Comment on Water Fluoridation

A report from the world's oldest and most prestigious medical journal, The Lancet, has officially classified fluoride as a neurotoxin, and Harvard University released a study that showed that fluoride lowers a persons IQ.

Drinking fluoridated water puts you at risk for dental fluorosis, calcification of the pineal gland, reduced IQ, impaired learning/memory, bone fractures, and other health complications. .

Those who can afford it can buy filters and spring water, but those who cannot have no choice but to drink fluoridated water.

Our tap water need to be safe for animals, plants, and the environment, as water is used for many different things.

I refuse to have my tax money fund the chemical companies who put fluoride in my water, and I refuse to pay for their industrial waste production.

Best regards,

Yuka Azuma
Concerned NYC citizen

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From: doh.sm.delivery.system.reform.incentive.payment.program
Sent: Monday, May 02, 2016 9:15 AM
To: doh.sm.Oral.Health
Subject: FW: Fluoridation Proposal

From: Anya Huzil [mailto:]
Sent: Saturday, April 30, 2016 7:28 PM
To: doh.sm.delivery.system.reform.incentive.payment.program <dsrip@health.ny.gov>
Subject: Fluoridation Proposal

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Re: New York State Department of Health proposal to use Medicaid funds for community water fluoridation

To whom it may concern:

Adding fluoride to the water is tantamount to mass medication without consent. "The proposal to add fluoride to water is an *Environmental Justice* issue as poor children are the target of this proposal and they may be disproportionately impacted by the following:

- African-American and Mexican-American children have significantly higher rates of the more severe form of dental fluorosis.
- 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.
- Bottle-fed infants in fluoridated areas receive 100 times EPA's "safe level" of fluoride.
- Bottle-fed infants in fluoridated areas receive up to 175 times more fluoride than human-fed infants.
- Recent studies have shown that fluoridation is likely linked to higher rates of ADHD and hypothyroidism "

Furthermore, fluoride may increase lead in drinking water. Clean pure water is a prerequisite to optimal health. Industrial chemicals, drugs, and other toxic additives have no place in our water supplies.

Fluoride ***should not*** be added to water; it violates the individual's right to informed consent to medication.

Respectfully,

Anya Huzil

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From: f lip <[REDACTED]>
Sent: Saturday, April 30, 2016 10:10 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: fluoridation

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Are u people crazy??? Poor kids can go to dentist for free in many cities, can go to Universities for free treatment from dental students. Poor should teach their children to brush which they do not do. Fluoride has too many negatives to continue to put in water.
thank you

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From: Judy Turk <[REDACTED]>
Sent: Saturday, April 30, 2016 11:11 AM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Water fluoridation

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I am opposed to water fluoridation and the use of medicaid funds to support this because fluoride does not improve oral health and fluoride is one of the most toxic substances on earth. The study on which this practice comes from is flawed. Other studies show that fluoride in water lowers IQ, increases the risk of hip fractures and increases the risk of bone carcinoma. It would be much cheaper to offer fluoride to people to use topically than to poison all of our water. I don't need fluoride to wash my car, water my gardens, take a bath or shower and so on. A healthy diet will do more to lower cavity rates than adding any chemical to our water and especially fluoride.

Please look at the real studies and read the book, *The Fluoride Deception* by Christopher Bryson. His research uncovers the beginning of the practice and why it is such a bad idea. I pay taxes and then have to buy a water filter to remove the fluoride. Most water filters can't do a good job at that so the answer is to stop putting this poison in the water and let me decide if I want fluoride drops added to my drinking water. You could provide fluoride drops to people and let them decide. It is an outrage to drug all of us. This would also save a lot of tax money.

There is no way to know how much fluoride anyone is getting with this method of water fluoridation. Some people don't drink much water. Others use it for coffee, tea, pasta, drinking. making formula and so on. There are even big concerns about the amount of fluoride going into infants who are using formula when the parents mix it with fluoridated water. The last thing we need is to lower the IQ of any infant. We already are hurting our children's future with the huge increase in autism which is caused by man. Thank you for your help on this matter. Sincerely, Judy Turk
Judy Turk Environmental Health Coach and Consultant Specializing in electro-sensitivity and EMF issues in the home

Facts do not cease to exist because they are ignored.

—Aldous Huxley

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From: m berk <[REDACTED]>
Sent: Saturday, April 30, 2016 5:54 PM
To: doh.sm.delivery.system.reform.incentive.payment.program
Subject: Please reconsider adding fluoride to the water supply. As an older woman who has lived always in NYC. I am very health conscious and have done just about everything recommended, in a natural way, for bone health. Yet my older relatives who live in citi...

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Thank you, Marjorie B. Berk

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]