MINUTES OF THE PROTECTION AND POLICY COMMITTEE

THURSDAY, OCTOBER 8, 2020, 5:30 PM
Virtual Meeting. Public may join via Zoom.

A. ZOOM MEETING INFORMATION.

1. This item contains documents which provide call in information and instructions for the Zoom Meeting.

B. ROLL CALL.

Present: Mark Steuer, Kathy Lefebvre, Craig Stevens, John VanderLeest

Also present: Deputy City Attorney Joanne Bungert, Chief of Staff Celestine Jeffreys, Alder Barb Dorff, Alder Brian Johnson, Alder Lynn Gerlach, Alder Jesse Brunette, Green Bay Water Utility General Manager Nancy Quirk, Director of Communications Andrea Hay

C. APPROVAL OF THE AGENDA.

Moved by Ald. John VanderLeest, seconded by Ald. Craig Stevens to approve. Motion carried.
Yes- Craig Stevens, John VanderLeest, Mark Steuer, Kathy Lefebvre, No- None, Abstain- None

D. REGULAR BUSINESS.

1. Consideration with possible action on a request by Ald. Galvin, filed on behalf of constituent Brenda Staudenmaier, that the City consider taking fluoride out of the treatment process for the City water.

Moved by Ald. Craig Stevens, seconded by Ald. John VanderLeest to open the floor. Motion carried.
Yes- Craig Stevens, John VanderLeest, Mark Steuer, Kathy Lefebvre, No- None, Abstain- None

Alder John Vanderleest left the meeting at 7:02 pm. Quorum was maintained.

Moved by Ald. Kathy Lefebvre, seconded by Ald. Craig Stevens to close the floor. Motion carried.
Yes- Craig Stevens, John VanderLeest, Mark Steuer, Kathy Lefebvre, No- None, Abstain- None

Moved by Ald. Kathy Lefebvre, seconded by Ald. Craig Stevens to recess and reconvene the meeting on 11/19. Motion carried.
Yes- Craig Stevens, John VanderLeest, Mark Steuer, Kathy Lefebvre, No- None, Abstain- None

E. ADJOURNMENT.

VERBATIM MINUTES

- I am setting time now.

- Alrighty. We are live thank you.

- All right.

- All right, Alder Steuer, I turn it over to you.

- Thank you, Attorney Bungert. Welcome to the protection policy committee special meeting, dealing with fluoride. Today is the 8th of October, 2020. I will take a roll call. Alder Steuer, I am here. Alder VanderLeest.

- Here.

- Alder LeFebvre.

- Here.

- Alder Stevens. Alder Stevens.

- Here.

- Okay. We'll do our best. Alder Stevens is up in the UK right now.

- [Craig] I'm here, can you hear me?

- I can hear you now. Yes. Oh, there you are. Nice. All right, so we are all here and present and accounted for. So next would be the approval of the agenda. I'll entertain a motion.

- Motion to approve.

- Motion to approve.

- Alder VanderLeest, seconded by Alder Stevens. Any other discussion? All in favor, please say aye.

- Aye.

- Aye.

- Aye.

- All opposed? It passes unanimouly. Let me know when you're ready.

- We are on to item number one.

- Okay, under regular business. Number one: consideration with possible action on a request by Alder Gilvan filed on behalf of constituent, Brenda, Stottlemyre that the city consider taking fluoride out of the treatment process for the city water. So I can now make a general statement initially. Okay, first of all, thank you for all showing again. This is a hot button topic. We've gone through this in 2013, 2017 and now 2020. So I ask for civility on both sides here. The alders have received numerous articles, reports, emails, phone calls. I don't wanna say that we were getting data, but we have had much information on this. So we do take this seriously. Though with that being said, the way we will do it is I will have staff talk initially, and then we will most likely open the floor. And then after that, after all the testimony is done, we will keep the floor open so that any of the people that testified will be able to take questions from the committee and or other alders. I think that's just the easiest way to do it. If you testify for three minutes initially, or if you have a PowerPoint presentation, what have you, we will be writing down questions. We'll be making observations and we will be able to bring those back to you so you will have more time to talk. There'll be a few times where we will have a question that's kind of, the pros and the cons for fluoride. I will try to make sure that both sides get a chance to speak on a topic or an item so that we're not showing favoritism in any way. Though with that being said, I would ask that staff, I would ask for Director Quirk to make an initial statement if she would do that.

- Thank you, Alderman Steuer. Can you hear me okay?

- Yes.

- Perfect. Okay, my name is Nancy Quirk. I reside at 2066 Winter Crest Drive in Green Bay. I'm a registered professional engineer by trade with 39 years of experience. I am now the general manager of Green Bay Water Utility in a position I'm proud to have held for the last eight years. You may have seen on TV on Tuesday that the city of Green Bay was able to take its last lead pipe out of the ground under a system I implemented in my time here. Our amazing team of water professionals and experts worked together to remove more than 1800 lead pipes out of the ground and we got rid of it on the homeowners side to even changing laws the homeowners who largely could not afford to replace their own lead services, did not have to pay out of pocket to get the job done. The head of the EPA office of water was here in person to congratulate us this week. At one point a CNN news crew flew here from New York just to find out what we were doing and to share it with other people. I feel I have to tell you this because it's just one example, again, care and the lengths I will go to when it comes to the health and wellbeing of our Green Bay community, especially our children. If I thought there was a chance of the amount of fluoride we put into water was harmful to health, I would fight against it too. But I don't make decisions based on YouTube videos, social media statuses, self published authors, non peer reviewed studies or chiropractors posing as medical doctors peddling bunk science. Meyer, a part time Green Bay resident who works in Madison is again the reason that it's being brought to Green Bay a third time during my tenure. Remember that this issue was brought by Brenda before our elected officials in the city back in 2013 and '17 as alderman Steuer stated. Since then, the science has not changed. The Centers for Disease Control have not altered their support for community water fluoridation. The EPA has not changed its numbers. In fact, all of that is being touted this evening by Ms.StotterMeyer is a poorly performed study that reaches sweeping consequence most likely in air because experts at the world's most important health organizations have deemed them weak. Weak studies do not effectively collect and analyze as data the whole story. She criticizes us all here for not reading every new study that supports her anti fluoride rhetoric. And that's just not how we legislate. If you use the internet, you're probably aware that there's a new study on something every single day. Why do you tell the managers like me have to take into account that are industry leaders and governing bodies are saying because it is their duty to constantly review the science. We need guidance backed by evidence-based science. Organizations like the CDC, Wisconsin

Department of Health Services, Brown County Health and others check the sciences for themselves constantly. They're required to tell us when something doesn't check out. The anti fluoridation folks on this call tonight are largely the same group of people telling us not to vaccinate. The so-called health organization on here this evening, they say that they're anti mask, anti-vaccine and, of course, anti fluoride. Drinking water utilities are regulated by EPA safe drinking water standards. Fluoride is an element that is regulated. They designate a level at which health effects could occur in a maximum contaminant level or MCL that we follow. They also designate secondary standards at which health effects may occur or discoloring of the teeth. For fluoride, that level is four milligrams per liter. We provide water at 0.7 milligrams per liter or one sixth of the level that could cause health effects. Every five years, EPA distributes a list of 30 contaminants they require utilities to test for. Fluoride was introduced on our last review in 2016 and EPA determined that there was no new data warranting that fluoride be added to the list. It was tossed out. Think about this. If the anti fluoride crusade starts citing their so-called scientific reports of health effects associated with fluoride tonight, watch to see if they mention the level of fluoride that the tests were using. I have read some of their reports where fluoride levels were clearly above four milligrams per liter, especially from so-called experts that aren't necessarily familiar with the United States regulations and practices. I would also ask that you consider their credentials. I believe listening to a Green Bay mom is always important. I am a Green Bay mom too, but even Green Bay moms can be misled by junk science and scary videos not depicting the whole truth. The majority of the major science agree that fluoride is safe. We need to make decisions for health on evidence-based science. A point I want to make sure you know, Green Bay water Utility has public health and safety on the top of our list of our core values. We have utility to achieve the safest water. We belong and are active in professional water organizations such as American Waterworks Association, American Metropolitan Water Agencies, Water Research Foundation, Wisconsin, Rural Water Association, Municipal Environmental Group Water, Public Service Commission work groups, and DNR work groups. I also belong to state group where PFAS regulations in the state, even though PFAS is not a contaminant for Green Bay water. The senior management team at Green Bay Water is well connected and positioned to receive the latest information on drinking water issues. We are a part of education events all year to ensure we are getting the latest research information. I'm involved in the national level of MWA committees and AWWA committees. Our operations manager is a trustee on the board of the Wisconsin Section of American Water Works Association. We also have utility staff participating in the Wisconsin section committees. We read water AWWA journals every month, we receive weekly updates from the regulatory offices in DC of any changing regulations or new studies. We attend webinars and we also work with local groups to get information daily or weekly as we need. What I'm saying is we do not bury our heads in the sand. We are experts in our industry, well connected to the of the drinking water industry to make sure we have the latest technical information. The vision we laid out for ourselves in Green Bay Water Utility strategic plan several years ago was to be a leader in the drinking water industry. According to the EPA's water chief speaking at the city of Green Bay, Tuesday, we have fulfilled that vision. And not only because we are the first major utility in the state to voluntarily remove all of our lead services, influence water utilities all across Wisconsin to follow our leadership and the use of satellite leak detection to find water leaks in our system. Our operations manager is a national presenter on this important research. Green Bay Water Utility proactively uses the high velocity flushing of our water mains and service lines. Something we do in order to remove any film or particles that may come loose. This is also something other utilities lean on us for understanding when they begin their own flushing programs. We have influenced countless utilities in this way. And water experts come here to Green Bay to learn about what we're doing. The utility master plan for infrastructure, workforce strategy documents, salary studies, emergency response plans, business continuity plans and strategic planning are all proof that we not only think about the future, we're prepared to face it. As our elected alders, you make the best informed decisions that we, the public, have entrusted you to do. Just as you depend on city departments to advise you on best available science-based evidence for protecting their children from assault from intruders in schools, infrastructure that will replace aging infrastructure, building requirements to ensure safe and long lasting buildings, bridges that will last 40 plus years and placement of traffic lights and crosswalks to protect the public from being run over or killed at dangerous places in Green Bay, you should depend on those same experts to provide you with the best available evidence on water fluoridation. I trust you to make good decisions based on expertise provided to you. Now, I'm gonna ask you to trust me. You hired me to perform this job and I take my responsibility to public health, via safe drinking water, very seriously. I don't believe you need to

understand every medical report that was sent to you. You are policymakers. I am a civil engineer. I do not pretend to know the details about medicine or dentistry. However, I do understand the importance of the liaison to public health and I have developed relationships with widely respected medical and health organizations over my 33 years in the drinking water industry in Wisconsin. Organizations like the CDC, Wisconsin Department of Health Services, American Medical Association, American Dental Association, Brown County Health and others. I understand that science is always changing. That's why we're committed to staying current in our profession. I assure you that if a study came forward and was validated by a respected set of health organizations that indicated scientifically that we were putting poison in our water, I would immediately stop putting it in. And then I would inform the officials and we would make it a final. Please, trust me. You hired me to run this water utility and I take me my responsibility of providing safe drinking water very seriously. Thank you.

- All right. Thank you, Director Quirk. Okay, everybody will have a chance to speak. So I'm gonna turn this over to chief of staff, Celestine Jeffreys.

- Alderman Stauer, my water quality manager is here and he's also staff.

- Oh, hi, son. Okay, well, attorney Bungert, can I ask a question?

- Yes.

- Okay, we're supposed to have staff speak initially. Correct? So any staff members and then we'll just open it up to the public.

- Correct.

- Alright, go ahead. Let's keep it three to four minutes at the most if we could. Thank you.

- Yep. Can you hear me?

- [Celestine] Yes, Mr. Hardwick. So if you would be so kind as to also just state your name, your position, and if you would like to give your work address, that would be fine. Thank you.

- Sure. So my name is Russ Hardwick and I am the water quality manager for the Green Bay Water Utility. And I reside at 3012 Sunshine Place, Green Bay. I have been with the Green Bay Water Utility for 25 years and in the water industry for 27 years. So my goal here is to reassure the protection of policy committee members that Green Bay Water Utility uses the expertise of nationally recognized water industry organizations. The standards and best practices that are developed by these organizations are important for the health and safety of our citizens and our employees. I'll start with the Center for Disease Control and Prevention. The CDC, which supports community water fluoridation, sets our standard of adding 0.7 milligrams per liter of fluoride to the water supply. Next, is American Water Association, known as the AWWA. They are a standard setting organization for the water industry. They created B703-19, which is a standard which provides us with stipulations of best practices for design, installation and manufacturing when purchasing, transporting and storing the chemical used to fluoridate our water. We also follow the National Science Foundation, known as NSF, and the American National Standards Institute, Standard 60, which covers water treatment products. This standard requires that treatment products added to drinking water as well as impurities in the products are supported by an evaluation of potential health effects resulting from exposure to the products or associated contaminants. In other words, we made sure that the fluoride we add to Green Bay's water, lives up to the high standards set by these organizations. We analyze for any residual in the water 24 hours a day, seven days a week. And that is not ununique to fluoride. Our licensed operators are virtually always watching these levels as well as analyzing other chemical residuals to ensure the water is safe at all times. We also have controls in place so that we do not overfeed fluoride. A question has been posed to me, how much money is it costing our rate payers to have fluoride in the water? The answer is about 20 cents per person per year. And we arrived at that number by dividing the $30,000, which is the amount we spent on the chemical in 2019 among the 137,000 people who drank our water. In closing, I want you to know that Green Bay Water Utility's community water fluoridation program follows the highest standards of best practices that are available to us by the organizations I have just listed. Thank you.

- Thank you for your time this morning, Russ. All right, Celestine are you or somebody else--

- Yes, I am.

- Any other staff members who's setup. Okay. Well, that being said than I would first make a motion. I will have someone make a motion to open the floor.

- [Stevens] Motion to open the floor.

- By Stevens, seconded by VanderLeest. Yes.

- You're muted, John. Did you set up?

- I need a second. Thank you.

- Okay, all right. By Stevens and second by VanderLeest. All in favor, please say aye.

- Aye.

- Aye

- Aye.

- All opposed? Motion passes unanimously. The attorney, Brenda mentioned, the attorney, that she has that has to leave within the hour. So I don't know if that's something that you'd wanna start right away or you could wait a few minutes.

- [Celestine] Sure, alder. So the attorney can speak.

- Okay, I'll let you handle this now. I'll let you handle this part of that.

- [Celestine] Thank you so much. So we have that attorney and then there's also a few people who are coming in from international destinations or locations rather. So that's Dr. Beale, Dr. Morris, Dr. Foley and Dr. Slade. So let's just do the attorney first from Ms. Staudenmaier. If you would please unmute yourself and just give me one second. So just unmute yourself, give me yet Alder Lefebvre, did you wanna say something? No, okay. So just give me one moment. Okay. I'm just getting the three minute timer together. All right. So we have the attorney who is joining us and who has to leave. Is this you Attorney Osmunson?

- I'm a dentist. Can you hear me?

- [Celestine] Okay. Yes, I certainly can. Hold on one second. So the attorney who has to leave.

- I believe that's me. It's Chris Nidel.

- [Celestine] Okay. So Mr. Nidel, thank you for muting yourself. And if you would please state your name and address for the committee and also... Chair Steuer, did you want people who were testifying, did you want them to be clear about the position as they testified?

- That would be helpful. We're all taking notes here, so we can kind of gather that, but if you would say you're for or against, that would help. Thank you.

- [Celestine] Okay, thank you so much. And so I'm also Chair Steuer, are you going to reserve the committee's questions to each individual until after everyone has spoken?

- Yes. I didn't mention it in the beginning of the meeting. I'm gonna let everybody testify and then there will be opportunity once the... It'll still be open and we'll have opportunities to ask questions of the other folks that have testified. All sides.

- [Celestine] Thank you so much. So Mr Nidel, you have unmuted yourself, please state your name and address for the committee. And then also please say, if you are for keeping the fluoride or against keeping the fluoride. Thank you.

- Good evening. My name is Chris Nidel. My address is 15505 Avery Road in Rockville, Maryland. And I wanna thank you for the opportunity to speak once again, I guess you would say an opposition to fluoride, but more, I would say in favor of public health and in favor of science. I am in fact, a scientist. I spent years in the pharmaceutical industry and as well as I am an attorney and I'm one of the attorneys that's involved in the current EPA fluoride litigation. My wife is currently working for a pharmaceutical company on the COVID vaccine and I am neither anti-vaccine or anti mask. I don't get my science from YouTube but from peer reviewed journals public throughout the world. The evidence-based science has in fact changed. We now have two high quality cohorts. The element and mirrored cohorts with biomonitoring data that estimates actual fluoride exposure to those people studied. These peer reviewed studies that were funded by NIH and published in the most prestigious journals in the world provide the best evidence of fluoride's neurotoxicological impacts. The statistically significant damage. these studies demonstrate on IQ are very concerning. The current scientific debate seems to largely be at the margins, whether fluoride in water at 0.7 PPM is neurotoxic and those paying attention to the most up-to-date science, including the California federal judge overseeing our lawsuit, are quick to acknowledge that the risks are twice this level or around 1.5 PPM. And you will hear arguments from fluoride proponents, that all things are poisonous, but that it's the dose that makes the poison. However, the level of fluoride in water is not the dose. In fact, there is no control over the dose of fluoride that anyone receives. That dose is dependent on how much water a person decides to

consume. Thus the notion that there is a precise dose that is safe or unsafe can not be supported in this context of an indiscriminate way in which people are being treated with fluoridated water. For example, someone drinking twice the amount of water at 0.7 PPM receives the same dose of fluoride as someone drinking half the water at 1.4 or roughly 1.5 PPM. Because of this variability in personal consumption, as well as individual differences due to genetics and other individual variations, public safety assessments typically start with dose that has a demonstrated effect on health and work back from that dose. So for example, if model show that soil lead at a certain level is unsafe for a child playing in the soil, then the public health limits are set at levels that allow for variation in both personal habits and genetic differences and then usually reduce this by at least a factor of 10. This means that by today's strong evidence of harm at 1.5 PPM, there is likely, in fact, very likely, harm that will occur even at the level of 0.7 PPM. This is true, even if like arsenic or lead, fluoride is in fact naturally occurring. Thank you for the opportunity to speak. And I appreciate your consideration of this issue.

- [Celestine] Thank you, Mr. Nidel. Give me one moment. And then we also have some people, like I said, who are joining us from distant lands and those people are Dr. Slade... Hold on one second. Dr. Slade, Dr. Beale, Dr. Morris, Dr. Foley. If any of those people would like to speak, because I know it's late where you are, please unmute yourself and state your name and we can get started.

- Chair, would you like me to go first?

- [Celestine] Yes, please. Thank you, Dr. Beale, just give me one moment. Okay, Dr. Beale, please state your name and address for the committee and then also share if you are for or against.

- My name's John Beale, Dr. John Beale. I live in Leeds in Yorkshire, in the UK. And my background is that I had a career in public health, both as a practitioner and as an academic. I'm no longer in paid employment, but I do now serve on what is called the Leeds Health and Wellbeing Board, which is the body which determines health policy across the city of Leeds, a population of three quarters of a million. You will hear a lot tonight, I'm sure, about claims of harm from water fluoridation. And you will hear a rebuttal showing how the science that those claims are based on is incorrect, bad methodology, bad statistics and conclusions which can't be drawn from the findings. I'm gonna take you back at the beginning now to why you're doing it. And as Nancy Quirk has already said, it's in order to reduce the amount of tooth decay and not just to reduce the tooth decay, but I would say that it is anyone who has their own teeth who will benefit whether you're young, whether you're child, whether you are old, if you've got your own teeth, you will stand to benefit. However, it's those who are in the most deprived sections of our community, who benefit most. I've looked at your demographics and I see that you have quite a large number of people who live in poverty. They are the people that you are protecting and reducing their tooth decay. It has been described as giving poor kids, rich kids teeth. You are leveling the level of tooth decay across the groups. And doing a great deal to benefit the most vulnerable sections of your community. I haven't got time to go into a lot of detail. You heard evidence that fluoride in high concentration causes discoloration of the teeth. I can assure you from work I've done, and the standard was approved by the Cochrane Systematic Review, which had very tight criteria about evidence they will accept. My studies have shown that it is not true. One part per million we use in the UK, one milligram per liter in the States, 0.07 milligrams per liter, that does not cause mottling discoloration of the teeth. So chair, I would just conclude in saying, you're doing something extraordinary for your community. Don't let them down. Studies have shown

that where fluoridation is terminated, children and adults have more tooth decay, have more tooth ache, have more general anesthetic extractions. So keep up the fluoridation and don't let your community down.

- [Celestine] Thank you, Dr. Beale. If Dr. Slade or Dr. Foly

- Yes, hello, I'm Dr. Gary Slade.

- Oh, yeah, Dr. Slade. Okay, just give me one second.

- But just to be clear, I'm calling from North Carolina--

- [Celestine] Oh, so not quite a foreign land.

- Not international tonight. I don't wanna take the place of someone more important, who needs more time.

- Oh, surely. Yes, Dr. Morris is calling. Is Dr. Morris on from the UK?

- Yes, good evening--

- Yes, hello, Dr. Morris. Okay, just give me one second.

- Okay.

- All right, Dr. Morris, if you would please state your name and address for the committee, then also share with us if you're for or against.

- Thank you. My name's John Morris. I am a academic in dental public health with the University of Birmingham in the United Kingdom. I am for. I'm for the continuation of water fluoridation in the city of Green Bay.

- And then also, I'm so sorry, also your address.

- Oh, my dress. I'm with the School of Dentistry of the University of Birmingham in the city of Birmingham, United Kingdom.

- Thank you.

- Until 2017, I also led water fluoridation programs for Public Health England, which is, I think England's equivalent of CDC. I think first off I have to congratulate your engineers. You must be very excellent engineers running a really efficient fluoridation program. I almost fell off my chair when I heard it was costing 20 cents per person per year. Here in the United Kingdom, we're running at about $1.30 per person per year for the cost of fluoridation program. So I think, I think we need to invite you engineers over to show us how it's done. I think be helpful just to have some reassurance about how United Kingdom authorities regard the scientific evidence on the effectiveness and safety of water fluoridation. We've had water fluoridation here in the city of Birmingham, a population of around two and a half million people for over 50 years. And we are continuing which to have this water fluoridation program. As Dr. Beale has said, just now, we fluoridate at one milligram per liter and our regulatory standards are set at 1.5 milligrams per liter for any fluoride in water, including fluoride occurring naturally. As an aside, I have to say, us Brits, we love our cup of tea. A cup of tea contains about five milligrams per liter of fluoride. So if there were any concerns about the safety of fluoride in water at around the levels that are typically going to be consumed in a well-regulated water system, then obviously we would act as responsible public health bodies to change that situation. And yes, we are keeping abreast of the scientific developments. We are mindful of recent publications coming out of Canada, for instance. City of Birmingham recently held a celebratory event to celebrate 50 years of their water fluoridation scheme. Other local authorities came to that event and other local authorities in England who have only been given responsibility to do this in recent years are now looking to . I would very much commend this important public health measure to the alder persons of the city of Green Bay. I even finished early.

- [Celestine] Thank you so much, Dr. Morris. I appreciate that. Okay. Give me one moment. All right. And, let's see... Dr. Slade, if you'd like to start speaking. Please unmute yourself.

- Yes, hello and thank you for this opportunity to speak.

- Thank you so much, Dr. Slade. If you would be so kind to state your name and address for the committee and also whether you're for or against fluoridation

- Yes, thank you for this opportunity to speak. My name is Gary Slade. I'm a dental research faculty member at the University of North Carolina at Chapel Hill. My address here in Chapel Hill is 511 Hillsborough Street, Chapel Hill, North Carolina. I'm speaking today in favor of community water fluoridation. And I speak in that way because I'm one of the many researchers who've done large scale population studies, where we continue to find dental harm from fluoride in drinking water. Let's not forget that dental decay is a serious problem in our country. By preschoolers have one in four preschoolers have dental decay and by the time they get into elementary school, it's up to 50% of them. But then dental decay hits again when they do permanent teeth. By the time they're in high school, it's a 60% of children have tooth decay. This is a disease that we don't become immune to. It continues to affect throughout their lives. In children, we know that tooth decay has serious consequences for those who have severe tooth cavities affected. It creates poor sleep, it affects their school performance. It creates social stigma that is real for these children. The pain from tooth ache can be crippling. And we know that even through adulthood this does not go away. My own research in the United States population has done just recently, we published it a couple of years ago, and it was done with children and adolescents. Nowadays in the U.S. population where a large majority of children are using fluoridated toothpaste then we're getting quite good access to dental care, there is still a 30% preventive effect of living in a County that has a high level of coverage of fluoridated drinking water compared to people living in non fluoridated counties. And so that's a 30% reduction in their primary teeth, their baby teeth. It's about a 12% reduction in the permanent teeth of these by the time they're in adolescents. We see these preventative effects occurring in boys and girls, children, and adults. We see these preventative effects occurring for all races and ethnicities. Our recent study to echo the previous comments, did show that the preventative benefit for children was more pronounced in those living in households below the poverty level. And so that levels out to some degree, the horrible social inequities that exist in this disease. So I do urge you to support fluoridation in Green Bay. It is continues to be a beneficial public health effect. I appreciate this opportunity to speak with you, and I appreciate you giving careful thought to the scientific evidence on this topic. Thank you.

- [Celestine] Thank you, Dr. Slade. Okay, so the way that we can do this, we do have the ability, if you're on Zoom and you're in an app or on your computer, you can do a function called raising your hand. So you can raise your hand in Zoom. And if you're looking at Zoom, you can see that there are people in that participant list who have their blue hands. So that's one way for me to recognize you. That's very easy. If you are not in an app or on a computer, and you're just on a phone, once we get through this list of people who have raised their hands in Zoom, I will call for people to unmute themselves and begin speaking. Thank you so much. Next we have Carmen Nightfall. Ms. Nightfall, please go ahead and unmute yourself and state your name and address for the committee. And then also tell us if you are for or against fluoridation.

- Thank you. Can you hear me?

- [Celestine] Yes, we certainly can.

- Great. Hi, my name is Carmen Nightfall. Thanks for having me right now. I'm in UWA Madison living at 1912 Atwood Avenue, . Today, I wanted to speak to you as both a scientist and a native American. Natives are highly understudied, so we often look to the black communities, shining disproportionate rates of diabetes and thyroid disease, and also a low quality diet of the standard American diet made up of processed and sugary

foods. So it was Freedom for Information Act request in 2005 that finally prompted the CDC to acknowledge what it knew all the way since 1962, that the black community has a higher susceptibility to dental fluorosis. According to these documents in the CDC's 1999 to 2004 national survey, 58% of the black children were diagnosed with fluorosis versus 36% of the children. Now I know that there are low levels used. And so I'm just really because we have information on the black community and not the native community that does receive fluoridated water. So what I am bringing this to is that a physical and permanent change is happening to a susceptible group to fluoride. And then the changes physically happening on the enamel of the tooth. What is molecularly and biochemically going on inside more sensitive tissues like the brain and the thyroid and the kidneys? It is known that fluoride does cross the blood brain barrier. If you wanna check that there's the developmental fluoride neuro toxicity updated review of 2019 peer reviewed journal research. Both fluoride and iodine, it's a family in the periodic table that shares some traits and fluoride is appearing in many areas of research to be a toxin, whereas iodine is an essential nutrient. The endocrine, motherboard of the body, if you will, is the thyroid and it needs iodine to work well and to organize the systems of the body. Most people don't get enough iodine. Fluoride may affect the thyroid system by out competing iodine for thyroid uptake, or it could be that fluoride is available when there's, heart in my neighborhood, when there's not enough iodine present, or it could be the electronegative fluoride versus iodine. They're still investigating this. So there's an association, but we don't know why yet. Let me check my time here. I see I should wrap this up. So dentists come to our reservations already sure that they know what's wrong with our teeth. They only see things in binaries, bad teeth need fluoride when is fantastic, and we never had fluoride. The only thing that's different is that we also didn't have sugar and white flour. So the American diet and bad mouth care is really the biggest problem on reservations in poor communities. And because we have, at least the black community is found to have a higher succesptability to fluoride in terms of fluorosis. We need to consider what other things are going on in body, like with the thyroid.

- [Celestine] Thank you, Ms.Nightfall.

- [Carmen] Thank you.

- [Celestine] Okay, thank you so much. Next, we have Brenda Staudenmaier. Ms. Staudenmaier, please unmute yourself and state your name and address for committee. And then also tell us if you are for or against fluoridation.

- I'm Staudenmaier, 1270 Dodi against fluoridation. Thank you for your consideration. I studied environmental engineering at NWTC and cellular molecular biology at UWAGB. I am certified by the Wisconsin DNR for drinking water and wastewater. I am also a plaintiff in a federal lawsuit against the EPA, examining the scientific and legal evidence concerning the neurotoxicity of fluoride in water. While we wait for federal determinations, I am asking you to please stop fluoridation in Green Bay. In September, the national toxicology program released a second draft of their review concluding fluoride is presumed to be a cognitive developmental hazard to humans. The NTP determined that the evidence of fluoride is harmful at 1.5 milligrams per liter, and this is strong. EPA typically uses a safety factor of 10 for neurotoxic substances because of different genetic variabilities and differing individual consumption. This makes the safe concentration of fluoride around 0.15, which is found naturally in Lake Michigan. Our current target of 0.7 is nearly five times higher than that safety threshold. Let me emphasize the NIH funded birth cohort studies done at artificial fluoride concentrations of 0.7, which is used in Green Bay, found in association with IQ deficits and increased rates of ADHD. 16

communities have stopped adding fluorides since 2016 and five more are currently discussing it. How are prestige and Paychex motivate fluoridation is to confuse the public and politicians. As you will hear, everyone is entitled to their own opinions, but not their own facts. Here's a fact. We have oral health partnership in the parking lot of a low income school, where there is an epidemic of tooth decay despite fluoridation. After 10 years of study, I conclude I have a moral imperative to impose harm done to my family and neighbors. Yet I am labeled as a flat-earther, anti-science, anti-vaxxer, antithis and anti that. The fluoride lobby likes name-calling. They label high quality science junk, and instead they endorse reports concocted by bias industry players. The preponderance of evidence supports fluoride harms both the brain and the thyroid of susceptible individuals. The most recent NIH funded studies find that the impact of fluoride is equivalent to lead exposure. So why should Green Bay pay to add a chemical to our drinking water supply that harms bodies and brains. Thank you very much.

- [Celestine] Thank you, Ms. Staudenmaier. Okay, next we have Dean Murphy. Mr. Murphy, please unmute yourself. State your name and address for the committee and then please also share if you're for or against fluoridation in our water.

- My name is Dr. Dean Murphy. I'm at 2835 McFarland in Rockford. I have some slides that I sent you. I don't know if you can pull those up while I'm talking.

- [Celestine] No, I cannot pull those up, unfortunately, while you're talking.

- Okay, we sent those in ahead of time. We were told, instructed to send them in, but it's okay.

- [Celestine] So Chair Steuer, it would take me several... I'm not actually at my desktop and so I can't share my screen to my identity from this computer.

- Right, I think it's important that we do see those slides. So I don't know--

- Sure, so then, hold on one second. Thank you so much Chair. Attorney Bungert, if he sends those to you, you're the cohost, can you share your screen?

- I can.

- [Celestine] Okay.

- Is it okay to wait, Dr. Murphy?

- Yeah, I can wait a little while.

- [Celestine] So if you would just, hold on one sec. I'm sorry, Dr. Murphy, you sent those to me earlier today?

- No, these were from, I sent them probably a week and a half ago. You said you had gotten them and--

- They were then, if they were sent to the clerk's office, then they were included in the packet. So they are available in all the committee members' packets.

- [Dean] Okay.

- [Celestine] So what that means, Dr. Murphy, is that the committee members can see your slides, but the public, I will not have that ability to show them to the public.

- [Dean] Okay.

- [Celestine] What is your pleasure?

- [Dean] That's fine. I don't need them to speak, so you guys can look at them at your leisure.

- [Celestine] Okay. Thank you so much. Okay, go ahead.

- [Dena] I'm an orthodontist for over 32 years, and I look at dried off enamel all day long and I have for 30 years, So I want to know how and why the enamel in children's teeth are being damaged. And I studied the mechanism and how fluoride works for over 20 years. It is poisoning the cells forming the enamel and the same mechanism is poisoning multiple other areas in our body. When you make or eat food process with fluoride, with water or bathe in it or showering in it or swim in it, you are accumulating it because just like lead, mercury and arsenic it accumulates inside of you. To sum it up, it's a rat poison and a cockroach poison and is used as such for over a hundred years. And it does build up inside of you. The slides pertain to where and what you are buying placing a Green Bay's water. Mosaic is the company that sells you this Fluoride silicates from this cooling ponds in central Florida called Bone Valley, ours fossilized bones. This poison comes from the scrubbing of smoke stacks from the production of phosphates in uranium. in rock Island is where this occurred in Florida had a hole in the concrete causing a big stir. In August, 2016, the Floridian to hole a 100 one times 215 million gallons of this toxic soup lead and radon leaked into the water table and they didn't tell anybody for three weeks. The same thing also happened in 1994. They've been five billions of dollars by the local government, EPA--

- [Chair] - Dr. Murphy. Dr.Murphy, could you hold on a second. Celestine, could you mute?

- [Celestine] Yes, I was just about to do that. I just have to stop share.

- Add a little more time on the clock too.

- - [Celestine] Yes, absolutely. Okay, so thank you, Chair Steuer. Please, if you are not speaking, please mute yourself. Thank you.

- And then Dr. Murphy, you're gonna have to unmute yourself again cause I just muted everyone. So if you'd be so kind as to unmute yourself one more time.

- [Dean] How's that?

- [Celestine] Yes, that's great. Thank you so much. Let me give you a scooch more time. There you go.

- Okay, Mosaic has been fined billions of dollars by the local government EPA from contamination and hazardous waste. This is the company that you're trusting Green Bay's health with. Like I include MSDS sheets, the required by the government to every business, you have in your packet, when exposed to potentially harmful chemicals. Every board member needs to read them. In page one, the primary use of this, is as an

industrial grade chemical. It's not a chemical grade. It's not a pharmaceutical grade or a food grade, cause there's no such thing. It was never approved for that. And the second page, hazardous materials. It's caustic and it's corrosive, which is why it eats through everything. And then page seven, it says there's no guarantee or warranty over the safety or use of this product. It says the liability is up to the user. I got the MSDS sheet from another company called Brentag in Toronto Canada. It's the same product because mosaic left out a lot of potential harmful information. And it said on page two, fluoride is a bone seeker and excessive amounts will produce weakening . Chronic exposure may cause excessive accumulation of fluoride in teeth and bones. Severe fluorosis in children weakens tooth enamel resulting in surface pitting. After prolonged high intakes in adults, bony changes characterized by astiosclerosis and bony groves like excasptosis, which I'd find in probably three out of four board members' mouths and calcification of ligaments and tenements. Ingestion and skin contact itself may cause this reduction in blood calcium and kidney damage since fluoride precipitates calcium stores in the body. There may also be, according to MSDS, heart problems, asthma, nervous problems, intestinal and rheumatism problems. On page six, Ecological says, harmful to aquatic life even at low concentration. It says it can be dangerous if allowed to enter drinking water intakes. Do not contaminate the domestic or irrigation systems like lakes and streams and ponds. Thyroid has been a problem for fluoride for the last 90 years and neurotoxic. There's now over 65 studies that have shown that it's neurotoxic. It kills everything.

- [Celestine] Excuse me. Yeah, that's rather annoying. So sorry.

- Celestine, I just wanted to mention to Dr. Murphy that I did read this. So the committee did have access to the slides.

- [Dean] Thank you.

- [Celestine] Thank you so much, Dr. Murphy. We appreciate your patience as well. Okay, next we have Robert Dickson. Mr. Dickson, please unmute yourself, state your name and address for the committee and then also whether you are for or against fluoridation of our water.

- Hello, can you hear me?

- [Celestine] Yes, we certainly can.

- My name is Dr. Robert Dickson. I'm a practicing position in Calgary, Alberta. And my address is 3437, 42nd Street Northwest here in Calgary. And I'm the founder of Safe Water Calgary. I've been leading and correlating the clean water and fluoridation movement in Calgary for over 21 years. So I'm definitely anti fluoride.

- [Celestine] Thank you.

- My co-leader Dr. James Beck, the coauthor of the best fluoridation book ever written, "The case against fluoride," infamously stated in 1999, that ending fluoridation shouldn't take more than a few months after he viewed the mountain of science and information against it. However, it took us 12 years to have the talks to remove from our Calgary water. I've been respectful of and civil to the zealous pro fluoridation this journey these many years. However, I'm so tired of this circuit are referencing and medical politics that maintain this antiquated practice of artificial water fluoridation. I have witnessed and read the mountains of lies, mistruths, buried science, manipulation of data, and the propaganda from the American Fluoridation Society, medical officers of health, a dental officer, there's a pale form dentists and the politicians that they coerce. They use techniques from the master propagandist of the 20th century, Edward Bernays. If you haven't read about him, you should. And they combine this with highly skilled computer folks behind the scenes. And we've seen and heard this way too often. The identical pattern was seen in Windsor, Ontario, my hometown of Calgary last fall, recently in Spokane, and now the same thing in Green Bay. They cozy up to counselors and policymakers then use a combination of, he said, she said, they said skewed and manipulative information to the point they actually sound credible. We on the safe water and anti fluoridation side, have the newest and best science, the morals and ethics and common sense all on our side. The very best the pro side can produce is Perhaps one half to one cavity saved in a lifetime, folks. In a lifetime. As a medical doctor, I cannot be silent when such an egregious fraud is taking place on my and our watch. Regarding the infamous Calgary Evanston study from 2016, one that only has to read all the data that Dr. McLaren has produced to realize that the majority of increase in Calgary's kids caries occured before 2010, while Calgary was still fluoridated. And that the kids' teeth in both cities with Edmonton fluoridated since 1967, ended up at essentially the same place and at the same rate of increase in 2014, when the study ended. Three years after fluoridation had actually ceased in Calgary. Dr. McLaren has privately admitted this, but the press, dentists and medical authorities to this day perpetuate the myth that Calgary's kids' teeth are so much worse than those in fluoridated Edmonton. This is not based in fact or science. It is simply untrue. So please folks take one of the most toxic elements in the planet out of your water before it's too late. Thank you.

- [Celestine] Thank you. Thank you, Dr. Dickson. Next we have Robert Kerwin. Mr. Kerwin, please unmute yourself. State your name and address for the committee. Then also tell us if you are for or against fluoridating the water.

- [Robert] Hello, and thank you for this opportunity to speak. I'm Bob Kerwin. I live at 4123 South Sunset Court in Madison, Wisconsin. I'm a recently retired physician. I worked in family medicine, the ER, and ed university health, where I taught many medical residents and students. I am against water fluoridation. At a gut level, I've always been bothered by the whole idea it just feels wrong. Do people really believe that adding medicine into the water supply is a good idea? I've heard some say fluoridate, isn't a medication. It's a nutrient like vitamin D but if you know medicine, you know, that's wrong. A nutrient is a vitamin or mineral necessary for good health. Fluoridate isn't required by the teeth nor any other tissue or cellular process. You can have perfect teeth and perfect health without consuming any fluoride. Fluoride instead is used as a medicine substance to treat or prevent disease in this case, dental caries. So back to the question, should we add medicines to the water supply? Let's say we add some heart medicine A lot of people have those problems. It sounds pretty absurd, right? I mean, no one would ever seriously consider this. There's no patient choice, no right to refuse treatment. It's a one size fits all approach. And yet somehow that's the situation with fluoride. I

guess, go along with this if you believe there's no downside. There is. In 2006 the NRC publish a comprehensive review of fluoride's toxic parts and kidneys, thyroid, brain immunocompromise and the elderly. The research continues to accumulate. The science is changing. And the latest news is alarming. A series of well done studies who showed low levels of fluoridate exposure, some of these were done at 0.7, damaged the developing brain of the fetus and children. These studies triggered a review by the program, which is a part of the department of health and human services. And they issued a draft statement just last month. "The human body of evidence provides a consistent "and robust pattern of findings "that higher fluoride exposure is associated "with lower IQ scores in children." This is as definitive as it gets. The full body of science has reviewed potential biases and pops with methodology were considered. And this was the end result. The facts are no longer debatable. So it boils down to two considerations. One, what is right, and what is wrong? Is it right to add medicine to the water supply to force everyone to take it, whether they want it need it? Do we do this with any other medicine? And two, if you could somehow get past that, are you actually willing to force this medication on a people knowing it can be harmful that you're exchanging in healthy teeth for damaged brains. Thank you.

- [Celestine] Thank you very much, Mr. Kerwin. Next, we have Rachel Hankin from children's, I think hospital. Ms Henkin or Dr. Henkin, please unmute yourself, state your name and address for the committee and tell us if you are for or against fluoridation in the water.

- Hey, my name is Rachel Henkin. I reside at 1551 North Water Street in Milwaukee, Wisconsin, and I am speaking for fluoride or in support of community water fluoridation today.

- [Celestine] Thank you.

- So thank you for the opportunity to speak with all of you today. My name is Rachel Hankin and I manage the Wisconsin Oral Health Coalition at children's health Alliance of Wisconsin. The Alliance is Wisconsin's voice for children's health. Oral health has been one of our key initiatives since 1994, with more than 200 members, Wisconsin Oral Health Coalition is comprised of healthcare providers, dentists, dental hygienists, educators, advocacy and provider organizations, state and local entities and community members. We work together to address oral health access issues and work to improve oral health for all residents statewide. Community water fluoridation, as you've heard from many others before me today, is a safe cost effective health measure for preventing tooth decay. Community water fluoridation also saves family's money that would otherwise pay for more frequent fillings and other dental treatments. Communities that fluoridate their water across the country have an average of 25% less dental disease compared to those that do not. This is true even with the introduction of other fluoride containing products like toothpastes and rinses. Additionally, the negative impact of ceasing community water fluoridation is disproportionate to lower income and other health disadvantaged populations. As they experienced poor oral health and significant barriers to dental care. As a result, the removal of water fluoridation will be especially damaging for the already health disadvantaged populations and will worsen oral health inequities that we have here in Wisconsin. I wanna just talk a little bit about why the coalition in 2004, adopted a resolution regarding community water fluoridation. The resolution supports the continuation and expansion of community water fluoridation. It encourages its members and constituents about, and to continue to support optimal fluoridation and to help develop regional and local coalitions in support of fluoridation. We commend communities and states that are providing access to optimal levels of fluoride in the drinking water. And we encourage communities to monitor the process and to participate in

state monitoring activities. In 2016, the coalition unanimously adopted policy priority statement to help determine support and guide policy development. These policy statements are guided by science and they include a policy specific to maintaining or increasing the percentage of Wisconsin residents with access to optimally fluoridated water through public water system. In light of the oral health benefits, please support community water fluoridation in your green Bay community.

- [Celestine] Thank you so much, Ms. Henkin. Next, we have Kevin. Kevin, please unmute yourself. Give your first and last name for the committee and your address. And then please also tell us if you're for or against fluoridation.

- Thank you. You can hear me?

- [Celestine] Yes, we certainly can.

- Thank you. My name is Kevin Thomas. I'm a managing member of a company called Elevate Oral Care. on tonight is like many across the nation, Green Bay is my town, my team. I'm a Pecker shareholder, but more importantly, I was raised in Wisconsin. I live in Florida right now. My address is 15320 Megawood Drive, Wellington, Florida. I also have an address in Washburn, Wisconsin, where I was born 79170 Dryer Road in Washburn, Wisconsin. Reason I'm on tonight is Green Bay is my town. First responders in Green Bay took care of my mother who collapsed after a Pecker game on Lombardi Avenue. Stricken by a stroke after Brett Fire beat the Vikings in 1999 with pass to Corey Bradford. So far, our family Green Bay is an important town. From a credential standpoint, I also own a company called Elevate Oral Care. Previously owned a company called Omni Oral Pharmaceuticals. Our companies make products for people who suffer from dental diseases. So we are the establishers of fluoride varnish in the world unit dose fluoride varnish. We established Silver diamine fluoride in the United States, a product that helps stop has been dedicated to causes around access to care and pro fluoride. So I didn't mention that. Especially for children in most vulnerable populations. I was the board chair for a group called CDHP that fought for chip coverage for Medicaid, for kids. I'm on the board of the American Academy of Pediatric Dentistry Foundation. Water fluoridation is universally accepted as a leading strategy for prevention of cavities that affect children. I'm not gonna go through the science. I'm not a scientist, Ms.Quirk and Mr. Hardwick did a great job of summary along with some of the earlier speakers. One thing I'll refute, somebody said earlier, this is about profits. Words like that. That companies profit from this. If you pulled fluoride from your water in Green Bay, Wisconsin, my company in Colgate and 3M profit. We make money because everybody in Green Bay is now high risk and they'll need our products. I don't want that, Colgate doesn't want that, 3M doesn't want that. We want safe drinking water levels in Green Bay so the community benefits from that. So like Aaron Rogers, I got it done in two minutes to win the game. Thank you.

- [Celestine] Nice reference. Thank you.

- All right. Next, we have Lacey Kuehl. Ms.Kuelhl, please unmute yourself and state your name and address for the committee. Please also tell us if you're for or against fluoridation.

- [Lacey] Hi.

- [Celestine] Yes, go ahead.

- My name is Lacey Kuehl. I live at 815 Gross Court in Green Bay. I am against artificial fluoridation of our water. Thank you for holding this meeting for us, citizens, who have been concerned about this topic for many years. It is a very important topic that affects us and the children in the community. I am a registered nurse for the last 17 years with an associates degree in nursing from Northeast Wisconsin Technical College, and a bachelor of science in nursing from University of Wisconsin, Green Bay. I have hypothyroidism, which is an underactive thyroid gland. And I have been taking daily medication for over 22 years. This condition in which the thyroid gland doesn't produce enough hormones is associated with symptoms such as fatigue, obesity and depression. Based on scientific evidence since 2006, I believe that fluoride in our drinking water affects this regulatory gland that is part of our endocrine system. Fluoride suppresses the thyroid gland. You should not allow fluoride to be added to the community, drinking water if you want people safe. If you do continue to allow artificial fluoride to be added to the drinking water, you will continue to contribute not only to people struggling with the effects of thyroid disease, but possibly increasing thyroid disease, depression, obesity, and fatigue in our community. The thyroid gland produces hormones that regulate the body's metabolic rate, controlling heart, muscle, and digestive function, brain development and bone maintenance. Its correct function depends on a good supply of iodine from the diet. Fluoride decreases the absorption of iodine. You're deciding on giving every single person in the community artificial fluoride every day with every sip of water. The dose is uncontrolled. Bottle fed infants get the highest dose because they have the smallest body weight and the largest intake of water if it is mixed with their formula. Fluoride is a drug by FDA definition, a substance intended in the diagnosis, cure, mitigation treatment or prevention of disease. In substance other than food intended to affect the structure or function of the body. The disease is tooth decay and fluoride is the drug being used to treat it. Fluoride was prescribed long ago by Merck to decrease thyroid function with patients who had hyperthyroidism, which is an overactive thyroid gland. Say no to artificial fluoride in our water. We can find other way is to improve health. Such as Vitamin D, xylitol outreach and education in schools. Nutritional education, decreasing sugar consumption and urging dentists to accept Medicaid and Medicare patients. Community programs such as WIC or a new designated program can be added as well as oral education for an early intervention. Artificial fluoride does not belong in every person's drinking water. You should protect people like myself and stop adding artificial fluoride to our water supply. Thyroid disease, depression, obesity, prematurity, developmental delays and neurological despite fluoridation along with other diseases, definitely raise concerns when you consider adding fluoride to our water.

- Thank you, Ms.Keuhl. I appreciate it. Thank you indeed. Next we have Bill Osmunson. Mr. Osmunson, please unmute yourself. State your name and address for the committee. Please also tell us if you are for or against fluoridation in the water. Mr. Osmunson, are you there? Okay, I'll come back to you. Next, we have Tooka Zokaie. I'm sorry, I do not know your gender. Tooka, could you please unmute yourself and state your name and address for the committee. And please also tell us if you're for or against fluoride in the water.

- [Tooka] Yes, can you hear me?

- [Celestine] Yes, we certainly can. Thank you Ms.Zokaie.

- [Tooka] Wonderful. My name is Tooka Zokaie. I live on Chestnut Street in Chicago, Illinois and I am for the continuation of optimal community water fluoridation. I wanna start by building common ground. We've heard a lot of passionate speakers here tonight and we all want safe, healthy and thriving community members. We hope our families have access to drinking water that can nourish their bodies and for the sake of public health. We are currently facing a pandemic and we are working diligently to address disease prevention. Communities across our nation have transformed themselves to prioritize protection of the health of the public and dental decay is one such disease that can be prevented with the right interventions. I heard earlier someone name multiple options on how we can have the healthiest mouths in a community. And community water fluoridation is one of the most equitable ways of reducing decay at population levels. For some background, I do work for the American Dental Association and I am also a population health management specialist. I was trained at Johns Hopkins. And community water fluoridation power to prevent dental caries is valuable for the community at large and worth the public health investment. If our public health departments and city councils can support a program that prevents unnecessary disease, now is so. For over 75 years, the research is clear. Fluoride is safe to ingest, especially at controlled levels of exposure. Earlier today, we also heard someone speak about how much fluoride is consumed. I can give an example for an adult male, let's say 155 pounds, it would require that he consume more than 350 liters, nearly 93 gallons of water at one time to reach an acute fluoride dose. With optimally fluoridated water, now set up 0.7 milligrams per liter, it would take nearly 30% more of that for at the time of that statistic it was one milligram per liter. And that would be about 120 gallons of water at one time to reach an acute dose. So when we're talking about fluoride and new studies that we are glad to see that talk about it being a presumed neurotoxin in the draft form and the Green and Earl study from 2019, these are talking about higher levels of exposure than what we see in water fluoridation. and water fluoridation occurs naturally. In fact, the program that we do at the public health level, that is an adjustment because fluoride occurs naturally in water and we are adjusting that amount to make sure that it is the proper dose for individuals to have the healthiest mouth possible, but also the healthiest body. We are thinking of the entire body. So I strongly support the continuation of his public health practice so we can better protect the health of the populations in our communities.

- [Celestine] Thank you, Ms.Zokaie. Next, Mr. Osmunson, if you are present, please unmute yourself and state your name and address for the committee. You are next. All right, we'll go on to Karen Spencer. Ms. Spencer--

- can you hear me?

- [Celestine] Oh yes, there we go, okay. Ms. Spencer, hold on one second. Mr. Osmunson, thank you so much. Please state your name and address for the committee.

- Yeah, I'm Dr. Bill Osmunson. And I--

- [Celestine] Oh am so sorry doctor--

- 1418 112th Avenue Northeast.

- [Celestine] So I'm so sorry--

- I've been a dentist for 43 years and I am, was in favor of fluoridation.

- [Celestine] Doctor, can you hear me?

- 15 or so years, I become opposed to fluoridation.

- Dr. Osmunson, can you hear me?

- I've worked with the children take them to the hospital for surgeries, I've worked with people with rampant severe caries and comprehensive dentistry. These anecdotal stories are heartbreaking, but they're not science that we need to look at. Now, I sent you a PowerPoint presentation and I'm not gonna go through it all because it'd take too long. I spent over 10,000 hours on fluoride and fluoridation. So in order to try to get this into three minutes is very, very difficult. Number one, freedom of choice. We need to make sure that we have freedom of choice for everyone. I'm in favor of freedom. There are other sources of fluoride that you can In other words, if the city and the utility district of water in Green Bay were to give freedom to people, they could just say, if you want fluoride, get it from another source or the city would save a lot of money to have fluoride free to give to people rather than medicating everybody without their consent. No doctor could do what you're doing. You are the responsible authority for medicating everyone. Now let me try to emphasize this fluoride is not FDA approved. When I first understood that it was really tough because I was so confident that fluoride worked but the FDA says that the evidence is incomplete. Now, I've gotten FDA approval on a dental device, I worked with them, I'm very confident in their expertise, I'm confident that they are expert scientists. This is who Congress has hired and who has put together with rules and regulations on approval of substances used with the intent to prevent disease. Now, there's no question that fluoride is added to water with the intent. Now, you can buy fluoride with the tablets, you can buy it in concentrated drops, or you can buy it in fluoridated water. That doesn't make any difference, it's all fluoride. And it all goes, well, tablets are a higher quality of fluoride, but it really... You can get your fluoridate many different sources, but it's the FDA that approves it. And in order for me to put my name to fluoride, I needed to find out what the FDA said. And

the FDA says the evidence is incomplete. So the city of Green Bay, the utility district need to put on their website, the scientific evidence that proves that the FDA is wrong, that the FDA doesn't know what they're talking about. That the evidence is complete because you are the scientists to make this evaluation, you're the authority, prescribing authority. And that's why I go to the FDA. Not the CDC because they don't approve things like that. They're public health. I have a master's in public health and inn public health they taught us to obey policy, to push policy. It doesn't make any difference if you agree with the policy or not--

- [Celestine] Dr. Osmunson, can you hear me?

- And so public health people don't--

- [Celestine] I don't know if you can hear me, but your time has expired. I don't think, forgive me, Chair, I don't believe that he heard me for some reason. I tried to get in touch.

- Well, yeah, he's still talking but I would say that at least an opportunity to take questions.

- [Celestine] Very true. Thank you so much.

- Does he realize he's still talking?

- [Celestine] Yes, I could not get in touch.

- I'll leave it to you.

- [Celestine] Okay, thank you, Chair. Next we have Karen Spencer. Ms. Spencer, please unmute yourself and state your name and address for the committee. And then also whether you're for or against fluoride in the water. Ms. Spencer? Okay, next we'll go to Richard Shames. Mr. Shames, please unmute yourself.

- I'm here.

- [Celestine] Oh, okay.

- [Steuer] She's there now.

- [Celestine] All right, thank you. You know, if you can see yourselves in Zoom and you can see that you're in the list, I will lower the hands of people who've already spoken. And so if you would just be so kind as to be ready when it's your turn, thank you so much. Ms.Spencer, please state your name and address for the committee. And then also tell us if you're for or against fluoride in the water.

- Thank you. My name is Karen Spencer. I live at 67 Lanes Fifth Street in Gloucester, Massachusetts, and I'm against fluoridation. I'm an analyst and co-author of a peer reviewed paper concerning fluoride science and the political impact of zealous advocates would influence public politicians and government agencies. Prior to my fluoride activism, I was an analyst and project manager in corporate America, where my job involved digging for data, documenting facts and determining stakeholder agendas. I served as an honest broker to decision makers. When I first became involved because of my own health, which was worsened by this public health program, I was unaware of the deceptive pro-fluoridation lobbying. I was shocked when Johnny Johnson from Florida and Steven from North Carolina, along with other proponents showed up on my city paper, where they aggressively denigrated locals who oppose fluoridation. Although it is necessary to acknowledge fluoridation tactics, it is exhausting. Let me just point to a few items. When fluoridationists insist that fluoridation reduce cavities by 25%, that is a disingenuous misrepresentation originated in the 1980s followup to the New York State fluoridation trials. When researchers looked at 1500 children, they found absolutely no difference in cavities in the fifth graders, fourth graders, third graders, or second graders. In the first graders researchers found no difference except among the handful of poorest children, an average of two cavities in the unfluoridated group and one and a half cavity in the fluoridated group. A half cavity difference in just a handful of children. Most science finds cavity reduction is in between insignificant and imaginary, but pro-fluoridation studies use flawed design, false logic and manipulated data to misrepresent fact. Recently, the Calgary and Juno studies were further corrupted by the media. But this isn't about cavities or fake news. Many thyroid and kidney doctors have long advised their patients, avoid fluorinated water. In recent years, many pediatricians and obstetricians began advising the same to pregnant women and mothers of bottle-fed infants. Many organizations have quietly asked the ADA to remove their names from the list of endorses. And that includes the Alzheimer's Association in 2019. The national toxicology program wrote in September that studies suggest that due to genetics, some people have heightened sensitivities to the adverse effects of fluoride. My experience with fluoride illness, which is shared by many in my extended Italian family, is supportive of that science. Johnny Johnson said it would be a shame if you start fluoride and regretted it in 10 years. Let me say it would be a crime if you did not stop fluoridation now and realize in a few years that your delay caused permanent harm to the bodies and brains of your constituents. I have pre-submitted a presentation which is in the packet that has your L-links and images for supporting my statement. Thank you.

- [Celestine] Thank you, Ms. Spencer. Next we have Richard Shamus or Shames. Mr. Shames or Shamus, can you please unmute yourself and state your name and address for the committee.

- Yes, hi there. Can you hear me now?

- [Celestine] Yes, we certainly can. Thank you so much. So name and address, and then also tell us if you are for or against fluoride in the water.

- Absolutely. My name is Richard Schamas. I live at 4340 Redwood Highway in San Fel, California. I'm a thyroid doctor and I am speaking against fluoridation. I was like many of you and all of us here want the best for our loved ones, we want the best for our community. We're all sincere, concerned people. And I have a problem with being considered part of a small minority of people that are somehow deluded by being anti fluoride. It turns out most of the world does not fluoridate. Much of Western Europe has rejected the policy. Countries all over the world have turned away from fluoridation. And there's good reason, all right. Now, I was like most of you, I through most of my life, figured fluoride was safe and effective and I've come to believe now that it is neither. Now, how did I change? Well, I went to Harvard as an undergrad and they said, look at everything really, really carefully. Get underneath the main story and get the sub text, if you can. I went to medical school, University of Pennsylvania, and the head of pharmacology there said, "If you give the body a substance, "that substance has multiple effects. "There is no medicine, no substance that has only one effect "of the body. "There are multiple effects all the time." So it struck me a little odd that fluoride was always just wonderful and never had any side effects, okay. It does have side effects. And as far as being affective, when I was in my training, I went to the National Institutes of Health and I studied with the Nobel prize winner, Marshall Nierenberg, who looked at research very, very carefully. He said, "Look, always at the data. "Don't just settle for conclusions." And the data for the benefits of fluoride, was like a 30% improvement in one out of 120 or more tooth surfaces. So that's now a 30% improvement that fluoride has that everybody's touting. I'm a thyroid doctor. And I found that my patients do better off of fluoride. There are people in my practice, that when they go to a fluoridated community, they do worse with their hypothyroidism. When they come out of a fluoridated community, could leave Healdsburg, California and go to Petaluma, they do better with their hypothyroidism. So I am totally against it. And if you're waiting for the government agencies to tell you it's okay, no government agency is gonna admit to the most colossal error ever in the history of government science.

- [Celestine] Oh, so sorry about that. Thank you, Mr. Shcamus. Next we have Rick North. Mr. North, please unmute yourself and state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Thank you, can you hear me?

- [Celestine] Yes, we certainly can.

- Okay, thanks. My name is Rick North and I live at 17070, Southwest Ribbon Bell Drive in Durham, Oregon. I urge you to vote no on fluoridation. I'm the former project director for the Oregon physicians for social responsibility and former CEO of the Orient American Cancer Society. And now a volunteer opposing fluoridation. I once favored it because I've been told there was a consensus it was safe for everyone. When I

looked at the actual science, I found just the opposite. I changed my mind. I had only looked at who had endorsed it and like many others, I trusted the CDC and the American Dental Association, the lead fluoridation promoters and groups that follow them. But my trust was misplaced. Once I researched the science, I discovered they were missing all kinds of health risks, permanent brain damage, especially IQ loss, hypersensitivity, lowered thyroid function, as been mentioned, and kidney disease to name a few. The many organizations opposing fluoridation have been guided by peer reviewed science, much of it funded by the National Institutes of Health. They include the American Academy of Environmental Medicine, the Center for Health Environmental Justice, the Institute of Neurotoxicology and Neurological disorders, the Environmental Working Group in OSA Corp, a Canadian coalition of 234 groups opposing fluoridation. Then there are groups that were in support of it, but have now pulled back and no longer take a position. They include the Alzheimer's Association, the American Academy of Allergy Asthma and Immunology, the Center for Science in the Public Interest, National Down Syndrome Society and National Kidney Foundation. The trend away from fluoridation is clear. One key to changing my mind was finding out that over 95% of the world's population is fluoridation free. Only 24 out of 196 nations have any. In Europe it's only four out of 48 nations. Many like France, Belgium, the Netherlands, Norway and Sweden won't even allow it. For countries that do allow it, nearly every city has either voted it down or never even considered it. Fluoridation is one of the most widely rejected health interventions in the entire world. The claims of consensus support for it and its safety for everyone are simply on true. It's on your shoulders to protect Green Bay citizens. If you're not sure fluoridation is safe for everyone, the only rational and ethical choice is to end it. Please first do no harm. Thank you.

- [Celestine] Thank you so much, Mr. North.

- Celestine.

- [Celestine] Yes, Chair.

- A few of the folks have stated that, you'll call the next person up. I don't know if you could mention like maybe the next two people.

- [Celestine] Absolutely.

- Just for clarity's sake. Alder VanderLeest is also gone right now. So I wanna just make sure we still have a quorum.

- [Celestine] Yes, Alder Dorf is on. So we have Alder Dorf, Alder Lefebvre and Alder Stevens. So there are four of you.

- Well, I think for now, we'll just, we'll stay with the three and it's one of the other scrubs South and we'll check that. so, Alder Dorf.

- [Celestine] Okay, awesome. Thank you so much. All right, so good suggestion from Chair Steuer. So next we have David Kennedy and then after that we we'll have Mike Schwartz and Amanda Sleeper. So next is David Kennedy. Mr. Kennedy, please unmute yourself and state your name and address for the committee. Then also tell us if you're for or against fluoride in the water.

- Yes, I'm Dr. David Kennedy and I live here in San Diego at 1068, Alexander Andrea . I've a degree in biochemistry from the University of Kansas, a doctor of dental surgery from University of Missouri, Kansas City and I proudly served my nation as a Naval officer for more than eight years. And I was in private practice until I retired at the turn of the century. If you'd asked me this question in 1980, I would have told you the benefits of fluoride because I memorized them at school. I was an A student all the way through. And what happened in 1980 was I stumbled across the fact that mercury was leaking out of fillings. And it made me look a little deeper into the mercury fillings. And if you're paying attention this last week, the FDA announced that there are questions that we need to take with mercury fillings. And especially in pregnant women. It took 40 to get those questions in. I've worked at other for that, but in the process, I also discovered dentistry is blind to toxicology. When I went to undergraduate school, toxicology was considered a very skillful art where you basically looked at while much killed an animal, and that it was assumed that if it didn't kill the animal, it didn't harm the animal. And then in 1972, Herbert Needleman showed that a little bit of lead would lower the IQ. Why did they call Herbert Needleman bad names? Oh, we don't have to do this with every element known to mankind. If it poisons the animal a lot, then you need to do what's called a risk assessment, which we did here in San Diego in 1998. And that the level that does not cause some harm is well below the dose that a baby receives drinking fluoridated tap water. And the advocate who asked the right questions, will give you a truthful answer. So the question is, if I give a baby fluoridated tap water, will the dose that that infant receive exceed the dose that is known to cause harm? To answer that question, all you have to do is crack the National Academy of Science, 2006 review and right there thyroid suppression at 0.005 milligrams per kilogram. The baby's getting 20.25. So it's not that hard to answer. So I urge you to pay attention to science. It's not a consensus. It's really simple. If it causes harm at one level, then conduct a risk assessment and be sure do your own due diligence and ask the advocates a question. And the question is what really well done study are you aware of that found fluoride beneficial? I'll tell you what the FDA said in 1975, when they rejected 35 applications. They were rejected because there was no substantial effectiveness as prescribed recommended or suggested in the labeling. So you're prescribing an unapproved drug. Thank you for your time.

- [Celestine] Thank you so much. Next we have Michael Schwartz. Mr. Schwartz, please unmute yourself state your name and address for the committee and tell us if you're for or against fluoride in the water.

- Okay, hello everyone. My name is Michael Schwartz. I'm a local guy, Green Bay 322 South Van Buren Street in Green Bay, As I already said. As executive director of the Brown County Oral Health partnership, I am in favor of community water fluoridation. So as some of the doctors on the call already alluded to, there's a 25 to 30% reduction in cavities and for oral health partnership, which is an organization that serves under-insured children, roughly 10,000 kids who are lower income. This is a phenomenal help. We would see kids in a lot

more pain in a lot worse dental situation if the water were not fluoridated and these kids wouldn't have access to fluoridate otherwise. There are many dentists and pediatricians who were hesitant to join the call locally because some of the anti fluoride people have been filing lawsuits. And so there are many who came to me and said they support community water fluoridation. The dental disease is one of the top diseases, children face. And so community water fluoridation for 75 years has been one of the breakthrough achievements for health for those poor children. My sister has thyroid disease. Her thyroid doctor says fluoride has no effect on her thyroid. There have been a lot of people who have given their personal opinions and I commend people who believe firmly, but I also feel they're wrong. And I don't believe in personal opinions. My journey, I was pretty open-minded 2017, the EPA of refuting all of the studies referenced by anti fluoride activists. That was huge. And I would also like to say that they anti fluoride people have not taken the time to refute 75 years worth of peer reviewed studies. That's where they should start. The new studies they raise are highly questionable and refuted. There are government systems in place which will monitor the safety of water as we heard from Nancy. Please trust those experts. Locally, this impacts kids. So when anti fluoride people say that pro fluoridation just wanna hurt kids, profit, won't listen, are after power, prestige, we're deceptive, coercive, all the things you've heard tonight, I think that's disingenuous. I think we absolutely untrue and Brown County Board of Health beyond health coalition, including Wello and the United way local organizations, doctors have all said they support unanimously community water fluoridation as do the communities who are purchasing our water. Science, as so many people pointed to, supports this. The CDC, ADA EPA, the American Academy of Pediatricians who want to help kids, say it is safe. The claims have been thrown out for people who are anti fluoride. I don't question their motivations, but I definitely believe that they're wrong. Thank you.

- [Celestine] Thank you, Mr. Schwartz. Next we have Amanda Sleeper. Ms. Sleeper, please unmute yourself, state your name and address for the committee. And then also tell us if you're for or against fluoride. Up after Ms. Sleeper, we have Audrey Adams and Ninia Linero from AGD. Thank you.

- Hi, I'm Amanda sleeper. I reside at 1416 Flint Hill road in Lindenburg Pennsylvania. I'd like to thank the committee for the opportunity to speak, and tonight I'll be speaking against fluoridation. So I have a PhD in pharmacology and neurobiology from Yale University, and I'm pursuing an RN right now to work in functional medicine. And I'd like to speak about the issue of hypersensitivity to fluoride tonight. A number of years ago, I was diagnosed with the fluoride hypersensitivity myself. This was using a test called the Al cat test, it identify as non allergic immune reactions to foods and common chemicals. So I was surprised to find out that I had a very severe reaction to fluoride. I hadn't thought this was possible. I've lived in fluoridated areas my entire life and grew up thinking that fluoride was good for everybody and had no side effects. So it started poking around the literature. and I realized that about 1% of our population is estimated to have fluoride hypersensitivity, it has a variety of symptoms. For me, I have dental fluorosis. So the drinking water did cause a dental fluorosis for me. And then I decided to eliminate fluoride from my water and realize that I had a number of symptoms that were due to fluoride, but I hadn't realized it before. So one was that I had very like red cracked hands, I'd get a rash that would get really bad during the winter months when it was cold and dry. When I stopped drinking fluoride and stopped consuming foods and beverages with fluoride, that rash went away and it's never come back. I also had chronic scratchy, sore throats, and I would get sick like three to four times every cold season. I would need antibiotics to get over these colds. They would last like two to three weeks. Since I've stopped consuming fluoride, I have had no need for an antibiotic. Like if I do, it's only for a few days. I also had what I thought was exercise induced fatigue, but it turns out that it wasn't the exercise that was causing my fatigue, it was the volume of water that I was drinking after I exercised.

- Amanda, I'm so sorry, Celestine, he clock isn't running.

- [Celestine] Yes, I'm so sorry.

- Okay, I thought I just mentioned. I thought it says about a minute that she spoke.

- [Celestine] Okay, there we go. So, sorry, I thought I hit play.

- No worry.

- [Celestine] Thank you, go ahead. Thank your chair.

- Yeah, so when I stopped drinking fluoridated water to rehydrate, I've had no fatigue. I was able to increase the amount of exercise I had. And just in general, I had such a profound improvement in my health and vitality when I started to avoid fluoride. And that I think fluoride hypersensitivity is something very real and very debilitating for a number of people. So I wanna thank all of the people who have spoken up about the social justice issue of fluoridation. That's something that's very important to me as well. And I think we need to be thinking of our fellow citizens as we examine this issue. I kind of take the opposite approach though, because of my own experiences. I think that for those members of society who don't have the edges that I did, they may never be diagnosed with a hypersensitivity. And if they are, they might not have the means to avoid fluoride. It's very difficult when the water system is used as a vehicle to deliver medication to people without vent. So again, I think the committee for your thoughtful consideration of this issue, and just please keep in mind that percentage of the population that is hypersensitivity to, excuse me, hypersensitive to fluoride. Thanks again.

- [Celestine] Thank you so much.

- Celestine.

- [Celestine] Yes, chair.

- I would ask that would take a break at 7:25 for five minutes if that's okay.

- Absolutely, yes.

- 7:25 and we'll reconvene at 7:30.

- This might be a good time to take a break too. But--

- Well, we could do it right now. I just, I was thinking five minutes. So it's 7:14, how about 7:20 or 7:25, what do you prefer, five.

- I'm fine with five, yes.

- Five minutes. We will reconvene at 7:20.

- Thank you so much.

- Okay, thank you.

- Everyone, please don't lead the Zoom meeting. Just stay tight. Thank you so much.

- I'm back, Celestine. I'm sure ready, in a minute.

- [Celestine] Yes, all there. I'm right here, give me one sec. All right, I am ready.

- Okay, anytime you're ready.

- - [Celestine] All right, thank you so much Alder. Next, we have Audrey Adams and then we have Ninia Linero and Jim Blumreich. Audrey Adams, Ms. Adams, please unmute yourself, state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Yes, my name is Audrey Adams and I'm against fluoride in the water. I live at 14411, 150th Avenue Southeast in Renton, Washington state. My son, Kyle, 35 has autism and suffers from pain, severe headaches, and other symptoms are exposed to fluoride chemicals in his food or in his water. He must be protected from such exposure, but water is very hard to avoid and I must go to great efforts and expense to do so. His hypersensitivity to fluoride is so great that he cannot shower in fluoridated water without suffering severe headache pain. I did not understand his fluoride hypersensitivity until he was 14 years old. And I feel a lot of guilt for not understanding and removing the cause of so much of his pain. After exposure to fluoridated water, the intensity of his pain creates behaviors that make him appear many times more autistic because he cannot talk, cannot listen, cannot cope until the pain subsides. After exposure, his wild and erratic behavior makes him appear violent. But his normal self is a very gentle man, happy in his home, loving his job and enjoying playing the piano. And even with the use of a chlorine filter on the shower head, Kyle's headache, body pain and reduced function follow shortly after a shower in fluoridated water. Visits to locations that do not fluoridate do chlorinate have shown that his severe reactions are not present with fluorine alone. Kyle's hyper sensitivity to fluoride is well known by his doctors and two of those doctors have written letters stating that he must avoid fluoride. His annual state services assessment has nearly two decades of documentation of his florid hypersensitivity because it is so relevant to his care needs. His hypersensitivity makes it impossible to serve Kyle in an adult family home per the state's own assessment. Last June, even a judge agreed that Kyle needed exceptional care due to the complexities of his care needs, avoiding fluoridated water in his food and shower is at the top of that complex list. One might think that we should move to a non fluoridated area, but Kyle's job took many years to cultivate and it was tailor made for him. His job is in the heart of and surrounded by fluoridated water districts. Every medication has a risk including fluoride, but only one medication is delivered to everyone regardless of health status, regardless of vulnerability, regardless of consent, regardless of dose, regardless of individual tolerance. Our vulnerable populations need our utmost protection from all chemicals, including fluoride. It's unconscionable to add a toxic drug to something so basic to survival as water. Thank you so much for allowing me to speak today.

- Thank you, Ms. Adams. Next we have Ninia Linero. Ms.Linero, please unmute yourself and state your name and address for the committee.

- Hello.

- Please also tell us if you're... I'm so sorry, please also tell us if you're for Oregon's fluoridate in the water. Thank you so much.

- Yes, my name is Ninia Linero. I'm with the Academy of general dentistry speaking to oppose the removal of community water fluoridation. And my work address is 560 Westlake Street, Chicago, Illinois 60661.

- [Celestine] Thank you, go ahead.

- I would like to refer you to the letter organization sent to the committee for today, which gives us our explanation of our position on this issue. We are without a doubt and supportive community water fluoridation due to the overwhelming scientific evidence to back at safety and efficacy and preventing dental caries. In the law are AGD submitted, we referenced a study from Juneau, Alaska, where dental caries and related treatment costs drastically increased after the community stopped treating their public water system with fluoride. In your considerations, I want you to look at the study and think about the vulnerable population it represents and note Green Bay alone is three time the size of Juno. I want you to note all of the populations it's not include, and it's a city of Green Bay we're to move forward with the removal of its community water fluoridation, you would literally be removing a proven effective public health asset during a global pandemic when barriers to care have multiplied. Someone brought up racial disparities and health. It was also mentioned the chronic decay despite community water fluoridation. This is all true coming from a person of color herself. But just like in every other area of health, this data is significantly worse for people of color. However, there are a million barriers that contribute to lack of regular quality accessible oral health care. Community water fluoridation is the one oral health remedy that is indisputably equitable. Removing it would contribute to these disparities rather than help resolve them. When you look at the science and studies our opponents have provided, I urge you to carefully compare them with what we're talking about today. Look at the fluoridation levels tested in comparison to green base 0.7 parts per million. In addition to the other facts that were noted earlier. Look at the peer reviews, if any. Fluoride has never ever been deemed a neurotoxin. Finally, I have received inquiries on this issue from AGD members across the nation. They're concerned that this issue is coming to their town. Our response to pandemic has called for very long days and weeks tackling all kinds of issues. I have taken copious amounts of time to work on this issue specifically, and that is not a complaint as I take pride in my job. I also believe every entity is entitled to their own opinion, regardless if we agree or not. That being said, I would like to bring it to the committee's attention that I have had my time wasted at the expense of our members and the health of the public to be harassed by a plaintiff in the EPA lawsuit currently in attendance, posing as someone else calling and emailing my workplace, having never been directly given my contact information. I find this disturbing upsetting, and as a native of Wisconsin, I'm appalled. I've worked very well with legislators and organizations on all sides of the aisle, but never have I experienced that kind of unprofessionalism. I strongly urge you to continue the fluoride treatment of your public water system. And I welcome you to reach out with any questions.

- - [Celestine] Thank you, Ms. Linero. Next we have Jim Blumerich and then after Mr. Blumerich, we have Russell Dunkel and Alex Audette, I believe. Mr. Blumerich, please unmute yourself. Thank you. And state your name and address for the committee. Then also tell us if you're for or against fluoride in the water.

- All right, good evening. I'm Jim Blumerich 2061 South Point Road in Green Bay, Wisconsin, 54313. And I am in support of the continued fluoridation of Green Bay's water. I am on the Green Bay water commission and have been for the last 17 years. And I currently serve as the president of the commission. So my words tonight are directed specifically at the committee members. I appreciate the time you spent on what appears to be a very complex issue with a number of presentations being given tonight. I would refer you back to the presentation that Nancy Quirk made this evening, as well as Mike Schwartz, both excellent presentations. Nancy has been general manager, as she mentioned for eight years for Green Bay water. And I can assure you that we would not have hired Nancy, had she not had a glowing recommendations to become our general

manager. She serves admirably on both local state and national boards relative to water and water quality. And Michael Schwartz mentioned the oral health partnership, which he's a member of. And I used to serve as CFO at NWTC and we had active involvement with that organization and certainly support their position on fluoridation as well. I mentioned it's a complicated issue, but at some point in time, you have to make a decision. And Green Bay water and the city of Green Bay long ago had made that decision. And that decision was based upon recommendation of organizations that you have seen recommendations in your documentation tonight. And I won't repeat all of those suffice it to say the list is 32 long. 32 organizations have made the recommendation to continue fluoridation. I'll mention a few of those. The EPA has been mentioned, the CDC, the American medical association, the World Health Organization. Closer to town, the Brown County Board of Health, the four wholesale customers that enjoy Green Bay water, Ashwaubenon and Holbert, Scott and Wrightstown. So with that list of organizations, I just encourage you to look at those recommendations and make a decision to continue the fluoridation. And thank you for your input.

- Thank you Mr. Blumerich. Next we have Russel Dunkel. Mr. Dunkel, please unmute yourself, state your name and address for the committee and also share if you're for against fluoride in the water.

- Good evening, I'm Dr. Russell Dunkel. I'm with Wisconsin state dental director at one West Wilson, Madison Wisconsin, and I am pro fluoride.

- Go ahead.

- Thank you. Thank you again for allowing me to address degree in pay protection and policy committee. I have been a licensed dentist in Wisconsin for over 39 years. Of those, 38 years have been providing direct patient care and clinical practice, including 30 years of teaching at Marquette dental school. The university of Illinois got in College of Dentistry in Chicago, Milwaukee Area Technical College in the Heidi Hygiene Department. In addition, I have been credentialed to perform dental cremant and all the HOR in the Milwaukee area. I've also been responsible for establishing facilities in nursing homes, mental health facilities, especially treating special needs patients and saddling up several safety net clinics in Southeastern Wisconsin since 1982. I offer my background because over the course of my career, I've provided dental care to a vast diversity of patients. And I have seen the ravages of advanced dental decay and the life threatening effects of severe HOR infections. I have seen dental infections in children's progress from a small pimple on the side of a tooth to a life threatening condition within 24 hours. Incredible disheartening concern regarding these facts along with many others is that this is a completely treatable disease. It should come as no surprise to anyone that we dealing with a vast number of social and health and equities, both nationally and in Wisconsin. And unfortunately, access to dental care is among them. Pre COVID Medicaid was nationally and in Wisconsin, the number one insured coverage for approximately 25% of the population. Now with the severe and devastating effects of COVID-19, these gaps in healthcare have widened. Dental offices can no longer practice as we once did pre COVID. As we must now reduce the numbers of patients seen in a day as a result that will likely take Medicaid patients and therefore access care to barriers for the under-resourced and vulnerable population. On top of this, unemployment rate is increased thereby increasing the individuals who need to be on Medicaid. To emphasize this fact, CMS released preliminary Medicaid and ship data that between the months of March and May. Dental care dropped by 69%, which Tran insulated in a 7.6 million fewer Cape cleanings and other dental services. With all these barriers to healthcare, especially for the under-resourced population, now is not the time to remove a proven, safe and cost effective methods of reducing decay. Additional Wisconsin dental

department of health services at mine as dental director is first and foremost, to protect and promote the health and safety of the people of Wisconsin. That is why to me is unconscionable people that are moving water fluoridation at a time we're dealing with such tremendous issues, including health and social inequities. I implore you not to form the trap created by other groups to create fear were not exist, or by selfish screaming their points to get their points across. Like I tell my students and colleagues, fear can be broken down to its own acronym, false evidence appearing real. Please do not compromise the health and wellbeing of the citizens of Green Bay.

- Thank you so much, Dr. Dunkel, I appreciate that. Next, we have Alex Audette and then Deanna McKinney and Doug Crageo. Ms. Audette or Mr. Audette, please unmute yourself and state your name and address for the community. And then also tell us if you are for or against fluoride in the water.

- Hi, my name is Alexander Audette. I'm from Ralph Ontario in Canada and I am against fluoridation. And I will tell you why. I am a former chemical engineer who traded in that hat for registered acupuncturist and traditional Chinese medicine about 20 years ago. I also practice nutritional biochemistry. And I can tell you that the reason I am against fluoridation is because if you study your biochemistry textbooks, there is no biochemical reaction in the human body which uses fluoride ion as either a coenzyme or cofactor. Look at your textbooks. That's the first thing. And so in the absence of that, if we never were exposed to it, we would not suffer a deficiency at all. Next, dental caries are not due to fluoride ion deficiency because of what I just said. In addition, too much refined carbohydrate consumption is what causes dental caries and I haven't heard anybody mentioned sugar. And there's the dentists in the audience really should think about that. They should also think about the history of dentistry and one of their own brethren, Dr. Weston Price, who was a dentist who studied primitive tribes all throughout the world who were pre-contact with Western society. On their traditional diets, they had immunity to cavities, they had perfect teeth, they had no crowding, they had no deformity of the dental arches. And as soon as they started eating white flour, white sugar and alcohol, that's when the deformity started. And so really what we're talking about here is biochemistry and also exposure to the things that cause the cavities. If you will not remove fluoride from water supplies, tax sugar, at the very least if you want to combat dental caries, there's more than enough of that in the standard American diet as well. The other thing is fluoride ion is used, it's because it's highly reactive in industry, which some of my previous colleagues have mentioned. It's also used in medicine. If you wanna get a drug into the brain, you fluorinate it. Lipitor is a good example of a drug that is a fluoridated statin, it gets into the brain. There are numerous other drugs as well that will do the same. If you wanna get it past a lipid barrier, you fluorinate the drug. That should give you an idea of how reactive it is. Finally, we're talking about purity. We're not seeing sodium fluoride in water supplies, we're seeing which is a waste product. Thank you.

- Thank you so much, Mr. Audette. Next we have Deanna McKinney. Ms. McKinney, please unmute yourself and state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Thank you, my name is Deanna McKinney and I reside at 310 South Jackson Street, Iola, Wisconsin. Thank you for allowing me to speak tonight. I do support community water fluoridation. I've been a licensed dental hygienist in Wisconsin for over 21 years. My work experience includes private dental practice and public health settings. My personal experience as a child with tooth decay and infection is what fueled my passion for oral health and for public health. I grew up in a community without any fluoride in our water. My mother was a

single mom raising two small children of her own. No state assistance for help. My family was financially poor. Yet, we did have preventative dental care. We went to the dentist every summer when we visited our dad 12 hours away. My mother taught us good brushing and flossing habits. We brushed with fluoridated toothpaste. Mom did teach us about sugar and what it would do to our teeth. There was no white sugar in our house. It was not allowed. Honey was the sweetener that was used when we made our homemade whole wheat bread. There was no white flour in our house either. I was only allowed white milk at school because the chocolate milk had the added sugar to it. I was not allowed candy, gum, soda, cookies, ice cream, none of that. In spite of brushing with fluoridated toothpaste and having the accessibly strict diet, I still remember having the bumps on my gums for much of second and third grade. They hurt, they kept me awake at night. When the pain was too great, I would push on them and it would taste bad, but the pain would dissipate pretty quickly. And then it would build up again and I'd have to push on them again. In third grade, there was a boy named Terry and he was always being scolded for chewing on his fingers. I wanted to chew my fingers. So one day I asked him I, if his teeth were hurting and he said they were, but if he pushed on it, then it wouldn't hurt anymore. I realized if I pushed on the outside of my mouth, then I could release the pressure on my tooth without getting scolded by the teacher. I'm passionate about public health. And I began working in a school dental sealant program. I met children who suffered with tooth pain, just like myself or Terry. Many of them were in the communities that didn't have fluoride in their water. 21 years experience has proved to me that my suffering was not unique. Many children suffer from tooth pain. Having fluoridated toothpaste, access to dental care, a sugar free diet. None of that is enough. All of the puzzle pieces need to be there. Community water fluoridation is an important piece of the puzzle and should not be eliminated. It is up to adults to make the decisions that contribute to the oral health of all of Green Bay's children, including the most vulnerable ones. Thank you for your time.

- Thank you, Ms. McKinney. Next we have Doug Crageo than Emily and Dean Hoegger. Doug Crageo, please unmute yourself, thank you. And state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Yes, my name's Doug Crageo. I live in Los Angeles, California. I'm against fluoridation, and I'd like to point out there is one, if Green Bay decides to continue its fluoridation, there's one thing you can do, which we reduced exposure to a vulnerable population and will not resulting in any increase in tooth decay, according to all the poor fluoridation institutions. And basically this relates to an error I found in a video. The Green Bay Water Utility recently made a video promoting fluoridation and 53 seconds in, they have the slide that says the EPA reports that the adverse health effects of bone disease and muddled teeth is almost just picture teeth left in children could happen at a level of more than four parts per million. Actually that's incorrect. The EPA requires a notification at two parts per million. Public notification, because in two parts per million, children can get severe dental fluorosis. But the fact that the Green Bay Water Utility made this mistake is not surprising because it's happened all over the United States about seven States. There were thousands of violations by water systems that did not inform their customers about the high level of fluoride in their drinking water. So basically my suggestion relates to fluorosis. The optimal level of intake for a toothless infants, zero to six months of age is 0.01 milligrams per day, because that's the level of fluoride that an infant consumes. and that's a level of fluoridate in mother's milk and any more fluoridate than that is not beneficial according to a letter I got from the CDC director. So if an infant is on infant formula, it should use non fluoridate or water. And the CDC even advises this. So basically you could put something in your water quality report saying using the CDC own wording, saying that if you're using a lot of infant formula, power different from you prepared with fluoridated tap water, you should consider using non fluoridated tap water. That would reduce an incredible overexposure that infants get when they get to infant formula prepared with fluoridated tap water. Ready to feed in for formula, which is only available to people who could afford it is extremely low in fluoride on purpose. This also relates to a fluoridate level in Green Bay water. In just a few

years ago, your fluoridation level was one or 1.2 parts per million was reduced to 0.7 parts per million all over the country for one reason and only one reason. And that's because of about half American children now have some form of dental fluorosis, just spots in their teeth, which can be disfiguring. So that's my suggestion. What you can do and hopefully won't come into opposition because just telling people what to do with body from friendly is the correct information. And I wanna thank you for having this forum and allowing people to speak. Thank you very much.

- Thank you so much, Mr. Crageo. Next we have Emily. Emily, please unmute yourself, state your name and address. First name and last name.

- Hi, it's Emile--

- Oh, Emile, oh, I'm so sorry.

- No, that's okay, I understand it. Just don't call me late for dinner, I'll be okay with that.

- Sounds good to me. So name, address and if you're for or against fluoride in the water. Thank you, Emile.

- Okay, my name is Emile Begin. I live at 7490 South Ridge Avenue in Prince George, British Columbia, Canada, and I am against fluoridation. And thank you for letting me speak. So I am a registered forest technologist and professional forester. Part of my jobs includes harvesting enforcement watersheds and around domestic water intakes. The harvesting must be undertaken in a way that keeps the water safe, clean, and not contaminated with hazardous or industrial waste. This has been my work and job for over 47 years and I'm still active. And now I'm reforesting planting trees in those sites to capture carbon. The city of Prince George began fluoridation in 1953 through a resolution ignoring all public comments up to 2014 when we finally, after 61 years, we're able to get a vote to end fluoridation, which we did. 53% of the voters voted in fluoridation after 61 years of fighting to end it. And that's including going through research and listening to experts and inviting experts to speak with mayors and councils and we went through many. So 70,000 people voted to end fluoridation. We became the number 24 out of 27 cities that used to fluoridate. 24 ended it, and it took us only 61 years to figure out that fluoridation is a toxic hazardous waste. The province of BC is now 98.8% fluoridation free. And so we wanna see, is that good, or is it bad? Who do you believe. Our public health and our ministry of health conducts research studies every three years since 1990. The last study they published in 2017 confirms and I'll quote, it says, "Overall, a kindergarten student "enrolled in the 2015, 2016 school year "is more likely to be caries free and less likely "to have treated caries or visible decay "than a student enrolled in the 2006, 2007 school year." So we are healthier. Our kids are healthier and our public health officials know that they've conducted the studies. They do all the research, those are their own words. So it comes down to a point who do you trust? We have public health experts telling us fluoridation works, yet we have 61 years of evidence that shows it does not. And the chemical used is not even a Health Canada approved drug, it's never been tested. And that's based on freedom of information requests where Health Canada said it's never been

tested. It's not an approved medication, it's not an approved drug. Doesn't have a drug identification number and the material safety data sheets from the companies that provide the florist solicit acid confirm how talk to get is and how expensive it is. And we're dumping tons of it into my water. So thank you for letting me speak. Please don't fluoridate.

- Thank you, Emile. All right, next, we have Dean Hoegger then Kurt Ferre and then Kelly Archambeau.

- Hello, I'm Dean Hoegger and I am the director and president of Clean Water Action Club, Northeast, Wisconsin. I'm speaking tonight and we're located in Green Bay. Our office is at UWO Green Bay. And our address is 9144, P.O box 9144 Green Bay. I am speaking on behalf of the board of directors for Clean Water Action Council. And we have members all through the Green Bay area. In 2014, looking at this as a social justice issue, the board passed a resolution opposing the fluoridation of municipal drinking water. They saw this as an issue way back in 2012, but discussed it for over two years before finally coming to a consensus and passing the resolution. A copy was provided. A hard copy was provided to this committee. And, I'm sorry, I forgot to say thank you so much for this opportunity to present to you tonight. And also I forgot to thank you and congratulate the city for getting the lead out of the pipes. That was an awesome accomplishment. So the board decided that looking at this, putting fluoride in the drinking water was a form of medication. Medication to what the city thought was a way to reduce cavities. Well, my dentist brought this actually to me first and said this is a major issue because there is a lack of having a controlled dose of medication. She explained that the fluoride can be found in many different process foods. And so that there was not a really a controlled dose of medication that was given to the residents of Green Bay. And it was also given as a systemic drug yet the CDC says it has a topical effect. That's how it works as teeth erupt. So we're giving it though to all persons who drink city water, no matter what their age is. So the fluoride is in the drinking water and people can not choose water or not. That's why we thought of it as the social justice issue. People can not turn it down unless they can afford to buy special water, non fluoridated water And purchase products that have fluoride in. So fluoride can be provided to the target group through topical treatments. That's a better option than putting it into the drinking water, where it has a systemic effect. And we've heard how it acts on the brain. We actually looked at this and decided on this before some of these more recent studies raised more concerns about fluoride. So we know that toxins in the environment combined to have greater impact when there are more than one toxins that we're exposed to. And it's unnecessary, I believe to have this extra toxins. So I guess the bottom line is the Hippocratic oath, do no harm. I would recommend that the city consider that do no harm.

- - [Celestine] Thank you, Mr. Hoeger.

- Thank you.

- [Celestine] Next, we have Kurt Ferre. Mr. Ferre, please unmute yourself, state your name and address for the committee. And please also tell us if you are for or against fluoride in the water.

- Good evening, it's actually pronounced Ferre.

- [Celestine] Ferre, thank you.

- Yes, my name is Kurt Ferre. I'm a retired dentist from Portland Oregon, and I'm speaking in favor of fluoridation and particularly finding your state as my late in med at the University of Wisconsin after world war II and gifted me a cheery chiefs head daughter who became my future wife and a pediatrician. Between dental school and her medical school, we spent a total of eight years in Chicago. And even in a fluoridated city, low income residents got the most cavities. So I was actually somewhat ambivalent about fluoridation. When we relocated to non fluoridated Portland in May of 1980. It took one day at practice when I had my Toto, we're not in Kansas anymore epiphany. Cavities were a different animal. Across every demographic, I saw more cavities than native born or dominions, both adults and children. I became an advocate for public health and fluoridation in 2000. It began when I did my first volunteer dental care, where I had to extract a severely abscessed six year molar on a nine year old boy who told me he couldn't remember how long the tooth had been hurting him. Later, I reflected on my encounter with this young man. He didn't choose who his parents are or what social economic class he was born into. But the figurative brick between my eyes was that my own two daughters, whose mother is a pediatrician and their father a dentist would never have to experience this kind of dental pain. Over the past 20 years, I've observed three facts of the fluoridation politics. Number one, It's easier to scare the public than to unscarred them. Number two, while the support for fluoridation is a mile wide, the passion unfortunately is an inch deep. In contrast, the opposition support against fluoridation is a relative inch wide, their passion runs to the center of the earth. It's no different with the anti-vaxers. And number three, while it can be extremely difficult to overcome the fear tactics of the opponents and bring fluoridation to a non fluoridated community, it can be equally difficult for the opponents to stop an existing fluoridation program and a long standing fluoridate community, hopefully like Green Bay. I would like to leave you with this thought, no one can know everything about all things. And where one goes for information is critically important. Are you going to believe the fluoride action network who sole goal is to end fluoridation worldwide or are you gonna listen to your state and local public health, medical, dental experts who have looked at all the studies, including the IQ studies, understand their weaknesses and continue to support this important public health program. That's what we call scientific consensus. Oral health equity is health equity. And in this time of COVID, health equity or so many in your fine city and around the country have been challenged. Please continue your fluoridation program. Thank you very much.

- - [Celestine] Thank you so much, Dr. Ferre. All right. Next we have Kelly Archambeau and then Robyn Kuester and Chris Neurath. Kelly, please unmute yourself and state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Hello, thank you. Thank you for allowing me the opportunity to express my strong support for community water fluoridation. My name is Kelly Archambeau. My work address is 1245 Main Street of Green Bay, 54302. I'm a registered dental hygienist at Oral Health Partnership. I'm also an active member of the American Dental Hygiene Association and also a member of the community water fluoridation advisory group in Wisconsin. Tooth decay is the most common chronic childhood disease, even more so than asthma. In the U.S. over 51 million hours of school are missed annually due to dental pain. As a hygienist, working at oral health partnership in the local schools, serving kids on Medicaid or uninsured, I have witnessed children with poor oral health, which then affects the child's ability to learn, eat, socialize with their peers and affects their overall

health and wellness. Oral health partnership has worked hard to help restore and maintain the oral health of the children in Brown County for over the past 10 years. And just last year, OHP some more than 9,000 children in our area. I do not want to see the fluoride taken out of the water. We will be spending more money fixing the dental disease if fluoridate does not in our water. Fluoride is nature's way to help fight tooth decay. Fluoride is a mineral that exists naturally in public water supplies, but usually at a level that is too low to protect teeth from cavities. This is why most local water systems adjust the level. As Nancy had said earlier, the Green Bay Water Utility is monitoring our water to assure that the water is safe for the entire community. Fluoride helps to repair the early stages of tooth decay and helps keeps the teeth strong even before the decay is visible. Fluoride is the best cavity fighter to help keep the whole family's teeth strong, no matter their ages. As Dr. Beale had mentioned earlier as well, that fluoridate is beneficial to anyone who has their own teeth. Without fluoride, we would be taking a monumental step backwards in the progress we have made in our community in striving for oral health. Thank you.

- Thank you so much, Ms. Archambeau. Next we have Robyn Kuester and then Chris Neurath and Matt Crespin. Robyn, please unmute yourself, state your name and address for the committee. And then also tell us if you are for or against fluoride in the water.

- My name is Robin Kuester and I'm the fluoridation program coordinator with the department of health services division of public health. I work in Madison, Wisconsin, and I support water fluoridation.

- [Emile] Of course you do, it's your job.

- Okay, just give us one second, Ms. Keester, Kuester, sorry. So if you're not speaking, then please, I'm going to mute you. Thank you so much.

- I just wanna reiterate that as well. We need to keep this civil. Thank you.

- Indeed. Okay, so let us go back to Ms. Kuester Go right ahead, Ms. Kuester.

- The mission of the department of the health services is to protect and promote the health and safety of the people of Wisconsin. Water fluoridation is a key component in our efforts to reduce the burden of oral disease, because it is a safe, effective and well-tested public health program. It is one of the most equitable ways to improve the health of children and adults, regardless of income, race, education level, insurance status or ability to access dental care. In Wisconsin, over 3.5 million people, or almost 90% of the population living on public water supplies have fluoridated water. Studies confirm that those living in a community with fluoridate drinking water have about a 25% reduction in cavities over those living in non fluoridated communities. The cavity is not something to minimize. Left untreated, cavities can cause pain, miss days of

school or work, difficulty concentrating and poor appearance. All of these things costing money and can contribute to a decreased quality of life and the ability to succeed in school and work. Fluoride in the water is just one piece of the puzzle for prevention of cavities. Brushing with fluoride toothpaste twice each day is important, so is seeing a dentist regularly. Many people put off dental appointments because they cannot afford the cost. Sometimes this is people with jobs that don't have dental insurance or people who are unemployed, or in many cases, people who have had good dental insurance all their life, but when they retired, they lost their insurance. So for many people in Green Bay, community water fluoridation provides crucial and adds the crucial protection against tooth decay. A number of new studies and reports about fluoride are released each year. This is part of the normal scientific process. Experts with formal training in various health and scientific disciplines have the capacity to review, interpret and analyze all of this research. We consult with experts on a national level, as well as those we have at the state health department. DHS is paying attention to the science. Our toxicologist genealogists are aware of the draft NTP report, which concludes there is insufficient evidence of harm at the low levels of fluoride used in water fluoridation. Less no change in public policy is currently warranted. If new evidence would suggest there is a problem, we would pivot and make a change. DHS along with national and international health service and professional organizations, support community water fluoridation based on the overwhelming weight of peer reviewed credible scientific evidence, showing a substantial benefit for cavity prevention for all the people of Wisconsin.

- [Celestine] Thank you so much. Next, we have Chris Neurath and then after, Matt Crespin and Sandy Sutton. Chris Neurath, Mr. Neurath or Ms. please unmute yourself and state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Hello, I'm Chris Neurath of Lexington, Massachusetts 21 Byron Ave. I'm speaking against fluoridation. I'm not gonna give you my opinion on the neurotoxic risks of water fluoridation for children, but the opinions of the world's leading experts. I wanna make clear the experts I'm gonna quote are genuine experts in neuro toxicity. You've heard from a lot of dentists and a few engineers who are focused on teeth. I think it's important to hear from the experts on the other side of the science. The first expert is not an individual scientist, but the federal agency charged with assessing the toxicity of chemicals, the national toxicology program, or NTP, part of the NIH, National Institutes of Health. Just last week, they released a report that has been four years in the making. They identified 159 human studies, the vast majority of which found adverse neurotoxic effects in children, mostly lower IQ. The conclusion of the NTP is that fluoride is presumed to be neurotoxic and children at levels of 1.5 milligrams per liter. And they weren't sure at 0.7 milligrams per liter. Don't be misled by those who say the NTP conclusion only applies to levels above 1.5. That gives a margin of safety of just two. Well it's standard science and policy to require a margin of safety of 10. The NTP used the most up to date and comprehensive evaluation of all the science. The NTP does not deal in junk science. Next, I'm gonna quote from an article published just this week by two of the leading researchers in fluoride neurotoxicity, along with the just retired director of the NIH's National Institute of Environmental Health Sciences, Dr. Linda Birnbaum. Dr. Birnbaum, is one of the most respected scientists in this field and led the division of NIH that includes the NTP. You can think of her as the equivalent of Dr. Fouchee, but for environmental health. Title of her article, time to protect kids developing brains from fluoride. The article says, when do we know enough to revise long held beliefs? We're reminded of the discovery of neurotoxic effects of leads that led to the successful banning of lead in gasoline and paint. Despite early warnings of lead toxicity, regulatory actions to reduce childhood lead exposures were not taken until decades of research had elapsed and millions more children were poisoned. We know that the developing brain is exquisitely sensitive to minute concentrations of lead and other toxic chemicals. Moreover, toxic chemicals, irreversible effects on children's rapidly growing brains, emphasize the need for prevention. Failing to act on accumulated evidence raises deep and unsettling questions. Finally, I hope all of the alders will take just three minutes to view the video that accompanies that article written by Dr. Birnbaum. It's for a general audience. And I think you'll find it informative and

entertaining if it's the only thing you do on the arguments against fluoridation, I hope you watch the video. It's a littlethingsmatter.ca for Canada.

- [Celestine] Thank you so much Mr. Neurath.

- Thank you.

- [Celestine] Next, we have Matt Crespin. Mr. Crespin, please, thank you. And then state your name and address for the committee. Please also tell us if you were for or against fluoride in the water.

- My name is Matt Crespin and I work at 6737 West Washington Street in Milwaukee, Wisconsin. And I currently serve as the associate director of children's health Alliance of Wisconsin, a division of children's Wisconsin, a statewide pediatric provider across the state, including in Green Bay. I'm here to support fluoridation. And I wanna first state that I am a registered dental hygienist. I am a past president of the American Dental Hygienist Association, which represents the interests of more than 200,000 dental hygienists across the country. I also have a master's in public health and I've served at the Lyons for nearly 15 years. You've heard several different things tonight. You've heard that continuing fluoridation would be a crime. You've heard that fluoridation is a cockroach poison. These are common scare tactics that our opposition uses, and this is what they are doing to you. They are trying to scare you. They're doing so using studies that are not studies looking at fluoridation at the levels that you are fluoridating your water in Green Bay or the fluoridation levels that nearly 90% of communities with public drinking sources in Wisconsin are fluoridating their water at. I firsthand have now witnessed some of these scare tactics that the opposition uses when just recently after testifying at one of your hearings, a couple of months ago, I had a complaint filed against my license as a registered dental hygienist for making false and misleading comments. Like others on this call, I have found that to be a complete waste of time. And I will assure you that everything I am saying tonight is fact and not misleading in any way. But I want to share some of the facts about some of the misleading things you've heard. In Alaska, a 2011 study showed that nearly 32% higher rates of disease existed in communities that didn't fluoridate. This study was conducted by the CDC. These are experts we need to listen to just like you need to listen to the Brown County public health department, as well as your water operator, Nancy Quirk who's an expert in this field. We've also heard people state that there's a trend away from fluoridation. And what I'll share with you is between 1992 and 2010, more than 60 million people in the United States gained access to community water fluoridation, which now reaches more than two thirds of the U.S. population. You've heard about fluorosis. This is not caused by fluoridation in water. It's a purely cosmetic issue. And you heard somebody concerned about fluoridation in infant formula and what I'll share with you from the CDC website, it says that regularly mixing powdered or liquid infant formula concentrate with fluoridated water may, that's a key word, cause a chance of a child developing faint white markings of mild fluorosis, not this pictures that you will see. Lastly, when you talk about byproducts, this is another scare tactic. Let me give you an example of a byproduct. The byproduct of the dairy industry in Wisconsin, one of the byproducts is manure. Cattle farmers don't want manure, but they have to do something with it and they find a place for it and they sell it and it's used to grow vegetables. Guess what another product of the dairy process is. When we make cheese, byproduct are cheese curds, and I think we can all agree that cheese curds are not scary. Please continue to support community water fluoridation and protecting the residents of Green Bay's teeth. Thank you.

- [Celestine] Thank you, Mr. Crispen. Next, we have Sandy Sutton then Kim S. And I have no one else who has raised their blue hand in Zoom and so we'll go to those two people next and then I will call for anyone else who does not have the capacity to raise their blue hand in Zoom. Okay, let's see. So Sandy Sutton, please unmute yourself, state your name and address for the committee. Then also tell us if you are for or against fluoride in the water.

- Thank you. My name is Sandy Sutton. I reside at 3443 Park Island Drive in Oxford, Michigan. I am speaking on behalf of supporting fluoridation. As I said, I'm Sandy Sutton. I am a dental hygienist here in Michigan. I work in public health, but I work in support of to pay our department of environment Great Lakes and energy. I work as an educator with American Waterworks Association and our roll water association. I support our water operators here in Michigan, teaching them on the safety and ethicacy of fluoridation here. In fact, we have a two half day session coming up in December for all of our state operators who are needing their continuing education credits. Because they are licensed, they are responsible and they are able to keep our water at the optimal level of fluoridation. This year, we have 72 of our public water systems that have earned the CDC's optimal award for keeping our fluoridation levels at the optimal level for 12 months, but 11 of 12 months. So in case of a shortage. Now, we've got quite a few water systems here in Michigan, about 300 that are naturally fluoridated. Some of them are over this 1.5 parts per million that's being batted around right now. Now, I in no way believe that any of these natural systems who are at 1.5 are doing something to their citizens. They're not neurologically impaired in any way. We've been fluoridating here in Michigan for 75 years. I'm not seeing any of these issues with our population. There are no public water systems that are supplementing their fluoride over that 0.7 parts per million. They wouldn't have their jobs if they were wasting their public funds in putting higher than the required amounts in. Now, we know that fluoride is a mineral. It's a trace mineral. It's essential to our health. Now we supplement a lot of things in our lives just to keep overall health. I mean, we put iodine in salt. We add iron and riboflavin and niacin to our breads, but there are things that we need. Not everyone can afford these things. It is imperative that we have the safety net of fluoride in our water. There are a lot of organizations that completely support this, including the, was it the, the American Congress of Obstetricians and Gynecologists and the American Academy of Pediatrics. Those are just for our children. We have geriatrics also in support. We need to watch out for our senior population who have root exposure, who can have decay so easily. I ask you a stewards to your community, please continue to support our public health measures of fluoridation. Thank you.

- [Celestine] Thank you so much, Ms. Sutton. Next we have Johnny Johnson. Dr. Johnson, please unmute yourself and state your name and address for the committee. Please also tell us if you're for or against fluoridate in the water.

- Thank you. Dr. Johnny Johnson, I'm a pediatric dentist from Florida 2450 P.O. Box 2450, Chief Lewin, Florida. I am pro evidence-based peer reviewed scientific evidence. And in this case I'm pro fluoride. I'd like my PowerPoint, if you would, if you're able to bring it up.

- [Celestine] Dr. Johnson, unfortunately, I am not connected to my computer. And so I can't share my screen. I believe though, that your PowerPoint was shared with the committee. So the committee has it in their packet.

- That's correct.

- Okay, I did have one. I sent two. One was for this presentation. That was at three minute one.

- [Celestine] Yes, yes. You know Dr. Johnson, I thank you so much.

- Was on the other part that was in the packet. Yes ma'am.

- [Celestine] Yes, forgive me. I did not fully explain to you that I cannot share my screen because I'm not in my identity at this computer. So I don't have access to my email is what that is.

- Okay. So it won't be able to be shown?

- [Celestine] Unfortunately, no, but the committee does have the document that you sent.

- It's fine, I'll just go ahead and speak to this. I'll tell you that one thing that is the greatest, one of the greatest benefits of water fluoridation is that it cuts out two thirds to three quarters of children having to go to the operating room under general anesthesia to have full mouth oral restorations, fillings, crowns root canals, just by fluoridating your water. That's been shown through four international studies. Indie fluoridation has severe outcomes. And as others have said, fluoridation ended in Calgary, Alberta, and Windsor, Ontario and in Juneau, Alaska. I won't be Ladybird other than tell you that cavity rates skyrocketed. This thing about one, put one, a one a half ago, cavity in a person's lifetime, that is absolutely incorrect use of statistics. There are systematic reviews of safety of water fluoridation all the time going on and on. And the speakers from England also gave you that information. We look at this from a safety standpoint, first and foremost. We have levels at four parts per million as Nancy Quirks stated, and that is considered safe by the EPA. You're talking about one sixth of that amount that's in your water. Conversations here are primarily revolving around the one single study that was published in JAMA Peeds by the Canadian group. That group had their study looked at by a group called CADA. And it's the Canadian Authority I'm sorry. They just released me now. But anyhow, that group was a government appointed individual nonprofit group that look at the study from Canada, the TILs study. And they stated that the study's conclusions, were not supported by the data. They absolutely discredited her study. Additionally, toxicologist in the archives of toxicology this year expressed serious concerns that the IQ test on those kids had been performed only once between ages three and four. And without the exact age at the time of testing being considered in their analysis, you cannot give accurate information. We all know that kids three are a heck of a lot different than they are at four. The national toxicology program that just released their revised draft. In that draft. It stated that fluoride in water flow

levels, it was not considered neurotoxic. They changed that to include water fluoridation because of the National Academy of Science Engineering Medicine, scolded them on their first release. Don't believe what you're hearing. It's the fact that water fluoridation was not implicated. The only other thing I will have to say is that fluorosis which some people have spoken about is mild white light white streak on teeth that barely is noticeable by anybody but dentists. That is the only untoward effect on any part of your body by water fluoridation. No health effects whatsoever. Please keep your water fluoridated. Thank you very much.

- [Celestine] Thank you so much, Dr. Johnson. And I just wanna confirm Chair Steuer, you do have Dr. Johnson's PowerPoint.

- Yes, We have all of them. Not only just Dr. Johnson, but the other folks as well. So now we will look at that very carefully.

- [Celestine] Thank you so much.

- We have what we have.

- Thank you so much, Chair. Next we have Harry Goodman. Mr. Goodman, please unmute yourself and state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Yes, thanks very much. I am Harry Goodman. I'm the former state dental director from Maryland. I'm from a state where a young 12 year old child passed away from untreated oral disease, a child who did not have access to a fluoridated water. I'm not gonna waste your time, but I just want to basically support the recent testimony from Matt Crispian, Sandy Sutton and Johnny Johnson about the safety and the efficacy of a water fluoridation. This is about science. Again, the American Public Health Association basically said that the water fluoridation was one of the top 10 highest public health achievements of the 20th century. It remains that it is about science. So again, we ask, in the essence of science that we ask people to mask in terms of COVID. We ask people to use the seatbelts when driving, and we certainly ask people to drink tap water so they can get water fluoridation. It has been declared. It is one of the most, one of the safest elements of all we've ever seen. It is not artificial. It's a natural element that is in the water. All we're asking is to increase it by a little amount so that it is effective. It's similar to adding to milk. There've been many studies water fluoridation is in Jordan. So many of them, but all of them have been basically, endured that it is safe and it's effective, and it is addressed every single issue that you can imagine, basically. The CDC basically is found in it's cost effective. It saves money in terms of caries, tooth decay effectiveness so that placing a dollar into water fluoridation will basically save as much as 38 to $40 in treatment services, which can really add up to a higher element. It is the basis of public health. Something that's under duress right now, but it is a public health initiative that basically will effectively help all children, families, especially those that are living in poverty. And those have the least access to dental care. I don't think it's a complicated issue as it's been proposed earlier in the testimony. I think

it's very simple. I am for the inclusion of water fluoridation in Green Bay, Wisconsin, and I hope the committee and whoever is in charge will support that initiative. Thank you.

- [Celestine] Thank you so much, Mr. Goodman. Next we have Kim S. Kim S please unmute yourself, state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Hi, good evening. Thank you so much. I'm Kimberly Smith. Thank you to the committee, hearing our voices. We very much appreciate that. I am against fluoride in the water.

- [Celestine] Excuse me, I'm so sorry, Ms. Smith. Ms. Smith, can you hear me? Yes, can you please state your address for the committee?

- Yup, 775 Eath and Berry Lane, Oregon, Wisconsin.

- [Celestine] Thank you so much. Go right ahead.

- Thank you. So I am part of a grassroots effort to remove fluoride from the water system systems here in Wisconsin. We are individuals, we are not unnecessarily part of a group of a collective of people. We see the dangers of fluoride. We are familiar with the JAMA study. I haven't heard a lot of people say that it was done at higher levels. When that JAMA study, the till study was actually done at the lower levels, I believe of 0.7 parts per million. So I wanna clarify that cause I've seen a lot of, heard a lot of people dismiss that and it was at the higher rates. It was not. So the last time I was here, I spoke about the black community and how fluoride affects them. And I forgot to tell you guys that I suffer from fluorosis in order to correct that that would cost me close to a couple of thousand dollars. I already have a bill for $3,000 to correct the cavities, the brittleness of my teeth. So fluorosis is not just a cosmetic issue. It makes your teeth brittle. It interrupts the formation of your teeth and the rest of your body. The talk about how they used fluoride to treat thyroid issues. So that is a thing and I do have thyroid issues, so they kind of correlate together. So the mechanism of action, I like to do like to base what I believe off of scientific evidence. And I've heard a lot of people talk about the CDC. So I wanna share something that the CDC says. They state that the research that has led to the better understanding of fluoride, how fluoride prevents dental caries indicate that fluoride's predominant effect is posterative. And that it's about being in the right place at the right time. Fluoride works primarily after teeth have erupted, especially when smaller amounts are maintained constantly, constantly in the mouth, specifically in dental plaque and saliva. You are incorrectly using fluoride when you are putting it in the water system. The CDC states, and I can send that information to you. I have no problem. I will work towards removing fluoride in my own community. And I'm using this data in that process. Here's the thing I want, and I've got a few seconds here. I want you to know that there will come a day when it is common knowledge, that the damage that fluoride does and has done is a reality and the public will not trust you. It will not trust medical professionals because we've lied to, especially the black community. Listen to us now because you are sowing

seeds of distrust when the common knowledge of the damage of dangers of fluoride it's corrosiveness and it lights up the night sky. It is, I don't know, it's not just a mineral. It destroys your body's functions.

- [Celestine] Thank you so much, Ms. Smith. Thank you so much.

- You guys are amazing. Thank you for listening to us for the last five or six hours, I don't know how long it's been, but you guys are great. Thank you.

- [Celestine] Thank you. Now we have Merrilynn Marsh and then we have Aaron DeGroot and Patti and Jeff, and last Michael. So Merrilynn Marsh, please unmute yourself, state your name and address for the committee. And please also tell us if you are for or against fluoride in the water. Merrilynn Marsh. Okay, I'll go to Aaron DeGroot. Aaron DeGroot, please unmute yourself. State your name and address for the committee and tell us if you are for or against fluoride in the water.

- Aaron DeGroot. I am Green Bay, Wisconsin, 54302 1625 Kimbell Street. I'm against fluoride. So this affects me more because I'm gonna be drinking the water. And I wanted to bring up one thing that we'll be able to minute, we live next to Lake Michigan. One of the biggest fresh water supplies in the entire world, and we're ruining it. We're so fortunate to live where we live and have access to that water. This isn't some swamp, this isn't anywhere else. This is glacier water, and we're putting poison in it. And I want you guys to think about how fortunate we are and how we're ruining it. And on top of that, the only way to get fluoride on your teeth is by brushing your teeth. There's no other way. And a lot of things that dentists are saying are true. Fluoride does help your teeth, but you can't apply it by water. Just passing over the top of your teeth. There's no practical way. All right, I had my minute. Thank you all. Please remove fluoride from the water supply. Thank you.

- [Celestine] Thank you so much, Mr. DeGroot. Merrilynn Marsh, are you available? All right, Patti and Jeff. Patti and Jeff, please unmute yourself and state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- Thank you. And thank you to the committee for taking this issue up. My name's Jeff Harped. My partner, Patti is here next to me. We feel similarly on this issue where at 440 South van Buren Street here in Green Bay, Wisconsin. We've heard a lot of things tonight. We've heard fluoride being taken out of Canadian cities water and cavity skyrocketing. And we've heard the words point isn't and we've heard all kinds of different words tonight. Everybody's passionate about this.

- [Celestine] I'm sorry, Jeff. Hold on one second, just give me one second. Okay. Yes, I have muted them. Thank you, Chair. One second, Jeff. All right, Jeff, go right ahead.

- Okay, so again, people are very passionate about this and I understand that. I guess here's my feeling as a citizen of Green Bay. I don't feel that the city should be putting fluoride in our water. And at the very least, we know that there was a court case in San Francisco and the EPA was sent back to the drawing board to analyze the studies that have been done specifically in regard to infants and drinking formula. We're dealing with young children whose brains are developing and we know that that's a critical time in life and we know that at certain levels, that fluoride is a neurotoxin. That's not debated. We know that at the wrong levels, it is. We don't know at what level that is. And that's what the EPA I believe has been sent back to the drawing board to find out or to investigate further. And that case is probably maybe within a year, that will be a settled case. But in the meantime, it seems reasonable to me that we cease the practice of putting fluoride in our water and let's see what the EPA comes back with. I think that there's, like I said, passions on both sides, I think a year or whatever it would take to cease this, the process of putting fluoride in our water is a reasonable step for the city to take rather than forcing a fluoride into our water. So that's really all I have to say and thank you for your time and thank you for your consideration.

- [Celestine] Thank you so much, Jeff, Mr. Harped. And Patti. Next we have Michael, is this Michael Foley?

- Yes, can you hear me?

- [Celestine] Yes, we certainly can. Hold on Mr. Foley.

- Thank you.

- [Celestine] All right, Mr. Foley, please state your name and address for the committee and tell us if you're for or against fluoride in the water.

- Thank you. My name is Michael Foley, I'm a public sector dentist from the Royal Brisbane and Women's Hospital in Brisbane, Australia. I hold master's degrees in public health and epidemiology and I chair the Australian Dental Association Oral Health Committee. I note that my clock doesn't seem to be working.

- [Celestine] No, yes, I just did it. So I was just waiting for you to do introduce yourself.

- Thank you. I support water fluoridation. About 90% of Australians enjoy the health benefits of fluoridated drinking water, but we hear exactly the same arguments as you are hearing today. Often word for word and

perhaps not surprisingly from many of the same people that you're hearing from today. Scientific arguments can be very, very complex. No one disputes that and somewhere out there will be individual studies to support any argument that anyone wants to make, but that's not how public health policy is based. Public health policy is based on systematic reviews where all the highest quality evidence is collected. And we've seen a number of high quality systematic reviews around the world in recent years from Public Health England, our national health and medical research council in Australia, Islands Health Research Board, Royal Society in New Zealand, European Union, et cetera, et cetera. And they studies and systematic reviews consistently report that water fluoridation is one highly effective at reducing tooth to gain. And to probably most importantly, that it's safe. The fluoride action network, including some of the speakers that are meeting today made submissions to all of those reviews, but they won't tell you that their submissions are invariably rejected because they're riddled with errors and they're biased. You know, for example, we've heard today that water fluoridation is neurotoxic, but no one has mentioned the highest quality studies into fluoride in drinking water and IQ and other measures of cognitive function. One was a 20 year olds, 20 year study of hundreds of thousands of young people in Sweden. One was a high quality 40 year long study in New Zealand. They found absolutely no association between the level of fluoride in drinking water and IQ. So why were these studies not mentioned? Selectively, quoting and citing evidence to support your arguments is considered highly unethical in the scientific community. Opponents of fluoridation today, won't tell you, that the biggest supporters of water fluoridation around the world are not the diggers. They're the doctors and the public health specialists. People like the American Medical Association, the CDC, the British Medical Association, Australian medical association, Canadian Medical Association, every surgeon general for the last 50 years, the World Health Organization. And that's because these groups, know, one, that water fluoridation has no impact whatsoever on allergies, cancer, the brain for autism thyroid, and two, they understand the dreadful impact of poor dental health on people's general health and the quality of their lives. So I think Green Bay council very much for fluoridating their water supply and all your energy to continue. Go Packers.

- [Celestine] That was the go Packer cheer. Thank you so much, Mr. Foley. I appreciate you hanging in there with us and testifying. Merrilynn Marsh, are you available? Thank you. Okay.

- So can you hear me?

- [Celestine] Okay, There we go. Yes, we certainly can. So please state your name and address for the committee. And please also tell us if you are for or against fluoride in the water.

- Yes, first of all, I thank you for hanging in there with me with my technical difficulties. My name is Merrilynn Marsh and I live in Bemis Point New York, and I am calling in support a fluoridated water today. And I'd like to take, just a moment to acknowledge and thank the Green Bay water outriders for your many years of helping your residents protect and improve their dental health by adjusting fluoride in my community drinking water. You're often unsung heroes and I want you to know that you are appreciated. And I'd also like to bring to your attention a recent report from the centers for Medicaid and Medicare services, CMS, following a drastic decline in care for children and Medicaid and chip the children's health insurance program due to the COVID-19 pandemic. CMS reports that compare to the same timeframe in 2019 between March and May of 2020 children had almost 70% fewer dental services. For many of the most vulnerable children and adults, community water fluoridation is the only preventive dental care that they're receiving during this challenging time. Earlier, you were urged to watch a recent fluoridation video that has plenty of misleading information

within it. And I to share the listed advisor of the video, Dr. Anne Gillies Martinez Mira shared this today. And I quote, "I continue to support "community water fluoridation. "Because of my background in fluoride research, "I was invited to participate as an advisor "in a recently circulated video on the safety of fluoride. "As an advisor, my views are not represented, "in the recommendations of the video. "I am aware that the video specifically states "that pregnant women should avoid fluoridated water. "And this is not a recommendation I give." That concludes what I wanted to share. I wanted to ask you if it would be possible for me to speak on behalf of Dr. Eve Kimball, who had her hand up, but had to leave the call earlier.

- Hello, Celestine.

- [Celestine] Yes, I'm right here. I'm just gonna stop this, hold on a sec.

- I don't know if we can do that.

- [Celestine] Yeah, that isn't...

- My feeling is I appreciate the effort, but when you do or the testimony from the individual.

- [Celestine] Okay, thank you, Merrilynn. So the Chair has ruled, so please continue. I'll give you a few more seconds. Please continue with your testimony.

- Yes. So I did also want to mention that earlier, it was stated that the levels of fluoride in infant formula that are mixed with fluoridated water are toxic. And the fact is that the foreign and infant formula plus the fluoride water mix with it is therapeutic. It's not toxic. And with that, I will be the .

- [Celestine] Thank you so much. All right, next, we have Deahgo. Please unmute yourself, state your name and address for the committee. Please also tell us if you are for or against fluoride in the water. You can go ahead and speak. Yes, we can hear you.

- Great. Good evening. Thanks so much for your time. My address is 809 Eagle Heights, Madison Wisconsin. My name is Dr. Diehgo Calderon I'm a veterinarian with more than 22 years of experience in clinical research. That is exactly why I am against water fluoridation. They would have took CCP, brain, hormonal, and brinelled research are very complex fields that are changing day by day thanks to new methods, techniques,

computerized imaging and statistical analysis. Let's think for a minute, if the money our communities are wasting paying for the toxic fluoride salicylic acid will be invested in nutritional and oral hygiene education, the concerns of well-intended dentists and dental hygienists will disappear. And we stop putting mothers there own babies and small children in big danger. With the sat is accused of from dental health. Science is not set in stone. We used to fumigate our homes with DDT and PFAS is pretty our roads with dioxins. We put lead in gasoline and paint and mercury in our thermometers. Fortunately, we pay attention to new research. This is not about a personal opinion. This is about the outcome of recent research. With all the respect of the fluoridation, dentists and oral hygienist on other professionals, I disagree with them, but I will never call them names. Anti vaxers, anti-science or is carried mongers. It is shameful that some of you are using the COVID tragedy for defending your position. Fluoride is not an essential, neither a natural occuring element. Cheese cuts are not a sub product of milk and manure is a serious issue in a dairy farm. Not a cell product. Thank you so much for your time.

- [Celestine] Thank you, Dr. Colderon. Next we have Stewart Cooper. Mr. Cooper, please unmute yourself and state your name and address for the committee. Please also tell us if you were for or against fluoride in the water.

- All right, thank you. My name is Stewart Cooper. I oppose fluoridation. I live at Box 85, the Wet Sutton, New Hampshire, and thank the committee for the opportunity to speak. I'm the national campaign director for the fluoride action network, a coalition of over 6,000 public health and scientific experts along with 80,000 or over 80,000 members, supporters, including many in Wisconsin for whom I'm speaking tonight. I just wanna point out, we just heard from a speaker, a couple, you know, two speakers ago, who you guys trust as an expert, a medical expert. And I just wanna point out is she mentioned, bottle fed infants and that exposure to being therapeutic. She must not have read the 2020 study published in Environment International that reported that children who were bottle fed and Canadian fluoridated communities lost up to nine IQ points compared to those in non fluoridated communities. See we're trusting these experts who read talking points. They're great at reading talking points. They're also, essentially forced to be here tonight as part of their employment. Unfortunately, they're not very good at reading the actual studies. You'll note that none of them have asked you to actually look at the studies. They say, trust us, despite you being the ones, the counsel with the authority and the responsibility to protect your citizens. So people responsible for whether fluoridate is in your water, not the ADA, none of these "talking point experts." You read the studies notice that those opposing it are urging you to read the studies and those who promote fluoridation, oppose you reading the studies. They say, trust us. That's because over 200 animal studies show that prolonged exposure to varying levels of fluoride can damage the brain, including 65 human studies. Now link moderately high fluoride exposure with reduced intelligence and seven mother/offspring studies now linked fluoride exposure during pregnancy difference IQ. Please read that op-ed that was mentioned earlier, that was just published this week or the former director of the NTP and NIH. I mean, it doesn't get any more objective and startling in that calling for a reevaluation of fluoridation. And let me just point out something that I learned in over a decade of lobbying on this issue. I'm in Rebecca in 2010, coming to the New Hampshire legislature saying that the CDC numbers show 41% of our residents are being overexposed. They have dental fluorosis on their teeth. We need to act here in New Hampshire, the same people you're hearing on the other side saying, trust us, people are not being overexposed. This is ridiculous. He's just a Google doctor and he doesn't know what he's talking about. Well, a year later, HHS came out and lowered the level from 1.2 parts per million to 0.7 in half. Why? Because the numbers showed children being overexposed. Now the same proponents, just edit their talking points. Now say, Oh, now's 0.7 is perfectly safe. Trust us, trust us. Wrong. We we've trusted you. You've been wrong before, you were wrong in 2011 and you're wrong again. The science is now on your side. You're protecting your credibility. Read the science. Counselors, please. It's before you advise your brains, you are ultimately responsible for your citizens' safety.

- [Celestine] Thank you, Mr. Cooper. Next we have Keith Decker. Mr. Decker, please unmute yourself, state your name and address for the committee. And also tell us whether you're for or against fluoride in the.

- Hi, I'm Keith Decker, Bristol mountain Trail in Green Bay. I'm against fluoridation. I'd like to reiterate what I said at the last committee meeting. You can see my full presentation at greenbaywater.org. The main point is that public water fluoridation is unethical unsafe and unnecessary. Firstly, because it is intentionally a forced mass medication violating an individual's right to consent and disregarding individual appropriate dosage. That alone is reason enough to stand in opposition to fluoridation. It should not be the role of government to force innocent people to ingest medication against their will. No one should do that. Fluoride is a not a benign substance. It's not a nutrient and it's not used to treat water quality is not merely the adjustment of natural mineral. It is florasoulistic acid and industrial toxic waste chemical content contaminated with impurities used as a prophylactic drug intended to medicate children indiscriminately applied to everyone in the community. Consider that if citizen forced to take medication against their will like this, they'd be in jail. Because it is inherently a violation of a person's body. And it's obviously wrong to act as if one owns the body of another person, much less the entire population. That's why this is not really a judgment call concerning the discernment of science involved. It is a matter of peaceful coexistence in respecting each other's innate human rights. If there's anything a person can rightly own, it's themselves. Self ownership and freewill or something sacred to each conscious living being. This is why fluoridation contravenes multiple major codes of ethics and law. Very first sentence in the nuremberg code is the voluntary consent of the human subject is absolutely essential. UNESCO's universal declaration on bioethics and human rights states the same. To circumvent this is a moral crime. Fluoride added to public water cannot be avoided as it cannot feasibly be filtered out. And it goes anywhere the water flows. Water is a vital necessity of life and it needs to be available free from drugs. It is not inappropriate way to treat a disease. You cannot control individual dosage to avoid harm. There's no informed consent and there's no way to opt out. With all the vulnerable groups ranging from babies to people with compromised thyroid or kidney or those allergic, you can be certain that at least someone out there is being hurt by fluoridation. The first priority of good governance is to protect the innocent from harm, not to throw them in harm's way. There are reasonable alternatives for anyone concerned with tooth decay, including individuals voluntarily electing the medicate themselves. You could even have the government provide that if you want it. To use this basic essential form of sustenance as a pervasive unavoidable vehicle for drugs against the explicit will of those who oppose it being done to them is simply wrong. That's the main point. Again, go to greenbaywater.org if you want links to further information and studies and things.

- [Celestine] Thank you so much, Mr. Decker. Next we have Eve Kimball. Ms. Kimball, please unmute yourself and state your name and address for the committee. Please also tell us if you are for or against fluoride in the water.

- My name is Dr. Eve Kimball. I reside at 14 Gail Song Lane in Wyomissing, Pennsylvania. And you have an email from me, I believe that--

- [Celestine] Dr. Kimble. I'm so sorry, could you just give me one second?

- Sure.

- [Celestine] Thank you. I appreciate that.

- Thanks you,Celesine.

- [Celestine] You bet. All right, one more second, Dr. Kimball, and go right ahead. Thank you.

- Okay. I don't wanna take a lot of your time to repeat the things that I said in my email, but I am very concerned that in addition to being a health issue, this is a justice issue. And I just returned from the Academy of Pediatrics meeting in which one of the pediatricians, it was a pediatrician in Tuba City for the Navajo Reservation and the incidence of caries in those children who receive well water that is not fluoridated is 90%, actually more than 90%, by the time they're five. For white children, it's between 20 read about 20% and for Hispanic and black children, it's between 30 and 40%. That's probably the best evidence that I know of for fluoridating water because those children do have toothpaste, some don't have access to it. And that's part of why they get the caries. So I just wanted to reiterate that piece and I'll let you go, we've had a long session and I know what that's like. I used to be on the school board. Thank you.

- [Celestine] Thank you so much. We appreciate that. I too used to be on the school board. Thank you for serving. Okay, so, Chair, what I'm going to do is call for anyone who did not have a blue hand to raise, please unmute yourself and start speaking so that I can acknowledge you. And Oh, Carol, okay.

- Hi.

- [Celestine] Hi. Hold on one second, Carol.

- Yes. Thank you, first of all, for being open minded on this issue. My name is Carol Corf and I live in Levittown, New York, where as a young mother of two, I spearheaded the 1983 reversal of 29 years of water fluoridation in my hometown. And yes, I am old. I've since earned a BS in biology and a master's in science and environmental reporting from New York University. I am not anti Vacc, not anti mask, but I am pro science. Local officials took the issue seriously and allowed Levittown residents to vote by a two to one margin fluoridation was defeated. And that was before most, if not all of the 400 plus fluoride brain studies are published. Now that we know that fluoride gets into the brain where it was never intended and should never be, that should be enough to stop fluoridation. People can put fluoride on their teeth if they want. Aside from the hundreds of fluoride disparaging studies, which are not junk science, fluoridation just doesn't make any

sense anymore. If this issue wasn't dominated by politics, fluoridation would be history. Fluoridation began with the belief that fluoride was an essential nutrient to prevent tooth decay, but only in children at a time when vitamins and minerals were discovered to eradicate some health problems. Dentists thought they had their magic bullet in fluoride, but fluoride is not a nutrient, it's not essential, which means that consuming a fluoride free diet does not cause tooth decay. Tooth decay is epidemic despite 75 years of water fluoridation, American children are now fluoride overdosed, both poor and non poor. 60% of U.S. teens are afflicted with fluoride overdose symptoms, dental fluorosis or discolored teeth. Dentists make a tidy profit covering up fluorose teeth. They say fluoridation is for the poor, but did you know that most dentists refuse to treat Medicaid patients except maybe once a year? And that many of those who accept Medicaid only take a handful of patients. Did you know that the American Dental Association successfully lobbied to have dental excluded from Medicare? And now they are lobbying against dental therapists who will do the simple dental work dentists now refuse to do. Dentists need to treat the teeth of low income folks, not their water supply. The American children are debt is deficient and fluoride overdosed. And by the way, Poughkeepsie New York stock fluoridation three years in a row, tooth decay declined. Fluoridation is ineffective, unnecessary, health harming, and a waste of money. Thank you very much.

- [Celestine] Thank you so much, Carol.

- I'll donate it to Charity.

- [Celestine] Thank you. All right, is there anyone else who did not have a blue hand who would like to speak, please unmute yourself and start speaking and I can acknowledge you.

- Daniel Stocking.

- [Celestine] Oh, yes, okay. Mr. Stocking, hold on one second. All right, go ahead. State your name and address for the committee. And then please also tell us if you are for--

- Can you all hear me good?

- [Celestine] Oh, you did. Is this a second time you've spoken?

- No--

- [Celestine] Oh, okay, I'm so sorry. All right, go right ahead.

- You can hear me?

- [Celestine] Yes, we certainly can.

- My name is Daniel Stocking. I'm with the Lilly center for energy and health studies in LIJ, Georgia. I'm speaking against water fluoridation. I wanna give you just a little bit of a different perspective on this. I'm a hazmat guy. My job was to put the white suit on and dive into spills of biologic agents, radioactive materials and hazardous chemicals. And I managed also an EPA training site. My job was to look at a chemical and decide what's it gonna do to people. So I have very practical risk assessment experience, and I had a job, very few people experience themselves. So what did I learn? Well, I learned this is what you're hearing tonight, the alders y'all have a tough job. You're hearing information, excuse me, information on both sides, but here's the question I really think it all distills down to: is it possible for dental and water professionals to consciously or unconsciously be objective about the whole truth, letting the chips fall where they may, when they face potentially tsunamis shattered credibility of liability financial losses? Well, and it was really interesting. I'm just as nerdy science guy. But when I started talking to folks, toxicology people and whatever, I started finding out that this was kind of weird the way it was handled. We started looking into what dentists were saying amongst themselves in their own journals, in their own literature. We did some foil Freedom of Information Act requests, and guess what, they came back one third of them. We have thousands of pages and they whited out one third of the pages from CDC and ADA, it was kind of hot. I thought what's going on? This is not national security. This is full fluoride. It's supposed to be mom's Apple pie and good and safe. So why did they have to blank out one third of their correspondence? So we started reaching out to people like various kinds of people. We've had blacks association and Hispanics. There was all this science and I began to talk with people in Martin Luther King's family and Andrew Young. And after that they came out against water fluoridation. So here's in your packet, you see three slides. One of which we got from the Freedom of Information Act request from CDC, where you find out that candidly between themselves CDC and ADA had concerns about the amount of fluoride that would show up in the bones of kidney patients, four times higher than regular folks. The Daryl and Public Health Dentistry, the second one, shows that black kids and other folks in low income communities ingested significantly more fluoride. And finally, we found out that the back molars of teeth dentists have known for years, 90% of the cavities happen in those molars, but fluorides don't work there. In their own journal, they said you need teeth sealants. That's why you all have a program called the Wisconsin smile program. I think that's the name. So thank you for your listening and I appreciate your thoughtful consideration.

- [Celestine] Thank you, Mr. Stocking. All right. If there's anybody else who would like to speak and didn't raise a blue hand, please--

- [Andrea] Celestine.

- [Celestine] Oh yes, Hello, Ms. Hay.

- [Andrea] Can I share my screen and play a three minute video or is that not possible?

- So, Chair Steuer, Andrea is a staff member, so I think what would you like to do?

- Well, I think one of the issues is that some of the other folks couldn't show their slides.

- [Celestine] But they aren't staff members.

- Yeah, that's true. All right, well assess the case then if we can do it, I guess, that would be fine.

- [Celestine] Surely. Okay, thank you.

- If she's staff.

- [Celestine] Yes, she is staff. Okay, I'm going to make you a cohost, Andrea, and go ahead and show your screen when you're ready.

- All right, here we go.

- [voice Over] Water utility loves the community and appreciates the opportunity to serve you. An outspoken group of people who are against the practice of water water fluoridation are smearing Green Bay. Calling us the next Flint, Michigan. We are not the next Flint. in Flint, a decision was made outside of the water utility to switch to river water in order to save money. The low quality water had a negative interaction with lead pipes in the city leading to a massive health crisis. Our commitment to public health is a huge deal to us. In fact, Green Bay water utility has one of the most recognized lead replacement programs in the country. Spending millions to replace lead quickly. As for fluoride, Green Bay Water Utility adds less than 0.7 parts per million to the water supply. The EPA reports that the adverse health effect of bone disease and muddled teeth, fluorosis, pictured left, in children had happened on a level of more than four parts per million. For context, one part comparable to one inch in 16 miles, the group of individuals fighting to remove the small amount of fluoride

from our water claim, it causes cancer, lowers the IQ and amounts to government forced medicine. These claims though are not backed by the CDC. Green Bay added fluoride to the water starting in 1957, based on recommendations of health experts at the CDC and Wisconsin's Department of Health Services. The cost of water fluoridation was approximately $30,000 for all of 2019. That covers Green Bay, Ashwaubenon, Wrightstwon, Scott and Hobart. In August, 2020, all four of those wholesale customers submitted letters to the city, urging leaders to keep fluoride in the water treatment process. A number of areas, dentists, health professionals, and concern parents have also requested we keep fluoride in our water treatment process. The Brown County board of health voted unanimously in September to endorse the continued practice of water fluoridation in our water utility. Most importantly, the EPA and the CDC have not changed about water fluoridation. Ask yourself this, why remove fluoride when it is proven to be effective and safe. Here is just a fraction of the leading U.S organizations that support water fluoridation. Green Bay City council members, please continue to fluoridate, our city water to follow a proven science that is constantly reviewed by the CDC. Thank you.

- [Andrea] Thank you. And I will note that I had a spelling error at the end on the word fluoridate. So that was my--

- We saw that.

- [Celestine] Thank you so much, Ms. Hay. Let's see. Alder. We do not have any new... I see Patti and Jeff have raised their hands, but they've already spoken. So I say they, it was Jeff who spoke. If there's anybody else who would like to speak, please unmute yourself.

- Linda Rosa.

- - [Celestine] Oh.

- Yes, hello?

- [Celestine] Yes. Oh, I see. Okay, yes. Just give me one second.

- Just briefly. Hello, my name's Linda Rosa. I live in Loveland, Colorado now, but I spend my summer out in Forest County at the family farm outside of Crandon. It's a community that's long been deprived of water fluoridation, and I can see the comparison between Loveland, Colorado and my hometown about the level of dental health. As a matter of fact, I've been interested in dental issues for a long time and I've read a lot of the

literature. And so I was very impressed with the presentations of Russ Hardwick and Nancy Quirk. And in my hometown, without the water fluoridation level, they had no water fluoridation, but the natural level of fluoride is 0.1 parts per million, which is fairly low. And it seems like an awful lot of people in my community have false teeth. As a matter of fact, I was in the library a couple of years ago and ran into a fellow I had a crush on in high school and he was looking very clearly at me. And he said, "Oh my gosh, you still got your own teeth. "Would you like to go out with me tonight?" So if you want to avoid false teeth and still get asked out on dates when you're 68 years old, hooray for fluoridation. And that's all, thank you for your time and attention.

- [Celestine] Thank you so much, Ms. Rosa. Okay, is there anybody else who would like to speak who has not spoken. Please unmute yourself. Beth.

- Yes, can you hear me okay?

- [Celestine] Yes, we certainly can. Hold on one second.

- Hi, my name is actually Dr. Elizabeth Neary. I'm a pediatrician in Madison, Wisconsin, a proud graduate of UWA Madison. And I actually sent you all a letter today with an op-ed that was written by doctor Linda Birnbaum. And I know you've been listening for a long time tonight, so I'm gonna keep this very brief. So Dr. Linda Birnbaum wrote a great article about the effects of lead on the brain. And I think it's worthwhile for you to read that. Dr. Linda Birnbaum was the head of the National Institute of Environmental Health Sciences and the National Toxicology Program, part of the NIH for 10 years. She's a well-respected scientist. And all I'm gonna say to you is I recommend that you read her op-ed because it's new information. And it's really important that we look at new information in a new light. Thank you very much.

- Celestine, I just wanted to clarify if she's for or against, just for the record.

- [Celestine] Yes. Could you please tell us if you are for or against?

- Am I for or against?

- Yes, fluoride in water.

- I'm against.

- [Celestine] Okay. Thank you so much. All right, anyone else who would like to speak, please unmute yourself. Anyone new? All right, Chair, we do have the Patti and Jeff again. Did you wanna give them another opportunity or no?

- Well, Jeff's spoken any?

- [Celestine] Yes, he did.

- Oh, Patti wants to chime in. That's fine.

- [Celestine] Okay, thank you.

- [Jeff] But I didn't use all my time. I would just like to say.

- [Celestine] No, I'm sorry, Jeff. You absolutely did use all of your time.

- Sorry about that.

- [Celestine] Yes, thank you very much. Okay, Chair, I don't see that we have anyone new who would like to speak. And so I will turn it over to you. Thank you everyone.

- All right.

- Chair, I'd like to make a motion to close the floor.

- No, we're gonna keep it open. We're gonna keep the floor open.

- Okay.

- Because we might have questions. So the folks that testified, I mentioned that at the beginning of the meeting, that we will have some questions and I'll give you opportunity for a little more clarification. So is that if that's okay with you?

- Sure.

- All right. Well, first of all, thank you all pretty amazing. We had like 52 folks testify. My column was 24, over four fluoridation, 28 or against. And we also had three staff members that are for itself. Very good commentaries. I will say this, I've been on city council now since 2012. And we've dealt with this issue in 2013 to '17 and also now. It's probably been one of the more difficult issues that I personally have dealt with. We didn't take it lightly. I think there's a lot of folks that feel you're just elected officials, you're not scientists, you're not doctors. That's true or not, but we, each of us represent about 8,700 constituents in the city of Green Bay and they trust us to try to do the best we can. But I just wanna assure you of that. I will say that I commend both sides for their passion, regardless of how this all ends up. So with that being said, the committee probably has some questions. I know I do. So I'm gonna, if the folks are still here, I would ask Celestine to unmute, if I ask a question of a certain person, if anybody else from the committee wants to ask questions as well, please chime in as well as any of the other alders. So with that being said, I will kind of start. I wanted to ask, is Dr. Dickson still here?

- Yes, I am.

- Okay, Doctor, I have a question. Since the fluoride was taken out of the water in Calgary, you may have mentioned it, but I just wanna hear your words again, as far as what the status of oral health is there now, now that's not all that fluoride has been taken out of the water. What is your assessment?

- The status is that caries and cavities have increased in Calgary that increased in Edmonton as well. And they've increased at essentially the same rate and the same pace in the fluoridated and the unfluoridated cities. Edmonton and Calgary are quite similar in population size. So what you hear in the press so often, and what came out of that initial study from 2016, from Dr. Lindsey McLaren at the University of Calgary and was not what she said. She'll admit that her study does not show that fluoridation or the lack of fluoridation in Calgary increased cavities and caries, but that's what the press took away from this. And that's what you folks are hearing time and time again from the American fluoridation society and others. Cavities have increased here, they've increased in Edmonton, but it is not because of fluoridation or lack of water fluoridation.

- All right, I do appreciate that. Thank you.

- Thank you.

- And if the committee, any of the other committee members wanna chime in, please do, cause I have a number of questions. So I was wondering if... Let's see here, If Lacey Kuehl was still there. Is Lacey here yet?

- [Lacey] Yes, I'm here.

- Okay. I just had a question. I know you said you were a registered nurse in Green Bay. Okay, as a nurse, what studies have you looked at that backup your allegation that fluoride affects the thyroid?

- I can do that but is too in an email.

- I guess that would help. I will mention too, to all the folks that are here, whatever is voted on tonight is only advisory to the city council, which meets on October 20th at 6:00 p.m. And I'm sure a lot of you folks will be there again. You know, it's a shame in a sense that we have to go through this, but it's the nature of the business. So whatever we vote tonight is only advisory. And I will tell you that depending on how we vote, there have been times where we have changed our vote depending on more information. So if any of you wanna include some other information, we have 35 different studies that were sent to us, and we probably have looked at about 30 different studies, you know, all of us. So it's a little overwhelming. Most of them are about 130 pages long, and it's really hard to decipher it all. So if you have bullet points, I think that'd be a lot easier for us to deal with. So anyway, if you could do that, I would appreciate that. Send that to the committee. That would be good if you wanna send them to the entire council, that's fine as well. Okay. All right, Bill Osmunson, is Bill here yet or doctor. Is Dr. Osmunson here at all? Actually I'll ask, this is one of the opponents of fluoride so if somebody else could chime in, I would appreciate it. He mentioned that fluoride is not FDA approved. And I just wanted to make sure that this is correct.

- [Carol] That's true. The FDA labeled fluoride supplements as unapproved drugs, because they've never been safe safety tested.

- Okay, when was that? Is that a study or what year was that? That'd be awesome.

- If you go to the FDA, I guess I could send you the link, but if you go to the FDA, I think it's CDER, they tell you about the different drugs. And when you type in fluoride, as sodium fluoride, there'll be a caution at top that says that it's considered an unapproved drug. Interestingly, a lot of pharmacists don't even realize it because we, several of us, went to pharmacies in our own neighborhoods and asked, "Is this FDA approved?" And they said, "Yeah, sure, it is." But if you look at the website, you see it isn't. So, and in fact, and the other interesting fact, which I know people aren't gonna believe, but it's true. I had a discussion with the people there and I said, "Well, why is it being sold?" And they said, "Well, because it was on the market pre 1938 "when safety and efficacy studies were required." And I said, "Well, pre 1938, "was it used to reduce tooth decay?" No, it wasn't. Pre 1938 Sodium fluoride sold on the market solely as a roach and rat killer. It doesn't sound good, but that's the facts. So basically dentists are using it or Flabel, which is legal, but it's based on the fact that they believe that fluoridation's safe. Fluoridation was intended to deliver one milligram fluoride. So therefore they said, well, people that don't live in fluoridate area, we'll give them supplements of one milligram. So that's basically how that happened--

- Carol, could you---

- [Man] Can I make a comment?

- Oh yes, give me a second. Carol, could you send them the email link about that?

- [Carol] Sure.

- I'd appreciate that. I just don't have time to write it all down. Who was the other person that wanted to chime in on that?

- Yes, my name is Randy Johnson. I did not participate in the discussion because of the time of course and my computer's been acting up a little bit, but I did it well--

- I'll give you one minute here.

- [Randy] I'm sorry.

- I'll give you one minute here.

- [Randy] Okay, fine. Thank you. I did wanna respond to Carol's comment because the fluoridation of water is not a medication. FDA is not responsible for fluoridation of water and the FDA actually regulates fluoridated water in bottled water as the food for human consumption, not as a drug. That's all I have to say.

- Can you do us a favor as well and send an email to the committee as well?

- [Randy] Certainly, I already sent a 19 page document that I--

- Yeah, well, like I said, we got 35 documents--

- [Randy] I will send you that specific information.

- Yes, I would appreciate that. Okay. All right, I'm gonna move on here. Committee, if you're willing to chime in, just jump in anytime I can yack all night. Ninia Linero, is she still here?

- I am, yes.

- Okay, Ninia, I was gonna ask, you mentioned that fluoride has never been listed as a neurotoxin. I just wanted to find out where did you get this data?

- Because all of the data that is studying as a neurotoxin or that it is, it affects the development of children is inconclusive. It has not been the NTP report is a draft. That's why I say, when we look at the science, I really think we need to read the fine print. Is it about what we're discussing right now? Is it 0.7 PPM or is it four PPM? I think we need to look at the evidence that's being presented by the opponents here. And no, it has not been community fluoridation has not been deemed neurotoxin.

- Okay, the same thing I'm gonna ask of anybody that we're asking questions of, if you could send a little bullet point to the committee, we would appreciate that with that in mind, if you could do that.

- I also asked her for clarification, if there are gonna be a cutoff for when anyone has information. I'm just a little concerned with the amount of information that you all will have to look over and--

- [Chair] Well, there is a lot, no doubt.

- Right. And then common council meeting is in 12 days and that the vote could slip at any time. I just feel that there's gonna be a lot more information coming in from both sides and I just wonder if there should be a cutoff date. That's my personal--

- Well, you know what, I mean, a lot of these things we got in the last day or two as well, so we tried to read it over. It's we're under time crunches, many times with local politics. We have council meetings every other week. We have committee meetings every other week wedged in between. So it's really the time constraints. So we do the best we can with what we have.

- Right. I putting this on us. I'm saying that if anyone wanted to provide evidence, I think, unless it's your request. I think that it should have been done prior to the hearing. And it's per the request of the committee. I don't know if further evidence should be presented. I just think that this was an opportunity for that.

- I'm keeping open-minded. I'm not looking at one way or the other. I'm just saying that, I'm trying to be democratic here as much as possible. So I haven't really thought about that. I guess where's the attorney. Attorney Bungert, are you here?

- Yes, I'm here.

- Hi attorney. Here's the question. As far as...

- As far as the cutoff goes, I think I actually would defer to Celestine. I'm not sure what the cutoff date is for the council report.

- [Celestine] Can you hear me? The cut off date for the council report is really Thursday afternoon at the latest Friday 9:00 a.m. So that would be Friday the 16th before council. That's for the October 20th council

meeting and then for the November 10th council meeting, which also is our budget meeting. That cutoff would be that Friday before, which is, I think it's a 6th. Yes, ideally November 5th in the afternoon or Friday, November 6th at 9:00 a.m.

- Well, Celestine, I'm looking for our next council meeting that we'll deal with this issue.

- [Celestine] That would be the 20th.

- October 16th, would be the cutoff--

- [Celestine] Correct at 9:00 a.m.

- Ninia, are you okay with that?

- Yeah, I think I might have been confused. That's so that's for the entire counsel's consideration now.

- Yes, right.

- I'm sorry, I think I was--

- Well, you know, we all need to be brought up, so, it's open for us. So if there's anything that... We prefer, bullet points, if you can. 133 page reports, I'll give you people a lot of credit for dealing with it. Pretty amazing. That's what I have. Carmen, you have a minute.

- Just have just bullet points. In 2009 and 2015 teams led by Blande at the EPA, looking at developmental neurotoxins identified fluoride as having substantial evidence of developmental neurotoxicity. This is EPA in 2009. 2015, they decided that it was a gold standard. One of the 21 with the most evidence of neuro toxicity. So is it neuro intoxicant or toxicant? So I would, I'm challenged what Nina said it. I can send you those two references.

- Like I said, anybody that testified today, just they get information to us by October 16th at 9:00 a.m. We're fine with that. So I'm gonna leave that for both sides.

- [Kathy] Mr. Chairman.

- Yes, go ahead, Alder Lefebvre.

- [Kathy] I'm gonna make a suggestion. It is getting really, really late.

- [Chair] It is.

- [Kathy] But we're getting more information. I'm sorry, I don't think I'm gonna vote tonight either way. We need to get some of this other information. And I really wanna read that and I did not have it, I didn't realize this from Dr. Berbaum who retired from the NIH, what she just said, what was stated. If that is true, that is really important information that we need to know. We need to read that, we need to see what she said. Some other things here too. I mean, I don't think I'm ready to vote on this. There is more information coming out and I want to read this before I even vote tonight.

- Okay. That's a good point committee. Anybody else on the committee have any questions that way? Alder VanderLeest. Is he here? There was a medical situation Italy for. Alder Stevens.

- Hello?

- Yeah, Alder Stevens, do you have any concerns, like Alder Lefebvre brought up?

- I don't have any concerns but my only concern is because y'all know that I'm on vacation right now and I'm in the LP and I don't have cell service and the computer that I'm on is about to die. So I'm gonna lose service altogether.

- So Mr. Chairman, I think we have to, maybe I'm sorry, We might have to end this and then I'll make arrangements for another meeting for us and it'll have to go after probably after the council meeting. We'll have to go into the next month. I just don't feel comfortable voting on this right now.

- Well, I appreciate your concern. I've been doing a lot of reading on this over the last couple of weeks. So I've put a lot of time and effort into this as well, but like I said, we have other issues, so we have to deal with at the city as well. There is a lot of information here to digest. There's no doubt about it. Attorney Bungert, I just need to talk to you a little bit about all this. It's not a matter of being time sensitive. I think this is an issue that's been here for some time. I guess I hadn't really thought of that request as Alder Lefebvre has stated, and we're gonna probably lose Alder Stevens in a minute or two because he's gone. So we only have three people on the committee. And I don't know if Alder Dorf is still here either. We needed three for a quorum and there were gonna be a number of other, I have about four pages of questions as well. So that would take a little while longer. So I know people don't wanna hear this, but I think I'm gonna defer to Alder Lefebvre. So this is not time sensitive. We wanna do the right thing as far as getting the information, disseminating it and trying to be as fair and equitable as we can be. So, Alder Lefebvre, do you wanna make a motion?

- Well, it's yeah. I'll make a motion that we hold this and reschedule another committee meeting, which we'll have to have to happen after the October council meeting.

- No, that would have to be after our budget meeting.

- Okay but whatever you think.

- Well, here's my thoughts. If we do that, here's my thought, we've heard a lot of testimony from everybody. We've heard it a number of meetings. I would prefer that when we meet again that we it'll be the committee and the committee will talk.

- But at that point, then I would recommend to quickly close the floor.

- Okay.

- At this point and then you can make a motion to recess. And then you can reconvene and then have committee discussion and make a decision. And you always have the ability to reopen the floor, but at least if you close the floor now and then make a motion to recess and to reconvene at a later date, all right.

- Kathy] I'll make that motion.

- Okay. Alder Lefebvre. Do we have a second?

- [Stevens] Second.

- Alder Stevens. Okay, all those in favor, please say aye.

- Aye.

- Aye. All right, I know a lot of you were looking for a decision tonight, but I defer to Alder Lefebvre, I think she brought up a good point. There is so much information that we have to disseminate on this and we wanna make sure we do it correctly. So my thought, I don't know the other calendar. Attorney Bungert.

- Hold on one second.

- We've got council on November 10th. So we--

- Celestine, do you have your calendar available--

- [Celestine] I do, just gimme one sec.

- We've got a PNP protection policy committee meeting on October 26th and then also on November 16th.

- [Celestine] So just give me one second.

- I think another Thursday will work.

- [Celestine] Yeah, Thursdays are always good because that would have to be the Thursday where there would be no council meetings right away.

- And there's October 29th, there's nothing.

- [Celestine] Oh yeah, no, no. That's too close to the election.

- Pardon?

- [Celestine] Too close to the election.

- Too close.

- [Celestine] Yes.

- Well, we got that going too.

- [Celestine] There's that. So I would recommend, so, you know, Thanksgiving is the 26th, as much as I love you all. I'm not spending Thanksgiving with you. And so then there's a 19th. So if we met the 19th, that would be well after the budget meeting, but in time to get it in for those December 1st council meeting.

- All right, well, so as far as what I mentioned about getting information to us, Attorney Bungert, I wanted to ask you what your thoughts were on that because we have testified tonight. And my thought is that that the committee would reconvene. Everybody can watch and listen. But I think we have quite a bit of information here right now.

- That's fine. I mean, at this point, the floor is closed. So when we convene, we can pick up its discussion. And if the committee wants to reopen the floor to answer or to ask a question, they can, but opening the floor is entirely up to the committee's discretion. And at that point, the committee can make a decision.

- Chair, may I also make a suggestion to members of the public that this meeting has been recorded. So the video is available for anyone to watch so that they can apprise themselves of the arguments heard tonight.

- Yes, that's a good point. Celestine, I was gonna ask you to, do you feel that's okay? I just wanted your opinion as far as moving forward, where we can reconvene. It looks like we're gonna be doing that. We would just have the committee in closed, not closed session, but the floor would be closed and we would just discuss what was spoken about today.

- [Celestine] Certainly, it would be a public meeting. People can certainly listen, but it's always your choice to open the floor or not.

- I guess, wherein I was gonna state that to all the people that are here, that we still may have questions of the folks. So whoever can show that would be great because I think we'll have an opportunity to ask some questions if we still need clarification. So if everybody's amenable to that on both sides, that's the way we're gonna go.

- So just to clarify, we would recess and reconvene for November 19th at 5:30 p.m.

- November 19th at 5:30 p.m is the Thursday.

- [Joanne] Okay.

- All right, do we need to take a vote on that?

- Yeah, we need a motion, a second and a vote.

- Okay, we need a motion.

- Would the motion be then to reconvene a special PNP meeting on November 19th at 5:30 p.m.?

- Yes.

- To recess and reconvene at that time.

- Okay, all right, we have a motion, do we have a second?

- [Stevens] Second by Alder Stevens? Any other discussion, all in favor, please say, aye.

- Aye.

- I'll opposed? Motion caries.

- Can I ask a question?

- Yes.

- I don't know if this is gonna be difficult or not, but if we do with open it up and he got a questions again, it's gonna really drag it on again. And we're gonna go back and forth. Is it possible that we could get some of these email addresses of people or something so that you could do the questioning before November 19th meeting?

- Well, the few, if you did it individually, while you would do it individually, you would have to share that, you try to share that information with the community so that we'd have access to all that information. That gets to be--

- Yeah, we don't want it to be kind of hard, I know, I know. I just don't want it dragging on again and then, Oh, now we're getting more information. I know it's hard. I know it's gonna be hard but we'll do the best we can.

- My thought is, I asked several questions tonight and there will probably be some more that I'll bring forward, but my feeling is that we'll be fine with that. We'll be fine with, it won't be as long as tonight, I guarantee you that.

- I hope so. Okay.

- We should wrap up the discussion because at this point we are recessed.

- Okay. All right, so we're done.

- All right, so thank you.

- Good night, everybody. And I hope John, I hope it's not a bad medical thing.

- We got that we have to adjourn.

- Okay. All right. Take care of--

- your name because we recessed. Essentially it's hitting the pause button and then unpausing in a moment.

- Thank you for the clarification. I apologize if you were looking for something, but you know, we'll, we will do it correctly on the 19th.

- Okay, thank you.