



MINUTES OF THE PROTECTION AND POLICY COMMITTEE

**THURSDAY, NOVEMBER 19, 2020, 5:30 PM
CONTINUED MEETING**

**The Protection & Policy Committee Meeting from October 8,
2020 was recessed at 9:37 p.m. The meeting will reconvene at
5:30 p.m. on November 19, 2020.**

**This is a virtual meeting.
Please see the zoom instructions in the agenda.**

A. ZOOM MEETING INFORMATION.

I. This item contains instructions and information for the Zoom virtual meeting.

B. ROLL CALL.

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

Also present: Deputy City Attorney Joanne Bungert, Chief of Staff Celestine Jeffreys, Water Utility Manager Nancy Quirk, Alder Lynn Gerlach, Alder Veronica Corpus-Dax, Alder Barbara Dorff

C. APPROVAL OF THE AGENDA.

D. REGULAR BUSINESS.

I. 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. Kathy Lefebvre, seconded by Ald. Craig Stevens to reconvene from the October 8, 2020 meeting. Motion carried.

Yes- Craig Stevens, John VanderLeest, Mark Steuer, Kathy Lefebvre, No- None, Abstain- None

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

Moved by Ald. Craig Stevens, seconded by Ald. Kathy Lefebvre to close the floor for discussion. Motion carried.

Yes- Craig Stevens, John VanderLeest, Mark Steuer, Kathy Lefebvre, No- None, Abstain- None

Moved by Ald. John Vanderleest to remove fluoride from the City water. The motion failed for a second.

Moved by Ald. Craig Stevens, seconded by Ald. Kathy Lefebvre to receive and place on file 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. Motion carried.

Yes- Craig Stevens, Mark Steuer, Kathy Lefebvre, No- John VanderLeest

E. ADJOURNMENT.

Moved by Ald. John VanderLeest, seconded by Ald. Craig Stevens to adjourn at 6:58 p.m. Motion carried.

Yes- Craig Stevens, John VanderLeest, Mark Steuer, Kathy Lefebvre

VERBATIM MINUTES

- All right.

- Alder, before we start, we can start with roll call, and then we would just immediately move to a motion to reconvene the meeting from our last meeting of October 8th. And then we can move on to where we were.

- For some reason, my agenda is not there. We only have one item on the agenda. So I would ask that you read it, or I can have Alder Stevens read it. For some reason I don't have -

- I can read it. You can start with roll call though.

- All right. Welcome to Protection and Policy, special meeting for November 19th, 2020. We will do a roll call here. Alder Stevens. You're muted.

- I'm here. You're here. We got Alder Lefebvre.

- Here.

- You're here, and Alder VanderLeest. You're muted, John. He is here.

- I am here.

- Okay, all present and accounted for.

- All right. Just need to insert the roll call. There we go. All right.

- We'll need a motion to reconvene.

- I'll make a motion to, okay. I'll make a motion to reconvene.

- Second.

- Made by Lefebvre, seconded by Stevens. All in favor, please say aye.

- [All] Aye. All opposed? That passes unanimously.

- Okay. So now we are back to item number one, consideration with possible action on a request by Alder Galvin filed on behalf of constituent, Brenda Staudenmaier, that the city consider taking fluoride out of the treatment process for the city water. The floor is closed and the item is back in front of the committee for discussion.

- Okay. So again, I will restate that our committee met in July. We also met on October 8th. I would say a good eight to nine hours of testimony, long meetings. We had a lot of experts on both sides of the fence. I will state, first of all, that this is a very, it's a tough issue. There's really no gray area. It's black or white. It would be nice to compromise if we could, but it is what it is, but I commend both sides for their passion and their zeal to do what they feel is correct in their mind. So with that being said, what I'm going to do now is I'm going to have Nancy Quirk, who is the director of the Green Bay Water Utility and has 33 years of experience as an engineer in the drinking water industry in Wisconsin. She was recently nominated by the American Water Works Association to sit on the EPA'S National Drinking Water Advisory Council. Nancy Quirk for the proponents of fluoride or CWF, community water fluoridation, I will say CWF quite a bit tonight. She will answer the questions. And if she cannot answer that question, per se, she will defer to one of the people, one of her folks. On the anti fluoride or against the CWF will be Brenda Staudenmaier. She works for the Madison Wastewater Treatment Facility. And as an environmental activist, she is presently involved as a litigant in a Northern California federal court case concerning community water fluoridation. The same will go for Ms. Staudenmaier, She will answer questions that are directed to her and if she cannot answer the questions, she will defer to one of her people. I myself have eight questions, and the questions will be, when I state the question, initially Director Quirk will answer, and then Ms. Staudenmaier will answer. Or I would flip flop and I'll have Ms. Staudenmaier first then Director Quirk. So I have eight questions, I don't have to necessarily do those all right now. I'm going to defer right now to the committee. I ask Alder Stevens, Alder VanderLeest if they have any questions or statements or comments that they'd like to make before I would ask some questions. Anybody?

- I'd like to hold off Mark, until you answer some of your questions that are brought forward.

- You're putting the pressure on, thanks. All right. I can deal. Alder Lefebvre, anything?

- No, I'd like to listen to your questions and answers, I know you are very good at this so I think we leave it up to your expertise. All right. Well, we will move forward then. My first question, it'll be first directed to Director Quirk, and then Ms. Staudenmaier will have the ability to retort. Celestine, as far as the time, I'm thinking three minutes? If we could.

- Three minutes for our staff member?

- Well, three minutes for either Director Quirk to answer that particular question or Ms. Staudenmaier to answer as well, or her designate on that question. So they may defer. If something happens where I feel that we need a little more answer, I will allow that, but generally speaking I will look at three minutes, just to keep it fair for everybody. Is that okay?

- I have to say I'm not clear, Alder. So I mean, I can certainly do whatever I think is consistent for the purposes of this meeting, if you want to give people, so if I just do three minutes, you talked about questions and so that's the part where you lost me. So maybe what we should do is I'll just get started. Director Quirk can go first, I'll give her three minutes.

- I'll read the question first.

- I see.

- Alder Steuer, before we begin, since you are going to be going back between staff and citizen, I would recommend we just open up the floor.

- Okay. That's fine. Right, okay, I understand. Okay. A motion to open the floor from anybody?

- Motion on the floor.

- Alder Stevens open, seconded by Alder VanderLeest, all in favor, please say aye.

- [All] Aye.

- Opposed? All right, thank you, Attorney Bungert. All right, my first question.

- Give me one second.

- Oh, okay. Well, let me read the question first.

- Yep, just wanted to get it up ahead.

- All right. Some communities in Wisconsin, such as Lake Delton, Hayward and Berlin among others have terminated or are considering terminating their water fluoridation programs. In your estimation, is this due to political, financial, scientific, or other reasons? Director Quirk, you're here on first.

- [Quirk] I'm going to defer to Robin, who is the fluoridation expert for the State of Wisconsin Department of Health.

- Okay. Just state your name and - Celestine, could you restart the clock on that? Celestine? Anyway, go ahead.

- [Robin] Okay, my name is Robin Keester, I have a Bachelor's of Science degree from Minnesota State University I've been a registered dental hygienist for 22 years. And for the past 10 years, I've served as the Fluoridation Program Coordinator for the Wisconsin Department of Health Services Division of Public Health. Although it's true that some communities have chosen to step up fluoridation, we still have about 88% of Wisconsin residents served by public and water and nationally -

- [Steuer] Robin, Robin, you're kind of breaking up. Could you?

- [Robin] Receive fluoridated water. Yeah.

- [Steuer] You're kind of breaking up a little bit. Just repeat that last statement.

- [Robin] Nationally the overall trends show a continued increase in the number of Americans who receive fluoridated water. Community water fluoridation is encouraged as a good public health policy, but ultimately in Wisconsin, elected officials at the local level set fluoridation policies. We try to provide education and resources to ensure that those making the decisions are relying on sound, scientifically accurate information before setting or changing policies. But unfortunately we don't always have the opportunity to educate and inform communities before decisions are made. So from those communities that I've worked with I can tell you that there are a multitude of reasons why they stopped optimally fluoridating. Predominantly, what we hear is cost and the need to save money. And many of the communities that are discontinued are very small communities, 300, 400, 500 people. And they often have one person that's responsible for all their public works functions, and they just don't have, they don't want to pay the water operator to test water on the weekends, or they're trying to cut budgets to save money. Some have really outdated infrastructure. And unfortunately it was easier to stop fluoridating and take on a capital improvement project. And then there are some communities where personal and local politics are at play. Well, yeah.

- [Steuer] Okay. I guess that was my main question.

- [Robin] I'll just add.

- [Steuer] Go ahead, if you want to finish, you have another minute.

- [Robin] Did I answer?

- [Steuer] Yeah, I think so. You were breaking up a little bit, but I'm just trying to be sure -

- [Robin] We haven't specifically -

- [Steuer] Go ahead. I was just saying that I believe you answered it. I just wanted to know in your estimation, if it was a more political or financial, it sounds like there's a bit of a financial set up for some of these communities. So, okay. I'll go with that. I appreciate your testimony. Ms. Staudenmaier, you and your group may answer now, and do you want me to repeat the question?

- [Staudenmaier] No. So I know with Lake Delton, am I echoing or anything?

- [Bungert] You know what actually, Alder, I'm not sure that the last person gave her address.

- [Steuer] Oh, I'm sorry. Robin, Robin Keester. Could you give your address?

- [Bungert] You can give your work address.

- [Robin] I West Wilson Street, Madison, Wisconsin, five three seven zero one.

- [Bungert] Thank you. And Ms. Staudenmaier, please also give your address.

- [Staudenmaier] 1278 Dodie street, Green Bay, five four three zero one.

- [Bungert] Thank you.

- [Staudenmeier] So I know Lake Delton, they quit fluoridation because their head general manager thought it was really dangerous for their utility. One of the chemical trucks accidentally loaded the chlorine into the fluoride chemical and it made a toxic gas and they had to evacuate. And then also, one of the employees spilt some of the hydroflouric acid on their boot and they didn't realize it until it ate all the way through their boot and started burning their foot. So they thought that it was best to just not use the chemical anymore because not that many people even drink the water, most of the water was used in Lake Delton for the waterparks cause it's next to the Wisconsin Dells

waterpark stuff. And some of the other utilities that I've spoken with, Jill at Wisconsin, they said that when they remove fluoride, their chlorine stuck better in the water. And they were concerned about the health of the citizens, and they said that it was the best thing they ever did was getting rid of fluoride. I've also heard some other utilities, when they got rid of it, Their lead and copper levels have gone down in their water system. And so from my experience, with the other utilities that have gotten rid of it, that's predominantly been safety issues and most people don't drink the water. Most of the water goes for washing cars, a lot of people drank bottled water these days, so they just thought it was unreasonable, it was an unreasonable risk to their staff and also some of their citizens. That's all I got.

- [Steuer] Okay, are you good with that? All right. Thank you, Ms. Staudenmaier. I will keep moving through these questions, and like I said we'll alternate back and forth just for sake of transparency and fairness. Are we ready here? Okay. The next question I have is, proponents of community water fluoridation, or CWF, the supposed value in protecting the health and safety of their customers, and do comply with all statutory and regulatory requirements. In your estimation, is this a valid statement? I'll go first to Ms. Staudenmaier on this.

- [Staudenmaier] Can you repeat that question? I didn't quite -

- [Steuer] Okay. I was going to say proponents, opponents and proponents. So I'm going to say the proponents, those who want community water fluoridation in the system, they espouse its value in protecting the health and safety of their customers and do comply with all statutory and regulatory requirements. In your estimation, is this a valid statement? Does that make sense?

- [Staudenmaier] Yep.

- [Steuer] I mean I can kind of gather where you may go with this, but I I'm just trying to -

- [Staudenmaier] Can I call in Bob to answer this? I didn't even tell you you might be answering any questions but do you mind answering this for me, please?

- [Oak] I'm Bob Oak, 405 North Indian Hill Boulevard, Claremont, California nine one seven I I. Brenda you kind of put me on the spot, but that's okay. You know, I agree with what the Alderman started this meeting out with by stating that, you know, it's pretty cut and dry. Our belief is that that

any substance added for drinks that has nothing to do with treatment at all, is only added for a medical purpose is just fundamentally morally bankrupt. It's just not something we should be doing as water treatment professionals. I heard the introduction of Miss Quirk, I'm a 40 year member of the American Water Works Association, a California grade five water treatment operator. And I practice nationally with the Erin Brockovich foundation, working with community drinking water systems across the country. To answer your question, let's go back to what CDC and the fluoridation people said for almost 30 years. 1.2 milligrams per liter of fluoride. For 30 years, they were wrong. And they reduced the dose of fluoride in drinking water because it was actually causing the fluorosis, the white spots on teeth, but I'm not going to get into the science. I believe that the alderman said, this is a cut and dry issue for your community. And to put any substance, that would be equivalent of, you know, let's put potassium in drinking water cause it stops heart attacks, where does it begin and where does it end? Everyone in this country, everyone in this world has a basic human right to drinking water, and drinking water free of your medication. Thank you.

- [Steuer] Alright, thank you, sir.

- [Staudenmaier] Can I just add?

- [Steuer] Yeah, go ahead, you've got another minute.

- [Staudenmaier] So NSF certifies this chemical, if you look on the NSF certification, it's contaminated, 50% of the batches have arsenic in it. Many of the batches have lead, aluminum, radio nucleotides. So it's not a pure pharmaceutical substance. So they may tote it as NSF certified, but it's not, you know, we should not add any level of arsenic into our water knowingly, or some of those other contaminants. And it's best, I know that it doesn't exceed the EPA MCL, or maximum contaminant for arsenic and those chemicals, but we still should not be adding any amount even in small doses to our water, because of the contaminants in it. Thank you.

- [Oak] Absolutely right, Brenda, it's a question of what is safe drinking water and what's regulatory compliant drinking water and they are not the same thing.

- [Steuer] All right. Thank you both for your testimony. Director Quirk, I will ask this of you and your folks as well. Do you want me to repeat the question?

- [Quirk] No, thank you. I believe I have it. And I'm going to defer to Dr. Russ Dunkel, the state dentist, to help start this conversation. And if you would please?

- [Steuer] Okay, Dr. Dunkel?

- [Dunkel] Yeah, and before the timer starts, Mr. Steuer, did you need me to give my credentials, et cetera?

- If you feel it's important, I would state, you know what? I would like you to just state us your name, your address, what your position is, maybe how long you've been in the field.

- [Dunkel] Certainly, that'd be fine. I am currently the Wisconsin State Dental Director. I've been in that position for approximately two years plus. I've been a dentist for 39 plus years, and clinical practice for 38 years. I have two bachelor's degrees, I have a doctorate, as well as a residency and several fellowships.

- [Steuer] I'm sorry, I just need your address, go ahead.

- [Dunkel] I was just about to give that, I West Wilson street Madison, Wisconsin, five three, seven oh one.

- [Steuer] Okay, go ahead.

- [Dunkel] Now it's been reported, or they've been stating that, it's unconscionable to add fluoride to the water, that it's a medicine. it's been repeatedly proven that this is not through the court system, that this is not an added medical device, consistently it's been said that, whereas the science that states that this is the case, I have not seen it. I have not heard it. It's listed scientifically. It's been vetted multiple times. The World Health Organization endorses it, every major group within the United States and nationally, both from a medical and dental side, endorsed for it. And it is not considered a medical additive. It is not considered a drug and it's similar use in protecting the public health, just as chlorine is. Chlorine is used to disinfect the water. Fluoride used to protect our children and our adult's teeth, especially those who are in dire need and have severe access to care

problems. And that's one of the devastating issues. We're dealing with COVID, we had a problem before, it's far worse now, and that's why we need the fluoride in the water. Does that answer your question?

- [Steuer] It does. The clock wasn't running, but you got two minutes left, Nancy or Director Quirk?

- [Quirk] Dr. Johnson, would you like to chime in here?

- [Johnson] You seem to be running the clock.

- [Celestine] Yes, I'm sorry. I thought I had hit pause.

- [Steuer] We're on pause for a second.

- [Celestine] Dr. Johnson, just start talking then I'll start it again.

- [Steuer] Okay. Dr Johnson? You're muted.

- [Woman] He was here, hold on a second. Hold on.

- You're muted on your device, Dr. Johnson because you are not muted in Zoom.

- Okay, I think I unmuted myself.

- Okay. Hold on one second. Yes, we can hear you.

- Okay, great. Great. I would like to add that we are all -

- [Steuer] Dr. Johnson, just state your name and address.

- [Johnson] Yes, I live at PO box 2450, Cleveland, Florida, and I am a pediatric dentist of 35 years, private practice, and also the president of the nonprofit health group American Fluoridation Society, I'm the president. I would like to add that this entire conversation is rather humorous in a huge way because everyone here knows that fluoride is the 13th most abundant mineral in the Earth's crust. We found out the benefit of fluoride through, quite by accident, when a gentleman moved out, a dentist moved out to Colorado Springs, in 1901 and saw brown stains on the teeth. And he did not know why. Through a series of studies, we discovered after a fluoride probe was invented, that those people were getting fluoride at a level of two to 12 parts per million. There was also discovery that in other areas, which had one part per million in the water, that also both communities had very few cavities, but in the one part per million they had little streaks called very mild sclerosis to mouth fluorosis. We found what Mother Nature was showing us. We replicated it in 1945, replicated Mother Nature started fluoridating a pair of cities, we took the natural level of fluoride in the water, adjusted it to one part per million, and the other control cities did not adjust the natural fluoride levels, cavity rates plummeted 60 to 70%. So to say that we are adding something to the water, we are adjusting what's already there to an optimal level where cavities will be reduced by 25 to 50% or more and have very good looking teeth. So to say this is a drug, as Dr. Dunkel said, US courts where the EPA is being sued by the anti fluoridationists, they've taken it to the courts before. No, it is not a drug. They've sued 108 times trying to stop fluoridation. They've lost 108 times in the US courts. Fluoridation is effective in reducing cavities for everyone and it is safe, It causes absolutely no adverse health effects in anyone or any group of people. Thank you.

- [Steuer] Okay, thank you, Dr. Johnson. I'm going to keep moving here and I will have Director Quirk answer first, and then Ms. Staudenmaier. This question is, opponents of CWF state that fluoride is a neurotoxin and detrimental to the health of CWF customers. In your estimation, is this a valid statement? Director Quirk? I know there might be some repetition here, but I'd like to, if you can add anything to to that with you or your folks, that would be appreciated.

- [Quirk] Sure, there was a recent study that was done, I think up in Canada and some of this, Johnny, do you want to start with that? Or Dr. Dunkel?

- [Johnson] I'll be happy to jump in and then you hand it off to Dr. Dunkel. The levels of water fluoridation at 0.7 parts per million, fluoride has not been shown to be a neurotoxin to anyone. The

Toxicology program just came out with its revised draft monograph, stated that fluoridation did not have the information, they did not have information to show that fluoride and levels of water fluoridation was a presumed neurotoxin at levels of 1.5 parts per million, it is a presumed neurotoxin but not at water fluoridation levels. In fact, which you will hear many times from the opponents is fluoride fits in between lead and arsenic as far as a neurotoxin. It's a very humorous comparison because that comes from an EPA table. Also in that same category are caffeine and also ethanol. So fluorite at a high level, ethanol at a high level, alcohol, wine, I'm going to have after this, and caffeine. Too much of things can make you ill. They can be a neurotoxin, but not at levels in water fluoridation. In fact, the maximum amount allowed in our water in the United States by the EPA is four parts per million, four milligrams per liter. That is six times what we have in our water. We do not have an issue with this. And Dr. Hardy Limeback, who is on this call was on the 2006 National Research Council and can attest to the fact that their three conclusions were that there was only severe dental fluorosis at four parts per million, that went away at two parts per million, which is three times that in your water. There is no elevation of bone fractures at four parts per million. And there are no skeletal fluorosis issues at that. He signed off on that. There were three, they'll pull out their information like it's an enzyme inhibitor, it's this, it's that. No, it is not a neurotoxin at the level in fluoridated water, Dr. Dunkel?

- Yeah, I would have to concur, and I know they're going to be referring to the National Toxicology Report, but the key to remember is with that National Toxicology Report, on every page of that monograph, this is what it says. "This monograph is distributed solely for the purpose of "predissemination peer review and does not represent "and should not be construed as representing "any MTP determinations or policies." And their levels that they were talking about was greater than 1.5. The Canadian Agency for Drug and Technology and Health reviewed the Green Until Study that they'll be talking about, and found several misrepresentations or several concerns with their research that they felt was flawed.

- [Celestine] You are out of time.

- [Steuer] All right, Ms. Staudenmaier, you and your folks, do I need to repeat the question?

- Can I please have Chris Neurath to this one, and if there's any time, can Hardy Limeback?

- Sure, you got three minutes, so if you can kind of split it up amongst yourself, and then just state your name and address for the record.

- [Staudenmaier] Chris?

- [Neurath] Can you hear me now?

- [Steuer] Yes.

- [Neurath] Hello? Okay. Yes, Chris Neurath, 21 Byron Ave, Lexington, Massachusetts. The question is what is the current evidence and beliefs about fluoride's neurotoxicity? And I would specifically say developmental neurotoxicity, that is harm, to the developing brain in the fetus, in the infant and in the young child. So the MTP report, the second revised draft was just released a few weeks ago. It basically didn't change anything from the first draft. It is still not a final document, but it's been five years. You don't expect them to change their conclusions. And it concludes fluoride is a presumed neurotoxin. And it says the evidence is consistent and robust at levels above 1.5 parts per million now. It concluded it was unclear below 1.5 parts per million. Now, this is based on 159 human studies, 29 of which they identified as high quality. And that includes the Canadian study, Mexican study, 2000 other studies, high quality studies. Every single one of those studies, except for two which found no effect, found a statistically significant reduction in IQ or an increase in ADHD. Some of them looked at other end points. So the issue of what about this, is it only neurotoxic above 1.5 parts per million? Well, basic toxicology says to have a safety factor, but it's even easier to explain than that. That's, these studies, they reported the average in their group, the average person drinking the average amount of water. Well, in the United States, EPA has found the average person drinks, I don't know what it is, but the higher consumers of water drank twice as much. Okay. So somebody's drinking twice as much water at 0.7 parts per million will get as much fluoride as the average person. So in other words, if it's neurotoxic and presumed neurotoxic at 1.5 parts per million, some people are going to be drinking enough water to be getting the same internal dose. So that's the difference between the water concentration and what you actually get into your system, and a crucial difference.

- [Steuer] Okay, thank you, Chris. I wanted to mention to everybody that, I'm flip-flopping these questions. So you might want to retort back to some of this. What I would suggest is that at the end of this discussion, after we're all done asking questions, I will give both groups one last chance to make a three minute statement. Okay? So that's after everything is done. So that way you can write notes, and if there's anything you would care to refute you may do that at that time. All right, we're moving on. My next question is, the Center for Disease Control, the Brown County Health and Human Services Departments Public Health Division, the Environmental Protection Agency and the Wisconsin Dental Association among others, back the proponents of CWF. In your estimation are these groups accurate in their determination that CWF is beneficial to the health of its users? Ms. Staudenmaier, you will start, and then Director Quirk.

- [Staudenmaier] My answer is no, it's not. And I'm going to defer this one to Chris Nidel, my lawyer.

- [Steuer] Okay.

- [Nidel] This is Chris Nidel.

- [Steuer] Address?

- [Nidel] I guess we're going to start the clock before I even introduce myself and give my address.

- Steuer] No, no, no. We'll get it back. Celestine, can you go back? I'll keep track, too. Once you state your name, I'll let you go.

- [Nidel] My name is Chris Nidel. My address is 15505 Avery Road in Derwood, Maryland. And to answer the question I think you have to look at the science on efficacy of water fluoridation. And, and what I would say is that while there are studies that support the efficacy of water fluoridation in terms of preventing cavities there are numerous studies that questioned the efficacy or in fact don't find evidence of a relationship between water fluoridation and reduction of DMFDM, or essentially a measure of dental and oral health. So there are cities, for example, that have been studied epidemiologically that have removed fluoride. And in fact, the authors of the studies that evaluated that expected to see an increase in diseased, missing, or otherwise cavities. And in fact, in many of those studies they did not find such an occurrence after the removal of fluoride from the water. There's a number of explanations for that. One of them being the fact that the other sources of fluoride may be supplementing, what would otherwise have been in the water? There's also the fact that other oral hygiene habits have increased along with this increase of water fluoridation. So the pro fluoridation movement points to trends that show in water fluoridated countries, the reduction of cavities. However the other point that is often made or is often ignored by the pro fluoridationists is that there are countries that never have water fluoridated and show, they exhibit that exact same trend. And so what that would indicate it is that there is some other confounding variable that's responsible for the benefit that we're seeing to oral health. And there are several explanations as to what those confounding variables could be. Number one, the use of toothpaste and toothbrushes including toothpaste with fluoride. The use of dental floss, and honestly just the use of clean water. So if we're going back into the early 1900s and we're plotting out the dental health of these populations, one of the things that may have been contributing to the decayed and missing teeth in those early studies is the fact that water contained high levels of bacteria. So as we have improved our water chlorination, as we've improved the safety of our water overall, we may have

had increased benefits to dental health because we're not drinking in lots of bacteria that would that would reside in the mouth and in the teeth and lead to cavities. So I think on the question of efficacy I think the data is mixed. You can go to Pub Med, you can do a research on the studies, and you can find results that support either conclusion. And I would say, arguably, studies of the same strength exists to support both conclusions. And since we have a little bit more time, on the issue of whether this is a drug, I don't know that that whether this is a drug is the primary reason to put or not put into the water, but the Food Drug and Cosmetic Act section 321 defines drug as an article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of a disease in man. And dental caries are a disease. And therefore, while fluoride may be naturally occurring, the use of it in community water fluoridation is by the FDA's own definition a drug, because it's used to treat or prevent dental caries, which are a disease.

- Okay. Thank you, Mr. Nidel. Director Quirk, do you want me to repeat the question?

- Matt Krespin wanted to start, and then we've got a couple other people that want to chime in too.

- [Steuer] So just state their name and address, and then we can move forward.

- [Quirk] Matt, why don't you start out?

- [Crispin] Good evening. My name's Matt Crispin. I'm the associate director at Children's Health Alliance of Wisconsin. Our address is 6737 West Washington Street in West Dallas, Wisconsin. I also currently serve as the Immediate Past President of the American Dental Hygienist Association, which represents more than 200,000 dental hygienists across the country. There are numerous studies that show the benefits of community water fluoridation, and that the impact that fluoridation has, studies have been done in places like Alaska, that showed a 32% difference in decay rates. There's studies done on adults, done in other countries like Australia, where there was a decay rate change in between 20 and 30%. I think probably what's most important here, and something to keep in mind is, there was reference to impacts that can change a decay rates. Things like toothbrushes or toothpaste with fluoride. Drinking water is something that everybody has access to. And I can tell you that in your own community, in Green Bay, there are children, there are families that do not have access to fluoridated toothpaste. There are families that do not have access to individual toothbrushes for their own families. And we know that many of those are due to the fact that our school-based programs like those that the Brown County Oral Health Partnership have are on hold because schools are virtual. So eliminating fluoride is going to impact the most vulnerable population of people in your community which are low income children and families in the city of Green Bay and the surrounding areas. So this is a huge benefit to your community that by removing it, you really are

doing an injustice to the community at large. Dunkel or Dr. Johnson, talk about any other studies about decay that they want to share.

- [Quirk] Dr. Dunkel, you want to jump in here please?

- [Dunkel] Sure. To emphasize one of the studies Matt referred to is the one in Juneau, Alaska, where they did a five-year study after they removed community water fluoridation. And what you also have to realize is they had an active sealant and active fluoride varnish program at the time that this was being analyzed. And yet even with those issues, they still had that issue with the 30% increase of decay. And what Matt said as well is, what we really have to consider now, is with the COVID, our Seamless Smile program is practically nonexistent. Kids aren't in school. They're not getting the opportunity to do that. And for many in the state that can't even afford a toothbrush, they're sharing toothbrushes, they don't have access to toothpaste. So removing fluoride water system takes away the only literal dental treatment they're going to have and could have for some time. Johnny, I don't know if you want to add anything quick.

- [Steuer] You have 30 seconds.

- [Johnson] I apologize, I had to mute myself. I just wanted to quick jump back to what was said before about the developmental neuro toxicity of fluoride at 1.5 parts per million being presumed. Let's focus on, we're talking about kids. We're not talking about adults drinking 1.5 parts per million, or 0.7 and drinking extra water. We're talking about the studies that have shown no changes in neurotoxicity of fluoride in water. They're numerous, the one from Canada was not shown to do that. No, we're talking about kids. We're not talking about adults. Let's get that straight.

- [Steuer] All right. Thank you folks. All right, I'm going to keep moving here.

- [Celestine] My mouse was not cooperating. Sorry about that.

- [Steuer] Yeah, terrible.

- [Celestine] Yes, it was.

- [Steuer] Oh, well, all right. I want to move forward here. Actually, there was another question I was going to ask, and I was gonna have Director Quirk and then Ms. Staudenmaier, but it's basically talking about some of the groups, it might be some of the same answers. I'll hold that question, unless I need to ask that later. But the question I'd like to ask right now, some talk exists that dentists in the state of Wisconsin are leery of coming forward to state that they oppose CWF for fear of retribution. In your estimation, is this an accurate statement? With that being said, what percentage of dentists support CWF in their practices? Ms. Staudenmaier.

- Okay. I know about six dentists in Green Bay that do not use fluoride in their practice. A lot of them are switching to the hydroxyapatite toothpaste these days. Hardy Limeback, he may be able to talk a little more about his own experience with coming forward on fluoride. Hardy, are you on?

- [Steuer] Hold the clock, Celestine.

- [Celestine] Yep.

- [Limebeck] Hi, Hardy Limeback, dentist, PhD professor emeritus from University of Toronto. There are a lot of veterans will come forward.

- [Steuer] Dr. Limeback, just give your address.

- [Limebeck] 73 Rainsway and McKellar, Ontario.

- [Steuer] Okay, go ahead.

- [Limebeck] There are a lot of dentists don't come forward and you can lose your license. And that's close to what happened to me. If you go against water fluoridation, this is a policy that has been endorsed by licensing bodies. You could lose your license. So this science matters, but you can't bring it forward. Did you know there's not even one study, not a single study, that shows that 0.7 parts per million reduces dental decay, not a single study. Not only that, none of them have ever done a

randomized double-blinded controlled trial. Not a single one. You need that before you can even say it works. That's what I have to say.

- [Steuer] Thank you, Doctor. Anybody else, Brenda?

- [Staudenmaier] I think I'm good on that.

- [Steuer] You're good? All right. Director Quirk. Do you want me to repeat the question? Otherwise you and your folks can have three minutes.

- [Quirk] I'm going to turn this over to Dr. Johnny Johnson.

- [Steuer] Do I need to repeat the question?

- [Johnson] Yes, if you would repeat the question, please, that'd be great.

- [Steuer] Some talk exists that dentists in the state of Wisconsin and elsewhere are leery of coming forward to state that they oppose CWL for fear of retribution. In your estimation, is this an accurate statement? With that being said, what percentage of dentists support CWF in their practices?

- [Johnson] Well, let me just state that that is so bogus, that you can lose your license over this, and it's just nonsense. You can not lose your license. If you say "I don't like silver filling, "and I don't want to do them." You don't lose your license over that. You have to do something very egregious to absolutely get your license taken away from you. And that rarely happens. So if you're practicing outside of accepted standards, then you are getting yourself into hot water. You can do that, but I can sit here and tell you that I don't like that, I don't like to do silver fillings. So I'm going to do white ones. Am I going to get my license taken away from me? That is not part of the licensing process here, maybe it is in Canada, not aware of it, not aware of it, but I would have to say that those that were on the very first call, the dentists, they still had their licenses and they were speaking against it, didn't they? So let me also say that the randomized control trial which is spoken about by Dr. Limebeck is one that is constantly hit, and randomized controlled trials have been talked about by the Cochran Oral Health Group. And they have said that they are not feasible and possible to be done.

Dr. Limeback likes to say, do a randomized control trial, deliver a truck of water to one community that's fluoridated to another. He can't do that. Well, I'll give you a bit of more information, Dr. Limeback. There has been a randomized controlled trial for fluoridation that has been approved by NIH, and will begin shortly. So I will stop with that. There is. Yes, sir. Absolutely. Thank you. I'll turn this over to whomever would like to speak next.

- [Quirk] Matt Crispin, please?

- [Crispin] I'd just like to share that the concept of dentists losing their license because they speak out in opposition to fluoride is completely false. There's nothing in the state statutes in Wisconsin or other States that say you have to support fluoridation. In fact, I would say the intimidation is quite the other way around. As a proponent of fluoridation, I have had a complaint filed against my license by Ms. Staudenmaier as well as two other people on this call. I have had harassment by Ms. Staudenmaier to my employer, to my employees for at least the past five years, maybe the past seven or eight years. So the intimidation factor comes from the opponents, and dentists and dental hygienists don't want to have to deal with hiring an attorney to refute a ridiculous claim against their license, which is the license that they have been educated to, and the piece of paper that allows them to do what is most important, which is practice their trade and profession of dentistry and dental hygiene. So I think it's laughable to say that dentists are intimidated to come forward in opposition.

- [Steuer] One quick question, either one of you guys got 15 seconds. I just wanted to know what percentage of dentists supporting CWF are still in their practice. I mean, I don't know if I answered that.

- [Quirk] Johnny, you put a figure across where they worked with dentists who believed in fluoridation, didn't you get a number for that?

- [Steuer] I just need a number, like a percentage.

- [Quirk] .001% I think three zeros and a 1% of of dentists that don't believe in fluoridation in the world, that was done by a survey.

- [Steuer] Okay. Well, so there's a small number.

- [Quirk] A very small number that don't believe in it.

- [Steuer] Okay. That's all I needed, thank you. All right. Like I said, you will all have a chance to, when we end this all up, to speak, and I will have other committee members as well as other alders, if they want to ask some questions, they can do that as well. I've got, I've got two more. The topic of peer reviewed studies often comes up when discussing the CWF issue. In essence, a peer review is an evaluation of scientific, academic, or professional work by others working in the same field. One topic that has been discussed as far as the fluoridation issue goes is hyperthyroidism due to CWF. Who are the authors of these studies? Have they been peer reviewed, and do you feel that they're legitimate? I'm gonna go to Director Quirk first, and then Ms. Staudenmaier after.

- [Quirk] I'll let Dr. Johnny Johnson take this, please.

- [Johnson] Did you say me, Nancy? I'm sorry.

- [Quirk] Yes, please.

- [Johnson] The thyroid study, two studies actually, have looked at fluoridation and tried to link them to thyroid. And I will tell you that in scientific circles, there are those that have an agenda that's driven. And one is from the UK. And the gentlemen looked at practices where people were diagnosing or saying that they had thyroid issues, and frankly, totally wrong. It has been totally refuted and it was a very, very poor study. It was by Peckham, Stephen Peckham who actually is the anti fluoridation person in the UK. He used to lead the effort there. He is definitely from a good university, and that is his strong point. His weak point is his study was severely flawed. There is one from Canada that was also stated to cause thyroid issues from fluoridated water. And in fact, they were people that they had been treated with iodine. So it was a very skewed study and very poor study, and has been shown to be totally inaccurate. There are several studies that have looked at it, good quality, peer reviewed studies, and published, that undergone the peer review of the scientific community because we are the toughest on ourselves when we look at research and those studies have been been verified as being accurate and being appropriate and clinically relevant.

- [Steuer] Do you have names of those, by any chance? Some of those?

- [Johnson] I will actually get those for you within just a couple of minutes, I'll just have to look them up, I apologize, I don't have them at my fingertips.

- [Quirk] Dr. Klingel, do you have any other words of wisdom with the peer reviewed science here?

- [Klingel] Sorry, I was muted. As far as the thyroid studies, Johnny is definitely more versed on that one than I am, but as always with any peer review, the true goal of any scientific analysis is to provide an open forum to review the research data and opinions in an ethical and orderly manner. And the one thing I want to emphasize is the fact that my colleagues and I, continue to review all peer reviewed scientific articles and research on this subject as they become available. If new credible research becomes available that provides new data that supports that change in current policies and recommendations, then we will endorse those new directives in order to serve the public's best interest. And I think that's credible to know.

- [Steuer] Okay, thank you. Ms. Staudenmaier, you got three minutes. Do you want me to repeat the question or are you okay with that?

- [Staudenmaier] Repeat it, please.

- [Stauer] All right. So hold the clock, Celestine. The topic of peer reviewed studies often comes up when discussing the CWF issue. In essence, a peer review is an evaluation of scientific, academic, or professional work by others working on the same field. One topic that has been discussed as far as the fluoridation issue goes, is hyperthyroidism due to CWF. Who are the authors of these studies? Have they been peer reviewed, and do you feel that they are legitimate?

- [Staudenmaier] I'm going to hand this to Chris Nidel, and if there's time, if Chris Neurath can respond?

- [Steuer] Okay.

- [Nidel] Sorry about that, I was muted. This is Chris Nidel again. I think the thing that needs to be said here is, Johnny Johnson referred to a study from the UK and a study from, you know, one other

source. It's not that there are two studies. First of all, the issue appears to be one of hypothyroidism. We know that fluoride attacks the thyroid. And in fact, it used to be used medically. I think it's still is used medically to treat overactive or a hyperthyroid. So it's used to slow the thyroid down, or to control the thyroid. And what I'm looking at right now is from Pub Med, in a peer reviewed scientific journal, the Indian Journal of Dental Research by authors from the Department of Oral Medicine and Radiology in India, what is a systematic review, and the methods were searching the published peer review of literature, and then doing an assessment of that literature. And what they found was 37 articles which were related to the association of fluoride and hypothyroidism. Of the 37 articles, 10 met the inclusion criteria. So we're not talking about just two studies, we're talking about at least 10, if not up to the total of 37. And their conclusion was, from these peer reviewed authors from universities, the present systematic review suggests a positive correlation between excess fluoride and hypothyroidism. This calls the need for further, well-controlled studies in this emerging alarming issue. The idea that the studies should be peer reviewed, they are peer reviewed. The idea is that dentists are just going to accept and consider new evidence, if it's peer reviewed. These studies are out, they're peer reviewed. What they will do is they will continue to find some fault and some fault and some fault, yet when those objective researchers have done systematic reviews, such as this one, they find that the evidence supports a positive correlation between fluoride and damage to the thyroid. And I'll turn the mike over.

- [Steuer] You've got 47 seconds.

- [Neurath] This is Chris Neurath. Could I speak on the thyroid question?

- [Steuer] Sure, you got a little less than a minute.

- [Neurath] The MTP report on neurotoxicity also looked at thyroid, because hypothyroidism during pregnancy is a cause of neurotoxic harm in developing brains in fetus and infants. And they identified, I don't know the exact number, but a dozen or more, all peer reviewed studies several of which they rated high quality. And I'd like to point out one of them, which hasn't been mentioned, this was done in Canada using the Canadian equivalent of NHANES data, which is a very rigorous data collected by their equivalent to CDC. And it found that when iodine, when pregnant women had, or women had a reduced iodine intake which is very common, there was a strong correlation between fluoride and hypothyroidism which would be a great risk to the developing brains of any pregnant woman. And iodine is very common in pregnant women.

- [Steuer] Thank you, Mr. Neurath. I've got one more question and then I'll defer back to the committee and other alders that might have questions. So my last question for now is, Ms. Staudenmaier, you'll answer first and then Director Quirk. Opponents of CWF has stated that

fluoride is on par with lead and does not belong in our water now that we have the science. Would you elaborate on that claim? Ms. Staudenmaier, you're first. You're on mute.

- [Staudenmaier] Can I defer this to Rick North?

- [Steuer] Sure, did you get the question?

- [Staudenmaier] Can you repeat the question please?

- [Steuer] Okay, the question is, Opponents of CWF has stated that fluoride is on par with lead and does not belong in our water, now that we have the science. Would you elaborate on that claim?

- [Staudenmaier] I don't think Rick was ready to take questions, but -

- [North] Hello?

- [Steuer] State your name and address and go ahead.

- [North] My name is Rick North, I live at 17070 Southwest Rivendell Drive in Durham, Oregon. This comparison with lead, after the green study came out, that was the Canadian study last year, showing lower IQs in kids being linked to levels of fluoride and water fluoridation, three very distinguished medical professionals came out. When they reviewed the data from this particular study, which was a very highly rated study, what they said was essentially that Dimitri Christakis, who is the editor of the journal of the American Medical Association Pediatrics. After reviewing this, he himself said, he also said by the way, after reviewing this data he wouldn't want his wife drinking fluoridated water if she were pregnant. He also said that the level, that the effect was similar to lead. David Ballenger, another very highly respected scientist in the US, he said the same thing. Christiane Till, one of the authors of the green study, one of the main authors, she said the same thing. The total effect here is the same, and very similar to what they're seeing what lead can do. So three very prominent people came right out and said the effect was similar to lead. And I'd like to stop there and turn this over to Chris Neurath, who may have additional comments. Thank you.

- [Steuer] Thank you.

- [Neurath] Yes, I'd like to reinforce, none of these are opponents to fluoridation. The two doctors are editors of The Journal Of the American Medical Association, and when they made the statement that it was on par with lead, and that's the neurotoxicity that they were seeing and not just from the study that they published, but from other studies, they also said their preconceived ideas was that this was junk science, they called it, they had no idea that there was this science out there until they actually had a paper submitted to their journal. And then once they put it through incredibly intensive review, that it changed their mind and they realized, so these are not opponents saying it's on par with lead. These are people who are professionals. Now the other people are also experts in neurotoxicity, And I'd like to point out Dr. Bruce Lanphear. He is one of the most renowned doctor physician scientists in the field of developmental neurotoxicity. He is the person who is responsible for the CDC lowering their acceptable level of lead in children from his extensive studies on lead neurotoxicity. He has come out and said it is on par with lead. So these are not opponents of fluoridation, these are experts in the field.

- [Steuer] Thank you, Mr. Neurath. Director Quirk, did you want me to repeat the question? Otherwise, it's your turn.

- [Quirk] Okay, I got it. One of the things that I'm confused a little bit about because there's not been a lowering of lead, the lead and copper rule is right now under review with the Office of Business Management at the EPA. And so there's no lowering of lead right now, There was only an action level, there was not a maximum contaminant level of any kind. So currently there is no lowering of lead levels, but I would like Dr. Johnson to address this reference to lead if he could get off mute, please.

- [Johnson] I figured out how to get on and off of mute. The lead issue is a scare tactic. Now I will say that Bruce Lanphear did good research in lead but to say that this is over and over again, that fluoride is on par with lead, that comes from a chart from the EPA on neurotoxins, known neurotoxins and they let it fall between lead and arsenic. Now that's pretty scary to say fluoride falls between them, ethanol, alcohol and caffeine. So let's get real. We're talking about something that is being said by someone in lead research that is using it improperly. Christakis is not the editor of JAMA, he's the editor of JAMA Peds, and people make errors that, excuse me, you might want to get off of mute, unmute yourself, please. the editor of JAMA P, and I will tell you that my daughter is pediatric endocrinologist. Her boss has been past president of the Endocrine Society of the US multiple times. They say that fluoride does not cause any thyroid or endocrine problems whatsoever. The British thyroid association, along with the British fluoridation Association have done multiple systematic reviews, and that looks at all studies that have been done. And it does not interfere. The Australians

have done this as well. So has Canada. I looked those up. There are no thyroid issues from fluoride, that is incorrect to say that it comes from fluoride and fluoridation, versus in another country like India. Someone else wanted to comment on that. You're talking about high levels. We're not talking about fluoridation levels. That's not apples to apples, so let's not go there. It's printed research, but it's not on fluoridation, water fluoridation. There was someone else that wanted to talk.

- [Nidel] I want to just chime in.

- [Neurath] No, we had time. It's our time, Chris.

- [Steuer] Hold on a second. Just hold on a second, everybody. Like I said, at the end of this you can make a statement, in fact, I might even make the statement a little bit longer so that everybody can kind of get their piece in. I might extend it more to five minutes for both groups, but right now it's Director Quirk's time.

- [Quirk] Matt Crispin?

- [Crispin] I want to just touch on the study that Mr. Nidel referenced, regards to the India study. I pulled the study up while we were talking here. Many of the studies included in that systematic review, the fluoridation levels were upwards of 2.97 parts per million, 11 parts per million, six parts per million. In fact, the conclusion which he read was quite accurate. However, there's also after the conclusion, a limitation section, and it says due to the sample size and sampling technique, there could be bias in this study. The studies analyzed the usage of water with high fluoride content. And have not included to which supply water is specific. So this is again, an example of what opponents do, they take bits and pieces of the story, and that's what they give you. They don't give you the whole story. I'm happy to share this whole systematic review with you because what they count on is you not being able to look at it or analyze it, but that's what needs to be done.

- [Steuer] Okay, thank you. Thank you all for those answers. We can go back now, I'm done with my questions for now. I'd like to defer to the committee and other alders if there are any other questions of any of the participants.

- [Lefabvre] Mr. Chairman?

- [Steuer] Alder Lefabvre, go ahead.

- [LeFabvre] Yeah, I do have one question. We were sent all kinds of stuff to reference, look at, and this is in our packet. And one of the things in there, this goes to both. I wanted to know where it came from and if they can clarify a bit more the graph of cavity rates in there, it's from Alberta, Canada, 2017, decay rates over time in Calgary and Edmonton. It started in, the graph here shows that they did a study in 2004 and 2005. And the projections of the cavity rates went up completely for both Edmonton and Calgary. And I'm assuming that they both had fluoridation in their systems. Now Edmonton went up from, I'm trying to read this graph cause a little hard, it was 2.5%. And then it went up to, it ended up at when fluoridation was stopped in Calgary, it ended at about 2.8. Calgary started at about 1.6, maybe? It's hard to read these graphs cause it's not, the increments are kind of strange. That one went up from 1.6 or seven, went all the way up to 2.65. And when they stopped, their rate, let's see got to get this here, where they stopped. Okay. Went from 1.6 or seven. It went up to 2.6 when they stopped fluoridation.

- [Steuer] Alder Lefebvre, I was just wondering, because that's a pretty prominent study, Calgary and Edmonton and that, I think, both parties know this, so they're fully aware.

- [Lefebvre] Right, I want to understand this, I want both to answer this one, this graph, who submitted the graph and where it came from.

- [Neurath] I'm actually a co author on that published paper that that graph comes from, shall I?

- [Steuer] Well, go ahead. You start and then I'll have other folks, we don't really have a clock on this. But keep it succinct as much as you can, go ahead.

- Very briefly. You don't have to see the graph, the study looked at two cities in Canada, Calgary and Edmonton. Edmonton was fluoridated the entire time. It always comes fluoridated. Calgary stopped fluoridating, the decay rate went up in both and it went up up at the same rate in both. So to say that stopping fluoridation in Canada was the cause for increased cavity is refuted by the evidence because Edmonton, it went up just as much. So something other than fluoridation was causing decay rates to go up in that part of Canada. So that's what that graph is showing.

- [Steuer] Okay. I'm going to give somebody on the other side a chance - What was that?

- [Man] That was a peer reviewed paper.

- [Quirk] Go ahead, Dr. Johnson.

- [Steuer] Yeah, we'll go back and forth to make sure the question's answered. Go ahead.

- [Johnson] Yes. This is Johnny, and I'd like to speak to this. Lindsay McLaren is the researcher who did this study and the first three years after fluoridation was stopped, they were measuring before fluoridation had stopped, as well, to go up in communities with or without fluoridation. Would you have less cavities in communities with fluoridation? So what was done with the graph that Mr. Neurath had presented was they omitted a point at which dental data for cavities was taken in Calgary, but not Edmonton. So they took points from point A to point B in Edmonton. And there was a rise in cavities. Calgary had a much lower rate of cavities for various reasons. Families incomes and all, and at a point at which they stopped, they rose 146% in second graders teeth in three years time. 146% rise in primary tooth cavities in a three-year period. Dr. McLaren has spoken on this, and it's absolutely accurate. And she's coming out with another study which will show even further increases that have happened more than three years afterwards, three years is usually the earliest you'll start your rises, especially in primary teeth, because as a dentist you know that the enamel of the baby primary teeth is much thinner. And so cavities happen much quicker when the acid attacks it than it does on permanent teeth. The permanent teeth didn't show that kind of an increase yet because it takes a few more years for it to eat through that before you can see it. So that, that absolutely is accurate. that there was 146% rise and it was fluoridation that was at fault. I was there last year in October of last year, when they had a hearing in Calgary from the city council, and Dr. McLaren spoke there as well. And the opponents tried to make her study sound inappropriate and false, and she absolutely spoke on her study, defended it and the city special committee that was looking at re fluoridating Calgary chose to take it to the full city council, which absolutely passed to move on to refluoridating Calgary. There is, when you stop fluoridation, you have major increases in cavities. No doubt about it. Documented, peer reviewed and published, end of story.

- [Staudenmaier] Michael Schwartz, you wanna do a quickie?

- [Steuer] You have 12 seconds. Well, I'll give you 20. Go ahead, Michael.

- [Schwartz] Thank you. Hello, my name is Michael Schwartz. I'm the executive director of the oral health partnership here in Branson and Green Bay. And address is 1245 Main Street, Green Bay, Wisconsin. I just wanted to make sure that the group knows Dr. Fred Miller, the lead scientist with Delta Dental of Wisconsin, has also included, Alder Lefabvre, many studies showing that ending community water fluoridation increases caries rates dramatically. So he has looked in Antigo, Wisconsin, and other places. And the science is clear.

- [Lefabvre] Thank you.

- [Steuer] Thank you, Michael. Alder Lefabvre, are you satisfied? Do you have anything else?

- I still, to me, a question because the Calvary ones, the projection started out low and it really went up high. I mean the whole projection one, they were using fluoride in their water system was really ratcheting up. And Edmonton went up slower. In Edmonton when they had fluoridation, and I guess they never ended it, they still went up. So I still want to understand this graph because it looks like if you use fluoride in your system you're still seeing increase in the dental decay.

- Did you want to hear from Mr. Neurath one more time? He was the one who wrote the study.

- Hardy also wrote the study.

- Who did?

- Hardy.

- Is that the one?

- Who did the study on that?

- It was a critique.

- Okay.

- This is Chris Neurath, Hardy Limebacker and I were both coauthors, as were other other people on the paper. And the Alderman's interpretation was exactly right. Edmonton was fluoridated the entire time, decay rates went up dramatically, but decay rates in Edmonton were higher than in Calgary. Calgary was fluoridated the first part of this period, and then stopped in the the part of the period when they were fluorinated, they went up dramatically. So the conclusion that stopping fluoridation was the cause of the continued increase in Calgary. is not really supported by the fact. The trend was already there, increased in cavities. And so to conclude that stopping it with what caused it to increase after it stopped, it's just not supported by the evidence. The other studies on cities that have stopped fluoridating, the constant collaboratives review, they are the most respected. That's exactly the type of study that they looked at. They concluded the evidence was poor, poor quality. These are poor quality studies. So many other factors are involved. And the Calgary case, it's a perfect example. Something other than fluoridation was causing the rise in cavities because look at Edmonton, they rose dramatically. And I'd also just like to correct Johnny Johnson's statement that Calgary started fluoridation again. No, they did not. They have not voted to start fluoridation again, that was an error that he made there.

- Alder Lefabvre, do you have anything else? Nancy, I'll give you a one minute.

- [Quirk] Go ahead, Johnny.

- [Johnson] Alder Lefabvre, I would be happy to get you the information directly from Dr. McLaren, who did this study that Mr. Neurath and Dr. Limeback wrote a critique of it. And they were saying that her information was incorrect. They did not do this study that they did, They wrote a critique and they put in lines that did not represent what she had in data. Her data showed that cavities were lower in Calgary and it's because of family income, there's a lot of factors that go along with that, but she was studying Edmonton too. Both cities were having increases in cavities because of decay rates, increasing from what people eat. However, when the cavities stopped in Calgary, at a point that it stopped, the cavity rates Rose to the level of where Edmonton is, they rose sharply, 146% increase, up to that same level of where Edmonton is. And we don't know if it's going to stop there. It may surpass where Edmonton is right now. And that's where this next study is. But Dr. McLaren, I can certainly get that information from you. And as far as the Cochrane group, I met with the Cochrane group in 2015, they did not say anything about this study being incorrect. They did not say that, that's totally incorrect.

- [Steuer] All right, thank you, Dr. Johnson. Okay, thank you. One thing I forgot to mention at the beginning of the meeting that, you know, this is a protection and policy committee. You know, we have four members for the council members, so you have 12 on council. Whatever vote comes forward tonight, whether it's three to one, two to two, four to nothing, whatever, whatever vote is done tonight is advisory, only advisory, that goes to the full city council on December 1st for final say. so with that being said, the alders and our committee, we've gotten so much information on this. I mean, beyond, beyond belief, actually, and you get to a saturation point but I will state that, you know, many of us have taken this quite seriously, we are definitely looking at this and we will look at it for city council, but you can see the tenor of the discussion tonight. You can kind of see how it's gone, some of the questions that were asked, and we're not even done yet, We have a couple more, I'm sure, but I just want to make sure that everybody knows that it's going to be going to the full council on December 1st, And it most likely will be polled, so that people can discuss and make their state. So Alder Lefebvre, are you satisfied with that with your, is there anything else you wanted to ask? Otherwise, I'd ask other committee members and alders if they wanted to chime in.

- No, that was the one that I wanted to get some clarification. Unfortunately, both sides, I don't know, but we can move on.

- Right? It's not easy. Alder VanderLeest or Alder Stevens, anything? Alder VanderLeest, you're muted.

- Can you hear me now, Mark?

- Yes, yes, go ahead.

- I'm ready to take the vote. I've heard a massive amount of testimony, I heard from local dentist here in town as well. And I'm ready to take the vote anytime you'd like.

- All right. Is there anybody else? Any other alders or Alder Stevens, anything else, or would you want to just move forward?

- I also would like to move forward but I would like to take this time to thank everybody that came forward and spoke. Yes, we did get a lot of information and there's a lot to think about, which we've been thinking about for the last few weeks. But yeah, I also feel like we're ready to move forward.

- Motion to close the floor, Mark.

- All right. That's a motion. Do we have a second?

- Second.

- Okay. All in favor?

- [All] Aye.

- All opposed? The floor is now closed. All right, committee. What are your wishes?

- I support removing the fluoride out of the water here in the city of Green Bay. I support removing the fluoride out of the water system.

- Okay, so is that your motion?

- Yes, that's my motion. Okay, do we have a second? We don't have a second, so that dies. We need another motion. Committee? Anybody else?

- I'm still having a hard time on this.

- I know you are. This is very difficult. It is very difficult. We've taken this all very seriously and there's nothing personal here either in the way we vote, I want to let everybody know that we put a lot of time and effort into this, so it's not taken lightly. So regardless of what is voted tonight, it will go to council. So we need a motion going forward.

- I'd like to re reintroduce the motion to remove the fluoride, if I could get a second on it!

- Okay, there was no second. So then the next motion would be to continue as directed. That would be the next step. I'll make that motion.

- Alder, Alder, if the committee wants to just continue and keep the status quo, really the motion would be to just receive and place on file.

- I see.

- I'll make a motion to receive and place on file.

- Okay. You'll second that?. All right. Any other discussion? All in favor, please say aye. One at a time, Alder Stevens?

- Aye.

- Alder Lefabvre?

- Aye.

- Alder VanderLeest?

- Nay, I do not support fluoride in the water.
- Okay, and Alder Steuer is aye. So three to one.
- All right, okay. Item was received and placed on file.
- Okay. So anything else, Alder, or attorney Bungert?
- Nope, at that point we can move on to adjournment.
- All right.
- Motion to adjourn.
- Motion to adjourn by Alder VanderLeest, do we have a second?
- Second.
- Second by Stevens. All in favor, please say aye.
- [All] Aye. Thank you again, everybody.
- [Stevens] Thank you for all your efforts as well.
- Yes.