APPENDIX C

Children's Health Alliance of Wisconsin

October 12, 2016

Ald. James A. Bohl Jr., chair
Milwaukee Water Quality Task Force
City of Milwaukee
200 E. Wells St.
Milwaukee, WI 53202

Dear Alderman Bohl:

My name is Matt Crespin, associate director for Children's Health Alliance of Wisconsin (Alliance). The Alliance is a statewide organization focused on improving the health of children. We are affiliated with Children's Hospital of Wisconsin. The Alliance is appreciative of the work that your task force is doing to address the lead issue in Milwaukee's drinking water. We know with certainty there is a neurological impact for young children who ingest lead, especially in children ages birth to 3 years old.

I am writing in response to the memo you received from Ms. Tea Norfolk of the Legislative Reference Bureau dated September 26, 2016 addressing neurological and other effects of lead and contaminants in water. We have a concern regarding the information provided, and the source of the information in this memo regarding fluoride in drinking water. While the memo notes, "the neurotoxicity and corrosive effects of fluoride are controversial" the information contained in the memo is quite one-sided and presents misinformation that is improperly cited and in some cases not current.

According to the American Dental Association, United States (U.S.) communities have voted in favor of fluoridation programs by nearly a 2 to 1 margin over the past five years.[i] Communities such as Madison, WI, Austin, TX and Dallas, TX have voted to retain their community water fluoridation programs in recent years. Community water fluoridation has shown to reduce overall dental needs in communities by an average of 29 percent.[ii] Studies have shown that greater lifetime exposure to water fluoridation was connected to lower decay rates.[iii] Dental disease is the most common chronic disease of childhood and one of the top reasons children miss school.

The study which was noted to be published in 2012 by a group of Harvard scientists including Phillppe Grandjean has been found to have serious deficiencies in methodology, including a lack of complete variables or explanation of routes of fluoride exposures for children.[iv] These studies were conducted in cities in China and Iran where natural levels of fluoride in water are 4 to 16 times higher than levels in U.S. drinking water, and exceed the Environmental Protection Agency's (EPA) recommendations for the maximum allowable amount.

While the National Research Council did evaluate fluoride in drinking water in 2006, the committee did not evaluate the risks or benefits of the lower fluoride concentrations (0.7 – 1.2 mg/L) used in water fluoridation. Therefore, the committee's conclusions regarding the potential for adverse effects from

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fluoride at 2 to 4 mg/L in drinking water do not apply at the lower water fluoride levels commonly experienced by most U.S. citizens.[v]

The issue of mixing infant formula with fluoridated water also was raised in the memo and references Centers for Disease Control and Prevention (CDC). What the CDC actually said about this topic is, "you can use fluoridated water for preparing infant formula. However, if your child is only consuming infant formula mixed with fluoridated water, there **may be** an increased **chance for mild** dental fluorosis." Dental fluorosis is faint white spots/streaks on teeth which are only a cosmetic issue in 97 percent of those who develop fluorosis.[vi] This new CDC recommendation was issued following several reviews by agencies including the EPA, Food and Drug Administration (FDA), National Institutes of Health (NIH) and CDC. [vii] To lessen this chance of fluorosis, parents can use low-fluoride bottled water some of the time to mix infant formula."[viii] Milwaukee Water Works includes an advisory to parents in annual water quality reports and this information also can be found on the City of Milwaukee Health Department's website.

In 2011, the U.S. Department of Health and Human Services (DHHS), via the U.S. Public Health Service, issued a recommendation that the level of fluoride used for community water fluoridation be 0.7 mg/L as the optimal concentration of fluoride in drinking water. This level provides the best balance of protection from dental caries (cavities) while limiting the risk of dental fluorosis.

It is important to note that Milwaukee currently is not following the recommended guidelines for fluoridating drinking water issued in 2012 by the U.S. DHHS. In the memo dated September 1, 2016 from Mr. Aaron Cadle of the Legislative Fiscal Bureau it is noted that the median concentration in 2015 of fluoride in drinking water was 0.49 mg/L, a 30 percent reduction from the current recommendations. At times the level was as low as 0.06 mg/L and the highest was 0.64 mg/L. Not once in 2015 was a sample taken that met the current recommendations of the U.S. DHHS of 0.7 mg/L. If the goal is to make drinking water in Milwaukee safe to drink it is imperative that we fluoridate our water at the appropriate levels. The Wisconsin Department of Natural Resources administrative code 809.74 notes that communities that fluoridate shall "maintain the fluoride concentration within the range of 0.6 to 0.8 mg/L"[ix] which also is not being followed by the City of Milwaukee based on the median noted above of 0.49 mg/L.

The memo references a ban on fluoridation in Israel which was reported in a 2014 *Newsweek* article. In 2016 this ban was lifted and a requirement to fluoridate their water at the optimum level of 0.7 mg/L.[x] was instituted by the new Minister of Health. This new requirement applies to water systems, who serve more than 5,000 people.

The study from *Lancet* which is referenced was not a presentation of any new research. The 27 studies that were evaluated are the same studies evaluated in the previous systematic review on fluoride's impact on intelligence quotient (IQ) and were found to have severe deficiencies. Since that publication the three deans of the school of public health, medical school and dental school at Harvard University have penned a letter supporting the safety and effectiveness of community water fluoridation.[xi]

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Questions were raised in the memo regarding heavy metals contained in the additives used for fluoridating drinking water. The additives currently used for fluoridating water are regulated by National Sanitary Foundation (NSF) standard 60. This standard requires all additives used for the treatment of drinking water to meet this high standard. The NSF notes that based on test results, fluoridation additives do not contribute measurable amounts of arsenic, lead or other heavy metals.[xii]

The memo references Dr. J. William Hirzy, a former EPA senior scientist who petitioned the EPA in 2012 to prohibit the use of hydroflurosilicic acid (HFSA) as a fluoridation additive. HFSA is the additive used by most communities including Milwaukee to fluoridate drinking water. In 2013 this petition was rejected by the EPA due to a significant error in calculation which Hirzey admitted.[xiii]

While the memo references countries, states and communities who have either "banned or stopped using fluoride" there are no U.S. communities who have outright banned its use. Communities may vote to continue or discontinue their fluoridation programs. To our knowledge there have been no "bans" on fluoridation programs in the U.S. It is important to note that since 2000 nearly 490 communities in 42 states have voted to adopt or retain successful fluoridation programs.[xiv] Additionally the number of U.S. residents who receive optimally fluoridated drinking water continues to grow. In 2015, more than 211 million or 66 percent of Americans receive fluoridated water, which is an increase from 57 percent in 2000.[xv] During this same time the percentage of children with elevated blood lead levels has decreased from 25.6 percent in 1988-94 to 1.9 percent in 2007-2014.[xvi]

While the memo notes the science regarding fluoridation is controversial, we would respectfully disagree. The science supporting fluoridation is strong. More than 3,000 studies in peer reviewed journals support the safety and effectiveness of community water fluoridation. More than 100 national and international organizations support community water fluoridation. It is imperative that we solve the issues of lead in the drinking water in Milwaukee in addition to maintaining and strengthening the community water fluoridation program. There is no science to support the claims that fluoride in drinking water leaches lead from pipes, lowers IQ or causes any other chronic condition at levels currently used in community water fluoridation programs. We respectfully ask the committee to concentrate its efforts on how Milwaukee children are becoming lead poisoned and how we can collectively contribute to addressing this problem. For reference Public Health Madison & Dane County has published a background document on water fluoridation and lead toxicity that this committee may want to reference.[xvii]

For more information about community water fluoridation please utilize the following resources:

1) www.ilikemyteeth.org
2) www.fluoridescience.org
3) www.cdc.gov/fluoridation
4) www.tapintohealthyteeth.org

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One additional resource that may be of interest to you was published in 2015 by the Water Research Foundation titled "State of the Science: Community Water Fluoridation." It features several case studies on cities, including one on Milwaukee.[xviii] If you have questions specific to the information I have outlined, please do not hesitate to contact me directly at (414) 337-4562 or mcrespin@chw.org.

Sincerely,

Matt Crespin, RDH, MPH
Associate Director

CC: Alderman Cavalier Johnson
Alderman Jose Perez
Benjamin Gramling
Bevan Baker
Carrie Lewis
Ghassan Korban
Patricia McManus
Molly Kuether
Tea Norfolk

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[i] http://www.ada.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation?source=VanityURL
[ii] https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridation
[iii] http://jdr.sagepub.com/content/early/2013/03/01/0022034513481190
[iv] http://fluoridescience.org/topic-search/?topic=Neurodevelopmental+Disorders
[v] http://dels.nas.edu/resources/static-assets/materials-based-on-reports/reports-in-brief/fluoride_brief_final.pdf
[vi] https://www.cdc.gov/nchs/data/databriefs/db53.pdf
[vii] http://www.hhs.gov/about/news/2015/04/27/hhs-issues-final-recommendation-for-community-water-fluoridation.html
[viii] http://www.cdc.gov/fluoridation/faqs/infant-formula.html
[ix] http://docs.legis.wisconsin.gov/code/admin_code/nr/800/809/IV/74
[x] http://www.ada.org/en/publications/ada-news/2016-archive/april/water-fluoridation-set-to-return-in-israel
[xi] http://ilikemyteeth.org/wp-content/uploads/2013/05/Harvard-Med-Dental-School-Deans-March-2013.pdf
[xii] http://www.nsf.org/newsroom_pdf/NSF_Fact_Sheet_on_Fluoridation.pdf
[xiii] http://www.livescience.com/38952-epa-arsenic-petition-response.html
[xiv] http://www.ada.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation?source=VanityURL
[xv] http://www.cdc.gov/fluoridation/statistics/fsgrowth.htm
[xvi] http://www.cdc.gov/mmwr/volumes/65/wr/mm6539a9.htm?s_cid=mm6539a9_w
[xvii] https://www.publichealthmdc.com/documents/WaterFluoridationandLeadToxicity.pdf
[xviii] http://www.waterrf.org/PublicReportLibrary/4641.pdf

All online sources were accessed on 10/11/16

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UNIVERSITY

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October 14, 2016

Alderman James Bohl, Jr.
Chair, Water Quality Task Force
And Members of the City of Milwaukee, Water Quality Task Force
200 East Wells Street
Milwaukee, Wisconsin 53202

Dear Alderman Bohl and Members of the City of Milwaukee's Water Quality Task Force:

On behalf of the Marquette University School of Dentistry, I am writing to you in your capacity as Chairman and Members of the City of Milwaukee's Water Quality Task Force.

In light of revelations regarding the lead in the pipes in Flint, Michigan, I understand that the City of Milwaukee, like other communities around the United States, is assessing the effects of lead pipes, lead in the water, and the potential negative impact on its citizens. It has come to my attention that the Water Quality Task Force has also been provided information regarding the fluoridation levels in Milwaukee's water and background materials regarding the use of fluoride. Lead in the water is a serious health issue and should be addressed, especially as it relates to young children. However, I am concerned that adding fluoride to the City of Milwaukee's water as a public health measure is being characterized as negatively as lead, when, in fact, community water fluoridation has been hailed by the United States Centers for Disease Control (CDC) as one of the 10 great public health achievements of the 20th Century. In the appropriate levels, community water fluoridation has been shown to prevent and reduce dental caries, and, as a result, saving families potential pain and suffering and the United States health care system money.

According to the CDC, community water fluoridation is recommended by nearly all public health, medical, and dental organizations and is recommended by the American Dental Association, American Academy of Pediatrics, US Public Health Service, and World Health Organization.

In recent years, the CDC recommended that the community fluoridation level be 0.7 ppm and according to the information provided to the Task Force, the fluoridation levels in Milwaukee are below this level. If anything, the Water Quality Task Force should not be discussing the elimination of fluoride in Milwaukee's water but working to restore the fluoridation level to the CDC recommended level of 0.7 ppm.

In 2012, when the City of Milwaukee Common Council held a public hearing regarding the elimination of community water fluoridation, Dr. Brian Hodgson testified against this proposal on behalf of the Marquette University School of Dentistry. I have attached Dr. Hodgson's 2012 testimony which outlined the benefits of community fluoridation. These benefits remain as valid today as they were then

On behalf of the Marquette University School of Dentistry, I would respectfully request that the Water Quality Task Force focus its efforts on concerns with lead in Milwaukee's water, and in the event the

Task Force feels compelled to address fluoridation, urge Members of the Task Force to push for the restoration of fluoride levels at the CDC recommended level of 0.7 ppm.

In the event that you have any further questions please let me know. I can be emailed at william.lobb@marquette.edu. Thank you for your consideration.

Sincerely,

William K. Lobb

William K. Lobb, DDS, MS, MPH
Dean and Professor

Attachment

cc: Rana Altenburg, Vice President for Public Affairs, Marquette University

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School of Dentistry
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TESTIMONY DELIVERED

Testimony of Brian D. Hodgson, DDS
Associate Professor, Program in Pediatric Dentistry at the Marquette University School of Dentistry
Before the Milwaukee Common Council Steering and Rules Committee
May 31, 2012

Good afternoon Council President and Chairman Hines and Members of the Committee. My name is Dr. Brian Hodgson and I am a board certified pediatric dentist, an Associate Professor in the Pediatric Dental Program at the Marquette University School of Dentistry, and immediate past president of the Wisconsin Society of Pediatric Dentists. I received my dental degree from Marquette University in 1987 and my certificate in pediatric dentistry from Children's Hospital of Wisconsin in 1993. I have been a practicing dentist for almost 25 years, and a pediatric specialist working in the Milwaukee area for almost 20 years. In addition, I am currently a Captain in the Dental Corps of the United States Navy and oversee all reserve dentists in Florida, Georgia, South Carolina and Puerto Rico. I have served in the United States Navy for over 26 years on both active duty and in the Reserves, most recently being recalled to active duty in 2009 to support our nation's efforts in Iraq. While in Iraq, I served as the Officer in Charge of the dental clinic located on Al Asad Air base. Since I have stated my military service, I must inform you that the following opinions are my own and do not reflect any official position of the United States Government, the Department of Defense, or the Department of the Navy. Thank you for allowing me the opportunity to testify before all of you here today on the issue of fluoridation in Milwaukee's water system and the 15 communities served by the Milwaukee Water Works.

I have provided you a copy of my written testimony but I will try to summarize my remarks.

I am here today on behalf of Dean William Lobb to represent the Marquette University School of Dentistry, which in 2010-2011 provided care to nearly 27,000 patients in nearly 97,000 patient visits and serves approximately 9,700 dental Medicaid patients between Marquette School of Dentistry operated clinics and affiliated clinical sites around Wisconsin. Marquette's School of Dentistry is one of the largest dental Medicaid providers in the State serving nearly 5,000 Medicaid patients in our Milwaukee

Clinics alone. We are often the provider of last resort. I know I do not have to tell you the critical role the Marquette University School of Dentistry plays in providing care to the underserved in this community and around the State of Wisconsin.

In addition to spending time at the School's Main Clinic, I also provide pediatric dental care one day a week at Marquette's Community Dental Clinic North in the City of Milwaukee, and one day a week in a private practice in Lake Geneva. As you may imagine, the children I see, and have seen during most of my dental career are in great need of care and generally are from poor backgrounds.

On behalf of the Marquette University School of Dentistry, I urge you to continue the City of Milwaukee's nearly 60 year practice of adding fluoride to its water to help prevent tooth decay and respectfully oppose the resolutions before you today. We believe eliminating fluoride from the City of Milwaukee's water as well as the water in the surrounding communities which purchase water from Milwaukee would be a major setback to the public's health.

Well-designed epidemiological studies that examined the relationship between water fluoridation and chronic diseases found no evidence to suggest that drinking fluoridated water (in the optimal range) is harmful to health of human beings. Over 60 years of research shows that water fluoridation is safe and effective in preventing dental caries.

The use of fluoride to help prevent tooth decay is based upon the chemical changes that occur at the surface of the tooth on a microscopic level. Basically, there are three types of calcium-phosphate salts that make up the hard structures of the teeth. The basic mineral salt is called apatite, and the three forms are carbonated apatite, hydroxyapatite, and hydroxyfluorapatite (or fluorapatite). In acidic solutions, carbonated apatite starts to dissolve at a pH of approximately 6.5, hydroxyapatite dissolves at approximately 5.5, and hydroxyfluorapatite dissolves at approximately 4.8. Remembering that each change of 1 on the pH scale means a factor of 10, it takes approximately 10 times more acid in the plaque to dissolve hydroxyfluorapatite than hydroxyapatite, and almost 100 times more acid than to dissolve carbonated apatite.

The majority of the fluoride is incorporated into the outermost surface of the tooth by mineral substitution. When fluoride is in the saliva and plaque, the less stable minerals (carbonated apatite and

hydroxyapatite) tend to dissolve out and are replaced by the most stable mineral, hydroxyfluorapatite. This is the importance of water fluoridation. Water fluoridation maintains higher fluoride levels in the saliva and plaque, which makes the teeth more resistant to the acid attack from biologically active plaque. However, if the plaque pH drops below the point where hydroxyfluorapatite dissolves (approximately 4.8), then even the hydroxyfluorapatite will dissolve and the patient will develop a cavity. In other words, without the continual presence of fluoride the pH level drops and the patient is more likely to develop a cavity. Water fluoridation is the most effective way to maintain the continual presence of fluoride in the saliva and plaque.

The resolutions before you suggests that the CDC believes in the benefits of fluoride surface application and not from ingestion. This is not the case as there are benefits to both as acknowledged by the CDC.

Again, on behalf of Dean Lobb and the Marquette University School of Dentistry it would be a terrible mistake to eliminate fluoride from the City of Milwaukee water system. I'm not the first to note that the benefits of fluoride in drinking water to reduce tooth decay has been hailed as one of the 10 great public health achievements of the 20th Century by the Centers for Disease Control and Prevention.

Again, thank you for allowing me the opportunity to testify. I would be happy to answer any questions at this time.

Kuether, Molly

From: Vanderboom, Toni
Sent: Tuesday, November 01, 2016 8:32 AM
To: Kuether, Molly
Subject: FW: EPA & LCR update

From: Kuether, Molly
Sent: Tuesday, November 01, 2016 8:01 AM
To: Vanderboom, Toni
Subject: FW: EPA & LCR update

From: Bohl, James
Sent: Tuesday, November 1, 2016 8:00:45 AM (UTC-06:00) Central Time (US & Canada)
To: Kuether, Molly; Norfolk, Tea
Subject: FW: EPA & LCR update

For our WQTF members.

From: Robert Miranda [mailto:rmiranda@wi.rr.com]
Sent: Monday, October 31, 2016 11:46 PM
To: Bohl, James
Subject: EPA & LCR update

Daily News
EPA Floats Options For Revisions To Lead & Copper Drinking Water Rule
October 27, 2016

EPA in a new white paper is floating options for its pending lead and copper rule (LCR) overhaul due in 2017 that include more-specific measures than recent recommendations from an agency advisory panel, including how to resolve legal issues with replacing lead service lines (LSLs) and to impose new water sampling requirements.

The white paper, released Oct. 26, says its update the to LCR -- issued in 1991 and last revised in 2007 -- will "include both technology-driven and health-based elements that focus on proactive, preventative actions to avoid high lead levels and health risks."

The "potential elements under consideration are interconnected components that together will address the challenges with the current rule and improve public health protection in the revised rule," while continuing to closely adhere to Safe Drinking Water Act (SDWA) requirements, according to the white paper.

The agency's options follow recommendations that its National Drinking Water Advisory Council (NDWAC) submitted to EPA in late 2015. Although the revised rule is due next year, some lawmakers have said the Flint, MI, lead in drinking water crisis shows a need to accelerate the rule.

The white paper maintains the broad areas of focus NDWAC discussed in its recommendations: Consideration of LSL replacements, improving the optimization of corrosion control treatment (CCT) requirements, consideration of a new household action level based on human health, strengthening sampling requirements, and including public education, communication and transparency requirements.

But EPA provides new specifics and addresses some areas NDWAC's recommendations generally avoided such as grappling with legal issues inherent in helping municipalities fully replace LSLs; more specifically addressing tap sampling techniques advocates have called “loopholes” that have led to elevated lead levels in many cities across the country; and mandating sampling for schools that are not public water systems.

NDWAC and the EPA white paper encourage utilities to conduct full lead service line replacements (LSLRs), rather than partial replacements by implementing “proactive” programs toward the goal of full LSL replacement.

NDWAC proposed several targeted outreach programs, interim goals and specific deadlines toward implementation and programs to engaged customers in the effort. EPA's paper maintains these goals but analyzes the “substantial economic, legal, technical and environmental justice challenges” from costly full LSLRs.

Legal Questions

EPA also weighs the legal question of how a utility should be required to define when it “controls” a portion of a lead line. Currently, EPA requires utilities to replace only the portion of the LSL that it owns. However, avocates have pushed for a change in the definition of “ownership” to require public water systems replace the entire LSL where they have the authority to “replace, repair or maintain” the line.

The “controls” definition is due to a longstanding ambiguity following a 1994 U.S. District Court for the District of Columbia ruling, American Water Works Association (AWWA) v. EPA, which said EPA did not provide an opportunity for the public to comment on the definition of control prior to the current standard promulgated in 1991. But the court did not address whether the broader definition was within the agency's legal authority under SDWA.

In the white paper, EPA acknowledges that it may look at “important legal questions about [its] authority under state or local law to require and/or pay for such replacement.”

EPA also says that although the goal of full LSL replacements present “economic, legal, technical and environmental justice challenges,” it would look to cities and towns that have had some success in the endeavor, developing “innovative approaches” to full LSL replacements: Lansing, MI; Madison, WI, and Boston, MA.

'Sampling Loopholes'

EPA's paper outlines more-specific plans to clarify what many advocates say are “sampling loopholes,” codifying guidance it provided in a Feb. 29 memo issued as part of its communications post-Flint. That approach discourages procedures such as flushing the tap prior to a mandatory stagnation period, ensuring faucet aerators are not removed to ensure a better result in the sample, and encouraging the use of wide mouth bottles for collecting tap samples.

The agency also will look to require “mandatory sampling for schools that are not public water systems” in the revised LCR -- something the agency's children's health advisory panel had requested. EPA did not, in its white paper, address the LCR's “tiering” system for determining where compliance monitoring takes place, though EPA water officials outlined concerns about the system in an Oct. 13 memo to regional water division directors.

The agency pledges to “evaluate and determine what specific role or roles a health-based value may play in the revised LCR” -- though NDWAC had recommended that the agency establish a “household action level based on the amount of lead in drinking water that would raise an average, healthy infant's blood lead level to greater than five micrograms per decliiter based on consumption of infant formula made with water.”

Under NDWAC's recommendations, water systems would be required to notify the consumer and local public health agency if this level were exceeded.

Optimizing CCT

EPA's white paper recommendations on CCT largely echo NDWAC's input, though the agency details specific options it is considering in the final proposed rule.

Those measures include requiring large systems to evaluate and re-optimize CCT when EPA published updated CCT guidance -- which NDWAC had proposed; requiring all systems in the United States to implement that CCT “regardless of system size, tap sampling results, or the presence of LSLs”; and requiring water systems already applying CCT to evaluate and re-optimize if they are exceeding the lead action level.

In an Oct. 26 memo accompanying the release of the white paper, EPA Office of Water Deputy Assistant Administrator Joel Beauvais noted that the plans outlined in the paper may not be comprehensive, and did not provide a specific month in 2017 when the final rule proposal would be released.

“EPA will continue to engage actively with stakeholders and we expect that this paper will help to inform that engagement as we work to develop a proposed rule for public comment. We also recognize that there may be other considerations that will need to be addressed as we continue our discussion and receive feedback through the rulemaking process,” he wrote. -- Amanda Palleschi (apalleschi@iwpnews.com)

Children's Health Alliance of Wisconsin

November 10, 2016

Alderman James Bohl – Chair
Milwaukee Water Quality Task Force
200 E. Wells St.
Milwaukee, WI 53202

Dear Alderman Bohl and members of the Milwaukee Water Quality Task Force:

I am writing in regards to the memo prepared by Ms. Tea Norfolk of the Legislative Reference Bureau, regarding the concentration of lead in drinking water for Thurmont, Maryland and Tacoma, Washington. Please note that neither Peter Van Caulart's 2008 study or Geoff Pain's 2015 report, as referenced in the memo, were published in any peer reviewed scientific journals. It is critical that the Milwaukee Water Quality Task Force understand that fluoride has little influence on either corrosion or on the amounts of corroded metals released into the water at the level recommended by the U.S. Public Health Service for fluoridation of public water supplies (0.7 to 1.2 mg/L).

If we further examine some of the published research outlined in the memo such as the 2007 study by RP Maas, et. al published in *Neurotoxicology*, it is important to note that this bench study was done using an unbuffered (acidic) form of fluorsilicic acid at levels of 10-100 mg/L. These levels are significantly higher (14-143 times higher) than the amount used in drinking water (0.7mg/L). When added at the levels recommended by the U.S. Health and Human Services, the pH does not reach an acidic level. Therefore, the corrosive influence of fluoride in drinking water is not significant compared with other ionic influences, such as chloride and sulfate. Because the pH of drinking water is neutral, the acidic properties of the fluoride additive have been completely dissociated. Peer reviewed, published scientific studies by ET Ubansky, et. al.; WF Finny, et. al.; and GM Whitford all support this finding.

It also is important to understand that if there were a tendency for fluoride to leach lead from pipes you would see elevated blood lead levels in residents of all 70,000 homes city wide who still have lead laterals. I personally happen to live in one of these homes in Milwaukee and my son who is 30 months old has not had an elevated blood lead level and until recently had only consumed Milwaukee water. We have since added a filtering system to eliminate lead or other contaminants however thankfully it does not remove fluoride. A peer reviewed study by Dr. M Macek and published in *Environmental Health Perspective* (2006) did not support the elevation of blood lead levels in fluoridated communities, as compared to non-fluoridated communities. This is further supported by the fact that the Centers for Disease Control and Prevention (CDC) has reported an increase in the population with access to fluoridated water since 1970 and a continual decrease in the number of people with elevated blood lead levels. The CDC has published (attached) an engineering fact sheet on the impact fluoridation has on the corrosion of pipes which also supports our claim that fluoride has little influence on either corrosion or on the amounts of corroded metals released into the water.

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Children's Health Alliance of Wisconsin

We are supportive of finding a solution to the issue of lead poisoning caused by drinking water. However, the vast majority of elevated blood lead levels in children were not caused by water consumption. Removing fluoride from the drinking water in Milwaukee will not solve the issue of lead in our water but will exacerbate the immense amount of dental disease in our community and more specifically in our low-income residents. If further information is needed please do not hesitate to contact me directly. I also would encourage the task force to reach out experts in toxicology at the Wisconsin Department of Health Services or the City of Milwaukee Health Department. Thank you for your time and consideration of this additional information, as you continue a very important discussion in our community.

Sincerely,

Matt Crespin, MPH, RDH
Associate Director

CC: Members of the Milwaukee Water Quality Task Force

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Kuether, Molly

From: Bohl, James
Sent: Friday, November 18, 2016 3:28 PM
To: Kuether, Molly
Subject: Fwd: Baldwin, Barrett Announce $6 Million Workforce Development Grant

Follow Up Flag: Follow up
Flag Status: Flagged

Include this under the workforce development item for our next Water Quality Task Force meeting. Thanks, Jb

Sent from my iPad

Begin forwarded message:

> **From:** "Office of U.S. Senator Tammy Baldwin" <enews@baldwin.senate.gov>
> **Date:** November 18, 2016 at 11:53:09 AM EST
> **To:** <jbohl@milwaukee.gov>
> **Subject: Baldwin, Barrett Announce $6 Million Workforce Development Grant**
>
> Click here to open this e-mail in its own browser window Click here to open a plain text version of this email
>
> Tammy BALDWIN United States Senator for Wisconsin
>
> Dear Jim,
>
> Late yesterday, Senator Baldwin and Mayor Tom Barrett announced $6 million in grant funding to expand regional workforce development programs and help train more than 1,430 individuals for middle-to-high-skilled jobs.
>
> The America's Promise Job-Driven grant from the Department of Labor has been awarded to Employ Milwaukee and Midwest Urban Strategies, an alliance of 11 urban Midwest workforce boards.
>
> > *"As the demand for a highly skilled workforce continues to grow, we need to ensure that our workforce is getting the education and skills they need to fill those jobs,"* **said Senator Baldwin.** *"This grant funding will have a tremendous impact in helping us invest in Wisconsin's workforce and help us raise incomes and strengthen the middle class."*
>
> The award will also help coordinate regional planning to attract and retain businesses and talent to grow the Midwest economy.
>
> > *"America's Promise strengthens the consortium of urban Midwest workforce boards and their collaborative planning efforts to attract and retain businesses and talent to*

grow the regional economy," **said Earl Buford, Employ Milwaukee President and CEO**. *"It is our 'promise' to expand regional partnerships to provide a pipeline of workers to fill existing job openings, meet business needs for expansion, and fuel the talent needs of entrepreneurs."*

Additionally, the America's Promise Job-Driven grant will help integrate efforts and resources to fully maximize federal, state and local funds to build a competitive regional workforce system.

"We are thrilled to be receiving the America's Promise award. It will ensure job seekers are connected to educational opportunities and career pathways," **said Milwaukee Mayor Tom Barrett.** *"It is an example of strong regional collaboration to develop a highly skilled workforce across the Midwest and bring much needed resources to Milwaukee."*

Read more about the America's Promise Job-Driven grant from the Department of Labor and Employ Milwaukee here.

Scott Walker
Governor

Linda Seemeyer
Secretary

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
PO BOX 2659
MADISON WI 53701-2659

State of Wisconsin
Department of Health Services

Telephone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

December 2, 2016

Matt Crespin, MPH, RDH
Associate Director
Children's Health Alliance of Wisconsin
6737 W. Washington St., Suite 1111
West Allis, WI 53214

RE: Request for information related to fluoride in drinking water

Dear Mr. Crespin:

Recently, Children's Health Alliance of Wisconsin contacted the Wisconsin Oral Health Program to request information about adverse neurologic health effects attributable to fluoride in community drinking water and the concern that the process of adding fluoride could result in corrosion of water pipes that would release lead from the pipes into the water and cause adverse health effects related to neurotoxicity.

The Wisconsin Oral Health Program notes the following:

- Established research provides no compelling and consistent evidence to suggest a potential association between the fluoridation of water and adverse neurologic health effects.
- Similarly, established research provides no compelling and consistent evidence to suggest a potential association between the fluoridation of water and increased lead exposure, or that corrosion of water pipes is attributable to fluoridation.
- For over 70 years, Wisconsin has utilized the public health practice of community water fluoridation.
- Substantial scientific evidence exists to support the safety of community water fluoridation.
- Community water fluoridation benefits everyone by providing protection against tooth decay, especially for individuals with limited access to oral health prevention services. (In a community the size of Milwaukee, cost-savings can be as high as $100 for every dollar invested in fluoridation).

The following resources directly address the concerns raised:

The U.S. Centers for Disease Control and Prevention's Corrosion of Pipes - Engineering Fact Sheet states that "The concern that using fluorosilicate additives to fluoridate drinking water causes water system pipes to corrode is not supported by science." It also states that at the level recommended for use in a public water supply, "the fluoride ion has little influence on

either corrosion or on the amounts of corroded metals released into the water. Fluorosilicates contribute to better water stability with less potential for corrosion, because silica stabilizes the pipe surface."

The Community Preventive Services Task Force conducted a systematic review of published studies and released a Task Force Finding and Rationale Statement. The Task Force specifically examined the literature on potential harms associated with higher levels of fluoride in water related to lowered intelligence. The Task Force concluded that research does not demonstrate that CWF results in any unwanted health effects other than dental fluorosis.

The Wisconsin Oral Health Program, in collaboration with the Bureau of Environmental and Occupational Health, can provide additional support to address concerns about health and safety related to drinking water. Staff can provide information about the health effects of a broad range of substances, including the others (lead, chlorine, and copper) identified in the City of Milwaukee's recent memorandum. If you need further information, please feel free to contact us at Mark.Moss@wisconsin.gov or Robbyn.Kuester@wisconsin.gov or 608-266-5152.

Sincerely,

Mark E Moss, DDS, MS, PhD
State Dental Director

Robbyn Kuester, BSDH, RDH
Sealant and Fluoridation Program Coordinator

cc: Jeff Phillips BEOH Bureau Director

Kuether, Molly

From: Bohl, James
Sent: Friday, December 16, 2016 9:55 AM
To: Kuether, Molly
Subject: FW: Lead line replacement article.

One more….please share this email with WQTF members for January. THNX

From: Peter Maier [mailto:pmaierp@gmail.com]
Sent: Wednesday, December 14, 2016 2:59 PM
To: Hamilton, Ashanti; Bohl, James; dbehm@journalsentinel.com
Subject: Lead line replacement article.

Dear Sirs,
Thought you might be interested in forwarded emails. If you like to know more about lead, I suggest you google "WHO, lead in drinking water". A PDF document with lot of information about lead and public health, not only in the US but worldwide.
Lead (and pewter) is for centuries used for dinnerware and waterlines, because it is corrosion resistant. In excess (like so many other elements) it is not healthy, but as far as public works programs, there are much worse problems, one being that EPA never implemented the CWA and open waters still are used as urinals. Consequently, people still drink their upstream neighbor's urine, may be not direct a public health problem, but not very appetizing. The fact that our open waters still are full of DBP's (Disinfection By Products) due to unnecessary disinfection of treated sewage, however is a public health problem. DBP' can be carcinogenic or endocrine disruptors, this while EPA in 1978 dropped this unnecessary disinfection practice, as it is not preventing waterborne diseases, expensive and damaging to aquatic life. While dropped on a federal level, most States unfortunately kept this requirement. Although people is interested in drinking water, they do not seem to care what is happening to their drinking water source.
Call me if you have any question,
Regards and happy holidays,
Peter Maier, PhD,PE
Tel:(435)882-5052
www.petermaier.net

Begin forwarded message:

> **From:** Peter Maier <pmaierp@gmail.com>
> **Date:** November 18, 2016 at 9:24:41 AM MST
> **To:** mayor@cityofflint.com
> **Cc:** rfongert1@mlive.com, gellison@mlive.com
> **Subject: Fwd: Explanation what happened in Flint.**
>
> Dear Mayor Weaver,
> First, if you google WHO, lead in drinking water, and read their PDF background document for WHO's lead in drinking water guideline, **you will read that more than 80% of the daily lead intake comes from food and the dirt (dust) in the air.** I never read anything about this in any newspaper article, even though many reporters that are writing articles are aware, but for some reason will not use this information. Probably better for their paper's bottomline to keep stoking this fire.

Forwarded an email to one reporter, explaining what happened in Flint when the water was switched. Apparently science and engineering is not important any longer. The sad part is that this issue destroyed the life of several people and is only costing the American taxpayer millions.
How bad has been the information to the public? A recent youtube video showed one of your residents proving with a cheap TDS meter (indicating minerals) showing that the water in all the water bottles, she was given, still had lead in them. Clearly unaware, what this meter was and that a single proper lead test will be very costly. Was that type of meter given to the public if water was safe to drink?
But than, what can you expect, when you need to be qualified and certified to cut somebody's hair, while you do not need any qualifications or experience to become the nation's president. Why do we even need an education system?
Regards,
Peter Maier,PhD,PE (for what that is worth nowadays)
Tel:(435)882-5052
www.petermaier.net

Begin forwarded message:

> **From:** Peter Maier <pmaierp@gmail.com>
> **Date:** September 4, 2016 at 10:57:15 AM MDT
> **To:** Ron u
> **Cc:**
> **Subject: Explanation what happened in Flint.**
>
> Ron,
> Since EPA never implemented the CWA, by ignoring nutrients (urine) in sewage, all rivers are polluted, including the Flint River. When the city switched over to use the water from the Flint River, it probably changed the pH and this started to dissolve the earlier formed scale in the distribution system. This mostly calcium scale will capture metals, that consequently also are released. Since the water also has more nutrients, it also stimulates the growth of bacteria, especially where water is more stagnant (legionnaire). Sure you can use chlorine, but that often is not so effective as is claimed, while it, with the still present organics, will create DBP's.
> In spite of what some professionals will claim, water chemistry is very complex, as so many chemicals are involved. It especially becomes very hard to predict when crystallization (scale) is involved.
>
> Our present water treatment processes have been developed more than a century ago. Then, the solution was simple, when you have bacteria in the water you dump in chlorine and when you can measure a certain residual chlorine level, the water is save. But that is not true, besides the fact that you created all the DBP's of which some are carcinogens or endocrine disrupters.
>
> The DBP's, especially THM's (TriHaloMethane's) in other countries led to look for better water treatment, so there would not be any nutrients left for bacteria. This has been so successful that they now do not use any chlorine any longer.
>
> Furthermore, when EPA implemented the CWA in 1972, it set limitts for bacteria, thus requiring sewage treatment plants to start disinfecting their treated sewage. Using chlorine was the least expensive and easiest, since, instead of doing

expensive bacteria tests, they could use the residual chlorine test, many swimming pools use. With still a lot of organics in treated sewage, this caused DBP' of which THM's received most attention, as it was contaminating drinking water.

In 1978, advised by CDC and GAO that this practice was not preventing waterborn diseases and damaging to the environment, EPA dropped the disinfection requirement, but sadly left it up to individual states to also drop it or maintain it. Most states maintained the disinfection requirement, with as result that our sewage treatment plants still spew these DBP's into our open waters, while nobody seems to care.

Admitting that mistakes were made, while claiming to know everything, in spite of what happens to our environment and our drinking water, still seems to be impossible. Much easier to blame others and than take legal action, that again will cost the taxpayers millions, while our open waters keep deteriorating.

The CWA has resulted in many legal lawsuits, costing millions of taxpayers money, while none even considered the fact that the Act failed, because of a faulty applied test. This hopefully soon will change when a federal judge in New Orleans will decide if nutrient pollution should have been covered under the CWA.

I often wonder what the media would have done if our interstate highway program only would have connected 20 states with two-way roads. This is what happened to the CWA, the second largest federally funded public works program. Fish can not talk, but algae shure are showing us what is wrong.
Regards,
Peter Maier,PhD,PE
Www.petermaier.net
Tel:(435)882-5052

FLAC

Freshwater for Life Action Coalition

March 30, 2017

Alderman Jim Bohl
Milwaukee Common Council
Chairman, Milwaukee Water Quality Taskforce
City Hall
Milwaukee, Wisconsin
53201

Dear Alderman Bohl:

The Freshwater for Life Action Coalition (FLAC) expresses our congratulations on your successful chairmanship of the Water Quality Task Force (WTQF) and we extend to you and the members of the task force our gratitude and thank you for the leadership of the Task Force addressing the concerns around the quality of Milwaukee water, specifically addressing the more than 80,000 lead laterals that dot the Milwaukee landscape.

FLAC has reviewed the draft of the recommendations being proposed by the Task Force. Upon review of the draft FLAC wishes to express some concerns regarding the report and its recommendations.

The report, it appears, has the city taking on the notion that lead water is not as much a threat to public health as other sources of lead. The report fails in its recommendations to recognize the fact that lead water, unlike paint chips, dust and soil, is not something the public can see readily and report like they do lead paint chips. Testing water is proven to be hit or miss. Lead in water is not as visible as paint chips falling from the walls. The poisoning of families by lead laterals is a deadly game of aqua Russian roulette.

Unfortunately, in our opinion, the recommendations by the Milwaukee WQTF appears to not adequately make lead pipes and fixtures a public health crisis, which is disturbing.

FLAC recommends the following we believe the report fails to address and should consider adding to the recommendations portion of the WQTF report.

FLAC Recommendations:

1. Establish accountability measures for not achieving or moving on recommendations made by the task force.

2. Recommend that the Common Council direct the Milwaukee Water Works to outline an active plan to protect people from lead water exposure.

3. Create a time line, short and long term, to remove lead pipes from residences.

4. Recommend that Milwaukee Common Council initiate a mandate to create a strategic comprehensive plan to fund and remove lead pipes from Milwaukee residences. No mention of a strategic plan or long term removal plan with goals is mentioned.

5. Establish long term measures to educate residents about the need to continue to be vigilant and take precautions to protect from lead water poisoning is not adequately outlined.

6. Outline affordability of filters and replacements for all homes with lead laterals, specificity for low-income/fixed income homeowners.

7. Call for increased testing of water Milwaukee consumers receive via lead laterals, in particular, surpassing Environmental Protection Agency (EPA) standards the city follows.

8. Recommend that the Department of Public Works proceeds with incorporating a plan that removes city water mains to include removal of lead laterals.

9. Recommend to the Milwaukee Common Council that it direct the Mayor to dedicate 25 to 50 percent of MWW revenue the Mayor receives for general funds as revenue to be used towards removing lead laterals on private property.

10. Recommend that Milwaukee Water Works includes filter replacement reminder notices to water customers every billing cycle.

11. Recommend water testing plan for residences where street construction is taking place and report test results to the Common Council in areas under construction.

12. Establish a biannual community information session that focuses on lead lateral removal efforts and report progress removing lead laterals from residences in the Milwaukee community.

13. Recommend review/reform current policy being utilized for testing and treating children for lead blood levels annually. Ensure City policies meet current EDA & CDC standards and report status to the Common Council annually.

14. Recommend that the Common Council direct Department of Public Works and Milwaukee Water Works to develop a plan that correctly identifies the number of lead laterals in Milwaukee.

In December of 2016, the Common Council approved an ordinance for funding the removal of lead service lines that experience leaks, breaks or other emergency repairs. The costs to property owners to pay out of pocket for such an emergency amounts to $1,600 maximum to remove the lead service lines on privately-owned portion. The ordinance also covered administrative costs to oversee these replacements.

The report also cites additional funding from the State of Wisconsin's Safe Drinking Water Program, which will provide funding for lead service lines replacement of schools and daycares in 2017.

FLAC calls upon the Task Force to recommend that Mayor Barrett initiate a letter to the Public Service Commission (PSC) requesting that the PSC moves to approve authority for the City to use funds from the water utility to support full-lead lateral removal.

Ownership/control

Finally, FLAC continues to advocate for the City of Milwaukee to take ownership/control of lead laterals.

FLAC contends that after the United States banned lead laterals in 1986, the EPA started working on getting lead out of water leaching from pipes through the Safe Drinking Water Act, which required water utilities to undertake the replacement of all lead service lines — including those that went into privately owned homes and buildings.

A few years later, 1993 to be exact, after lead contamination started making headlines across the country, water utilities started to claim that they didn't have the right to replace lead pipes on private property.

A lawsuit filed by the American Water Works Association trade group in 1993 changed the original rules and the federal mandate was struck down. In 2000, the EPA decided to revise the Lead and Copper Rule and in doing so put the cost of replacing lead pipes on private property the responsibility of homeowners. The 2000 revision created a slippery slope by giving water utilities nationwide the right to claim they have control of a smaller sections of once-public water lines.

The change in 2000 gifted sections of water pipes to residents, meaning homeowners have "control and ownership" of a portion of lead pipes — making the homeowner liable. Many home owners were not aware of the change that automatically made them owners of lead lateral on their side of the curb after this happened.

This we strongly believe is wrong.

There isn't any controversy over whether a gas or phone company has the right to go onto private land to fix a leaky pipe or a downed wire to address a public health hazard. FLAC views this as a public health crisis.

When the service lines were installed in the early 1880s to early 1900s and up until 1962, it was the City of Milwaukee who mandated using lead pipes.

Thank you for your attention to our concerns and recommendations.

Sincerely,
Robert Miranda
FLAC, Spokesperson

HUNGER TASK FORCE

April 4, 2017

Alderman James Bohl
City Hall, Room 205
200 E. Wells Street
Milwaukee, WI 53202

Dear Alderman Bohl:

Thank you for your leadership on the Water Quality Task Force.

Hunger Task Force has reviewed the Final Report of Activities and Findings. We recommend additional steps should be taken related to lead and nutrition. After the disaster declaration in Flint, Michigan, the United State Department of Agriculture (USDA) provided assistance and expertise by increasing access to healthy eating utilizing existing federal nutrition programs. Working in cooperation with the CDC and EPA, the USDA created a campaign to educate residents about the key nutrients that help mitigate lead absorption. Well Fed Means Less Lead increased access to Vitamin C, Calcium and Iron through USDA foods offered in commodity programs, Farmers Market nutrition programs and the Supplemental Nutrition Assistance Program. People were educated that a hungry stomach absorbs lead twice as fast, and that healthy eating is one strategy for mitigating lead absorption.

Nearly 2 out of 5 children in Milwaukee live in households below the poverty line. These children are the vulnerable population that the Water Quality Task Force seeks to help. Hunger Task Force operates a Free & Local food bank; organizes school meals programs; operates the Pick n' Save fresh Picks Mobile Market; conducts FoodShare outreach in 9 community based locations and serves nearly 10,000 seniors monthly through Stockbox. We are the administrative agent for the commodity programs in Milwaukee. Hunger Task Force is also an anti-hunger public policy organization capable of broad community wide messaging. We are recognized widely as a trusted community source.

Hunger Task Force plans a community education campaign entitled Well Fed Means Less Lead. This campaign will include critical information about identifying risk for lead exposure; sources of lead; and strategies to mitigate lead exposure. The campaign will include the elements of Lead Safe MKE, but include the additional elements of hunger and healthy eating.

The Water Quality Task Force recommendation seeking new partners and avenues for communication is not strong enough. This recommendation must include an intentional, broad based and culturally competent messaging campaign that targets all homes impacted by lead in paint, water, soil and environment. The elements of the campaign must be agreed upon by local, state and federal agencies in order to ensure a productive and positive response to lead exposure for all residents in the City. We urge you to edit the recommendation as follows:

> Expand Lead Safe MKE campaign to include nutrition messaging "Well Fed Means Less Lead." Utilize existing institutions and non-profit collaborations to conduct a wide scale

multi-year balanced educational campaign on managing the potential risks related to lead in water, paint, soil, and environment. Assure culturally competent messages targeting all effected City households aimed at self- help actions people can take to minimize adverse health impacts of lead.

Pass city legislation to ensure the use USDA federal nutrition programs to provide key nutrients to area day cares, charter, parochial and public schools. The Milwaukee Healthy Schools Act should be designed to improve the health and wellness of students attending Milwaukee day cares and schools. The Healthy Schools Act has provisions addressing healthy school menus, wellness policies, healthy vending, and access to meals at day cares and local schools.

Hunger Task Force thanks you for your consideration and pledges to work with the Water Quality Task Force. Thank you for your interest.

Sincerely,

Sherrie Tussler
Executive Director

Cc: Alderman Tony Zielinski, Co-Chair Nutrition & Lead Task Force
Alderman Cavalier Johnson
Alderman Jose Perez
Bevan Baker, Commissiner of Health
Ghassan Korban, Commissioner of Public Works
Jennifer Gonda, Superintendent, Milwaukee Water Works
Ben Gramling, Sixteenth Street Clinic
Dr. Patricia McManus, Black Health Coalition

LENA C. TAYLOR
Wisconsin State Senator • 4th District
HERE TO SERVE YOU!

April 6, 2017

Alderman Jim Bohl
Milwaukee Common Council
Chairman, Milwaukee Water Quality Taskforce
City Hall Milwaukee, WI 53201

Dear Alderman Bohl:

Please accept this letter of support for the Freshwater for Life Action Coalition (FLAC)'s recommendations to address the more than 70,000 lead laterals in our county. I have had the privilege of working with FLAC. I appreciate their courage, commitment, and tenacity to provide access to clean water. They never fail to impress and inspire me to do more!

The presence of lead pipes and fixtures in our community is a public health crisis. In 2014, 8.6% of Milwaukee children tested for lead exposure had blood lead levels significantly above the level at which health problems are known to occur, compared to 4.9% of Flint children tested in 2015. Only 20% of children under 6 were tested in 2014, meaning that we don't even know the full extent of this crisis. Lead exposure can have dire consequences and has been linked to everything from developmental problems to higher crime rates. It is unconscionable that we postpone any movement on this crisis.

This issue requires a robust response. I believe that FLAC's 14 recommendations are thoughtful and will begin to address this pressing concern. As someone who's made tackling the problem of lead one of her top priorities, I know that FLAC is equally committed to this cause. I sincerely hope that you consider all 14 of FLAC's recommendations with the attention they deserve.

Please do not hesitate to contact me should you have any further questions.

Here to serve,

Senator Lena C. Taylor

4th Senate District

State Capitol, P.O. Box 7882, Madison, WI 53707-7882 • Capitol: (608) 266-5810 • Milwaukee: (414) 342-7176
Fax: (608) 282-3544 • Sen.Taylor@legis.wisconsin.gov • www.SenatorTaylor.com
facebook.com/SenLenaTaylor • twitter.com/sentaylor

GMDA

GREATER MILWAUKEE DENTAL ASSOCIATION

Dear Water Quality Task Force:

On behalf of the Officers and Board Members of the Greater Milwaukee Dental Association, we would like to express our support for community water fluoridation. Since Grand Rapids, MI first initiated community water fluoridation in 1945, numerous studies have been conducted to evaluate the effectiveness and safety of this practice. The research and practical experience from credible scientific evidence consistently indicates that community water fluoridation is safe and effective.

Community water fluoridation is supported by the American Dental Association, the Center for Disease Control, the American Medical Association, the World Health Organization, the American Academy of Pediatrics, the American Public Health Association, the US Surgeon General and many other agencies and organizations committed to public health. The Environmental Protection Agency as well as the Center for Disease Control have both concluded that community water fluoridation is safe and is not associated with lead levels in the water supply. In fact, the Center for Disease Control recognizes community water fluoridation as one of the top 10 Great Public Health Achievements of the 20th century.

Community water fluoridation helps prevent unnecessary tooth decay, and therefore, unnecessary pain which could lead to patients missing school or work. Community water fluoridation benefits the entire population of the water supply, regardless of socio-economic status. (Please note: tooth decay is one of the most chronic diseases affecting children living below the federal poverty level.) Even with an increased use of fluoridated toothpastes, studies still show that communities with water fluoridation see a lower incidence of tooth decay as compared to those without water fluoridation. Evidence shows that for most cities, every dollar invested in community water fluoridation saves $38 in unnecessary dental treatment costs. Based on this and similar evidence, the benefits are well worth the approximately $.50/person/year spent by large communities on water fluoridation.

It is important to understand that fluoride is not a contaminant; it is a naturally occurring compound that helps prevent tooth decay. There is no credible scientific evidence showing negative health risks associated with optimally fluoridated water. In the scientific community, where accurate, methodological research is paramount, fluoride is not a controversial issue.

Preventing tooth decay and other oral health problems is a goal of the dental profession. Community water fluoridation supports this goal in Milwaukee and the surrounding communities that get their water from Milwaukee. While we are in support of the Water Quality Task Force's goal of addressing lead levels in our water supply, we want task force members to understand that no credible scientific evidence exists that links optimal water fluoridation to increased lead levels in the water supply. We encourage you to view water fluoridation as a valuable service to the community, and ask that you work to ensure that Milwaukee's water supply is fluoridated at the optimal level of 0.7mg/L.

Thank you,

Greater Milwaukee Dental Association Board of Directors

Executive Office
6737 W. Washington Street
Suite 2360
West Allis, Wisconsin 53214
414.276.4520
414.276.8431 FAX

WISCONSIN DENTAL ASSOCIATION
WDA.org

Legislative Office
122 W. Washington Avenue
Suite 600
Madison, Wisconsin 53703
608.250.3442
608.282.7716 FAX

Dear Water Quality Task Force and Public Works Committee Members,

It has come to our attention that your task force and committee will potentially be discussing fluoride in the local water system. Fluoridation of community water supplies is considered one of the most significant public health advances of the 20th century and one of the safest, most cost-effective ways to increase overall oral health. Since its introduction over 65 years ago, fluoridation has dramatically improved the dental health of tens of millions of Americans. Time and again, public opinion polls show an overwhelming majority of Americans support water fluoridation.

Established in 1870, the Wisconsin Dental Association (WDA) is the state's largest organization representing dentistry. The WDA has over 2,900 members statewide who are committed to promoting professional excellence and quality oral health care. We ask you to please consider:

- The June 2000 Surgeon General's Report on Oral Health in America stated fluoridation is "an inexpensive means of improving oral health that benefits all residents of a community, young and old, rich and poor alike." This public health measure benefits individuals of all socioeconomic groups, especially those without access to regular dental care.

- Under the Safe Drinking Water Act, the Environmental Protection Agency has established drinking water standards for a number of substances, including fluoride, to protect the public's health.

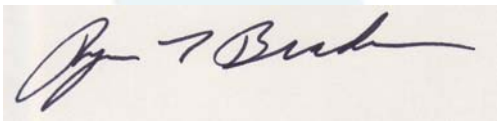
- More than 125 national and international organizations recognize the public health benefit of fluoridation, including the American and Canadian Dental Associations, US. Public Health Service, American Medical Association, American Cancer Society, American Academy of Pediatrics and the World Health Organization.

- Residents who receive the benefits of water fluoridation experience approximately 30 percent less tooth decay.

- Every $1 invested in water fluoridation saves $38 in dental treatment costs for most cities.

On behalf of all the adults and children living in Milwaukee, the WDA urges local officials to maintain fluoride to the municipal water system. If you have any additional questions, please do not hesitate contacting the WDA for assistance.

Sincerely,



Dr. Ryan Braden
President