

**CITY OF BALTIMORE
COUNCIL BILL 16-0297R
(Resolution)**

Introduced by: Councilmembers Mosby, Branch, Scott, Stokes, Costello, Henry, Clarke,
Reisinger, Middleton, Welch, Curran, Holton, President Young

Introduced and read first time: April 7, 2016

Assigned to: Judiciary and Legislative Investigations Committee

REFERRED TO THE FOLLOWING AGENCIES: Health Department, Department of Public Works

A RESOLUTION ENTITLED

1 A COUNCIL RESOLUTION concerning

2 **Informational Hearing – Public Water Supply Fluoridation**

3 FOR the purpose of inviting representatives from the Departments of Health and Public Works, as
4 well as experts on water fluoridation and community members, to join the City Council for a
5 discussion about the costs and benefits to Baltimore of continuing to fluoridate our public
6 water supply.

7 **Recitals**

8 The common procedure of artificial fluoridation of public water supplies affecting some 210
9 million Americans has become increasingly controversial in recent years. Its advocates point
10 toward its beneficial effects on dental health, while its opponents contend that there are better
11 ways to achieve those benefits and that water fluoridation has been linked to a variety of poor
12 health outcomes. With scientific studies appearing to bolster both sides of this debate, it is an
13 important subject for further investigation and public discussion.

14 According to the CDC, fluoridated water keeps teeth strong and has reduced tooth decay by
15 25% in children and adults. Since fluoridation of public water supplies was first introduced 70
16 years ago in Grand Rapids, MI and became more widely adopted in the 1960's, the dramatic
17 improvements in dental health attributed to it have caused the CDC to name fluoridation as one
18 of the 10 greatest public health achievements of the 20th century. Further supporting it, U.S.
19 Surgeon General Vivek Murthy recently stated "Community water fluoridation is one of the most
20 practical, cost-effective, equitable, and safe measures communities can take to prevent tooth
21 decay and improve oral health."

22 However, critics have long contended that artificially introduced fluoride itself, or the process
23 used to introduce it to the water supply, can have profoundly negative side effects. Some studies
24 have linked public water fluoridation to increased levels of ADHD and hypothyroidism, and,
25 according to the Fluoride Action Network, more than 100 animal studies and 43 human studies
26 have demonstrated a link between high levels of fluoride exposure and neurotoxicity or reduced
27 IQ levels.

28 Beyond the mixed evidence on the health effects of fluoridation, there is an undisputed
29 monetary cost to communities to fluoridate water. The fluoride itself must be purchased,
30 specialized workers and equipment are used to add it to our water supply, and some fluoride

EXPLANATION: Underlining indicates matter added by amendment.
~~Strike out~~ indicates matter deleted by amendment.

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1 chemicals are highly corrosive, highly acidic, or are otherwise known to shorten the lifespan of
2 the drinking water and wastewater infrastructure, creating additional costs for new equipment,
3 repairs, and maintenance. It is not clear what these annual expenses and “hidden” costs, in the
4 form of faster infrastructure decay, add up to for Baltimore City, but they must be taken into
5 account in any weighing of the costs and benefits of fluoridation. These costs should be
6 determined by the Department of Public Works and shared with the public through their
7 representatives on the City Council.

8 It is also not disputed that overexposure to fluoride can, ironically, damage teeth by causing
9 dental fluorosis. This is a condition that shows as cloudy spots and streaks on teeth, or, in more
10 serious cases, as brown stains and tooth erosion.

11 In recent years dental fluorosis has become a very widespread concern, with one government
12 study indicating that it affects about 40% of American teenagers. Although the levels of fluoride
13 typically found in public water supplies alone should not cause fluorosis, its prevalence is strong
14 evidence that many people encounter fluoride in other places, often in products that were not
15 present when water fluoridation was introduced seven decades ago.

16 Recognizing the increased presence of fluoride in the lives of most Americans, the
17 Department of Health and Human Services recently significantly lowered the recommended
18 fluoridation level for public water supplies in an effort to combat fluorosis.

19 This change, together with the fact that industrialized nations who do not fluoridate their
20 water supplies, and who once lagged well behind the U.S. in dental health, have largely caught
21 up to us by taking advantage of other, possibly less invasive, delivery methods for fluoride, raises
22 the question of whether or not fluoridation of our water supply still provides enough of a benefit
23 to outweigh its monetary costs and potential harms.

24 The answer to this question is not immediately clear, and it may very well vary for different
25 communities. Conversations about the specifics of fluoridation in Baltimore and how it may be
26 benefitting or harming Baltimoreans are necessary to determine what the best course for our city
27 may be.

28 **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE,** That the
29 Council invites representatives from the Departments of Health and Public Works, as well as
30 experts on water fluoridation and community members, to join it for a discussion about the costs
31 and benefits to Baltimore of continuing to fluoridate our public water supply.

32 **AND BE IT FURTHER RESOLVED,** That a copy of this Resolution be sent to the Mayor, the
33 Health Commissioner, the Director of Public Works, and the Mayor’s Legislative Liaison to the
34 City Council.