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INTRODUCTORY*

CITY OF BALTIMORE
COUNCIL BILL R
(Resolution)

Introduced by: Councilmember Mosby

A RESOLUTION ENTITLED

A COUNCIL RESOLUTION concerning
Informational Hearing - Public Water Supply Fluoridation
FOR the purpose of inviting representatives from the Departments of Health and Public Works, as well as experts on water fluoridation and community members, to join the City Council for a discussion about the costs and benefits to Baltimore of continuing to fluoridate our public water supply.

Recitals

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

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

However, critics have long contended that artificially introduced fluoride itself, or the process used to introduce it to the water supply, can have profoundly negative side effects. Some studies have

linked public water fluoridation to increased levels of ADHD and hypothyroidism; and, according to the Fluoride Action Network, more than 100 animal studies and 43 human studies have demonstrated a link between high levels of fluoride exposure and neurotoxicity or reduced IQ levels.

Beyond the mixed evidence on the health effects of fluoridation, there is an undisputed monetary cost to communities to fluoridate water. The fluoride its self must be purchased, specialized workers and equipment are used to add it to our water supply, and some fluoride chemicals are highly corrosive, highly acidic, or are otherwise known to shorten the lifespan of the drinking water and wastewater infrastructure, creating additional costs for new equipment, repairs, and maintenance. It is not clear what these annual expenses and hidden costs, in the form of faster infrastructure decay, add up to for Baltimore City, but they must be taken into account in any weighing of the costs and benefits of fluoridation. These costs should be determined by the Department of Public Works and shared with the public through their representatives on the City Council.

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

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

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

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

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

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

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

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ccres/WaterFluor/tw

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