

ALBUQUERQUE BERNALILLO COUNTY

WATER UTILITY AUTHORITY

June 21, 2017

5:07 p.m.

Councilor Klarissa Pena, Chair

Councilor Pat Davis

Commissioner Maggie Hart Stebbins

Commissioner Wayne Johnson

Councilor Trudy E. Jones

Trustee Pablo Rael

Mark Sanchez, Executive Director

Robert Perry, Alternate

REPORTED BY: KIM KAY SHOLLENBARGER, CCR #236
PAUL BACA COURT REPORTERS
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Albuquerque, New Mexico 87102

1 CHAIR PENA: I call this June 21st meeting of
2 the Albuquerque Bernalillo County Water Utility
3 Authority to order. We will have a moment of silence,
4 and the Pledge of Allegiance led by Councilor Davis.

5 (Whereupon the Pledge of Allegiance was
6 said.)

7 CHAIR PENA: The next item we have is
8 approval of the minutes. I make a motion to approve
9 the May 17th, 2017 minutes. Is there a second?

10 COUNCILOR JONES: Second.

11 CHAIR PENA: There's a motion and a second to
12 approve. All those in favor say yes.

13 MEMBERS: Yes.

14 CHAIR PENA: Oppose, no. So the actual
15 agenda that some of you folks have, say -- it says the
16 15th, but the correct date is the 17th that I just
17 announced. Next item, we have proclamations and
18 awards, we have none. Public comment is the next
19 item. Our agenda should be very short this evening,
20 so it will probably take us 15, maybe 20 minutes. So
21 we're going to put public comment to the end of the
22 agenda. We're going to have a presentation on water
23 fluoridation right before. So the next item we have
24 is announcements and communication. The next
25 scheduled meeting is August 23rd at 5 p.m. in the

1 Vincent E. Griego Chambers. Item B, there is a
2 vacancy on the Technical Customer Advisory Committee.
3 If Board members have any nominations, please direct
4 them to the online application on the Water
5 Authority's website at www.abcwua.org. Next item is
6 the introduction of legislation, we have none. So
7 then we will move on to the consent agenda. So on the
8 consent agenda we have three items. If there's a
9 motion to approve the consent agenda.

10 MR. PERRY: So move.

11 CHAIR PENA: There's a motion --

12 COUNCILOR JONES: Second.

13 CHAIR PENA: -- and a second. All those in
14 favor say yes.

15 MEMBERS: Yes.

16 CHAIR PENA: Oppose, no. Motion passes.

17 Next item is Item 9, approvals. We have Item A.
18 C-17-21 approving the Service Connection Agreement for
19 Water and Sewer Service with THR Properties, LLC at
20 9211 Eagle Ranch Road, Northwest. Mr. Kristopher
21 Cadena.

22 MR. CADENA: Hello, Ma'am Chair, Members of
23 the Board. I'm presenting a Service Connection
24 Agreement for a second phase of a dental office
25 located at 9201 Eagle Ranch Road. The development is

1 doing routine connections to existing waterline and
2 sanitary sewer infrastructure. The development will
3 be responsible for paying utility expansion charges,
4 as well as water supply charges and complying with all
5 of our ordinances.

6 CHAIR PENA: Are there any questions for
7 Mr. Cadena? Seeing no questions, I move approval of
8 C-17-21. There's a motion --

9 COMMISSIONER JOHNSON: Second.

10 CHAIR PENA: -- and a second. All those in
11 favor say yes.

12 MEMBERS: Yes.

13 CHAIR PENA: Oppose, no. Motion passes.
14 Next item is Item B. C-17-22, approving Service
15 Connection Agreement for Water and Sewer Service with
16 JMD-McMahon, LLC for marketplace. Kristopher Cadena.

17 MR. CADENA: Once again, Ma'am Chair, Members
18 of the Board. Similar to the previous one it's also a
19 Service Connection Agreement. This one is for a
20 retail development located on the southeast corner of
21 McMahon and Unser. Similar to the previous Service
22 Connection Agreement, this development will also
23 connect to existing water and sanitary sewer
24 infrastructure as well; be responsible for paying
25 utility expansion charges, water supply charges and

1 complying with the various ordinances.

2 CHAIR PENA: Thank you. Are there any
3 questions?

4 COUNCILOR JONES: I move for approval.

5 COUNCILOR DAVIS: Second.

6 CHAIR PENA: There's a motion and a second
7 for approval of C-17-22. All those in favor say yes.

8 MEMBERS: Yes.

9 CHAIR PENA: Oppose, no. Motion passes.
10 Next item -- thank you. Next item we have, Item
11 C-17-23 approving Recommendation of Investment
12 Strategy. Mr. Stan Allred.

13 MR. ALLRED: Ma'am Chairman and Members of
14 the Board. What you have before you is a strategy
15 that was adopted by the Investment Committee. The
16 committee was made up of Councilor Jones, the
17 Executive Director Mark Sanchez, the Chief Operating
18 Officer John Stomp, a member from RBC Capital Markets,
19 which was Paul Cassidy, and myself. After reviewing
20 our stuff with our investment advisor, which is Public
21 Trust Advisors, we have the following strategy in
22 front of you: And strategy will allow us to diversify
23 our portfolio and take a lot of the money out of the
24 banks and diversify about \$36 million in treasuries.
25 We can only earn about 25 basis points on our

1 investments in the bank, and it's to allow us to earn
2 between 76 to a hundred basis points. So basically
3 tripling, or more, our investment. And we recommend
4 approval.

5 CHAIR PENA: Any questions?

6 COMMISSIONER HART STEBBINS: I move approval.

7 COMMISSIONER JOHNSON: Second.

8 CHAIR PENA: There's a motion and a second
9 for approval of C-17-23. All those in favor say yes.

10 MEMBERS: Yes.

11 CHAIR PENA: Oppose, no. Motion passes.

12 Thank you, Stan. Next item we have is other business
13 and that would be the water report on fluoride.

14 Mr. Mark Kelly. As Mark is making his way up here I
15 just wanted to let everybody know the next item will
16 be public comment. The reason that we're discussing
17 fluoride is there was a policy amendment made to our
18 budget the last time we met. This amendment did not
19 provide for an appropriation, so we're just kind of
20 gearing up for that. So this is an opportunity for
21 public comment. Thank you. Mr. Kelly, go ahead and
22 proceed.

23 MR. KELLY: Thank you, Ma'am Chair and
24 Members of the Board. I'm going to talk about
25 supplemental fluoride. The goals are to provide data

1 for our background levels that are currently in our
2 water sources to provide expected levels if the --
3 which referenced supplemental fluoride is resumed to
4 review expected costs and to have a look at a timeline
5 for potential implementation. In 1962 the CDC came
6 out with some guidelines of fluoride concentrations of
7 between 0.7 and 1.2 milligrams per liter was the
8 recommended range. In 2011 the EPA and the CDC
9 announced that they were going to work together to
10 look at the potential effects of fluoride. And this
11 was done because it wasn't -- the EPA wasn't sure if
12 they were going to change the recommended levels or
13 change their MCLs. So they got together and had some
14 proposals and said that they would come out with a
15 final level. In 2015 they did come out with a optimal
16 level, recommended level, of 0.7 milligrams per liter
17 and they went to the bottom level of that range due to
18 more people using toothpaste and other dental care as
19 compared to when it was first got put out in the '60s.
20 We do have background levels naturally occurring
21 fluoride in our groundwater and surface water. We do
22 sampling quarterly at our wells and we have a lot of
23 data based on the last 27 years of sampling. In our
24 well water the background levels can depend on how
25 long and how often a particular well is pumped. The

1 levels also vary by well field. And this shows you
2 the different concentrations in each of our well
3 fields. Some of them are below 0.7. Some of them are
4 above 0.7 milligrams per liter. Our surface water
5 also has some naturally occurring fluoride and it does
6 vary slightly depending on what's going on in the
7 river about which tributary is dominant. The U.S.
8 Geological Survey does quarterly samples in the Rio
9 Grande that shows that the average concentration of
10 fluoride in there is 0.35 milligrams per liter. Right
11 now the surface and groundwater supplies are blended.
12 Last year we had over 60 percent surface water. It
13 depends on our seasonal demand and the availability of
14 surface water, what the blend actually is. We do
15 quarterly sampling in the distribution system that
16 shows that when we are on a hundred percent
17 groundwater we're averaging around 0.5 milligrams per
18 liter. And then when the water treatment plant is on
19 line we're averaging between .4 and .5 milligrams per
20 liter. Additional supplemental fluoride would take
21 place at the San Juan-Chama Treatment Plant. This
22 plant is a secured facility. It's designed for
23 handling bulk storage and distribution of chemicals.
24 What would be added would be an NSF 60-approved
25 fluorosilicic acid that most places that are adding

1 fluoride or using the fluoride that comes in would be
2 tested to determine the actual dosage rate used. With
3 the raw water having the 0.35 milligrams per liter
4 naturally occurring level and the target of 0.7, we
5 would be shooting for a goal of between 0.65 and 0.75
6 milligrams per liter to come out of the plant. When
7 the surface water treatment plant is on it's
8 anticipated that fluoride levels would be that 0.7
9 milligrams per liter. When it's off line the well
10 pumping we would expect around 0.5 milligrams per
11 liter. Although, the Water Authority would try to
12 make -- use the wells in the best way possible to get
13 closer to that 0.7 milligrams per liter. In all cases
14 the expected fluoride levels are going to be well
15 below the EPA secondary maximum contaminate level of 2
16 milligrams per liter. This is anticipated to cost
17 \$250,000 for a capital cost at the San Juan-Chama
18 Water Plant Treatment and the operations cost
19 including capital in the future are anticipated
20 250,000 a year for the fluorosilicic acid, replacing
21 wearable parts and also all the testing that would be
22 going on. The timeline upon approval would be to
23 begin immediately, but at the latest we're looking at
24 April of next year, pending approval. That's all I
25 have. I can stand for questions.

1 CHAIR PENA: Are there any questions? If
2 there's not any questions we'll just move right into
3 public comment. Thank you.

4 MR. KELLY: Thank you.

5 CHAIR PENA: So the next item is, we have
6 public comment. Ms. Jenkins, how many people do we
7 have signed up to speak?

8 MS. JENKINS: 28.

9 CHAIR PENA: 28. So I think what we should
10 do is -- the 28 will be about an hour, okay. So what
11 we're going to do is we're going to have -- you'll
12 have up to two minutes to speak. Ms. Jenkins, will
13 you please call the first speaker.

14 MS. JENKINS: Peter Nathanson followed by Don
15 Schrader.

16 MR. NATHANSON: Ma'am Chair, Members of the
17 Board. My name is Peter Nathanson. I'm an engineer
18 registered in the State of New Mexico; been doing
19 civil and environmental engineering for over 30 years.
20 I'm also an operator, water system, drinking water
21 system operator certified by the State of New Mexico.
22 Fluoride is a contaminant. Your job as the Authority
23 is to not add contaminants to our drinking water.
24 Your job is to prevent those contaminants from
25 entering our water. And when they do, remove them

1 when they are present at specific concentrations. I
2 think everybody can agree that the prevention and
3 removal steps are important. I don't believe
4 everybody agrees that the addition of a contaminant is
5 a good idea. Regardless of the EPA and the CDC's
6 finalized guidelines for supplemental fluoride in
7 drinking water, research indicates that supplemental
8 fluoride is a questionable practice with adverse
9 health implications and some of those implications are
10 evidenced by the EPA's long-standing decision to
11 regulate fluoride at both secondary aesthetic effects
12 and primary health effects. What does that mean?

13 MS. JENKINS: It's a warning bell. You have
14 30 seconds more.

15 MR. NATHANSON: We also know that the
16 efficacy of fluoride treatment for dental health is
17 limited to when children's enamel is developing and
18 that's for surface treatment, not systemic drinking
19 water. Your decision to add fluoride is requiring
20 everybody to drink supplemental fluoride even though
21 its efficacy is limited to those small children when
22 their enamel is developing. If you want to really do
23 something, re-purpose the money, put it into a
24 community-based dental health program and set up
25 outreach and provide dental health education, partner

1 with the Department of Health, partner with your
2 county folks and do something that has measurable
3 results. Not systemic fluoride. Thank you.

4 MS. JENKINS: Don Schrader followed by
5 Santiago Montoya.

6 MR. SCHRADER: I have studied health for 41
7 years. Five of my health books, plus other articles,
8 warn against the health hazards of fluoridated water.
9 97 percent of people in Western Europe do not, I
10 repeat, do not drink fluoridated water. Sodium
11 fluoride can cause arthritis, early aging, thyroid
12 disease, osteoporosis. Sodium fluoride can cause
13 behavior problems, hip and neck fractures, muscle
14 weakness, chronic fatigue, skin rashes. Sodium
15 fluoride can cause birth defects, Down Syndrome, joint
16 pains, digestive upset, tingling in toes and fingers,
17 genetic damage. Sodium fluoride can cause lowered
18 immunity, bone cancer, bladder cancer, ovarian cancer,
19 breast cancer, stomach cancer, intestinal cancer. Are
20 you sure that fluoridation causes none of these 22
21 conditions? Often educated people have sincerely
22 thought they were right, but history proved them
23 terribly wrong. Decades ago a leading medical journal
24 advertised cigarettes and some doctors recommended
25 cigarettes, but eventually we found out the deadly

1 truth. Are you sure beyond all reasonable doubt that
2 all the scientific studies, all the articles and books
3 in the past 50 years damning fluoridation, are totally
4 wrong?

5 MS. JENKINS: Santiago Montoya followed by
6 Robert Schiller.

7 MR. MONTOYA: Ma'am Chairman, Members of the
8 Board. In regard to that monthly meeting, is anybody
9 trying to put their hands in, so-to-speak, cookie jar.
10 Why wasn't this maneuver done in the last meeting,
11 even though it was not in the regular meeting agenda?
12 Can you answer me? Can you answer the taxpayers
13 honestly that question? Does anybody on the Board has
14 the guts to really answer that question honestly?
15 Another thing, you know, you members of the Board
16 Authority, all of you are adults. You and each and
17 every one of you is supposed to set an example to the
18 young kids from elementary, junior high, high school
19 and beyond. Yet, by doing what you are guys did at
20 the last meeting by trying to put in this fluoride
21 deal underneath without even being in the regularly
22 scheduled meeting, you know, what kind of example are
23 you putting to the young kids? You guys are supposed
24 to be adults. You're supposed to set an example. You
25 people are doing a very lousy job of setting an

1 example to the young generation, and then you wonder
2 why the kids do what they do. Because they got
3 perfect teachers sitting back there doing the
4 opposite. Thank you.

5 MS. JENKINS: Robert Schiller followed by
6 Deborah Sapunar.

7 CHAIR PENA: As this gentleman is coming
8 down, Mark, can you just kind of talk about the
9 process in terms of budget and amendments and how,
10 real quickly, amendments can be done and not
11 necessarily, you know, when we pass something people
12 have different votes.

13 EXECUTIVE DIRECTOR SANCHEZ: Ma'am Chairman,
14 Members of the Board. At the last meeting, as you
15 recall, the FY18 operative budget was before the body
16 for approval. What was proposed and approved by the
17 Board was an amendment to that budget directing the
18 Authority to begin supplemental fluoridation and using
19 savings from what we expect in power and chemicals
20 because of a 1.5 megawatt solar array that was
21 recently constructed and is now operational. Each
22 amendment are typically not published as part of the
23 agenda for an operating budget.

24 CHAIR PENA: Thank you, Mr. Sanchez. I
25 apologize, sir.

1 MR. SCHILLER: Board members, I'm Robert
2 Schiller and I appreciate the opportunity to speak.
3 This fluoride situation reminds me of the cell phone
4 situation, I think they stole their idea from the
5 fluoride people when they -- the World Health
6 Organization decided to have a big massive study on
7 cell phones and their relationship to cancers and
8 other such things. They did this, probably one of the
9 best studies ever done, and tabulated the results,
10 formed a report. And the report said, yes, cell
11 phones can cause brain tumors, cancers and a whole
12 list of things. Guaranteed. But could they publish
13 this? No, they had to turn it into the World Health
14 Organization who immediately got out the scissors and
15 they cut out from this report everyone over 59,
16 everyone under 25, everyone who had more than two cell
17 phones, more than one cell phone, and a whole slew of
18 others. One scientist involved in the report said, by
19 the time they got through with this, it looked like
20 cell phone usage made people healthier. About a dozen
21 of the involved scientists wrote up a protest report
22 and signed it, but that didn't stop the World Health
23 Organization. They went and sent this report, all
24 chopped up, mind you, out to people and that's what
25 you will find if you buy a new cell phone. It's

1 called the Aiphone Study in that little piece of
2 paper. Well, I believe they got this from the
3 fluoride people because they were having trouble
4 getting all this fluoride into the water and they
5 decided they also wanted a report. So they
6 commissioned up a report and brought the report back
7 and the people who commissioned it took a look at it
8 and said, "I can use this. It says, when we add
9 fluoride there's a 14 percent decrease in cavities."
10 And they got their dentist buddy to tell a whole bunch
11 of dentists and tell them to tell a whole bunch and
12 now we know why all these dentists believe that
13 there's a reduction in cavities, because of this
14 report. But what about the control group? Also
15 showed 14 percent decrease in cavities, which proves
16 that added fluoride does nothing to decrease cavities.
17 Thank you.

18 MS. JENKINS: Deborah Sapunar followed by
19 Mark Jursich.

20 MS. SAPUNAR: Hi, I'm Deborah Sapunar, and
21 I'm totally against adding fluoride to Albuquerque's
22 water supply for many reasons, but I'll address two
23 this evening. First, fluoride is neurotoxin. A March
24 2014 report from the Lancet Medical Journal officially
25 classified fluoride as a neurotoxin. This is the same

1 category as arsenic, lead and mercury. Second, there
2 is no way to control the amount of fluoride each
3 citizen will consume. We drink the fluoridated water,
4 bathe in the fluoridated water, and eat food and
5 beverages we prepare with the fluoridated water, in
6 addition to processed foods and drinks made with
7 fluoridated water. And don't forget the use of
8 fluoridated toothpaste and mouthwash. A recent
9 national survey conducted by the CDC found about 40
10 percent of American teenagers with visible signs of
11 fluoride overexposure. Infants who consume formula
12 made with fluoridated tap water ingest 77 to 1,200
13 micrograms of fluoride, that's about a hundred times
14 more than the recommended amount of the Institute of
15 Medicine. In July of 2012 scientists from Harvard
16 University warned that the developing brain may be
17 another target for fluoride toxicity. There are also
18 conditions that make those in our community more
19 vulnerable to fluoride toxicity, such as living in
20 poor neighbors, nutrient deficiencies, infant formula
21 consumption, diabetes and kidney disease. Let's not
22 step back to the 1940s and '50s when fluoridating the
23 water was thought to be the greatest chemical to fight
24 tooth disease. Let us use our current day knowledge
25 and research to realize that fluoridating our city and

1 county water supply cannot keep teeth healthy. It can
2 cause more harm than good to the residents of
3 Albuquerque and Bernalillo County.

4 MS. JENKINS: Mark Jursich followed by
5 Mariela Leyba.

6 MR. JURSIK: Hello, my name is Mark Jursich
7 and I am opposed to the added fluoride in the water
8 for the simple reason that the vast preponderance of
9 statistical data simply does not support the assertion
10 that there's any difference whatsoever between
11 populations that consume fluoridated water and those
12 that don't. I brought with me a chart of data from
13 the World Health Organization in which is plotted
14 versus time tooth decay rates. It's normalized tooth
15 decay rates versus the year the data was taken. Two
16 things should be taken away from this chart. The
17 first is that tooth decay rates -- and by the way,
18 each one of these lines on this chart represents the
19 data from one country. There are 22 countries
20 represented here. So both in countries where they
21 fluoridate water and don't fluoridate water, tooth
22 decay rates are dropping and at about the same rate.
23 The second and probably the more important conclusion
24 is, if you look at the data for the most recent data,
25 you'll notice it's all kind of moshed together into a

1 ball. If you do a statistical analysis between
2 countries that fluoridate their water and don't
3 fluoridate their water, the means are statistically
4 identical. There is no difference in the means.
5 There's no difference in the variance. So the
6 assertion that there is any benefit to adding fluoride
7 to the water is simply not statistically valid. Thank
8 you.

9 MS. JENKINS: Mariela Leyba followed by Joe
10 Martinez.

11 MS. LEYBA: Ma'am Chair, Members of the
12 Board. My name is Mariela Leyba. I am the mother of
13 a 16-month-old son, and a life-long resident of
14 Albuquerque and I was able to benefit from community
15 water fluoridation, and I would like the same for my
16 son. I practiced dental hygiene for six years, four
17 of those being in private practice, the last two in a
18 public health setting. And I worked primary with
19 children throughout this state. In my experience I
20 see dental decay or cavities at a rate that is
21 completely unacceptable. Primary baby teeth are
22 crucial to a child's speech development, confidence
23 and ability to obtain proper nutrition. Children also
24 begin to get their permanent teeth as young as five or
25 six years of age and these are the teeth that they

1 have to -- have to last them their lifetime. Here in
2 the City of Albuquerque we have more access to care
3 and less population with the low socioeconomic status
4 when compared to some of the rural areas that I visit.
5 Yet, the rates of dental decay are comparable. This
6 means that we must find a way to lower the incidence
7 of cavities in the Albuquerque metro area. I believe
8 that through proper management and optimal fluoride
9 levels in the community water supply we can make this
10 happen. And I talk about the benefits of community
11 water fluoridation to children because that's -- I
12 work primarily with children. But there's also a
13 topical and systemic benefit for adults as well. So
14 as a resident of the Albuquerque metro area, a mother,
15 and a customer of the Water Utility Authority, I hope
16 that the Board will vote to reinstate community water
17 fluoridate and help to reduce oral health disparities
18 and lower the incidence of dental decay. Thank you.

19 MS. JENKINS: Joe Martinez followed by John
20 Martinez.

21 MR. MARTINEZ: Thank you. Thank you very
22 much. Thank you, Members of this Water Authority
23 Board. My name is Joe Martinez, I work with Health
24 Action New Mexico. I've been a resident here in this
25 community for 31 years. I grew up in a little mining

1 town in Southwestern New Mexico where they did
2 community water fluoridation from before the day I was
3 born and their oral health profile is very positive.
4 I am happy to be here tonight to let you know that one
5 of the most important decisions you can make is to
6 support the reinstatement, the resuming of community
7 water fluoridation in this community. Two facts I
8 want to share with you. One, there are so many more
9 communities that do community water fluoridation than
10 those that do not. The science is there, the safety
11 is there and the practice is a public practice that is
12 safe and it's recommended. Finally, I want to say one
13 other thing and that is that many hundreds of
14 thousands of children will benefit from community
15 water fluoridation resuming in this community. Please
16 do the right thing for so many people that live in
17 this community. I am so proud of the leadership that
18 you as the Water Authority Board demonstrate.
19 Continue that positive leadership and resume community
20 water fluoridation, please.

21 MS. JENKINS: John Martinez followed by Wendy
22 Fabian.

23 MR. MARTINEZ: Ma'am Chair, Members of the
24 Committee. I'm with Delta Dental of New Mexico. John
25 Martinez. And Delta Dental is an insurance carrier in

1 the State of New Mexico supporting our mission to
2 prevent oral health disease in the community. And
3 because fluoride is a natural mineral that helps aid
4 in the prevention of tooth decay, primarily in
5 children, Delta Dental simply stands in support of
6 fluoridating Albuquerque's water supply. Thank you.

7 MS. JENKINS: Wendy Fabian followed by Mike
8 Gadler.

9 MS. FABIAN: Ma'am Chair, Members of the
10 Board. I would just like you to consider the
11 following questions: These are a few things that I
12 have wondered about concerning what we're about to do.
13 What we're looking at. How much fluoride will you be
14 dosing me with if I drink eight glasses of water a
15 day? Can you guarantee that none of us will suffer
16 any harmful affects from adding this industrial grade
17 fluorosilicic acid to our water? Why are we using
18 this unpurified form of fluoride anyway? If it's such
19 an important additive, why not a pharmaceutical grade?
20 And since ingesting fluoride is so critical in some
21 people's opinion why would the FDA advise against the
22 commercial sale of fluoride supplements. If it isn't
23 such an essential nutrient, why not? We've been
24 adding it to municipal drinking water for 70-plus
25 years. Isn't it common knowledge that fluoride is

1 most effective as a topical treatment? Hasn't
2 fluoride been proven to be a neurotoxin that blocks
3 the function of iodine, which by the way is an
4 essential nutrient. Is it really a good idea to
5 ingest more than what is already naturally occurring?
6 Who is profiting from this deal? Is adding fluoride a
7 good thing? Why stop with fluoride? I'm sure we
8 could use the same rationale with many other things
9 that would be much less harmful. Isn't this practice
10 of fluoridation overreaching your civic responsibility
11 to provide clean and safe water to your constituents?

12 MS. JENKINS: Mike Gadler followed by Elaine
13 Hebard.

14 MR. GADLER: Board Members, my name is
15 Michael Gadler. The law of unintended consequences,
16 we see that often. I have a report here from somebody
17 by the name of Anna L. Choi of the Department of
18 Environmental Health, Harvard School. Anybody making
19 a decision on anything to do with water probably --
20 anything to do with fluoride, should probably read
21 this. The conclusion of the report is very simple.
22 Children who live in high fluoride areas have lower
23 IQs than controls or those who live in unfluoridated
24 areas. Children in high fluoride areas have
25 significant lower IQ scores than those who live in low

1 fluoride areas. There is a relationship between
2 fluoridation and IQ. That's the conclusion of this
3 report. Fluoride readily crosses the placenta. Do
4 you know what that means? Do you know what that
5 means, it readily crosses the placenta? You're going
6 to have to put a tag on the water faucet saying,
7 "pregnant women cannot drink this water." Let's not
8 talk about lawsuits that will result from this thing
9 because they're going to be there. Fluoride exposure
10 to the developing brains, which is much more
11 susceptible to injury caused by toxicants than is the
12 mature brain. So the little tissue mass or whatever
13 you want to call it that's in the womb, that brain is
14 going to be damaged and that child is going to have a
15 lower IQ. Children who lived in areas with high
16 fluoride exposure had lower IQ scores than those who
17 lived in low exposure or controlled areas. Don't
18 forget that. Remember that. That's very important.
19 Now, concern for education. Finland dropped
20 fluoridation. Do you realize -- do you know where
21 Finland is in education worldwide? Anybody know?
22 Well, they're number one. So think about the
23 lawsuits. That's the thing that I want you to address
24 when that little baby is damaged, his IQ is damaged.
25 Think about the lawsuits that are going to come to

1 Albuquerque. And what I want you to do is set aside
2 some money to fight those lawsuits because they're
3 coming our way if you fluoridate. Thank you very
4 much.

5 COUNCILOR DAVIS: Ma'am Chair.

6 CHAIR PENA: Councilor Davis.

7 COUNCILOR DAVIS: I'm sorry, sir, I just had
8 a brief question. I was actually trying to look up
9 the study you were mentioning.

10 MR. GADLER: Yes. I can give you a copy, if
11 you like.

12 COUNCILOR DAVIS: The one I see was done on
13 children in China relating to --

14 MR. GADLER: That's correct.

15 COUNCILOR DAVIS: So it was Chinese, and as I
16 understand it, it was in relation to this study of
17 water systems that had lead in their system and
18 fluoride was --

19 MR. GADLER: It is not known whether it was
20 lead or mercury in their systems or not, just like we
21 don't know here sometimes either. China was in an
22 unusual situation where we could do a study. China
23 has highly fluoridate water, naturally highly
24 fluoridated. And so you could get control groups and
25 you could get highly fluoridated situations all across

1 by just reviewing studies from China. And by doing
2 that they were able to come up with this study.
3 However, as you're pointing out, we don't know the
4 level that's dangerous. Some levels in animals and
5 rats show one part per million damages tissue. In
6 other cases areas that are below what you're
7 suggesting to fluoridate the Albuquerque water has
8 been shown to be dangerous.

9 COUNCILOR DAVIS: Thank you, sir.

10 MR. GADLER: Okay. Are there any other
11 questions?

12 CHAIR PENA: Thank you, sir.

13 MR. GADLER: Thank you.

14 MS. JENKINS: Elaine Hebard followed by Jesus
15 Galvan.

16 MS. HEBARD: Good afternoon. My name is
17 Elaine Hebard. I'm a long-time attendee of these
18 meetings. I'm not going to talk about fluoride
19 tonight. Rather, I'm going to talk about the fact
20 that May's meeting provided a number of examples as to
21 why government changes have been suggested for this
22 Board and perhaps why customer satisfaction numbers
23 have been decreasing. As I talked about last at the
24 May meeting, you'll notice that the J.D. Powers study
25 shows that we were 80 of 87 large utilities that were

1 actually reviewed for customer satisfaction of more
2 than 400,000 customers or more. The results were
3 based on more than 40,000 responses representing more
4 than 87 million residential customers of the 87
5 largest utilities. And they were responding to 33
6 attributes within six major areas. What was
7 interesting, I found out after the meeting last time,
8 was that this year's score was slightly less than last
9 year's. Furthermore, the lowest score was in the area
10 of the delivery of water and reliability of service
11 and had one of the lowest scores in the country. The
12 Water Utility also surveys their customers. And
13 what's interesting is that the questions on water
14 availability and water delivery have also gone down.
15 They've been 87 percent down to 78 percent in the last
16 ten years. So this is a perfect opportunity to
17 discuss with your customers reasons like the fluoride,
18 ways to make -- raise the customer satisfaction. And
19 so, hooray for taking the comments tonight, I think
20 it's the right thing to do. I would like to suggest
21 that people who weren't able to come here, they were
22 able to submit their comments on fluoride, it would be
23 a great thing for other people to do. I was not able
24 to talk about everything I wanted to. I have my
25 comments to submit tonight for the record. Thank you.

1 CHAIR PENA: Thank you.

2 MS. JENKINS: Jesus Galvan followed by
3 Patrick Manzanares.

4 MR. GALVAN: Good evening, Ma'am Chair,
5 Members of the Water Utility Authority. My name is
6 Jesus Galvan. I am a dentist of 44 years. I grew up
7 here in Albuquerque. Went through all the public
8 schools, University of New Mexico, went to dental
9 school at UCLA. The comments that we're hearing
10 tonight are comments about the so-called addition of
11 fluoride to community water systems. The whole
12 concept of community water fluoridation is designed to
13 bring a community water -- a community's water into a
14 level of optimal fluoridation. That can mean adding
15 supplemental fluoride. Notice the word supplemental.
16 Adding supplemental fluoride to the water to bring it
17 up to an established level that is not harmful. In
18 certain communities where there is community water
19 fluoridation it's actually moved to bring the water
20 down -- to bring the levels down in the community
21 water system to optimal levels. As has been
22 mentioned, fluoride is a naturally occurring element.
23 We have it in our water. We have grown up drinking
24 fluoride in our water in Albuquerque and surrounding
25 areas and different parts of the state. I don't know

1 that there has been any evidence showing that as a
2 state community our intellectual levels have been
3 compromised by this naturally occurring. Thank you.

4 MS. JENKINS: Patrick Manzanares followed by
5 Rudy Blea.

6 MR. MANZANARES: Ma'am Chair, Fellow Board
7 Members. I would like to thank you all for allowing
8 us to have this public comment on this very, very
9 important issue. My name is Patrick Manzanares. I'm
10 a graduate student in social work and public health.
11 In addition to that I've spent the last decade doing
12 outreach, among many other things, mongol health with
13 rural communities in the State of New Mexico. And in
14 that time I worked with a number of communities that
15 did not have fluoride in their water systems and we
16 saw an elevated increase in tooth decay causing what
17 can be best described as a health inequality amongst
18 these communities. And as such, I believe it is
19 incredibly important that Albuquerque go back to a
20 fluoridated water system that is regulated at optimal
21 levels. I could talk about the various research, the
22 various peer-reviewed papers that support these
23 measures, but there are a number of oral health care
24 professionals coming up to speak. But I believe that
25 making sure that community tap water in the

1 Albuquerque area is fluoridated is key to preventing
2 this -- any sort of health inequality. Thank you.

3 MS. JENKINS: Rudy Blea followed by David
4 Manzanares.

5 MR. BLEA: Good evening. Thank you for
6 allowing me to come before you and speak. I am
7 employed by the Department of Health and I am
8 representing tonight the Department of Health's
9 leadership in support of the action that you took in
10 May in approving the funding for fluoridation. At the
11 same time I also am representing the Association of
12 State and Territorial Dental Directors and the
13 American Public Health Dentistry Association. They
14 have asked me to share their comment in that they
15 support the action that you have taken and they will
16 continue to support you in maintaining water
17 fluoridation if we begin in FY18. The department and
18 the two associations are in full agreement that
19 fluoride is a safe and effective way of providing
20 treatment for our children as they grow up. And along
21 with adults as well. We have researched, we have
22 studied, we have come to many conclusions about
23 fluoridation on which side of the bench you sit on.
24 But the department and the two associations have
25 followed peer-reviewed studies throughout the past 50

1 years and have found it acceptable to provide water
2 fluoridation at the optimal levels of 0.7 parts per
3 million. Should you continue the practice, you will
4 join other communities throughout the country who are
5 providing water fluoridation to their customers and
6 that equals millions of individuals. And if you were
7 to go look at the individuals and their lifestyles you
8 will find that there are no health effects caused by
9 overfluoridation. You may have cirrhosis, but there
10 are no chronic diseases or other disabilities that
11 will come as a result of consuming fluoridated water
12 at the regulated optimal level of 0.7 parts per
13 million. I have brought 80 signatures in support of
14 your action to continue water fluoridation in the
15 Albuquerque area and these have been signed by
16 directors of medical companies, medical directors,
17 other dentists throughout the community, especially
18 other communities, that support your action. We
19 applaud your action and we recommend that you continue
20 providing water fluoridation to the people of
21 Albuquerque. Thank you.

22 MS. JENKINS: David Manzanares followed by
23 Lisa Roberts.

24 MR. MANZANARES: Ma'am Chair, Members of the
25 Water Authority, thank you for your time in allowing

1 public comments on this issue. I'm Dr. David
2 Manzanares. I'm a general dentist practicing here in
3 Albuquerque. I'm also the secretary/treasurer of the
4 New Mexico Dental Association. This is an issue that
5 I think we really need to get back on. Currently
6 Albuquerque is the second largest metro area that
7 doesn't have fluoride optimization within its water
8 systems. This is going to be a way to help maintain
9 and ensure that the people of our city have access to
10 one of the most significant public health initiatives
11 that our nation has ever seen. It is supported by the
12 CDC. It is supported by the FDA. I treat a lot of
13 Medicaid patients. I see a lot of children who come
14 in with -- the amount of tooth decay that is just
15 staggering and this is a way to make sure that these
16 children do not miss school, they do not suffer pain
17 and that they are able to maintain a good active
18 lifestyle. This is one of the cheapest, best
19 initiatives that we can take and it will help make
20 sure that our community is healthy. Albuquerque is
21 suffering through so many major societal issues right
22 now and it is important that we at least try and
23 improve our current public health model. This is
24 something that needs to be done to help improve our
25 community. So I want to say thank you for the time

1 and the ability to offer commentary.

2 COUNCILOR DAVIS: Ma'am Chair.

3 CHAIR PENA: Councilor Davis.

4 COUNCILOR DAVIS: Very briefly.

5 Dr. Manzanares, thank you for that. We've heard some
6 comments tonight, I think the benefit for children as
7 their teeth are developing I think is undisputed for
8 fluoride, period. However it gets there. We have
9 also seen some studies about the benefits for adults
10 as well in preventing decay. Is that, in your
11 professional experience, and maybe from the
12 association, can you give us some insight on any
13 benefits for adults beyond sort of the developing
14 children stage as well?

15 MR. MANZANARES: Absolutely. I see it all
16 the time. One of the prescriptions I write the most
17 is for highly fluoridated toothpaste. These people
18 don't have access to the fluoride, and it helps cut
19 down the amount of caries rates. Especially in areas
20 like root caries. We're seeing, with our aging
21 population, geriatric patients are experiencing -- the
22 gingiva that surrounds the root of the tooth begins to
23 recede away and as that root surfaces exposes the
24 environment of the mouth, that causes breakdown,
25 because they do not have the fluoride in their water.

1 We're seeing increased rates in decay there, which
2 leads to teeth breaking off, which leads to higher
3 rates of edentulation. We're having to put patients
4 -- we're noticing that patients who never had
5 cavities, over last the four years are coming in with
6 significant caries, especially comorbidity. A lot of
7 these patients, especially your geriatric patients,
8 they're suffering from the effects of polypharmacy,
9 which means they're on lots of medication. The side
10 effects of that oftentimes is xerostomia, or dry
11 mouth. Saliva is there to help clear out the mouth.
12 What the fluoride is able to do in this case is it's
13 able to help prevent further breakdown. It also
14 reduces a lot of cases of root sensitivity. Any other
15 questions?

16 CHAIR PENA: Thank you.

17 MR. MANZANARES: Thank you.

18 MS. JENKINS: Lisa Roberts followed by Joe
19 Gherardi.

20 MS. ROBERTS: Hi, my name is Lisa Roberts and
21 I was a preschool teacher for 20 years and we
22 encouraged children to brush their teeth, something
23 that didn't really happen with kids when I was a
24 child. A lot of parents would have them brush their
25 teeth, but they didn't brush their teeth if they were

1 in school or daycare, things like that. My son was
2 raised in the area. And was in utero in an area where
3 there was no fluoride added to the water and
4 surprisingly he had no dental caries through his
5 entire childhood, and I attribute that specifically to
6 the fact that he had a dentist that applied sealants
7 to his teeth. Sealants prevent cavities really well,
8 especially in the primary teeth. My daughter, on the
9 other hand, grew up in Albuquerque under fluoridation
10 and was in utero under fluoridation and, you know, she
11 suffered tremendous amount of dental caries because
12 her dentist, instead of giving her sealants to protect
13 her teeth, gave me bottles of fluoride rinse for her
14 to rinse with. I agree, fluoride can really protect
15 your teeth if it's applied to your teeth. I don't
16 think that we should have to drink it with every glass
17 of water. And I specifically think that with all the
18 infrastructure that needs to happen in the city,
19 spending the cost of two, three-bedroom houses each
20 year to maintain a fluoridation plant that many
21 albuquerqueans don't want, is irresponsible. We can
22 apply fluoride to our own teeth. We can get fluoride
23 to our own teeth. And for all the dentists that say
24 that fluoride is big a benefit, I have to say, it
25 didn't really do anything for my daughter. What did

1 help was the sealants on my son's teeth. What does
2 help is to continually practicing good oral hygiene.
3 And for some people, like my daughter-in-law who grew
4 up with highly fluoridated water in Texas, her teeth
5 are incredibly bad, you know. The fluoride often
6 doesn't solve the problem.

7 MS. JENKINS: Joe Gherardi followed by Derris
8 Roberts.

9 MR. GHERARDI: Good evening, everyone. My
10 name is Joe Gherardi and I'm a practicing dentist here
11 in Albuquerque. I grew up here. And a couple of
12 points I just want to touch on is, money one way from
13 taxpayers will be spent on oral health care and dental
14 health and it goes a lot further to prevent for a
15 large population rather than to treat all these
16 individuals with several dental problems and cavities
17 that happen. And to address Mr. Davis' question
18 previously with Dr. Manzanares. One added benefit
19 that I would like to touch on for adults is, yes,
20 obviously this is a big health to children immediately
21 in preventing dental decay. But every time -- you
22 know, as a dentist I see this all the time. Every
23 time you have any kind of procedure done on a tooth,
24 say it's a filling, say it's whatever it is, a crown,
25 it starts that tooth kind of on a negative spiral.

1 It's never going to be the same as what it was, as a
2 perfectly health tooth. You're going to have to
3 replace that filling 20, 30 years down the road most
4 likely and that filling is going to get bigger, it's
5 going to break, it's going to turn into a bigger
6 thing, a root canal, a crown. So the most important
7 time is to prevent it in the early stages of that
8 tooth and prevent that lifetime of problems for the
9 adult. And one other thing I would like to say just
10 about the support that we have as dentists, it's not
11 helping us financially at all. It's actually hurting
12 us. It's taking money away from our industry, but
13 that goes to show how much it works and we believe
14 that it works for the patients because it's for their
15 sake, it's not ours. Thank you.

16 MS. JENKINS: Derris Roberts followed by Ron
17 Romero.

18 MR. ROBERTS: Ma'am Chair, Board, I thank you
19 for the opportunity. Bravo for the solar array that
20 could offset the cost of running the water plant. I
21 am against fluoride and the point has been made
22 excellently by the previous speakers. The numbers I
23 have here, it costs 260,000 to build the plant and
24 270,000 a year to maintain it. Fluoride, once upon a
25 time, was a toxic byproduct of a process and they

1 didn't know what to do with it and, well, let's put it
2 in water. At one time mercury was prescribed, and for
3 even longer period of time it was used in tooth
4 fillings. What we think is safe sometimes down the
5 road turns out to be not safe. Arsenic is naturally
6 occurring in the ground. If we add arsenic to our
7 water it will kill germs, killing any viruses we have,
8 so let's add arsenic to our water too. This \$530,000
9 that could be better spent on our infrastructure,
10 which is in kind of bad shape. The water mains, the
11 system, we're continually having to tear up streets.
12 I just think that money would be better spent. And
13 finally, could this not be put to a vote to let the
14 citizens decide if we want this added to our water or
15 not. That would be my request, that and taking this
16 530,000 and just applying it to the infrastructure.
17 Thank you.

18 MS. JENKINS: Ron Romero followed by Tom
19 Schripsena.

20 MR. ROMERO: Good evening. Thank you, Ma'am
21 Chair and Members of the Committee. First of all I
22 want to say that I am the former State Dental Director
23 for the State of New Mexico, so Bernalillo County was
24 one of the counties that my program provided service
25 to, primarily preventive services. Again, the last

1 time I was here I mentioned that we basically have --
2 in public health we have two tools in our tool box.
3 One is fluoride, community water fluoride being one of
4 those, as well as sealants. Somebody talked about
5 sealants here today. But what I want to say is that
6 fluoride in the water works on the smooth surfaces of
7 the teeth, and the sealants work on the biting
8 surfaces of the teeth. So together they both form a
9 very good protective factor for fighting cavities.
10 But without the fluoride to strengthen the teeth we
11 lose some of that protective factor to prevent
12 cavities. Also I want to talk about some of the U.S.
13 statistics, the statistics on fluoride. Back in 2012
14 -- and this is comes from the CDC, around the time
15 Albuquerque went off. There was about 75 percent of
16 the U.S. population on public water and public water
17 systems receiving fluoridated water. That translated
18 to 210 million people. 18,502 water systems were
19 providing fluoridated water throughout the country and
20 44 of those largest cities -- 44 of them were large
21 cities. For Albuquerque, if we provide community
22 water fluoridation that will translate to less than 20
23 cents per person per year, and that will be \$4 million
24 in cost savings on dental treatment per year as well.
25 \$1 investment in fluoride brings \$38 in savings for

1 dental care. So I think it's a wise idea and I ask
2 you to continue to fluoridate water in Albuquerque.
3 Thank you.

4 MS. JENKINS: Tom Schripsena followed by
5 Robert Manzanares.

6 MR. SCHRIPSENA: Good evening, Ms. Chairman
7 and Members of the Committee. Thank you for the
8 opportunity to address you. My name is Tom
9 Schripsena, I'm the Executive Director of New Mexico
10 Dental Association. I also am a dentist and I grew up
11 here in Albuquerque. Had the opportunity to share my
12 personal experience and that of my family in the paper
13 and I'm not going to re-visit that, but I can tell you
14 that I definitely believe in community water
15 fluoridation as a solution for us. I'm really not
16 going to ask you to believe me either. I want you to
17 believe the 45 other -- you know, 45 of the 50 largest
18 cities in the United States that fluoridate their
19 water. And the Center for Disease Control, the World
20 Health Organization, the America Medical Association,
21 the American Dental Association, and the list goes on
22 and on of organizations that have looked at the
23 science, have looked at what there really is there and
24 found it to be an effective method to prevent tooth
25 decay and a safe method to prevent tooth decay, and an

1 affordable method to prevent tooth decay. And just a
2 word about where that science comes from. You know,
3 those organizations are not selected in the way that
4 they view the science. We use evidence.
5 Evidence-based medicine is the standard by which we
6 provide care. And the way -- the highest level of
7 evidence that we have is the systematic review, which
8 looks at not certain selective studies, but all the
9 studies that are out there and rates the value of each
10 particular study and looks at what evidence is
11 actually there. The evidence shows overwhelmingly and
12 consistently that it does prevent tooth decay and that
13 it does not cause any other health problems that have
14 been discussed here tonight. So I urge you to
15 continue along the path that you have started now in
16 terms of returning to water fluoridation. Let our
17 residents have what they need. Thank you.

18 MS. JENKINS: Robert Manzanares followed by
19 Mary Rose Twohig.

20 MR. MANZANARES: Good evening, Ma'am Chair,
21 Members of the Board. Thank you very much for
22 allowing me this opportunity to share my thoughts
23 here. My name is Robert Manzanares. I am a recently
24 retired dentist, but I had 37 years of private
25 practice in Northern New Mexico. I had the rare

1 opportunity to serve people from small communities
2 coming into my practice. And some places had
3 naturally high occurring fluoride, and I saw pitted
4 enamel and I saw discolored teeth. And I had patients
5 that came in that did not have very much access to
6 fluoride. But in this day and age where we've had so
7 access to refined sugars and chips, sports drinks,
8 sodas, candy. Kids are active, they're moving around.
9 They have so much exposure to -- with these problems
10 and that it can contribute to cavities. We need to
11 have an extra layer of protection there. Now, the key
12 here is that fluoride is not the magic bullet. By
13 itself it's not going to work for us. In a properly
14 regulated level, the right concentration, along with
15 personal responsibility, we don't talk about that an
16 awful lot, but we have to have responsibility for
17 ourselves. If we have a reasonable diet, if we have
18 good dental habits and fluoride, then we will have a
19 very, very nice result. I can't tell you how
20 important this is. This is for the poor people that
21 don't have the opportunity to come here and speak
22 before you. This is for the young children, for the
23 elderly, everybody. The masses will benefit. Please
24 support this. Thank you.

25 MS. JENKINS: Mary Rose Twohig followed by

1 Rome Armijo.

2 Ms. TWOHIG: Good evening. Thank you for
3 allowing me to speak. I'm Mary Rose Twohig. I'm the
4 President of the Albuquerque District Dental Society.
5 I'm just going to read this because I don't speak
6 well. But I'm here on behalf of the District Dental
7 Society applauding the Water Authority for voting to
8 reinstitute supplemental fluoridation. The residents
9 of Bernalillo County may now rejoin the seven out of
10 ten Americans who receive the benefits of fluoride
11 through their public water systems after several years
12 of non-optimal fluoridation. We know that the
13 recommended amount from the CDC is .7 milligrams per
14 fluoride -- of fluoride per liter of water for optimal
15 care. Implementing this protection should be neither
16 be political or subjective measure. Significant
17 numbers of health care professionals have researched,
18 consulted and agreed on this level of fluoridation and
19 it is easily implemented and monitored. Other
20 fluoride-containing products such as toothpaste, mouth
21 rinses and dietary supplements are available and
22 contribute to the prevention and control of tooth
23 decay. Community water fluoridation has been
24 identified as the most cost effective method of
25 delivering fluoride to all, reducing tooth decay by 25

1 percent in children and adults. In a state where
2 public health dollars are limited the cost savings o
3 water fluoridation is extremely valuable. According
4 to the Centers for Disease Control and Prevention it
5 is estimated, as we've heard, that for every dollar
6 invested in community water fluoridation there is a
7 \$38 savings in dental treatment costs. Thank you to
8 the Water Authority for recognizing the importance of
9 water fluoridation and its and contribution to the
10 health of our communities. As a side note, I had two
11 patients today, a 6-year-old and an 18-year old. The
12 18-year old benefited most of its life from the water
13 fluoridation. He had no decay until recently, in the
14 last three years. The 6-year old has not benefited
15 obviously from water fluoridation and she had ten
16 cavities in 2014. Thank you.

17 MS. JENKINS: Rome Armjio followed by Karla
18 Koch.

19 MR. ARMIJO: Good evening, Ma'am Chair,
20 Members of the Board. I just wanted to state my
21 comments here. I've been researching this for about
22 16 years now. I'm 45 years old. Fluoride has been
23 shown to be a neurotoxin. It's been used for years
24 back in the day as the main ingredient for rat poison
25 and a pesticide as well. I do agree that it does

1 cause cancer as well, as the people have stated
2 tonight. It has been found to be more toxic than lead
3 as well. And slightly less toxic than arsenic.
4 Dr. Dean Burk, who is a PhD doctor from the National
5 Cancer Institute. His comment is, in point of fact,
6 fluoride causes more human cancer deaths and causes it
7 faster than any other chemical. The fluoride
8 containers that I have researched that go into the
9 water facilities, state, toxic poison by ingestion can
10 damage heart, kidneys, bone, central nervous system,
11 gastrointestinal system and teeth, excess of course.
12 And I do have a picture here from many years back of
13 the insecticide sodium fluoride. That's all I have
14 for you tonight. I am totally against fluoride in the
15 water because there's no way to regulate how much
16 fluoride is going to be ingested. And I do believe
17 topically it can be extremely beneficial. But orally,
18 if we have -- working at a 106 degrees outside and
19 drinking a lot of water, there's no way to regulate
20 how much water or how much fluoride our body is
21 getting. Filtered drinks that you buy off the shelf
22 at the grocery stores, they are not de-fluoridated.
23 There's fluoride in a whole lot of different stuff.
24 There's no way to regulate how much your body is
25 getting. Thank you.

1 MS. JENKINS: Karla Koch followed by Pamela
2 Turman.

3 MS. KOCH: Ma'am Chair, Members of the Board,
4 thank you. I am Dr. Karla Koch, I'm a naturopathic
5 physician and doctor of oriental medicine and a
6 registered nurse with 20 years in medical care. I am
7 against fluoridating the water supply. The primary
8 cause of tooth decay is chewing on sugary foods, not
9 on a lack of fluoride in our system. The CDC's oral
10 division acknowledges that fluoride's main benefit
11 comes from topical contact with the teeth, not from
12 ingestion. Comprehensive data from the World Health
13 Organization reveals there is no discernible
14 difference in tooth decay between from minority of
15 Western Nations that fluoridate water and the majority
16 that do not, as Dr. Jursich pointed out earlier in his
17 chart. The FDA admits that fluoride is a form of
18 medication intended to prevent tooth decay. Fluoride
19 is not a nutrient. The public water supply is not an
20 appropriate place to be adding a drug that is only
21 proven to prevent dental caries when used topically,
22 not systemically. There is growing evidence that
23 fluoridated water can cause or contribute to a range
24 of serious health problems, the most common of these
25 include arthritis, damage to the developing brain, and

1 reducing thyroid function. Patients in fluoridated
2 have nearly twice the rates of hypothyroidism than
3 non-fluoridated communities, according to a study from
4 the British Medical Journal. The American Cancer
5 Society has evaluated the research on fluoride and
6 cancer rates several times with equivocal results and
7 each time comments on the quality of research to offer
8 a clear opinion. For the sake of public dental
9 health, instead of spending \$250,000 annually on
10 fluoridated water this money could instead go towards
11 providing free or low cost dental care, toothpaste and
12 brushes, education on proper brushing technique in
13 schools and on television, as well as improving the
14 nutritional quality of foods in public schools by
15 reducing the distribution of highly sugary foods which
16 directly increases cavities, obesity and diabetes.
17 Thank you.

18 MS. JENKINS: Pamela Turman followed by
19 Edward Ayoub.

20 MS. TURMAN: Good evening, Ma'am Chairman and
21 the Board. I think everyone before me has touched on
22 everything I have on my list -- sorry. I think
23 everyone before me has touched on the negative effects
24 of fluoride to our health, and so I won't go back
25 through my whole list that I have on here too. One

1 thing that hasn't been touched on is, with so many
2 people now enlightened to the dangers of fluoride in
3 our water, if it's to be put back in thousands of
4 health conscious people will be turning to reverse
5 osmosis to take it out. This is the only filtering
6 system that removes it. For every gallon of water
7 filtered with reverse osmosis, six gallons of water is
8 wasted in the filtering process. In New Mexico this
9 is just not a smart move when water conservation is of
10 such high importance. A better way to spend this
11 money would be toward nutritional education,
12 especially for our children, which would improve
13 dental health, along with better all over health for
14 our children and our communities. I don't think
15 anyone should be forced to drink fluoridated water.
16 Thank you.

17 MS. JENKINS: Edward Ayoub followed by
18 Dr. J.L. -- and I cannot read his last name.

19 AUDIENCE: Valles.

20 MR. AYOUB: Hello, I'm Edward Ayoub. I've
21 been a design engineer since 1979. I designed one of
22 the first fluoride treatment systems in the
23 semiconductor industry. I've been in New Mexico much
24 of my life designing high purity water systems and
25 wastewater systems. I think some of the most

1 important things you heard today to make a decision
2 was, the graph that showed 22 countries getting better
3 and better. So any study you see, the general
4 population is going to get better. When you have
5 natural occurring fluoride in your water, why add
6 more. Many communities are only injecting .5 ppm
7 anyway. Let's do the math. If the math doesn't work,
8 it's smoking mirrors. How many ppm are in toothpaste?
9 1,500 ppm in this Colgate box, .15 percent. So why,
10 if 1,500 ppm works, what's .7 ppm going to do? Let's
11 drink some water. How much of that water touched my
12 teeth? Very little. If it touched anything, it
13 touched the inside of my teeth, not the outside. Try
14 that at home. .7 ppm, and most of it is going down
15 your esophagus and your stomach and liver and your
16 intestines, it's not good for you. If you're bathing
17 with it, it's not good for you. The CDC has a
18 recommendation, their recommendation went from 1.2 to
19 .7 ppm. It went down for a reason and that's because
20 fluoride is a toxic chemical. I received this award
21 for designing a fluoride treatment system to remove
22 fluoride from wastewater. The CDC also publishes a
23 warning, a hazardous warning, on the very chemical you
24 plan to inject. It says, don't inhale it, don't get
25 it on your skin, don't get it in your eyes and don't

1 ingest it. Hello. Why are we adding fluoride to our
2 water so that maybe possibly a little bit will go over
3 our teeth and get on our teeth enamel? It's not going
4 to happen. As you know, most kids who don't brush
5 their teeth have a biofilm on their teeth. So even if
6 the fluoride is in the water, it's not going to touch
7 the enamel. It just doesn't make sense. The math
8 doesn't work. I think your money is better spent with
9 education. Fluoride does work on topical treatments,
10 it's great. But for ingesting it, putting it in our
11 water treatment, putting into our lawns and gardens,
12 it's going to stay there forever. Fluoride is an
13 element. It's been here for 10 million years, it will
14 be here for another 10 million years. It does not
15 break down. It's an element just like gold or silver.
16 Thank you.

17 MR. VALLES. Joe Valles, V-a-l-l-e-s. Thank
18 you, Ma'am Chair Pena and Board Members, for the
19 opportunity to have this discussion. I've been in
20 practice in the same location at Edith and Central for
21 37 years. I've seen people from all walks of life and
22 all ages. And I'm now into my second week as the
23 President of the New Mexico Dental Association. And I
24 want to express to you our sustained and unreserved
25 support for supplemental fluoridation, for setting the

1 maximum allowable fluoridation level at the optimal
2 effective standard of seven parts per million. The
3 science, to me at least, is pretty clear. The
4 standard is also supported by the Albuquerque District
5 Dental Society, the American Dental Association, the
6 Center for Disease Control, the World Health
7 Organization, the American Medical Association and
8 many others. The American Academy of Pediatrics, and
9 they said this: Tooth decay is the most common
10 chronic disease of childhood and water fluoridation is
11 one of the most important public health initiatives.
12 Water fluoridation is beneficial for reducing and
13 controlling tooth decay and oral health in both
14 children and adults. The American Association of
15 Public Health Dentistry issued this trial endorsement
16 in support for fluoridation all of community water
17 systems as a safe and effective public health measure
18 for the prevention of tooth decay. The last six
19 United States Attorney Generals have endorsed
20 fluoridation for all communities. The New Mexico
21 Board of Dental Health supports the fluoridation
22 efforts. We have a crisis in this state when it comes
23 to tooth decay, particularly in children. Our
24 governor supports it. The legislature would support
25 it. They're having a hard time finding the money for

1 prevention. And I'll say one thing, because I'm
2 running out of time here. I just want you to know
3 that the American Dental Association, the New Mexico
4 Dental Association spends a lot of time in protecting
5 the public health. We support that. And I'm going to
6 tell you one more thing before I leave. That is, in
7 37 years of practice on Edith and Central, I've never
8 encountered one person or read one chart that claims
9 that they have health issues due to fluoridation.
10 Thank you very much.

11 CHAIR PENA: That was our last speaker.
12 Okay, well, thank you. I appreciate all of you coming
13 out this evening. This will be on our August agenda,
14 correct, Mr. Sanchez? So with seeing no further
15 business, this meeting is adjourned.

16 (Proceedings concluded at 6:24 p.m.)
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CERTIFICATE

I, Kim Kay Shollenbarger, RPR, CCR, in
and for the State of New Mexico, do hereby
certify that the above and foregoing contains a
true and correct record produced to the best of
my ability via machine shorthand and computer-
aided transcription of the proceedings had in
this matter.

Kim Kay Shollenbarger, RPR,
Certified Court Reporter, CCR # 236
Expires 12-31-2017