

**CITY OF BROOKSVILLE  
BUDGET WORKSHOP  
201 Howell Avenue  
Brooksville, FL 34601**

**MINUTES**

**August 27, 2013**

**6:00 P.M.**

Brooksville City Council met in workshop session with Mayor Lara Bradburn, Council Members, Joe Bernardini, Frankie Burnett and Joseph E. Johnston, III present. Also present were Jim Fisher, City Attorney; T. Jennene Norman-Vacha, City Manager; Janice L. Peters, City Clerk; Richard Radacky, Director of Public Works; and George Turner, Police Chief. Members of Hernando Today and Tampa Bay Times were present. Vice Mayor Kevin Hohn was not in attendance.

The meeting was called to order by Mayor Bradburn followed by an invocation and Pledge of Allegiance.

**DEBATE AND DISCUSSION ON WATER FLUORIDATION**

Mayor Bradburn introduced Dr. Paul Connett, indicating he is a graduate of Cambridge University with a PHD in Chemistry from Dartmouth College. He has served as both a College Professor and Scientist. He has done extensive research in waste management and is an expert in the field of environmental chemistry and toxicology, having authored over 35 scientific papers and assisted with countless others.

Dr. Connett thanked Council for having him. He felt this to be a very contentious issue and important to remember that we can disagree without being disagreeable. He advised he spent 17 years researching the Fluoridation issue, first as a Professor of Chemistry specializing in environmental chemistry and toxicology, and now as Director of Fluoride Network. All his research culminated in 2010 with the publication of his book with two other authors entitled "The Case Against Fluoride". He indicated every single argument in the book is backed up with references to the scientific literature, 80 pages in fact.

He indicated that throughout his presentation he would be referring to supporting documents for his arguments. Topics of discussion included the following:

- **Why Fluoridation should never have started.**
  1. We should never use the public water supply to deliver medicine.
  2. You can't control who gets the medicine.
  3. You can't control the DOSE people get.
  4. It violates the individual's right to informed consent to medical treatment (check AMA website for definition). We are allowing communities to do to everyone what an individual doctor can do to no one!
  - 5) Fluoride is NOT a nutrient. There is not a single process inside the body that needs fluoride to function properly.

APPROVED BY BROOKSVILLE  
CITY COUNCIL  
ON 7/7/14 INITIALS [Signature]

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- 6) Fluoride is a known toxic substance that interferes with many fundamental biochemical functions.

Dr. Connett made reference to "Molecular Mechanisms of Fluoride Toxicity" by Barbier et al, 2010.

- 7) 1 ppm fluoride (1 mg/liter) is NOT small. It is 250 times the level in mothers milk in a non-fluoridated community (0.004 ppm, NRC , 2006, p. 40)
- 8) A bottle-fed baby in a fluoridated community is getting 250 times the fluoride dose that nature intended. Who knows more about what the baby needs?
- 9) The fluoridating chemicals used are not the pharmaceutical grade chemicals used in dental products, but are arsenic-contaminated industrial waste products.

According to the US EPA, arsenic is a human carcinogen for which there is no safe level. That's why they set the MCLG for arsenic at ZERO. We should not knowingly add any arsenic to the drinking water.

10. The vast majority of countries do NOT fluoridate their water, 97% of Western European population now drinks Non-Fluoridated Water. According to WHO data tooth decay in 12-year-olds is coming down as fast in Fluoridated as non-Fluoridated countries.

- **Key moments since 1980 that should have ended Fluoridation.**

Dr. Connett began by quoting Aldous Huxley, "The great tragedy of science -- the slaying of a beautiful hypothesis by an ugly fact."

He then shared the ten ugly facts that should have slain the water fluoridation hypothesis, beginning with a review of the 10 year prelude to ugly fact number 1.

Between 1980 and 1990 a number of articles began to appear in major journals indicating that there was very little difference in tooth decay between fluoridated and non-fluoridated communities. Articles such as Leverett in *Science*, 1982, Colquhoun, 1984, '85, '87, Diesendorf in *Nature*, 1986, and Gray, 1987. A good summary of that history can be found in John Colquhoun's paper (1993) "Why I Changed My Mind About Water Fluoridation." He was a leading promoter of Fluoridation.

1. In 1990, Brunelle and Carlos published the results of the largest survey of tooth decay ever carried out in the US. The NIDR (1986-87) examined the teeth of over 39,000 children in 84 communities. Brunelle and Carlos reported very little difference in tooth decay in children between fluoridated and non-fluoridated communities. He referred to Table 6 of the supporting document in which Brunelle and Carlos reported the DMFS (= decayed, missing and filled permanent SURFACES) of children aged 5-17 and compared children who had lived all their lives in either a fluoridated community or non-fluoridated community. Not only was the savings very small (0.6 of one tooth surface) but it was not even shown to be statistically significant!

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He warned that these very small savings in tooth decay (even *if* they are real) are often obscured by reporting them as percentage differences.

He referenced a study done in Queensland, Australia, where the Queenslanders were told that Fluoridated Townsville has 65% less tooth decay than Non-Fluoridated Brisbane. He referenced the table of statistics. The savings was 0.17 of a tooth surface. He felt the information to be fraudulent promotion of Fluoridation.

2. Several modern studies (1997-2001) show that tooth decay does NOT go up when fluoridation is stopped. He referenced studies from former East Germany, Cuba, Canada and Finland all carried out by pro-Fluoridation researches.
3. Warren et al. (2009) found no relationship between the amount of fluoride ingested daily by children and level of tooth decay, stating that "These findings suggest that achieving a caries-free status may have relatively little to do with fluoride intake..."
4. In 1999, the CDC concedes that the predominant benefit of fluoride is TOPICAL not SYSTEMIC, stating "Fluoride's caries-preventive properties initially were attributed to changes in enamel during tooth development... However, laboratory and epidemiologic research suggest that fluoride prevents dental caries predominantly after eruption of the tooth into the mouth, and its actions primarily are topical..."

He went on to say that if fluoride works on the outside of the tooth not from inside the body, why are we forcing people to swallow Fluoride and expose every tissue of the body to a known substance, when you can brush it on your teeth and spit it out? And why put it in the drinking water and force it on people who don't want it?

He stated that it comes back to the fact that individual civil rights, human rights to informed consent to medical treatment is being violated on the basis of putting a substance in their water that it makes more sense to brush it on their teeth than to drink it in their water.

5. The U.S. National Research Council 3-year review (NRC, 2006) clearly shows that fluoride can cause harm at relatively low levels and there are many unanswered safety questions. In 2002 the US EPA asked the National Research Council (NRC) - to review the safety of its drinking water standard for fluoride (4 ppm). The NRC selected the most balanced panel ever assembled to look at fluoride's toxicity

This panel of 12 experts spent 3 and half years reviewing the literature and has produced a 507 page report with over 1000 references (NRC, 2006). This review is THE textbook on the toxicology of fluoride. The NRC found that fluoride could cause many harmful effects on the teeth, bone, brain and endocrine system especially in countries with high natural levels of fluoride in their water like India, China, Mexico etc.

The NRC panel has found that the US EPA's 4 ppm safe drinking water standard is unprotective of health and recommended it be lowered And recommended to the US EPA that they do a new health risk assessment to find a lower Maximum Contaminant Level Goal (MCLG).

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If the EPA Water Office does a standard toxicological assessment using the information provided in the NRC review (exposure analysis, end points and applies adequate margins of safety as required by the Safe Drinking Water Act to protect all members of society from known and reasonably ANTICIPATED health effects) the new MCLG will have to be set at far less than 1 ppm - and probably zero - which will force an end to fluoridation.

After 7 years the EPA has not completed this toxicological risk assessment even though they themselves financed the NRC review.

Both the ADA and the CDC had a quick response to the NRC report. On the day that the NRC released its report (March 22, 2006), the American Dental Association declared that it was not relevant to water fluoridation! The ADA argued that NRC review only looked at the effects of NATURAL fluoride at 4 ppm, not ARTIFICIAL fluoridation at 1 ppm.

Six days later (March 28, 2006) the CDC (Oral Health Division) declared that the NRC findings were consistent with their claim that fluoridation at 1 ppm was "safe and effective" and continues to promote fluoridation.

It was his opinion that both the ADA and CDC (Oral Health Division) are confusing concentration and dose. They are also ignoring the exposure analysis in Chapter 2 of the NRC review.

6. The ADA admits babies shouldn't be getting fluoride. They state that If using a product that needs to be reconstituted, parents and caregivers should consider using water that has no or low levels of fluoride.
7. Fluoridation may actually be killing a few young boys each year. (Bassin et al., 2006) Alise Bassin's study found that young boys exposed to fluoridated water in their 6th, 7th or 8th years, had a 5-7 fold increase in developing osteosarcoma by the age of 20, compared to non-exposed boys. Her 2006 study has never been refuted. The study promised by Chester Douglass (Kim et al., 2011) to refute these allegations failed to do so.
8. CDC (2010) Confirms that American kids are being hugely over-exposed to fluoride.

Early promoters thought that at 1 ppm they could reduce tooth decay and limit dental Fluorosis to 10% of children in its very mild form.

November 2010: CDC update on fluorosis by Beltrán-Aguilar et al. They found that 41% of ALL American kids aged 12-15 had dental fluorosis.

Dr. Connett referenced a key question, which he felt has never been answered by anybody satisfactorily since Fluoridation was first endorsed by the U.S. Public Health Service in 1950. When fluoride is damaging the baby's growing tooth cells (causing dental Fluorosis) what is it doing to its other developing tissues?

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9. There is extensive evidence that fluoride damages the developing (and possibly aging) brains of animals and humans.

He indicated there are over 40 animal studies showing that prolonged exposure to fluoride can damage the brain. 19 animal studies report that mice or rats ingesting fluoride have an impaired capacity to learn and remember; 12 studies (7 human, 5 animal) link fluoride with neurobehavioral deficits; 3 human studies link fluoride exposure with impaired fetal brain development and 37 out of 43 published studies show that fluoride lowers IQ.

He offered that to access any of these brain studies:

- 1) Go to [FluorideALERT.org](http://FluorideALERT.org)
- 2) Click on RESEARCHERS
- 3) Click on Health Data Base
- 4) Click on Brain Effects

Or go direct to [FluorideALERT.org/issues/health/brain](http://FluorideALERT.org/issues/health/brain)

The 2003 study of Xiang et al. (2003 a,b) compared children in two villages (<0.7 ppm versus 2.5 - 4.5 ppm Fluoride in water). He controlled for lead exposure and iodine intake and other key variables (NOTE: both lead exposure and low iodine also lower IQ). He Found a drop of 5-10 IQ points across the whole age range and the whole IQ curve shifted for both males and females.

Xiang estimated that the threshold for lowering IQ was at 1.9ppm fluoride in the water. This offers no adequate margin of safety to protect all American children from 1) the large range of doses and 2) large range of sensitivity expected in a large population.

He advised that 11 of the 37 IQ studies found an association between lowered IQ and fluoride levels in the urine.

Xiang also found an association between lowered IQ and PLASMA fluoride levels. (Xiang et al., 2011). The Plasma levels give you the last reading of the fluoride before it enters the brain.

10. He advised many of these Chinese studies were published in somewhat obscure Chinese journals.

A Harvard team did a meta-analysis of 27 studies comparing IQ in “high” versus “low” fluoride villages. The study was published in *Environmental Health Perspectives* (published by National Institute of Environmental Health Sciences NIEHS).

The Harvard team acknowledged that there were weaknesses in many of the studies. However, they noted that the results were remarkably consistent. In 26 of the 27 studies there was lower average IQ in the “high” versus low-fluoride villages. The average IQ lowering was about 7 IQ points. They concluded that further investigation of fluoride’s lowering of IQ should be a “high research priority”.

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Dr. Connett added that no fluoridated country shows any inclination whatsoever, including Australia and New Zealand, Isreal, Ireland, Canada, the United States and all the UK, to attempt to reproduce these studies on IQ. They are content only to criticize the methodology of the studies that have been done in China, India, Iran, and Mexico.

He advised the promoters claim that the fluoride levels in the "High Fluoride" villages were so high that they are not relevant to fluoridation programs. His indication is that this is not true. In 8 of the studies the "high fluoride village" had concentrations less than 3 ppm.

These studies offer no adequate margin of safety to protect all children(including the most vulnerable) drinking uncontrolled amounts of fluoridated water and getting fluoride from other sources.

He advised this is not his practice, this is the practice supported by our government and we expect our government to protect all our children and not to just treat this cavalierly, and not even attempt to reproduce these studies.

He went on to quote Dr. Philippe Grandjean as saying, "Fluoride seems to fit in with lead, mercury, and other poisons that cause chemical brain drain. The effect of each toxicant may seem small, but the combined damage on a population scale can be serious, especially because the brain power of the next generation is crucial to all of us." (Harvard Press Release)

In a typical normal distribution curve, representing the distribution of IQ in a population, the average child would have an IQ of 100.

He then summarized the 10 ugly facts that should have ended fluoridation.

- 1) US NIDR survey shows little difference in tooth decay between children who have lived all their lives in a Non-fluoridated versus a Fluoridated communities (Brunelle and Carlos, 1990).
- 2) In several modern studies (1997-2001) tooth decay does not go up when fluoridation is stopped.
- 3) No relation found between tooth decay and amount of fluoride swallowed by children (Warren, 2009).
- 4) CDC concedes in 1999 that the predominant benefit of fluoride is TOPICAL not SYSTEMIC (CDC, 1999).
- 5) NRC (2006) report many harmful effects of fluoride and many unanswered safety questions. Subsets of population drinking fluoridated water are exceeding EPA's safe reference level (ONLINE).
- 6) ADA acknowledges that babies shouldn't get fluoride (ADA eGram, Nov 9, 2006)
- 7) Fluoridation may be killing a few young males (Bassin, 2006). This study has not been refuted.
- 8) The CDC (2010) shows that American children are grossly over-exposed to fluoride. 41% of children aged 12-15 have dental fluorosis(CDC, 2010).
- 9) An extensive database indicates that fluoride impacts the developing brains of both animals and humans. (key IQ study, Xiang et al., 2003 a,b).
- 10) A Harvard team makes IQ studies available to a wider scientific audience (Choi et al, 2012).

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Dr. Connett offered better alternatives for fighting tooth decay.

- If you want fluoride use fluoridated toothpaste (96% toothpaste sold in US is fluoridated)
- Better still use XYLITOL toothpaste. Xylitol toothpaste has been used for over 30 years in Finland
- Give Xylitol mints (not chewing gum) to kids in school (e.g. Wichita, Kansas)
- Give free toothbrushes and free toothpaste to low-income families (e.g. Scotland)

He advised fluoridation does not reduce inequities in our dental or health system. In fact, it makes it worse. It is precisely low-income families who cannot afford avoidance measures in fluoridated communities and is well established that fluoride's toxic effects are made worse by poor diets.

He pointed out the following:

- Most of tooth decay is concentrated in low-income families.
- 80% of dentists will not treat children on Medicaid.
- Low-income families need better diets, better dental education and better care.
- The ADA opposes the use of dental therapists to provide some basic interventions.
- Many large cities in the US are reporting a dental crisis in low-income areas even though they have been fluoridated for over 30 years.
- The most devastating tooth decay is called Baby Bottle Tooth Decay, which is the result of babies having bottles in their mouths for hours on end like a pacifier, thus rotting their primary teeth down to the gums.
- This abuse cannot be rectified with fluoridation. It is dishonest to imply otherwise.

He recommended the following practices:

- LESS SUGAR! MORE BRUSHING!
- MORE FRUIT AND VEGETABLES!
- MORE EARLY INTERVENTIONS!
- STRATEGIC USE OF XYLITOL
- Less sugar means less tooth decay and less OBESITY...less diabetes, fewer heart attacks
- Education to fight tooth decay is a GOOD INVESTMENT!!!

He advised the SUGAR LOBBY has always been a strong supporter of fluoridation.

Dr. Connett issued the following challenges to Fluoridation promoters:

- Provide a list of primary studies (not second-hand endorsements) that refute the 10 Ugly Facts that I have documented.
- Identify one randomized clinical trial that demonstrates that swallowing fluoride reduces tooth decay.
- Identify one randomized clinical trial that demonstrates that swallowing fluoride is safe.
- Identify one study that shows that swallowing fluoride is safe for:
  - People with poor kidney function.
  - People with poor thyroid function.

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- People with borderline iodine intake.
- Have any studies been undertaken in the US to investigate the impacts of fluoride on these three subsets of the population?
  
- Identify one government agency, professional body or trade association that endorses water fluoridation that accepts legal liability for any harm fluoridation by itself, or in combination with other sources of fluoride, may cause.
- Identify one government agency, professional body or trade association that has offered to pay for the treatment of dental Fluorosis developed by someone living in a fluoridated community.

In closing, Dr. Connett thanked Council, advising said he would be happy to answer questions, noting the lack of solid science to support the practice of Fluoridation, which has been going on for 69 years.

Mayor Bradburn advised Dr. Connett's information and reference material is available on disks from the City Clerk. Dr. Connett asked that the promoter's information be put on disk for the public as well.

Mayor Bradburn stated that all of Council has the community's best interest at heart and she was pleased that so many dentists showed up. She stressed that this is a very important issue for the community.

Mayor Bradburn asked Dr. Connett about the Chang Study, which found no difference between the fluoridated and non-fluoridated communities. Dr. Connett pointed out that Chang...this article in the British Medical Journal, publishes...put in a figure similar to this, its simplified, but it's the same notion and they argue the same point.

Mayor Bradburn then referenced a press release issued in April 2011 in which Civil Rights leaders called for a halt of water fluoridation. (Attachment B) She referenced Dr. Gerald Durley and Ambassador Andrew Young, both of whom are in the Civil Rights Hall of Fame, having strongly petitioned the State of Georgia and the United States Congress to end mandatory fluoridation. She quoted Dr. Durley as saying, "Black citizens are disproportionately affected by kidney disease and diabetes, and are therefore more impacted by Fluoride." She referenced that Dr. Andrew Young as saying, "Many things that we began to do 50 or more years ago we now no longer do, because we have learned further information that changes our practices and policies. So it is with fluoridation. This is an issue of fairness, civil rights, and compassion."

She asked Dr. Connett if there are any studies, maybe the Harvard Study, that address diminished IQ by ingesting Fluoride.

Dr. Connett, referencing Andrew Young, pointed out that his father was a Dentist and he himself had been pro-Fluoride for many years but had changed his mind due to science. He also advised Dr. Martin Luther King's daughter and niece also came out against Fluoridation because there was an ethics complaint that the Oral Health Division of the CDC was not putting out warnings against Fluoridation in regards to diabetes and bottle feeding babies. He also added that LULU, the oldest Hispanic American organization in America also came out with a strong statement against Fluoridation. He referenced the CDC study from 2005, table 23 of his presentation, which shows black and Mexican/American children have higher rates of dental Fluorosis than whites. He also underlined the fact that studies from India, from the earliest days, indicated Fluoride's toxicity is exasperated by poor nutrition, such as low calcium, magnesium, vitamins, etc.

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Mayor Bradburn asked about the timeline of the EPA's review following the National Research Council's analysis of hundreds of reports on Fluoride and water fluoridation. Dr. Connett advised nothing was heard from the EPA for almost 5 years. At that point, at a press conference in Washington, the EPA announced they were doing a risk assessment. He felt the disturbing thing about the press conference was that it was jointly held by the Department of Health and Human Services, which promotes water fluoridation, and the EPA Water Division. The speaker for the EPA said, essentially, "We are going to protect the water fluoridation program". It was also documented that if they determined a level, which was sufficient to prevent severe Dental Fluorosis, it would protect from all other health effects, the bones and tissues, etc. Dr. Connett was in opposition to this statement, which seemed to indicate that severe Dental Fluorosis is the most severe indicator of significant harm.

He advised that in 1994, the EPA came out with a preliminary risk assessment on Dioxin. It was basically complete, but he combined forces of the industry that has interest and successfully, for 18 years, delayed the final publication of the final report. This shows that when political economic forces are in operation the EPA can be extremely slow.

Mayor Bradburn advised the EPA is the agency that regulates Fluoridation. Dr. Connett advised it does not regulate additives to water, only contaminants.

Mayor Bradburn advised the FDA oversees drugs and asked if they have done a study. Dr. Connett advised the FDA has never regulated Fluoride for ingestion. Doctors are not trained to look for symptoms of Fluoride sensitivity. There is no testing of Fluoride in people's urine, bones, blood, etc. Therefore there are no reports to FDA and no collection of citizen's complaints.

She advised our community is blessed to have some of the best dentists who have the community's best interests at heart.

Dr. Connett added he has had very good experiences with his own dentists, adding students of Dentistry get no education on this subject and take at face value what they are told by the ADA and CDC, this is the problem.

Mayor Bradburn asked about filtering out fluoridation. Dr. Connett advised the water has to be distilled or processed through reverse osmosis. For whole house filtering it does cost thousands.

Council Member Bernardini asked if there is any other medication introduced to the public in the same way without consent. Dr. Connett advised no. Nutrients are added to food but citizens have a choice.

Mayor Bradburn thanked all for coming, as well as Dr. Connett, who paid his own way to be here.

### ADJOURNMENT

There being no further business to bring before Council, the meeting adjourned at 7:30 p.m.

Attest:

  
Mayor

  
City Clerk