

NOTE: Yellow highlights below in the copy of the text from Ambassador Young's March 29, 2011 letter have been added by The Lillie Center Inc. Condensed to display on one page.

ANDREW YOUNG

Chip Rogers, Senate Majority Leader, Rm. 236
Georgia State Capitol
Atlanta GA 30334

Subject: Withdrawal of Law Requiring Water Fluoridation in Georgia

Dear Senators and Representatives:

I am writing to convey my interest in seeing that Georgia's law mandating water fluoridation for Georgia communities be repealed.

My father was a dentist. I formerly was a strong believer in the benefits of water fluoridation for preventing cavities. But 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. We originally thought people needed to swallow it, so the fluoride would be incorporated into teeth before they erupted from the gums. Our belief in the need for systemic absorption was why we began adding fluoride to drinking water. But now we know that the primary, limited cavity fighting effects of fluoride are topical, when fluorides touch teeth in the mouth. We know that fluorides do little to stop cavities where they occur most often, in the pits and fissures of the back molars where food packs down into the grooves. This is why there is a big push today to use teeth sealants in the molars of children. We also have a cavity epidemic today in our inner cities that have been fluoridated for decades.

So now we know that fluoride's impacts are primarily topical and are very limited where needed most in the teeth. And on top of this we are learning that fluorides do not simply affect teeth, but can also harm other tissues and systems in the body. So we must weigh the risks to kidney patients, to diabetics, and to babies against the small amount of cavities prevented by swallowed fluorides. The National Research Council has acknowledged that kidney patients, diabetics, seniors, and infants are susceptible groups that are especially vulnerable to harm from fluorides. There are millions of these persons who have these health conditions or who meet the criteria for concern.

The National Center for Health Statistics says that 41% of 12-15 year old adolescents now have the teeth staining called "dental fluorosis" that shows overexposure to fluorides as a child, and that 3.6% have the very visible moderate and severe forms of the condition. This translates into millions of persons with disfiguring impacts from fluorides. How many of these persons can afford the tens of thousands of dollars to have veneers or other cosmetic dental work performed?

There is growing bipartisan support across the country for halting water fluoridation. And eleven unions of EPA workers, representing 7,000 EPA lab workers, scientists, and others have called for a halt to fluoridation. The recent suggested lowering of fluoride levels in water does not address the fact that we still cannot control the amount of fluorides that sensitive individuals ingest. People are calling for investigative Fluoridegate hearings, and one can understand why, given the fact that the story about fluorides keeps changing.

I am most deeply concerned for poor families who have babies: if they cannot afford unfluoridated water for their babies milk formula, do their babies not count? Of course they do. This is an issue of fairness, civil rights, and compassion. We must find better ways to prevent cavities, such as helping those most at risk for cavities obtain access to the services of a dentist.

Peace and Blessings,



Andrew Young