

Kansas Fluoride Information Newsletter

Up-to-date...

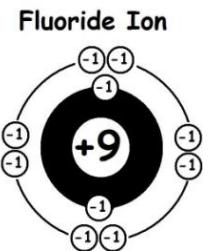
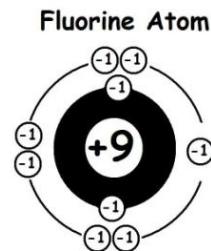
science based...

water fluoridation information!

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Introduction: On May 21st of this year, a referendum to initiate water fluoridation in Portland, OR was defeated by the same 60:40 margin voters turned it down last November in Wichita, KS. These impressive rejections of fluoridation in two major US cities bring up the need to look more closely at this subject.

Scope of these newsletters: This issue is the first in a series of short, one-page *Kansas Fluoridation Information Newsletters* aimed at providing accurate, reliable, often not well-known, information about water fluoridation. The guiding principle of these KFI Newsletters, as in the Federalist Papers for adopting the US Constitution during the founding of our Nation, will be constructive, educational, and non-confrontational to serve the interests of Kansas legislators, staffs, and various local officials. Plans are to publish these newsletters for at least the rest of this year.

Background information: The proposal to adjust the fluoride ion (F) level in municipal drinking water arose from US Public Health surveys in the 1930s on the occurrence of dental mottling (enamel fluorosis) in the USA. From these surveys, tooth decay data for 12-14 year-old white children in 21 cities of four States suggested that a concentration of ca. 1 mg F ion/L of water (= 1 part F ion per million parts of water or 1 ppm) would replicate natural F levels that were found to be associated with 60% lower rates of tooth decay among children of this age, with less than 10% barely detectable dental mottling (chalky streaks and spots, mostly on the upper incisor permanent teeth).

Current dental data: US dental surveys of communities with 0.7–1.2 ppm F in the drinking water reveal dental enamel fluorosis rates in 5–17 year old children averaging around 30%, with various degrees of unsightly mottling and staining ranging over 5%. Although there are individual reports to the contrary, large-scale surveys in the US also show little difference in rates of permanent tooth decay rates of children between fluoridated and non-fluoridated communities. Moreover, World Health Organization surveys, and others, reveal little difference in tooth decay rates of permanent teeth of children in fluoridated compared to non-fluoridated communities in developed countries, most of which, including western Europe, do not have municipal water fluoridation.

Future topics: Emphasis will be given not only to how the fluoride ion affects the teeth but also how it impacts our bodies, including bones, joints, kidneys, liver, endocrine function, digestion, and the neuro-muscular system, including the brain.

Open KFIT forum: These newsletters are written entirely gratis by members of the Kansas Fluoridation Information Team (KFIT), whose identities are expected to be revealed in due course. Brief comments e-mailed to the sender of these newsletters, whether intended or not intended for publication, are welcome and will be relayed to the KFIT writers for their prompt and courteous attention.

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