

**Department of Preventive** and Community Dentistry

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February 3, 2014

Kansas State Legislature

Dear Legislator:

I am writing as a concerned citizen from nearby in Iowa, where I am a Professor on the faculties of The University of Iowa College of Dentistry and Dental Clinics and the College of Public Health. I have been involved in applied fluoride research, including research funded by the National Institutes of Health, Centers for Disease Control and Prevention, and several private foundations, for my whole professional career of nearly 30 years.

I am very concerned about the proposed Kansas House Bill No. 2372 that would inappropriately and unnecessarily create anxiety and confusion among Kansas residents who receive optimally fluoridated water.

There are a number of major scientific errors in both Sections of the proposed bill. There is no scientific basis for there being need for this new act. The document completely misrepresents the state of current scientific evidence about fluoride safety and adverse effects. Major scientific reviews, including the 2006 National Academy of Sciences/National Research Council review, found no concerns about the safety of fluoride at or near the recommended levels for community water fluoridation (in direct contradiction to the text in Section 1,(a),2). More specifically, the recent focus on "lowering of intelligence quotient..." in that Section and Section 2,(a) is not at all in agreement with the literature or the thesis of the major review article by Harvard researchers on the topic. In the article, the authors specifically emphasize the poor quality of the studies, the substantially higher fluoride levels from the studies from China, many other environmental factors that probably were in effect, and the need to not draw inappropriate conclusions from their study. They later told the *Wichita Eagle* (September 11, 2012) that the study does not "address the safety of fluoridation levels typical of American drinking water" and results "do not allow us to make any judgment regarding possible levels of risk at levels of exposure typical for water fluoridation in the U.S.". For these reasons, the University of Iowa deans of the Colleges of Medicine, Public Health, and Dentistry and Harvard University's, medical and dental deans recently stated their support for community water fluoridation.

Community water fluoridation remains by far the most efficient and cost-effective way to provide substantial dental caries prevention to large numbers of people. No other approach is anywhere nearly as effective on a population basic.

I hope that this information is helpful to you. I strongly recommend that you do not support the proposed House bill. By not supporting it, you will be voting to support improved health for the citizens of Kansas.

Steep Levy

Steven M. Levy, DDS, MPH

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