

Representative Crum, Committee, Thank You for the opportunity to address you.

My Name is Dr. Lucynda Raben.

I am a dentist in private practice in Wichita KS. I currently serve as the Board Chair for Delta Dental of Kansas as well as the Board Chair for the Delta Dental of Kansas Foundation.

I am here to testify in opposition to the proposed legislation House Bill 2372.

The proposed legislation introduces into the fluoride debate ideas based on half-truths and misleading statements.

These mistaken beliefs proffered by the proponents of this bill have the potential to harm the oral and general health of Kansans.

For our children, the future of our state, this means a lifetime legacy of oral and general health complications.

As a practicing dentist, I see on a daily basis the effects non-fluoridated water has on our children and adults.

Let me share with you two brief stories:

First, I have a patient named Susan.

Susan grew-up in a fluoridated community, attended college in a fluoridated community and moved to Wichita eight years ago.

Susan is the picture of perfect health.

She exercises regularly, she eats a healthy diet, she visits my office twice a year for cleanings/exams.

But since her move to Wichita, the largest city in the country without fluoridated water, Susan's teeth have been deteriorating.

So much so, that Susan has had fillings on SEVEN teeth.

After eight years under my care, the only cause I can pinpoint for her deteriorating oral health is the move to a city without fluoridated water.

I also have a young patient, Hannah, who at 9 months old, had to have treatment under sedation to restore SIX teeth.

At 18 months old, Hannah had to undergo treatment under sedation **AGAIN** to restore the remaining primary teeth.

Before her second birthday, my young patient had already been under sedation twice in her life to fix issues that may have not occurred had she had access to fluoridated water.

Pediatric dental disease is the MOST COMMON childhood infectious disease.

It is five times more common than asthma and seven times more common than hay fever.

If left untreated, dental disease can have serious consequences including malnourishment, localized or systemic bacterial infections with consequences requiring surgery or even leading to death.

Furthermore, dental disease has been linked to stroke, heart disease, diabetes, rheumatoid arthritis and pneumonia just to name a few of the “full body” assaults started in the mouth.

Millions of dollars are expended treating dental emergencies each year, in terms of actual dental care.

In fact we estimate that in Wichita alone fluoridated water would result in a savings of \$4.5 million annually on reduced payouts for restorative dental needs.

But we must also consider the additional costs with perhaps larger ramifications -- missed school days, the inability to learn because of dental pain, parents missing work to care for these children, or their own dental pain needs, in addition there is a significant cost associated with the over-utilization of Emergency Rooms for dental needs better treated in the office of a dentist.

You have been hearing a great deal, from the proponents of this bill, about fluorosis and its damage to the teeth.

But what is fluorosis?

Another name for this phenomenon is mottling of the enamel and is a developmental disturbance during the formation of the enamel.

Thus the majority of fluorosis occurs between 20 and 30 months of age.

Typically the fluorosis presents as slight white freckling with minimal aesthetic changes.

The proponents would have you believe the dark brown high levels of mottling run rampant, but they do not.

I ask you just how often do you see someone with seriously dark compromised mottling?

You are much more likely to see someone with large cavities or missing teeth.

I see this every single day in my practice.

Concerns over fluorosis should not be a basis for passing this legislation.

But the positive benefits of community water fluoridation, based on scientific fact, should be the basis for voting **AGAINST** this legislation.

Community Water Fluoridation makes such a difference for our communities that the Centers for Disease Control ranked it among the top **TEN** health achievements in the last century.

Virtually every reputable health authority in this country has voiced their support for Community Fluoridation of the water including the Wichita District Dental Society, the Medical Society of Sedgwick County, the Centers for Disease Control, American Dental Association, American Medical Association, American Academy of Pediatric Dentistry, The American Academy of Family Physicians, and we could be here for quite some time if I listed all the supporting organizations.

In addition to the **65-PLUS years** of experience with optimization of fluoride levels of community water systems we have EVERY surgeon general, red or blue, for the past fifty years has supported community water fluoridation.

Can all these organizations, and every surgeon general, really be wrong?

In closing I would like to share with you the story of Grand Rapids Michigan, the first community in this country to have a Community Water Fluoridation project, in 1945.

The discussions were held, the supplies and parts purchased and the start of the project was set for the first of January 1945.

On January 1 the city began getting phone calls from people with sore throats, headaches, rashes, a myriad of ailments.

The city leaders were concerned and asked to speak to the chief engineer of the project, but he was on vacation.

After several days the chief engineer returned to work and was confronted with all the calls.

He explained they had an issue with a part not fitting correctly, so he had instructed his staff to wait to start the fluoridation until the correct part could be installed.

Later that month, January 25 to be exact, water fluoridation was begun, without any fanfare, and absolutely no complaints came in.

The next 69 years, and hundreds of communities across the nation adopting fluoridated water, is proof of the success of that first project.

Proponents of this bill have stated that it's a personal choice to consumer fluoridated water.

I do firmly understand the issue of personal choice but I ask **ARE WE** entitled to impose on the citizens of Kansas the risks, damage, costs and pain associated with the failure to optimize the fluoride levels of our community water sources?

When we compare freedoms I suggest to you the most crucial is certainly the one associated with the liberation from pain and disease.

A liberation that can be accomplished by providing fluoridated water to our communities.

I urge you to take into account factual, scientific information about fluoridated water.

More than 65 years of scientific research has proven, over and over again, that fluoride reduces tooth decay.

That's not an issue open to debate – it's a fact.

I urge you to reject House Bill 2372.

Thank you for your time.