11406 HOUSE COMMUNITY & REGIONAL AFFAIRS

Compendium

"National and International Organizations that Recognize the Public Health Benefits of Community Water Fluoridation for Preventing Dental Decay."

Academy of Dentistry International
Academy of General Dentistry
Academy of Sports Dentistry
Alzheimer's Association
American Academy of Allergy, Asthma and Immunology
American Academy of Family Physicians
American Academy of Oral and Maxillofacial Pathology
American Academy of Pediatrics
American Academy of Pediatric Dentistry
American Academy of Periodontology
American Association for the Advancement of Science
American Association for Dental Research
American Association of Community Dental Programs
American Association of Dental Schools
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American Association of Public Health Dentistry
American Cancer Society
American College of Dentists
American College of Physicians—American Society of Internal Medicine
American College of Prosthodontists
American Council on Science and Health
American Dental Assistants Association
American Dental Association
American Dental Hygienists' Association
American Dietetic Association
American Federation of Labor and Congress of Industrial Organizations
American Hospital Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Pharmaceutical Association
American Public Health Association
American School Health Association
American Society of Clinical Nutrition
American Society for Dentistry for Children
American Society for Nutritional Sciences
American Student Dental Association
American Veterinary Medical Association
American Water Works Association
Association for Academic Health Centers
Association of Maternal and Child Health Programs
Association of State and Territorial Dental Directors
Association of State and Territorial Health Officials
British Dental Association
British Fluoridation Society
British Medical Association
Canadian Dental Association
Canadian Dental Hygienists Association
Canadian Medical Association
Canadian Nurses Association
Canadian Paediatric Society
Canadian Public Health Association
Chocolate Manufacturers Association
Consumer Federation of American
Delta Dental Plans Association
European Organization for Caries Research
FDI World Dental Federation
Federation of Special Care Organizations in Dentistry
    Academy of Dentistry for Persons with Disabilities
    American Association of Hospital Dentists
    American Association for Geriatric Dentistry
Health Insurance Association of America
Hispanic Dental Association
International Association for Dental Research
International Association for Orthodontics
International College of Dentists
Institute of Medicine
National Academy of Sciences
National Alliance for Oral Health
National Association of County and City Health Officials
National Association of Dental Assistants
National Confectioners Association
National Council Against Health Fraud
National Dental Assistants Association
National Dental Association
National Dental Hygienists' Association
National Down Syndrome Congress
National Down Syndrome Society
National Foundation of Dentistry for the Handicapped
National Kidney Foundation
National PTA
National Research Council
Society of American Indian Dentists
The Dental Health Foundation (of California)
US Department of Defense
US Department of Veterans Affairs
US Public Health Service
    Centers for Disease and Prevention (CDC)
    Health Resources and Services Administration (HRSA)
    Indian Health Service (IHS)
    National Institute of Dental and Craniofacial Research (NIDCR)
World Federation of Orthodontists
World Health Organization

HCR 5 Community Water Fluoridation:

Supporting Research

Community Water Fluoridation --The # 1 Way to Prevent Dental Decay

What is Community Water Fluoridation? Community water fluoridation is the process of adjusting the fluoride content that occurs naturally in a community's water to the best level for preventing tooth decay. A key word in this definition is "adjusting" because all drinking water supplies contain some fluoride naturally. Fluorine is the 13th most abundant element in nature. It is present in small and varying amounts in all soils, plants, animals and water supplies and, therefore, all diets contain fluoride. There is no such thing as a fluoride-free water supply. A community that fluoridates its water is simply modifying the amount of fluoride already found naturally in the water to a level that is best for its residents dental health. Thus, adjusted water fluoridation means that the appropriate amount of fluoride is being maintained in the community's water supply. Getting the right amount of ingested fluoride is important to prevent tooth decay. However, where water fluoride levels occurs in nature at too high a level or dietary fluoride supplements or fluoride toothpaste are misused, discoloration of the teeth (dental fluorosis) also can occur. Thus, water operators continuously monitor the fluoride content of drinking water in communities that fluoridate. Research has shown that the most favorable concentration for community water fluoridation in the United States varies from 0.7 parts-per-million (ppm) in hot climates to 1.2 ppm in cold climates. For moderate climates, one part fluoride in one million parts of water (1 ppm) is recommended. (1 ppm is the same a 1 mg/L.) This amount is extremely small. To appreciate how small, think of it compared with other units of measurement. ***1 ppm is equivalent to 1 inch in 16 miles, 1 minute in 2 years, or 1¢ in $10,000.***

What Are the Benefits of Community Water Fluoridation? Hundreds of studies carried out in the United States and many other countries during the past half century prove that community water fluoridation prevents tooth decay. At a time when the only fluoride available was that found naturally in drinking water, studies showed that children who grew up in fluoridated communities experienced about 50-60 percent less decay than those in non-fluoridated ones. Because fluoride was so successful in preventing decay, it later was incorporated into many oral health products, such as toothpastes and mouthrinses. Most people in non-fluoridated communities now receive some protection against cavities from fluoride contained in these toothpastes and mouthrinses and in foods and beverages processed in fluoridated communities. This is why recent measures of dental decay prevention from community water fluoridation in the United States have been smaller, generally in the 20 – 40 % range. This remains a substantial reduction in disease.

Do Adults Benefit from Drinking Fluoridated Water? It has been a popular misconception that fluoridation helps only children. **Adults as well as children benefit from drinking fluoridated water throughout their lives.** Several studies show that people in their sixties who have lived all of their lives in areas with sufficient fluoride in the drinking water have much less tooth loss and tooth decay than do adults in non-fluoridated communities. Because more people are living longer and keeping more of their natural teeth, and older persons often experience receding gums and exposed roots, the problem of decay on the root surfaces of teeth is increasing. Recent studies have shown that adults who live in communities with optimal levels of fluoride in the water supply have much less root-surface decay than do adults of the same ages in low-fluoride communities.

Why is Community Water Fluoridation an Ideal Public Health Method? **Community water fluoridation is effective, safe, inexpensive, and practical.** The average cost of fluoridation is about 50 cents per person a year. This is one of the best bargains in health today. Studies in the United States, Canada and New Zealand have shown that the annual costs of children's dental care decrease after community fluoridation has been in operation for several years.

The entire community benefits from community water fluoridation, regardless of a person's age, income, level of education, or access to dental care services. Everyone automatically benefits when they drink fluoridated water and consume foods and beverages prepared with it.

Is Community Water Fluoridation Safe? **The safety of community water fluoridation has been studied more thoroughly than any other public health measure during the past 45 years,** with results of hundreds of clinical, animal and laboratory studies supporting its safety. **One reason for the large amount of this research is that opponents of fluoridation have made so many inappropriate claims of harm,** including assertions that water fluoridation causes heart disease, cancer, Down's syndrome, premature aging and even acquired immune-deficiency syndrome (AIDS). Much additional research has been conducted which refutes these unsupported claims. **Each study has reaffirmed the safety of fluoridation.**

In areas where other fluoride methods have not been widely available, studies of community water fluoridation historically have shown reductions in tooth decay of approximately 60%. With use of other fluoride products such as fluoride containing toothpaste, rinses and gels, currently widespread in most areas of the United States, the measurable benefits from water fluoridation now are:

- ***20 to 40 percent less dental decay in persons of all ages.***
- ***More children free of dental decay.***
- ***Many fewer extracted permanent first molars ("6-year molars") in children.***
- ***Lower dental bills for repairing decayed teeth.***
- ***Less need for procedures that require anesthesia and drilling.***

Who Supports and Who Opposes Community Water Fluoridation? **Community water fluoridation has the unqualified approval of every major health organization in the United States and many other countries as well.** The American Dental Association and the U.S. Public Health Service have endorsed community water fluoridation since 1950, and the American Medical Association, since 1951. In 1958, the World Health Organization recognized it as a practical and effective public health measure and has repeated its support at successive World Assemblies. The U.S. Department of Health and Human Services recently reaffirmed its support. The Consumers union has published excellent review articles in support of fluoridation. Other organizations have adopted policies in support of fluoridation, including The American Academy of Pediatrics, American Cancer Society, American Heart Association, American Public Health Association and International Association for Dental Research. Based on extensive review of 50 years of experience with fluoridation, the American Association of Public Health Dentistry in 1992 reaffirmed its unqualified support of fluoridation. Efforts to begin community water fluoridation, however, have frequently been hampered because of organized opposition to fluoridation. Frequently, these opponents also take issue with such basic health practices as the pasteurization of milk and immunization against infectious diseases. These groups try to attract support by appealing to popular generic issues, such as individual rights, freedom of choice, anti-pollution, natural diets and substances in the environment that lead to cancer. In many areas, proposals to fluoridate the water have become political issues, decided by public referenda or by elected officials who sometimes lack specific knowledge about the benefits and safety of fluoridation or fail to seek expert advice on health matters. During these campaigns, opponents often resort to scare tactics and spread false, irrelevant and misleading information. As a result of such misinformation, doubts raised in voters' minds may lead them to rejection of fluoridation.

What is the Current Status of Community Water Fluoridation? More than half of the U.S. population (about 135 million persons) live in communities served by fluoridated water supplies (0.7 ppm or more). This includes about 10 million people who live in communities with sufficient naturally occurring fluoride in their drinking water. About 30 million Americans cannot benefit from fluoridation because they live in areas, largely rural, that lack community water supplies. Currently, 42 of the 50 largest cities in the U.S. fluoridate their drinking water supplies. Several of them, including San Francisco, Baltimore, Pittsburgh and Washington D.C., have had fluoridated water for about 40 years. However, eight of the nation's 50 largest cities, including Los Angeles, San Diego, San Antonio and Honolulu, still have not fluoridated their water supplies and, consequently, are not providing the known dental benefits of fluoridation to their residents. Community water fluoridation has not been adopted as widely by smaller U.S. cities and towns. The reasons are usually economic or political, or sometimes simply reflect a lack of perceived need. As of December 31, 1989, the International Dental Federation (FDI) reported that its member countries estimated that 275 million persons living in 24 of those countries drank fluoridated water that was adjusted properly. The estimates showed that another 300 million persons, in the world drank water with naturally occurring, appropriate amounts of fluoride. The Republic of Ireland passed legislation requiring national fluoridation in the early 1960s. The municipal water supplies in Hong Kong and Singapore have been fluoridated for many years.

In summary, community water fluoridation is the most effective way to prevent tooth decay. The following key facts about fluoridation summarize why this is so.

- ***Fluoridation is the least expensive and most effective way to reduce tooth decay.***
- ***Fluoridation is safe.***
- ***Fluoridation benefits children and adults.***
- ***Fluoridation provides benefits that continue for a lifetime when consumption of fluoridated water continues.***
- ***Fluoridation reduces the need for and cost of dental treatment.***
- ***Fluoridation is the surest way for everyone in the community to benefit.***
- ***Fluoridation benefits everyone when they drink fluoridated water and consume foods and beverages prepared with it.***

Can you obtain information on fluoridation from your dentist?

Contact your family dentist and discuss with him/her the values of fluoridation of public water systems.

The American Association of Public Health Dentistry urges you to support of fluoridation of your community water system.

If you need additional information please do not hesitate to visit our web site at "www.volusia.healthnet.net\eh" or call one of the one of the following phone numbers, where additional information may be obtained:

(904) 947-3436 --------Volusia County Environmental Health Engineering Drinking Water Program
(850) 487-1845---------Florida Department of Health Office of Dental Health
(312) 440-2593 --------American Dental Association
(404) 488-4450---------Centers for Disease Control

Water Fluoridation

Fluoride is nature's cavity fighter, occurring in the earth's crust, in combination with other minerals in rocks and soil. Small amounts of fluoride occur naturally in all water sources, and varying amounts of the mineral are found in all foods and beverages. Water fluoridation is the process of adjusting the natural level of fluoride to a concentration sufficient to protect against tooth decay. Thanks in large part to community water fluoridation, half of children ages 5 to 17 have never had a cavity in their permanent teeth.

Fluoride's benefits are particularly important for those people, especially children, who lack adequate access to dental care. Water fluoridation has been recognized by the Centers for Disease Control and Prevention (CDC) as one of the 10 great public health achievements of the 20th Century. U.S. Surgeon General David Satcher wrote in his report, *Oral Health in America*, "Community water fluoridation is safe and effective in preventing dental caries in both children and adults. Water fluoridation benefits all residents served by community water supplies regardless of their social or economic status."

According to the April 2000 *Journal of Dental Research*, the use of fluoride since 1960 has been the primary factor in saving some $40 billion in oral health care costs in the United States. The annual cost of community water fluoridation is approximately $0.50 per person. The lifetime cost to provide fluoridated water to one person is less than the cost of a single dental filling.

Unfortunately, despite overwhelming evidence of fluoridation's safety and efficacy, more than 100 million Americans still do not benefit from fluoridated water. The ADA recommends that Congress increase funding for federal and local initiatives to support water fluoridation in communities nationwide.

In addition to the ADA, nearly 100 national and international organizations recognize the public health benefits of community water fluoridation for preventing dental decay. They include the World Health Organization, the U.S. Public Health Service, the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, the International Association for Dental Research, the American Cancer Society and the American Dietetic Association.

The ADA's policies regarding community water fluoridation are based on generally accepted scientific knowledge, that is, knowledge based on the efforts of nationally recognized scientists who have conducted research using the scientific method, have drawn appropriate balanced conclusions based on their research findings and have published their results in peer-reviewed professional journals that are widely held or circulated.

The ADA is committed to helping to bring the benefits of water fluoridation to more Americans, through education, advocacy and research.

An Economic Evaluation of Community Water Fluoridation

Susan O. Griffin, PhD; Karl Jones, PhD; Scott L. Tomar, DMD, DrPH

Abstract

Objective: *The purpose of this research was to assess the local cost savings resulting from community water fluoridation, given current exposure levels to other fluoride sources.* ***Methods:*** *Adopting a societal perspective and using a discount rate of 4 percent, we compared the annual per person cost of fluoridation with the cost of averted disease and productivity losses. The latter was the product of annual dental caries increment in nonfluoridated communities, fluoridation effectiveness, and the discounted lifetime cost of treating a carious tooth surface. We obtained or imputed all parameters from published studies and national surveys. We conducted one-way and three-way sensitivity analyses.* ***Results:*** *With base-case assumptions, the annual per person cost savings resulting from fluoridation ranged from $15.95 in very small communities to $18.62 in large communities. Fluoridation was still cost saving for communities of any size if we allowed increment, effectiveness, or the discount rate to take on their worst-case values, individually. For simultaneous variation of variables, fluoridation was cost saving for all but very small communities. There, fluoridation was cost saving if the reduction in carious surfaces attributable to one year of fluoridation was at least 0.046.* ***Conclusion:*** *On the basis of the most current data available on the effectiveness and cost of fluoridation, caries increment, and the cost and longevity of dental restorations, we find that water fluoridation offers significant cost savings. [J Public Health Dent 2001;61(2):78-86]*

Key Words: cost, cost savings, cost effectiveness, water fluoridation, and caries increment.

The Centers for Disease Control and Prevention recently identified water fluoridation as one of 10 great public health achievements in the 20th century (1). Before 1980, communities with fluoridated water supplies typically experienced 50 percent less tooth decay than did nonfluoridated communities (2). Because of the relatively high caries before 1980, economic evaluations of community water fluoridation during this time typically found that the cost of averted disease attributable to fluoridation exceeded the cost to implement and maintain fluoridation (3-5). For example, Niessen and Douglass reported a ratio of cost of averted disease to program cost of 8.22 (5), while Davies reported a ratio of 6.6 (3). In the 1980s, national survey data indicated a secular decline in caries prevalence (2,6) largely attributed to the widespread use of fluoride toothpaste, increased fluoridation of community water systems, and the associated diffusion of fluoride to nonfluoridated communities via the export of beverages and foods (2,7).

This led some to question whether community water fluoridation was still a worthwhile public health investment. For example, according to White, "as recently as 1989, major newspapers have reported articles that call for reexamination of water fluoridation programs, citing the decline in dental caries as a reason to reconsider fluoridation and proposing that water fluoridation may no longer be needed" (8). To date, no economic evaluation of community water fluoridation has assessed the associated cost of averted disease in the presence of lower caries incidence. Therefore, the purpose of this research is to determine if reduction in cost of restorative care due to averted disease still exceeds the program costs of water fluoridation, and, if not, to measure its cost effectiveness. Our analysis was conducted from a societal perspective, which may be adapted to decisions at the local level.

Methods

Form of Economic Evaluation. We examined the per person net cost resulting from one year of exposure to water fluoridation, where (9)

$$\text{Net Cost} = \text{Cost}_{\text{Water Fluoridation}} - \text{Cost}_{\text{Disease Averted and Productivity Losses Averted}} \quad \text{(Equation 1)}$$

If net cost is negative, then water fluoridation is cost saving. We confined our analysis to two alternatives—implementing or not implementing fluoridation—because previous studies have found that it is the least costly way to deliver fluoride (10). We used the following formula to calculate the *Cost of Disease Averted and Productivity Losses Averted:*

$$\text{Cost}_{\text{Disease Averted and Productivity Losses Averted}} = (\text{Caries Increment}_{\text{Nonfluoridated}}) * (\text{Effectiveness}_{\text{Water Fluoridation}}) * (\text{Average Discounted Lifetime Cost of Carious Surface}) \quad \text{(Equation 2)}$$

where

$\text{Caries Increment}_{\text{Nonfluoridated}}$ = annual increment of decayed, missing, and filled surfaces (DMFS) in persons not exposed to fluoridated water,

$\text{Effectiveness}_{\text{Water Fluoridation}}$ =

Send correspondence and reprint requests to Dr. Griffin, Centers for Disease Control and Prevention, Division of Oral Health, Surveillance, Investigations and Research Branch, 4770 Buford Highway, MSF10, Chamblee, GA 30341. E-mail: sig1@cdc.gov. Web site: www.cdc.gov/nccdphp/doh. At the time of this study, Dr. Jones was affiliated with the Georgia Institute of Technology, School of Economics. She currently is affiliated with the University of Georgia, Terry College of Business, Department of Banking and Finance. At the time this study was conducted, Dr. Tomar was affiliated with the Centers for Disease Control and Prevention, Division of Oral Health, Surveillance and Investigation Branch. He currently is affiliated with the University of Florida College of Dentistry, Division of Public Health Services and Research. Manuscript received: 2/7/00; returned to authors for publication: 6/26/00; accepted for publication: 8/10/00.

estimates of DFS would underestimate caries increment in unexposed persons. To correct for this bias, we used mean DFS figures from Region VII (Pacific), the region with the lowest percentage of the population receiving fluoridated water (20 percent). Imputed mean annual increments equaled 1.09 surfaces for adults aged 18–44 years and 0.43 for adults aged 45–65 years.

Caries increments from NHANES (I–III) were imputed with the same basic methodology as the NSOH estimates and calculated with the following formula:

$$\text{Increment} = DFT_{t2} - (TEETH_{t2} / TEETH_{t1}) * DFT_{t1} \quad \text{(Equation 4)}$$

where

DFT_{tx} = number of decayed and filled teeth in time period x

$TEETH_{tx}$ = the number of teeth in the mouth in time period x

With NHANES, however, we used data on the same birth cohort over time while with NSOH we used data from different birth cohorts for the same time period. Additionally, NHANES data in earlier time periods were reported at the tooth level rather than the surface level. To obtain surface level increments for the NHANES data, tooth level increments for each cohort were multiplied by the ratio of DFS to DFT from the NSOH data (16). Finally, NHANES did not report findings by fluoridation status or region of the country.

We used Equation 4 to calculate increments for children aged 8–17 years between 1971 and 1974 and adults aged 25–34 years between 1988 and 1991. This increment, 0.49 surfaces, was generalized both to children and to adults aged 18–45 years. For older adults we compared adults aged 35–44 years between 1971 and 1974 with adults aged 55–65 years between 1988 and 1991. For this group, increment rounded to 0.0 surfaces.

Table 1 contains increment estimates for each age group derived from the three data sources. Because our evaluation criterion is net cost or cost savings, worst-case assumptions are those that decrease cost savings (NHANES) and best-case assumptions are those that increase cost savings (published studies).

Water Fluoridation Effectiveness. Estimates of the effectiveness of water fluoridation were obtained from the published literature and imputed from the National Survey of Oral Health in US Schoolchildren, 1986–87 Public Use Data File (15). A review of published studies that were conducted from 1979 to 1989 among US children reported a mean caries reduction of 26 percent from water fluoridation (2). The few post-1980 studies documenting the effectiveness of water fluoridation in adult populations also produced effectiveness parameters close to 25 percent. For example, Grembowski et al. found that adults aged 30 years living in fluoridated communities in the Pacific Northwest experienced 31 percent less dental decay than did adults in nonfluoridated communities (12). Eklund et al. found that adults who received water with a high fluoride concentration (3.5 ppm) experienced 20 percent fewer carious surfaces than did adults living in communities in which the fluoride content was 0.7 ppm (21).

Effectiveness estimates obtained from cross-sectional surveys vary widely across geographic region (2). For example, analysis of the National Survey of Oral Health in US Schoolchildren, which compared caries prevalence in children with lifetime exposure and with no exposure to fluoridated water, found that water fluoridation's effectiveness ranged from –5.6 percent in the Midwest to 60.6 percent in the Pacific region. The national estimate of effectiveness, after controlling for exposure to other sources of fluoride, was 25 percent (22). The negative effectiveness value in the Midwest may have been due to small sample size because few children living in this region actually received nonfluoridated water (2). Using the NSOH data set we estimated effectiveness from the age-adjusted DMFS for children aged 6–17 years who were not exposed to fluoride drops or tablets and who had lifetime residence in communities either with or without fluoridation. Base-case effectiveness (25%), worst-case effectiveness (12%), and best-case effectiveness (29%) were calculated, respectively, from data for all children living in the United States, children living within the four regions with the lowest effectiveness ($DMFS_{Fluoridated}$=2.73, $DMFS_{Nonfluoridated}$ =3.11), and children living in the three regions with the highest effectiveness ($DMFS_{Fluoridated}$=2.56, $DMFS_{Nonfluoridated}$= 3.60).

Number of Carious Surfaces Attributable to Foregoing One Year of Water Fluoridation Exposure. Estimates of the *number of carious surfaces attributable to foregoing one year of water fluoridation exposure* (annual caries increment in nonfluoridated communities * fluoridation effectiveness), ranged from 0.04, assuming low effectiveness and increment, to 0.34, assuming high effectiveness and increment, and equaled 0.19 under base-case assumptions.

Average Discounted Lifetime Cost of a Carious Surface. An amalgam restoration requires maintenance over the life of the tooth. To simplify the calculation of the discounted lifetime cost associated with a carious surface, we divided the population into 10 age groups (6–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, and 60–65). For each age group, we calculated the discounted expected lifetime cost of applying and maintaining a one-surface amalgam restoration for a carious surface developed at the midpoint of the age group. This calculation required estimates of the costs associated with treatment and lost productivity, the expected life of an amalgam, and the probability that a previously restored tooth was present at the midpoint of each age group.

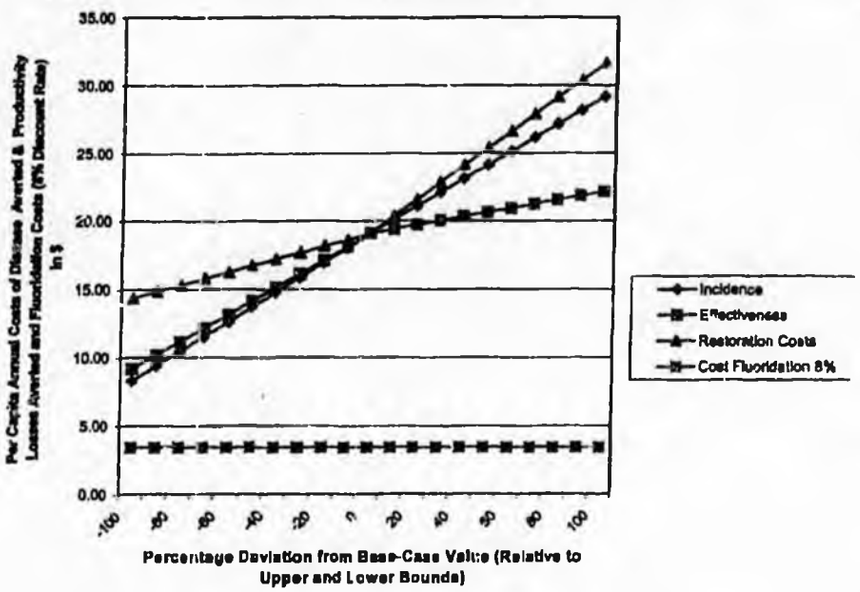
An American Dental Association Survey found that the average cost of a one-surface amalgam restoration in 1995 was $54 (23). To calculate productivity losses, we assumed that the average loss in work time due to a restorative dental visit was one hour. The average hourly total compensation per US worker in 1995 was $18.12 (24). We included this cost for all individuals, regardless of age or work status. For individuals not earning an income outside of the home, this value reflected the opportunity cost of that decision; for children, this value reflected the sacrifice in caregiver time to take the child to the dentist. Hence, the total cost to society resulting from a decayed tooth surface was approximately $72.

We estimated the expected life of an amalgam from five published studies (25-29). The estimated median life for an amalgam ranged from 9 to 14 years and for our calculations, we assumed the expected life of an amalgam to be

TABLE 4
Annual per Person Cost Savings (Negative Net Cost) from Water Fluoridation

Community Size	Best Case	Base Case	Worst Case
<5,000	$31.04	$15.95	$0.85
5,000–9,999	$32.57	$17.48	$2.38
10,000–20,000	$33.15	$18.06	$2.96
>20,000	$33.71	$18.62	$3.52

FIGURE 1
One-way Sensitivity Analysis for Varying Incidence, Effectiveness, and Average Discounted Lifetime Cost of Carious Surface



but two of the systems used hydrofluosilicic acid) covered an increase in fluoride from <0.3 ppm to 0.8 ppm. We annuitized the one-time fixed costs over 15 years using discount rates of 4 percent (base case), 0 percent (best case), and 8 percent (worst case) (32). All costs were converted to 1995 US dollars with use of the CPI-U (33) (Table 3).

Sensitivity Analysis. To test the sensitivity of our results to estimated parameter values, we varied the parameters one at a time and calculated their break-even values. Additionally, we conducted three-way sensitivity analyses, allowing the discount rate, effectiveness, and increment to vary throughout their plausible ranges simultaneously.

Results

With a 4 percent discount rate and with the *number of carious surfaces attributable to foregoing one year of water fluoridation exposure* taking on its best-, worst- and base-case values, the net cost of community water fluoridation was negative (cost saving) under all scenarios (Table 4).

In the one-way sensitivity analysis, the per person *Cost of Disease Averted and Productivity Losses Averted* (hereafter termed *Costs Averted*) was calculated as the increment, effectiveness, and *average discounted lifetime cost of a carious surface* (hereafter termed *costs of caries*) were varied individually between their lower- and upper-bound estimates (Figure 1). The slopes of the resulting lines suggest that *Costs Averted* was most sensitive to increases in *cost of caries* above its baseline value and to decreases in increment below its baseline value. Holding all other parameters constant and allowing effectiveness to vary from its worst- to best-case value caused *Costs Averted* to range from $9.18 to $22.18. Allowing only increment or *cost of caries* to vary from their worst- to best-case values produced *Costs Averted* estimates of $8.30 to $29.18 and $14.74 to $31.67, respectively. The horizontal line in Figure 1 shows a per person fluoridation costs of $3.44 (worst-case scenario costs for a community of fewer than 5,000). Thus, when only one parameter (increment, effectiveness, or *cost of caries*) is varied between its upper- and lower-bound values, water fluoridation is cost saving for communities of all sizes.

We performed break-even analyses both for communities with populations fewer than 5,000 and those with populations greater than 20,000. Holding the discount rate constant at 4 percent and increment constant at its baseline (0.76), water fluoridation was cost saving for all effectiveness levels greater than 0.04 in the smallest communities or 0.01 in the largest communities. Holding discount rate constant at 4 percent and effectiveness constant at its baseline (0.25), water fluoridation was cost saving for all increment levels greater than 0.13 in the smallest communities or 0.02 in the largest communities. Holding effectiveness and increment constant at their baselines (0.25 and 0.76, respectively), water fluoridation was cost saving if the discount rate was less than 49 percent for the smallest and 202 percent for the largest communities.

The per person annual cost of water fluoridation was compared with *Costs Averted* when the *number of carious surfaces attributed to foregoing one year of water fluoridation* and the discount rate vary (Figure 2). Only when we allowed effectiveness, increment, and the discount rate to take on their worst-case values (the number of carious surfaces attributed to foregoing one year of water fluoridation equaled 0.04 and the discount rate equaled 8 percent) was water fluoridation not cost saving, and then only for communities with fewer than 5,000 people. Water fluoridation was cost saving for very small communities when the *number of carious surfaces attributed to foregoing one year of water fluoridation* exceeded 0.046 surfaces.

Discussion

With use of the most current data available on the effectiveness and costs of water fluoridation, caries in-

life of a water fluoridation project was 15 years and the benefits did not begin until after five years of exposure, the per person discounted cost savings over the life of the project would be $25.55 (under base-case assumptions). This value would be $66.16 if benefits accrued after only one year of exposure. Finally, we assumed that the costs of dental fluorosis attributable to water fluoridation are negligible (14).

It is important to note that we assumed no change in dentists' behavior in response to income reductions spurred by decreased need for restorative care. Since dental markets are characterized by asymmetric information (patients don't have full information and thus make their dental consumption decisions based on their dentists' recommendations), providers may be able to induce demand for other dental services. Also, dentists' clinical decisions may vary due to differences in knowledge and beliefs about diagnostic criteria, disease processes, risk factors, and alternative treatment options (37). Thus, dentists may be predisposed to diagnose marginal lesions as carious in fluoridated areas with small patient supplies (36). To the extent that this is possible, dentists may provide more diagnostic, preventive, or even restorative services to maintain a steady stream of income, or may reduce the recall interval between dental visits. Such behavior was reported by Grembowski, who found that insured children with continuous fluoridation exposure received more diagnostic, preventive, and simple restorative services than children with low fluoride exposure (36). Thus, the potential cost savings from reduced restorative care may be partially offset by increased consumption of diagnostic and preventive care.

Alternatively, other assumptions made in this analysis may have biased cost savings downward. For example, we did not include the *Costs of Disease Averted and Productivity Losses Averted* for decay in the primary dentition or for adults over age 65 years. Furthermore, we did not include productivity losses due to dental discomfort in our estimates of averted productivity losses. Finally, we assumed that simple amalgam restorations would always be used to treat initial decay and in subsequent replacements. These assumptions ignore potentially costlier treatment, including for example, composite restorations, root canal treatment, crowns, and bridges.

The magnitude of the cost savings resulting from water fluoridation will depend on the parameter values of the population under consideration. To measure the cost savings that have accrued from the introduction of water fluoridation in the United States, high-end estimates of effectiveness and increment would be most appropriate, because initial increment and effectiveness rates are likely to be high when no water is being fluoridated. A local community that is evaluating a proposed water fluoridation project may require lower increment and effectiveness assumptions if it receives diffused benefits of water fluoridation from nearby communities (2,7,38). For example, in midwestern US communities, low-end increment and effectiveness parameters would be more applicable, whereas in the Pacific US region, high-end values of incidence and effectiveness would be more pertinent.

Relatively few economic evaluations of community water fluoridation programs have been conducted within the last decade. Brown et al. determined that a negative structural shift in US dental expenditures had occurred around 1979 (55). The authors attributed the shift in part to improved oral health resulting from increased access to community water fluoridation. Expenditures decreased by 10 percent which in turn led to savings of 39.1 billion dollars (1990 dollars) from 1979 to 1989. In 1989 the *Journal of Public Health Dentistry* dedicated a special issue to the proceedings from a University of Michigan workshop on the cost effectiveness of caries prevention in dental public health (56). Many of the articles in that issue provided estimates of parameters used in our analysis. The issue did not, however, feature a complete economic evaluation that explicitly stated all assumptions and findings, nor was a sensitivity analysis performed. Our analysis is unique in that it includes both the productivity losses and the costs of subsequent replacements in measuring the costs associated with a dental restoration. In addition, to our knowledge, no other study has used sensitivity analysis to determine the robustness of water fluoridation cost savings given the secular decline in caries incidence and the increased diffusion of water fluoridation's benefits to communities without fluoridation.

Using knowledge of local increment and effectiveness estimates, local officials may estimate potential cost savings from the information presented here. Tables providing net cost estimates for 756 combinations of effectiveness, increment, and cost of caries may be obtained from the authors. One benefit of the per-year savings approach is that it allows decision makers to customize their calculations for projects in which the *Costs of Averted Disease* differ in each year or for projects of varying duration. This would allow consideration of various scenarios, such as decreasing incidence over time due to fluoridation in nearby areas.

References

1. CDC. Fluoridation of public drinking water to prevent dental caries. Morb Mortal Wkly Rev MMWR 1999;48:933-40.
2. Ripa LW. A half-century of community water fluoridation in the United States: review and commentary. J Public Health Dent 1993;53:17-44.
3. Davies GN, Fluoride in the prevention of dental caries: a tentative cost-benefit analysis. Br Dent J 1973;135:131-4.
4. Nelson W, Swint JM. Cost-benefit analysis of fluoridation in Houston, Texas. J Public Health Dent 1976;36:88-95.
5. Niessen LC, Douglass CW. Theoretical considerations in applying benefit-cost and cost-effectiveness analysis to preventive dental programs. J Public Health Dent 1984;44:156-68.
6. Newbrun E. Effectiveness of water fluoridation. J Public Health Dent 1989; 49:279-89.
7. Lewis DW, Banting DW. Water fluoridation: current effectiveness and dental fluorosis. Community Dent Oral Epidemiol 1994;22:153-8.
8. White BA, Anczak-Boukoms AA, Weinstein MC. Issues in the economic evaluation of community water fluoridation. J Dent Educ 1988;53:647-57.
9. Haddix AC, Teutsch SM, Shaffer P, Dunet D. Prevention effectiveness. New York: Oxford University Press, 1996:109.
10. Garcia IA. Caries incidence and costs of prevention programs. J Public Health Dent 1989;49:259-71.
11. Featherstone JD. Prevention and reversal of dental caries: role of low level fluoride. Community Dent Oral Epidemiol 1999; 27:31-40.
12. Grembowski D, Fiset L, Spadafora A. How fluoridation affects adult dental caries. J Am Dent Assoc 1992;123:49-54.
13. Brown LJ. Dental care utilization: how saturated is the patient market? J Am Dent Assoc 1989;130:573-80.
14. US Department of Health and Human Services. Review of fluoride benefits and risks. Report of the ad hoc subcommitee on fluoride of the Committee to Coordinate Environmental Health and Related

Likewise, Costs of Disease and Productivity Losses$_{fluoridated}$ = Caries Increment$_{fluoridated}$ * Average Discounted Lifetime Cost of Carious Surface.

Thus, Costs$_{DiseaseAvertedandProductivityLossesAverted}$ reduces to:

(Caries Increment$_{nonfluoridated}$ − Caries Increment$_{fluoridated}$) * Average Discounted Lifetime Cost of a Carious Surface.

This equation is multiplied by (Caries Increment$_{nonfluoridated}$ / Caries Increment$_{nonfluoridated}$), a factor of 1, to yield:

(Caries Increment$_{nonfluoridated}$ − Caries Increment$_{fluoridated}$) * (Caries Increment$_{nonfluoridated}$ / Caries Increment$_{nonfluoridated}$) * (Average Discounted Lifetime Cost of a Carious Surface).

Regrouping terms, this equation may be rewritten:

Caries Increment$_{nonfluoridated}$ * [(Caries Increment$_{nonfluoridated}$ − Caries Increment$_{fluoridated}$) / (Caries Increment$_{nonfluoridated}$] * (Average Discounted Lifetime Cost of a Carious Surface).

The term in brackets is the absolute value of the measure of effectiveness in the studies from which we took our data (2,3). Thus, the equation becomes

Costs$_{Disease\ Averted\ and\ Productivity\ Losses\ Averted}$ = (Caries Increment$_{Nonfluoridated}$) * (Effectiveness$_{Water\ Fluoridation}$) * (Average Discounted Lifetime Cost of Carious Surface),

which is Equation 2 in text.

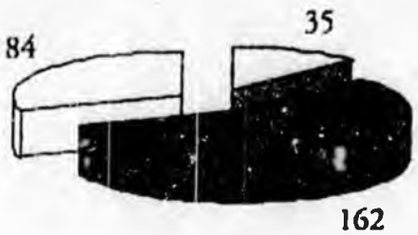
COMMUNITY WATER FLUORIDATION

In 1945, Grand Rapids, Mich., became the first city in America to add fluoride to its water supply to reduce tooth decay. This began a steady increase in community water fluoridation as a low-cost, efficient public health intervention. Fluoride occurs naturally in water at varying levels. Adding or reducing fluoride in the water to about 1 part per million has been found to reduce tooth decay substantially at a low cost of less than $1 dollar per person per year, depending on the size of the community. Although fluoride is particularly beneficial to children while their teeth are forming, it helps throughout life. It is superior to other options because no individual or family decision has to be made to benefit and no appointment or routine compliance or purchase of a product is necessary. In 1999, the Centers for Disease Control included water fluoridation in its list of 10 great public health achievements of the 20th century. As of 2002, 162 million people drink fluoridated water. This represents 66 percent of the 245 million who are served by public water supplies.

About 27 states have achieved the goal established by the Department of Health and Human Services of fluoridating water for 75 percent or more of their citizens. Although public water systems are managed locally, state legislatures become involved with fluoridation when they appropriate funds for oral health programs, assist communities with fluoridation, or consider legislation that mandates or prohibits water fluoridation. According the Centers for Disease Control (CDC), 11 states- California, Connecticut, Delaware, Georgia, Illinois, Kentucky, Minnesota, Nebraska, Nevada, Ohio and South Dakota-plus Puerto Rico and the District of Columbia currently mandate community water fluoridation.

Community water fluoridation has its opponents. A variety of groups, such as the Fluoride Action Network, Citizens for Safe Drinking Water and the Citizens for Health, oppose fluoridation because they claim it has never been tested for safety; it leads to a high incidence of fluorosis, (discoloring of tooth enamel) and causes bone fractures, cancer, osteoporosis, arthritis, kidney disorders, low sperm count, low IQ and other problems. The Foundation for Neuroscience and Safety links community water fluoridation to higher rates of lead poisoning in children, which causes hyperactivity, learning disabilities, substance abuse and violent crime. Some people also feel that adding fluoride should be a personal choice and that adding it to the water is "mass medication."

United States Population by Public Water System 2002
(in millions)



☐ Not on Public System

■ Fluoridated Public System

☐ Nonfluoridated Public System

Source: Centers for Disease Control and Prevention. 2002.

Senator Ray Rawson, a Nevada dentist who led the drive for fluoridating water in Las Vegas, calls these arguments "junk science." "Fluoride really works, and it really is safe," he says. More than 3,700 studies on fluoride have been completed during the last 30 years, including 50 peer-reviewed epidemiological studies, and none has established a higher risk of cancer or any other disease. A review of the scientific literature shows only a few studies that document health problems in animals, and then only when subjects were given concentrations of fluoride that are 50 to 200 times higher than people could possibly obtain through drinking fluoridated water. In 1978, *Consumer Reports* magazine wrote "The simple truth is that there is no scientific controversy over the safety of fluoridation. The practice is safe, economical and beneficial." Opposition to community water fluoridation has slowed progress in getting communities on board, which has led to higher rates of tooth decay and health care costs.

For legislators who are interested in alternatives to fluoridated water, other options exist which most states pursue, primarily for rural and frontier communities who use well water. In 2001, 34 state oral health programs provided school-based programs that provide fluoride mouth rinses or tablets to 1.1 million children. Fourteen states have programs to apply dental sealants-which coat permanent teeth to prevent tooth decay- among high-risk populations. Fewer than 150,000 children were helped this way in 2001. These programs are more expensive than community water fluoridation, and reach relatively few people.

TO NEXT SECTION (IN THE ABSTRACT)

BACK TO MAIN

National Conference of State Legislatures
INFO@NCSL.ORG (autoresponse directory)

Denver Office (Map):
7700 East First Place
Denver, CO 80230
Tel: 303-364-7700
Fax: 303-364-7800

Washington Office:
444 North Capitol Street, N.W., Suite 515
Washington, D.C. 20001
Tel: 202-624-5400
Fax: 202-737-1069

Resource Library

Press Release

ADA and CDC Celebrate 60th Anniversary of Community Water Fluoridation

CHICAGO, January 21, 2005—Community water fluoridation, cited as one of 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention (CDC), celebrates its 60th birthday this year.

To help recognize this public health milestone, the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC), will host a National Fluoridation Symposium at the ADA headquarters in Chicago from July 13-July 16, 2005. The symposium will recognize the impact of community water fluoridation for improving oral health and overall health.

To also commemorate the anniversary, CDC has developed a resource poster for water facility operators. The poster provides key information, including optimal fluoridation level for their states, how to monitor fluoridation levels at the plant to ensure optimal levels, operational and maintenance guidance, and benefits to the community. The poster has been endorsed by key partners in expanding community water fluoridation including the American Water Works Association, the National Rural Water Association, and the Association of State and Territorial Dental Directors.

"Fluoridation is the single most effective public health measure for preventing tooth decay and improving oral health over a lifetime," stated William R. Maas, D.D.S., M.P.H., Director, CDC Division of Oral Health.

"Community water fluoridation is the most economical preventive method we have in dentistry," said Richard Haught, D.D.S., ADA president, "We need to put special emphasis on providing fluoridation to those who aren't able to enjoy its benefits now."

Grand Rapids, Michigan, first community to fluoridate water

On January 25, 1945, Grand Rapids, Mich., became the first community to adjust the fluoride content in the public water system to the level effective for prevention of tooth decay. Since that time, some 170 million Americans now have access to community water fluoridation.

"Because it reaches all people in a community regardless of education or income level, it is a powerful strategy in our efforts to eliminate differences in oral health among our citizens, explained Dr. Maas.

"There has been a significant and profound improvement in the oral health of the nation's children living in fluoridated communities," said the ADA's Dr. Haught. "I am convinced of the benefits of community water fluoridation. I have seen the oral health differences before and after it was instituted in my hometown of Tulsa, Oklahoma."

Supports expansion of community water fluoridation
The CDC Division of Oral Health supports expansion of community water fluoridation throughout the nation by providing technical assistance to state water programs on fluoridation implementation and practices. The division monitors the extent and quality of fluoridation through the Water Fluoridation Reporting System, which also provides the public with information on the level of fluoride in water systems. This information is available on the My Water's Fluoride Web site, which allows consumers in 31 participating states and two Native American tribes to obtain basic information about their water system, including the number of people served by the system and the target fluoridation level (http://apps.nccd.cdc.gov/MWF/Index.asp).

The American Dental Association has long endorsed community water fluoridation as safe, effective and necessary in preventing tooth decay. This support has been the Association's position since policy was first adopted in 1950. The ADA, along with state and local dental societies, continues to work with federal, state, and local agencies to increase the number of communities benefiting from optimally fluoridated water. The ADA has developed a number of information resources, including the *Fluoridation Facts* booklet, videos, electronic presentations and resource kits. For more information and to view the entire ADA resource list, visit the ADA's "Fluoride and Fluoridation" Web site at http://www.ada.org/goto/fluoride.*

Key Facts About Community Water Fluoridation

- Water fluoridation is the addition of fluoride to adjust the natural concentration of a community's water supply to the level recommended by the U.S. Public Health Service for optimal dental health—0.7 to 1.2 parts per million (equivalent to about 1 inch in 16 miles or 1 cent in $10,000).
- Dental caries, commonly known as tooth decay or cavities, is an infectious multifactorial disease in which acid from bacteria dissolve the enamel of a tooth. This often results in pain and loss of tooth structure. Fluoride works by facilitating remineralization of the tooth's enamel, keeping the tooth strong by preventing the loss of minerals from the enamel as well as by enhancing the re-uptake of

minerals into the tooth.[1]

- Fluoridation of the public water supply was first instituted on January 25, 1945, in Grand Rapids, Michigan. Studies in eight communities (four implemented fluoridation and four did not) comparing rates of tooth decay documented persuasive evidence of its effectiveness in decreasing tooth decay in children. As a result, other U.S. cities rapidly adopted this preventive intervention.[2-5]
- A recent review by the U.S. Task Force on Community Preventive Services strongly recommended community water fluoridation . For the many studies reviewed, there was a median 29% reduction of decay among children and adolescents. [6]
- Community water fluoridation benefits everyone, especially those without access to regular dental care. It is the most efficient way to prevent one of the most common childhood diseases – tooth decay (5 times as common as asthma and 7 times as common as hay fever in 5-to-17-year-olds). Without fluoridation, there would be many more than the estimated 51 million school hours lost per year in this country because of dental-related illness. [7]
- Currently, 67% of Americans on public water systems receive optimally fluoridated water.[8]
- Fluoridation is cost effective. For most U.S. communities, every dollar spent on community water fluoridation results in a savings of $38 in costs to repair (fill) a decayed tooth. [9]

1. Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. *MMWR*, August 17, 2001; 50 (RR-14):1–42.

2. Blaney JR, Tucker WH. The Evanston Dental Caries Study. II. Purpose and mechanism of the study. *Journal of Dental Research*, 1948;27:279–286.

3. Ast DB, Finn SB, McCaffrey I. The Newburgh-Kingston Caries Fluorine Study. I. Dental findings after three years of water fluoridation. *American Journal of Public Health*, 1950;40:716–724.

4. Dean HT, Arnold FA, Jay P, Knutson JW. Studies on mass control of dental caries through fluoridation of the public water supply. *Public Health Reports* 1950;65:1403–1408.

5. Hutton WL, Linscott BW, Williams, DB. The Brantford fluorine experiment: Interim report after five years of water fluoridation. *Canadian Journal of Public Health* 1951;42:81–87.

6. Promoting Oral Health: Interventions for Preventing Dental Caries, Oral and Pharyngeal Cancers, and Sports-related Craniofacial Injuries: A Report on the Recommendations of the Task Force on Community Preventive Services. *MMWR*, November 30, 2001;50(RR-21):1–13.)

7. Gift HC. 1997. Oral health outcomes research: Challenges and opportunities. In Slade GD, ed., *Measuring Oral Health and Quality of Life* (pp. 25–46). Chapel Hill, NC: Department of Dental Ecology, University of North Carolina.

8. CDC Water Fluoridation Reporting System, 2002. Available at www2.cdc.gov/nohss/FluoridationV.asp.

9. Griffin SO, Jones K, Tomar SL. An economic evaluation of community water fluoridation. *Journal of Public Health Dentistry* 2001;61(2):78–86.

This page last updated January 25, 2005

Oral Health Home | Contact Us

CDC Home | Search | Health Topics A-Z

Privacy Policy | Accessibility

United States Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Oral Health

HCR 5 Community Water Fluoridation:

Opposition Arguments

The Fluoridation War: a Scientific Dispute or a Religious Argument?

Ernest Newbrun, DMD, PhD

Abstract

Communal water fluoridation is not considered controversial by the vast majority of the scientific community; however, politically it has persisted as an issue that many legislators and community leaders have avoided because of an aura of dispute. it has been a battleground for vigorous opposition by a very small but outspoken minority who have fought it with the dedication of religious zealots. This paper reviews the nature of the opposition, who they are, the broad thrust of their arguments, some of the specific issues they have raised, and their techniques. [J Public Health Dent 1996;56(5):246-52]

Key Words: AIDS, antifluoridationists, cancer, courts, dental caries, effectiveness, community water fluoridation, safety.

When I was invited to participate in this symposium celebrating the 50th anniversary of controlled communal water fluoridation at Grand Rapids, Michigan, I was asked to discuss the opposition to this measure. Fortunately, I was given carte blanche on how to address this topic and I confess the title is of my own choosing. Professor Donald McNeil has referred to "the fight for fluoridation" and described it as "America's longest war" (1). He went on to state that "a few things remain constant in America—death, taxes, baseball, and since 1950, widespread, often successful efforts by a passionate minority to keep fluoride out of public drinking water" (1).

Health professionals and biomedical researchers see water fluoridation as a scientific issue, and almost all agree that questions about its efficacy and safety were more than adequately settled long ago. [redacted] With the exception of some Christian Scientists, few oppose it on strictly religious grounds, but [redacted] hence the title of my lecture. In this review I will examine the nature of the opposition, who they are, the broad thrust of their arguments, some of the specific issues they have raised, and their techniques.

The Antifluoridationists

When Trendley Dean, Philip Jay, and John Knutson met with the mayor of Grand Rapids 50 years ago to gain his approval for a water fluoridation experiment, no opposition existed to becloud the issue (2). However, complaints of ill effects due to water fluoridation were reported shortly after January 1, 1945, the official starting date. These complaints included: "Since they've been adding fluoride in our drinking water I have been gaining weight rapidly," and "Bathing in fluoridated water is causing a rash all over my body." Owing to delays in delivery of the equipment, fluoridation did not actually start in Grand Rapids until January 25, yet the complaints preceded the implementation of water fluoridation! Initially the complaints came from isolated individuals, but eventually there grew to be an organized network of hard-core opposition to this public health measure, not only at a local level, but at national and international levels. This opposition is not altogether surprising from a historical perspective, as there was opposition in the 1920s to pasteurization of milk and immunization of children against diphtheria and smallpox. Similarly, at the turn of the last century there existed fierce opposition to chlorination of the drinking water. More recently, gene splicing and organ transplantation have encountered some hostility. In all of these cases, th[redacted] medication.

At a national level, t[redacted] their activities are detailed elsewhere (3,4). The *National Fluoridation News* was published quarterly "in the interest of all organizations and individuals concerned with keeping our drinking water free of chemicals not needed for purification" and was illustrated with clever cartoons ridiculing academia, the health establishment, government, and industry for their endorsement of fluoridation. In addition, local "pure water" associations have been organized to prevent fluoridation, their name itself being something of a misnomer as [redacted] that are com-

It is important to distinguish people who have voted against this measure in referenda but have not been active opponents from those in the much smaller but extremely vociferous group who are the real "antifluoridationists." According to most opinion surveys conducted between 1952 and 1977, the antifluoridationists constituted about 10 to 20 percent of the US population (6). In a more recent survey of parents' attitude toward fluoridated

Dr. Newbrun is professor emeritus of oral biology and periodontology, Department of Stomatology, University of California, San Francisco. Send correspondence to Dr. Newbrun at Division of Oral Biology, University of California San Francisco, 513 Parnassus Avenue, San Francisco, CA 94143-0512.

California, a state that ranks near the bottom (48th) in the nation with respect to percent of the population (18%) enjoying the benefits of water fluoridation, I have been called upon to participate as a scientific expert on fluoridation in several city council or water authority hearings in Los Angeles, Marin County, and the East Bay Municipal Water District, as well as to testify to the California legislature. In addition, I have testified to a committee of the US Congress, in the Queen's Court in Canada, and the Ministry of Health in Chile, and I have submitted written testimony to a Royal Commission in Victoria, Australia. I have debated antifluoridationists on television and radio and appeared on call-in radio programs to answer questions about fluoridation. I have heard or read most of the arguments that the opponents have presented, although I confess I have never heard them specifically claim that fluoridation causes nymphomania and satyriasis, as others have reported (2). I feel I have been in the trenches in this fluoridation war for most of my professional life. Although the specific arguments of the antifluoridationists may change with the *Zeitgeist*, the basic tenets have changed very little over the years. [redacted] (Table 2).

TABLE 2
Principal Antifluoridation Arguments and Profluoridation Answers

Antifluoridation Arguments	Profluoridation Answers
Poison	Safe at 0.7–1.2 ppm
Ineffective	15–40% less caries
Delays caries	Less caries at all ages
Costly	Cheap 25¢ (median/person/year) 50¢ (mean/person/year)
Freedom of choice Individual rights	Individual restraints in the interest of community public health

TABLE 3
Expert Reports on the Safety, Risks, and Benefits of Water Fluoridation

Year	Organization	Ref
1957	Commission of Inquiry, New Zealand	25
1968	Royal Commission of Tasmania, Australia	26
1970	World Health Organization, Geneva, Switzerland	27
1976	Royal College of Physicians, London, UK	28
1977	National Academy of Sciences, Washington, DC	29
1977	Commission of Inquiry, Victoria, Australia	30
1982	International Agency for Research on Cancer, Geneva, Switzerland	31
1985	Department of Health, San Francisco, California	32
1985	Working Party (Knox), London, UK	33
1990	State Department of Health, New York	34
1991	National Health and Medical Research Council, Canberra, Australia	35
1991	US Public Health Service (Young), Washington, DC	36

Claims that Fluoride is Harmful. Opponents identify fluoride as a poison both specifically as being toxic and generally as being responsible for a wide spectrum of common ills including allergy, birth defects, cancer, and heart disease, as well as rarer conditions such as crib death, immune deficiency, and Gilbert's syndrome (20). Antifluoridation propaganda frequently shows fluoride with a skull and crossbones, labeled poison, ignoring the matter of dosage. When antifluoridationists speak about fluoride, they compare it with lead and arsenic (17,21), rather than with essential elements such as iodine, zinc, or iron, or with Vitamins A and D, which are also toxic in excess. Waldbott, one of the earlier physicians to oppose fluoridation, listed the illnesses attributable to "artificial" fluoridation as: stomach and intestinal, stomatitis, polydipsia, joint pains, migraine-like headaches, visual disturbances, tinnitus, and mental depression (22). [redacted] Such uncontrolled or poorly controlled observations can be dismissed.

It is beyond the scope of this review to respond to all the health-related claims of antifluoridationists; these have been amply detailed elsewhere (23,24). [redacted] Data concerning the safety of water fluoridation have been reviewed repeatedly by international, national, state, and local authorities (25-36). Scientists have recently reviewed the results of more than 50 epidemiologic studies on the relationship between fluoride concentrations in the drinking water and the risk of human cancer, as well as animal toxicity data (37). The conclusion of all of these reports has been uniform: there are no significant health risks associated with water fluoridation at an optimal level (Table 3). At optimal fluoride concentration the growth, health, and development of children is normal. Claims of carcinogenicity, teratogenicity, genotoxicity, and the like have not been substantiated under rigorous scientific examination. Mortality rates and other health statistics (other than dental caries) in fluoridated and nonfluoridated communities are similar. No injury from optimally fluoridated water has been proven to date. Dental fluorosis, mostly of the very mild to mild degree, may occur in some of the population, but this is primarily a cosmetic issue and not an adverse health effect.

[redacted]

CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION

The Fluoridation War: a Scientific Dispute or a Religious Argument?

Ernest Newbrun, DMD, PhD

Abstract

Communal water fluoridation is not considered controversial by the vast majority of the scientific community; however, politically it has persisted as an issue that many legislators and community leaders have avoided because of an aura of dispute. it has been a battleground for vigorous opposition by a very small but outspoken minority who have fought it with the dedication of religious zealots. This paper reviews the nature of the opposition, who they are, the broad thrust of their arguments, some of the specific issues they have raised, and their techniques. [J Public Health Dent 1996;56(5):246-52]

Key Words: AIDS, antifluoridationists, cancer, courts, dental caries, effectiveness, community water fluoridation, safety.

When I was invited to participate in this symposium celebrating the 50th anniversary of controlled communal water fluoridation at Grand Rapids, Michigan, I was asked to discuss the opposition to this measure. Fortunately, I was given carte blanche on how to address this topic and I confess the title is of my own choosing. Professor Donald McNeil has referred to "the fight for fluoridation" and described it as "America's longest war" (1). He went on to state that "a few things remain constant in America—death, taxes, baseball, and since 1950, widespread, often successful efforts by a passionate minority to keep fluoride out of public drinking water" (1).

Health professionals and biomedical researchers see water fluoridation as a scientific issue, and almost all agree that questions about its efficacy and safety were more than adequately settled long ago. [redacted] With the exception of some Christian Scientists, few oppose it on strictly religious grounds, but [redacted] hence the title of my lecture. In this review I will examine the nature of the opposition, who they are, the broad thrust of their arguments, some of the specific issues they have raised, and their techniques.

The Antifluoridationists

When Trendley Dean, Philip Jay, and John Knutson met with the mayor of Grand Rapids 50 years ago to gain his approval for a water fluoridation experiment, no opposition existed to becloud the issue (2). However, complaints of ill effects due to water fluoridation were reported shortly after January 1, 1945, the official starting date. These complaints included: "Since they've been adding fluoride in our drinking water I have been gaining weight rapidly," and "Bathing in fluoridated water is causing a rash all over my body." Owing to delays in delivery of the equipment, fluoridation did not actually start in Grand Rapids until January 25, yet the complaints preceded the implementation of water fluoridation! Initially the complaints came from isolated individuals, but eventually there grew to be an organized network of hard-core opposition to this public health measure, not only at a local level, but at national and international levels. This opposition is not altogether surprising from a historical perspective, as there was opposition in the 1920s to pasteurization of milk and immunization of children against diphtheria and smallpox. Similarly, at the turn of the last century there existed fierce opposition to chlorination of the drinking water. More recently, gene splicing and organ transplantation have encountered some hostility. In all of these cases, th[redacted] medication.

At a national level, [redacted] their activities are detailed elsewhere (3,4). The *National Fluoridation News* was published quarterly "in the interest of all organizations and individuals concerned with keeping our drinking water free of chemicals not needed for purification" and was illustrated with clever cartoons ridiculing academia, the health establishment, government, and industry for their endorsement of fluoridation. In addition, local "pure water" associations have been organized to prevent fluoridation, their name itself being something of a misnomer as [redacted].

It is important to distinguish people who have voted against this measure in referenda but have not been active opponents from those in the much smaller but extremely vociferous group who are the real "antifluoridationists." According to most opinion surveys conducted between 1952 and 1977, the antifluoridationists constituted about 10 to 20 percent of the US population (6). In a more recent survey of parents' attitude toward fluoridated

Dr. Newbrun is professor emeritus of oral biology and periodontology, Department of Stomatology, University of California, San Francisco. Send correspondence to Dr. Newbrun at Division of Oral Biology, University of California San Francisco, 513 Parnassus Avenue, San Francisco, CA 94143-0512.

drinking water, 10 percent disapproved, 78 percent approved and 12 percent did not know or refused to answer (7) (Figure 1). Disapproval ranged from 4 percent in communities that were already fluoridated to 16 percent in communities that were not.

[redacted] They come in many guises, including some, but certainly not all, of the following: [redacted] Other species have emerged, including the self-proclaimed "neutral" who tries to portray an image of dispassionate open-mindedness, but clearly has accepted the opposition's arguments irrespective of whether they have been adequately tested and answered (8-10). Another is the [redacted] who previously accepted the mainstream belief in the benefits of fluoridation, but has experienced an epiphany so that the scales have fallen from his eyes and he has seen the light (11-13).

FIGURE 1
Attitude Toward Fluoridation of Drinking Water
[Survey of 1,200 parents by Gallup Organization, December 1991 (7)]

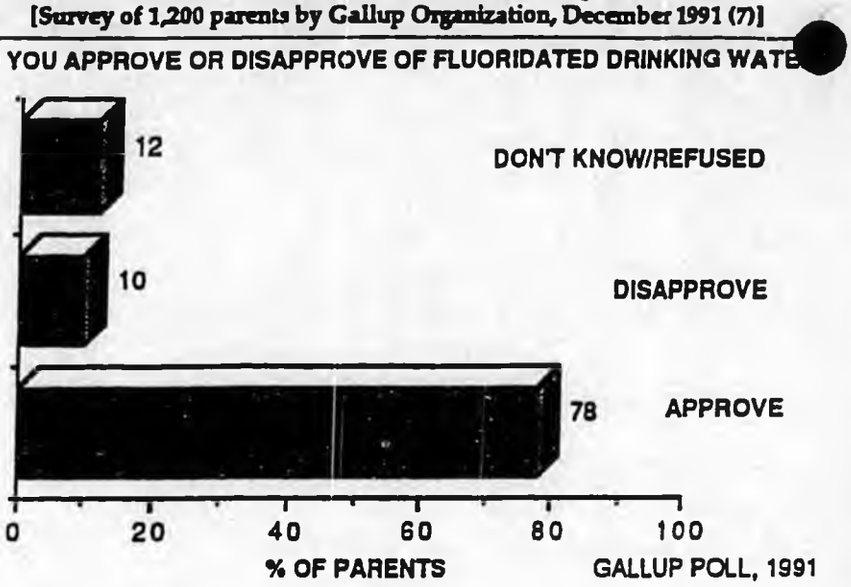


TABLE 1
Chronology of Antifluoridation Propaganda

Period	Antifluoridation Propaganda
1950s	Communist plot
1960s	Environmental concerns, use of buzzwords: toxic waste, pollutant, poison
1970s	Anti-military-industrial complex mood; conspiracy of US governm[redacted] health establishment, and industry; human cancer
1980s	Aging, Alzheimer's disease, AIDS
1990s	Bone fracture, decreased birth rate, human cancer

Chronology of Opposition Arguments

As would be expected, the nature of the opposition has undergone some changes over the past 50 years (Table 1). In the 1950s, in the heyday of the McCarthy era when Nixon had succeeded in winning elections by Red-baiting his opponents and the Rosenbergs had been convicted of espio[redacted] Groups such as the John Birch Society and the Ku Klux Klan rallied to oppose fluoridation. In the film "Dr. Strangelove," who can forget Sterling Hayden's hilariously paranoid portrayal of Col. Jack D. Ripper, the demented commander of Burpelson Air Force Base? He was obsessed with "purity and essence of our natural body fluids" and therefore only drank bourbon with distilled water because he did not want his "bodily fluids" violated by fluoridated water, a Communist plot. He was convinced that fluoridated water caused postcoital exhaustion and would have none of it.

In the 1960s Rachel Carson, in her book "The Silent Spring," expressed her concerns about the effects of insecticides on wildlife and the foods we eat. Americans became more aware of the problems of unbridled industrial pollution and abuse of insecticides. Accordingly, antifluoridation propaganda switched to environmental concerns, using buzzwords like toxic waste, pollutant, and poison in reference to fluoride.

In the 1970s, in the aftermath of the Vietnam War, the antifluoridationists cashed in on the anti-establishment and anti-military-industrial complex mood of the country. Fluoridation was portrayed as a conspiracy among the US government (Public Health Service), the medical-dental establishment, and industry. The year 1975 was also the time when John Yiamouyiannis, during the Los Angeles referendum, [redacted] (14-16).

By the 1980s, when Americans became more health conscious and were exercising in large numbers, [redacted] (17,18). Now, in the 1990s, [redacted] decreasing birth rate, as well as [redacted] being accused of causing cancer. Although I have given some chronological order to the antifluoridation propaganda, clearly some of these tactics have been recycled periodically and some have never gone away. For example, as recently as 1992 an opponent referred to water fluoridation as socialistic mass medication, repeating the term "socialized" in reference to water or medicine five times in the same article (19). Who said McCarthyism is dead?

Arguments of the Opponents

Having lived for the past 34 years in

California, a state that ranks near the bottom (48th) in the nation with respect to percent of the population (18%) enjoying the benefits of water fluoridation, I have been called upon to participate as a scientific expert on fluoridation in several city council or water authority hearings in Los Angeles, Marin County, and the East Bay Municipal Water District, as well as to testify to the California legislature. In addition, I have testified to a committee of the US Congress, in the Queen's Court in Canada, and the Ministry of Health in Chile, and I have submitted written testimony to a Royal Commission in Victoria, Australia. I have debated antifluoridationists on television and radio and appeared on call-in radio programs to answer questions about fluoridation. I have heard or read most of the arguments that the opponents have presented, although I confess I have never heard them specifically claim that fluoridation causes nymphomania and satyriasis, as others have reported (2). I feel I have been in the trenches in this fluoridation war for most of my professional life. Although the specific arguments of the antifluoridationists may change with the *Zeitgeist*, the basic tenets have changed very little over the years. They [redacted] (Table 2).

TABLE 2
Principal Antifluoridation Arguments and Profluoridation Answers

Antifluoridation Arguments	Profluoridation Answers
Poison	Safe at 0.7–1.2 ppm
Ineffective	15–40% less caries
Delays caries	Less caries at all ages
Costly	Cheap 25¢ (median/person/year) 50¢ (mean/person/year)
Freedom of choice Individual rights	Individual restraints in the interest of community public health

TABLE 3
Expert Reports on the Safety, Risks, and Benefits of Water Fluoridation

Year	Organization	Ref
1957	Commission of Inquiry, New Zealand	25
1968	Royal Commission of Tasmania, Australia	26
1970	World Health Organization, Geneva, Switzerland	27
1976	Royal College of Physicians, London, UK	28
1977	National Academy of Sciences, Washington, DC	29
1977	Commission of Inquiry, Victoria, Australia	30
1982	International Agency for Research on Cancer, Geneva, Switzerland	31
1985	Department of Health, San Francisco, California	32
1985	Working Party (Knox), London, UK	33
1990	State Department of Health, New York	34
1991	National Health and Medical Research Council, Canberra, Australia	35
1991	US Public Health Service (Young), Washington, DC	36

Claims that Fluoride is Harmful. Opponents identify fluoride as a poison both specifically as being toxic and generally as being responsible for a wide spectrum of common ills including allergy, birth defects, cancer, and heart disease, as well as rarer conditions such as crib death, immune deficiency, and Gilbert's syndrome (20). Antifluoridation propaganda frequently shows fluoride with a skull and crossbones, labeled poison, ignoring the matter of dosage. When antifluoridationists speak about fluoride, they compare it with lead and arsenic (17,21), rather than with essential elements such as iodine, zinc, or iron, or with Vitamins A and D, which are also toxic in excess. Waldbott, one of the earlier physicians to oppose fluoridation, listed the illnesses attributable to "artificial" fluoridation as: stomach and intestinal, stomatitis, polydipsia, joint pains, migraine-like headaches, visual disturbances, tinnitus, and mental depression (22). [redacted] Such uncontrolled or poorly controlled observations can be dismissed.

It is beyond the scope of this review to respond to all the health-related claims of antifluoridationists; these have been amply detailed elsewhere (23,24). [redacted] Data concerning the safety of water fluoridation have been reviewed repeatedly by international, national, state, and local authorities (25-36). Scientists have recently reviewed the results of more than 50 epidemiologic studies on the relationship between fluoride concentrations in the drinking water and the risk of human cancer, as well as animal toxicity data (37). The conclusion of all of these reports has been uniform: there are no significant health risks associated with water fluoridation at an optimal level (Table 3). At optimal fluoride concentration the growth, health, and development of children is normal. Claims of carcinogenicity, teratogenicity, genotoxicity, and the like have not been substantiated under rigorous scientific examination. Mortality rates and other health statistics (other than dental caries) in fluoridated and nonfluoridated communities are similar. No injury from optimally fluoridated water has been proven to date. Dental fluorosis, mostly of the very mild to mild degree, may occur in some of the population, but this is primarily a cosmetic issue and not an adverse health effect. [redacted]

[redacted]al opponents have criticized the design, analysis, or conclusions of the studies on communal water fluoridation, implying that water fluoridation is ineffective in caries reduction (13,38,39). Sutton's (39) claim of examiner bias and the need for blind studies has been amply answered by the consistent finding of lower caries prevalence in comparisons of fluoridated with nonfluoridated communities, when examinations of patients or of radiographs were conducted under blind conditions (40-44). Diesendorf (38) considers that the temporal reductions in tooth decay observed in nonfluoridated communities as well as in fluoridated communities cannot be attributed to fluoride, implying that changes in dietary patterns, especially sugar consumption, are responsible.

Unquestionably, decay rates have fallen in nonfluoridated communities, but not to the same extent as in fluoridated ones (45,46). This temporal decrease in caries rates in nonfluoridated communities is primarily due to the widespread use of fluoridated dentifrices, particularly since the 1970s. A recent review of the efficacy of water fluoridation based on surveys conducted in the decade of 1979 to 1989 in Australia, Britain, Canada, Ireland, New Zealand, and the United States concluded that the current data show a consistently and substantially lower caries prevalence in fluoridated communities (47). The effectiveness of water fluoridation has decreased as the benefits of other forms of fluoride have spread to communities lacking optimal water fluoridation; still, even a 20 percent additional reduction of decay due to water fluoridation is substantial.

Economics of Fluoridation. Opponents have argued that since only a very small fraction (less than 0.1%) of public water supplies is actually drunk, most being used for other purposes such as washing, watering gardens, and flushing toilets, water fluoridation is inherently wasteful. Of course, the same logic also would stop water chlorination as wasteful. The initial outlay for equipment costs of large cities may be quite considerable; however, this is amortized over 20 to 25 years and the cost of an extra building facility, if any, is amortized over 50 years. Operating costs for supplies and water engineers are quite small when calculated on a per capita basis. In the United States the annual cost of community water fluoridation averages 50¢ per person (25¢ per person median), depending mostly on the size of the community, labor costs, and types of chemicals and equipment utilized. Accordingly, lifetime costs of fluoridation are about $38, which is less than the $42 cost of an average two-surface amalgam restoration. Fluoridation remains the most cost-effective caries preventive measure wherever there is an established municipal water system.

[redacted] To opponents of fluoridation, the issue of freedom of choice and individual rights is sacred and probably [redacted] In 1971 an opinion survey on the attitudes of opponents to fluoridation was carried out by the *National Fluoridation News*, which has a circulation of 10,000 (48). Although only 570 responses were received, 97 percent of those responding [redacted] objections [redacted] ranked first in validity and priority and second in importance out of 10 categories. In contrast, "health hazards" ranked eighth in validity and fifth in importance and priority (Table 4). In other words, opponents do not really believe all their own propaganda about the dangers of fluoridation; they use the health risk argument for political purposes to scare the public.

What really turns on the opponents, motivates them to donate money to their organizations, to participate in massive letter-writing and facsimile sending campaigns, and to personally lobby legislators is their opposition to government involvement in health care—what they refer to as "mass medication" or government bureaucrats "trampling on your health freedoms." The legal validity of fluoridation has been thoroughly tested in the United States over the past decades and invariably confirmed. The courts have agreed that while the Constitution guarantees the right to protect one's own health, this right is subject to regulation by police power in the interest of the public's health (47,48). [redacted] against fluoridation. In the Netherlands and Scotland, fluoridation has been overturned on legal grounds. It is worth noting that in Scotland Lord Jauncey, the judge, while sustaining the petitioner's plea that fluoridation for the purposes of reducing caries was *ultra vires* the Strathclyde Regional Council, vindicated the safety and effectiveness of water fluoridation (49).

Techniques Used by Opponents

The methods used by the opponents in attempting to block fluoridation have been detailed elsewhere (50,51) and will only be summarized here (Table 5). Let me offer examples of neutralizing politicians, of the big lie, and of reasons for not debating with opponents of fluoridation.

The US Postal Service was urged to issue a postage stamp in 1995 to com-

TABLE 4
Relative Rankings of Grounds for Objections to Fluoridation by Opponents Responding to Survey*

Validity	Importance	Priority
1. Philosophical	1. Ecological	1. Philosophical
2. Ecological	2. Philosophical	2. Ecological
3. Other	3. Common sense	3. Common sense
4. Common sense	4. Lack of benefits	4. Lack of benefits
5. Economic	5. Health hazard	5. Health hazard
6. Lack of benefits	6. Other	6. Other
7. Other damage	7. Economic	7. Political
8. Health hazard	8. Political	8. Economic
9. Religious	9. Other damage	9. Other damage
10. Other	10. Religious	10. Religious

National Fluoridation News (48).

memorate the 50th anniversary of water fluoridation—hardly a controversial issue considering that the postal service has issued commemorative stamps for Elvis Presley and Marilyn Monroe, both of whom died of a drug overdose. Other countries have issued postage stamps recognizing water fluoridation. Apparently the members of the US Postal Commission were "neutralized" and have as yet refused to issue a fluoridation commemorative stamp.

In September 1984, Wendy Nelder, a member and at that time president of the San Francisco Board of Supervisors, requested an investigation into fluoridation as a cause of increased risk of AIDS, cancer, and other diseases (18). In a debate on the "Today" television show, she stated th[redacted] and subsequently claimed an "[redacted]" (52). In a few minutes she was able to present much misinformation that would require a much longer time to refute. Nelder was referring to the Bartlett (8 ppm F)–Cameron (0.4 ppm F) study in Texas of residents who had lifelong exposure to natural fluoride (53). In the ten-year period from 1943 to 1953, 14 persons died in Bartlett whereas only 4 persons died in Cameron, hence the "300 percent" increase (Table 6). What she failed to inform the viewers was that in Bartlett, 15 percent of the population in 1943 and 12 percent of the population in 1953 were older than 70 years of age, while in Cameron during the same time span only 4 percent were older than 70 years of age (Figure 2). No wonder there was a higher death rate in the fluoridated community! Such tricks of lying with statistics are not new (54); nevertheless, the use of uncorrected data, particularly in relation to cancer deaths, is typical of the opposition, and was used most effectively in the Los Angeles referendum in 1975 (55).

Another convincing example of why not to debate with opponents of fluoridation comes from San Antonio, where in October 1985, on the eve of a referendum, proponents and opponents of fluoridation participated in a televised debate. The station manager required that all debaters be San Antonio residents, which disqualified Dr. C. Everett Koop, the prestigious Surgeon General who supported fluoridation. However, John Yiamouyannis, who lives in Ohio, showed up at the station with a San Antonio voter registration card and was allowed to debate. The antifluoridationists took the night with a barrage of assertions phrased in scare rhetoric that were difficult to refute in 30 seconds or less and

TABLE 5
Techniques Used by Opponents to Prevent Fluoridation

- Neutralizing politicians: creating the semblance of "controversy" by using massive letter-writing campaigns, telephone calls, and even threats
- The big lie: alleging serious health hazards, including many different diseases attributed to fluoridation
- Half-truths: fluoride is a poison and causes dental fluorosis
- Innuendo: urging fluoridation be delayed until all doubts are resolved
- Statement out of context: citing only a portion of a study and misrepresenting the conclusions
- "Experts" quoted: all doctors are considered equal by viewers of TV or newspaper readers; some dentist, physician, or scientist can always be found who will oppose fluoridation
- Conspiracy gambit: health establishment, government, and industry are in cahoots
- Scare words: pollutant, toxic waste, cancer, artificial, chemical
- Debating the issue: debates give the illusion of scientific controversy, even though the vast majority of health professionals and scientists support fluoridation

FIGURE 2
Comparison of Age Distribution of Population 70 Years and Older in Bartlett (7.6–8.2 ppm F) and Cameron (0.4–0.5 ppm F) [Data from Leone et al. (53)]

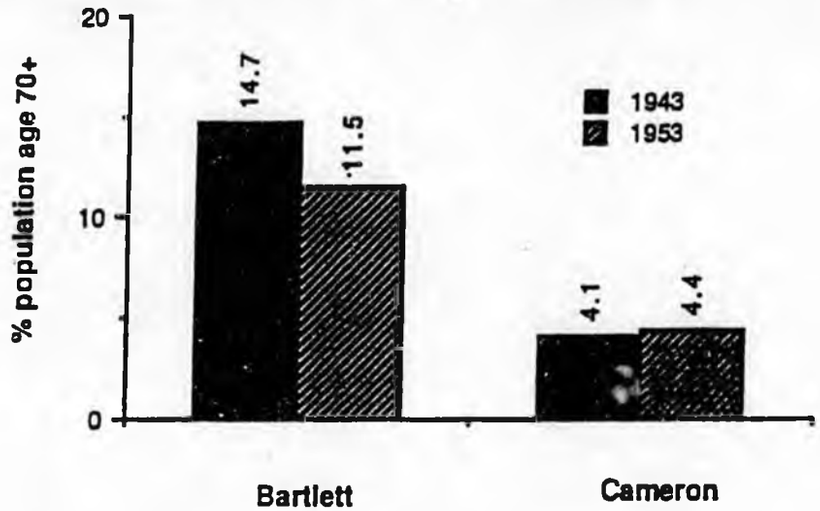


TABLE 6
Number of Participants in 10-year Medical/Dental Study of Residents in Bartlett and Cameron, Texas, with High and Low Levels of Natural Fluoride*

	Bartlett (8 ppm F)	Cameron (0.4 ppm F)
1943	116	121
1953	96	113
Deceased	14	4

*Data from Leone et al. (53).

went on to win the referendum (56).

What Motivates the Opponents?

As the opposition is a heterogeneous group of individuals, no single motivating factor accounts for their prodigious hours of work and untiring efforts. A few might be true "fluorophobics" who believe their health is threatened. Some believe that caries can be prevented by good diet and that those who eat sweets and drink sugary beverages deserve what they get. But [redacted] th. Of course, most public health measures do affect individuals, as well as entire communities.

Why has fluoridation been singled out as the target for such long-lasting and firm opposition? The ardor of the opponents borders on crusading, similar to that engendered by the opponents of abortion and gun control. Some opponents are probably paranoid and truly believe that a cabal of government, health professionals, and industry is involved in promoting fluoridation. The fact that the aluminum and phosphate fertilizer industries have not provided financial support for fluoridation referenda seems to have escaped their attention. Yet in the American political system there are numerous examples of companies supporting what they perceive to be in their industry's interests (e.g., beer and soft drink manufacturers donating vast sums of money to campaigns against laws that require bottle deposits, or tobacco companies supporting opposition to anti-smoking ordinances). The leading opponents of fluoridation, for the most part, have no record of scientific productivity or research creativity (at least not in peer-reviewed journals), nor have they played a leadership role in their professions. However, their vocal opposition gives them an instant platform—invitations to speak all over the United States, Canada, and elsewhere, and to testify at government hearings and in court cases. In other words, they achieve a recognition and an illusion of power that they would not otherwise enjoy.

Let me conclude by quoting from Nobel Laureate Professor Sir Peter Medawar, who, when he was director of the National Institute for Medical Research in London, was asked his opinion about fluoridation of the water by the mayor of a large American city (57):

> I accordingly put before him the epidemiological evidence, and to help him appreciate the direction in which the evidence tended, I told him that every time an American municipality determined against fluoridation there was a little clamor of rejoicing in the corner of Mount Olympus presided over by Gaptooth, the God of Dental Decay. Of course, the more difficult part of the fluoridation enterprise is not scientific in nature—I mean that of convincing disaffected minorities that the purpose of the proposal is not to poison the populace in the interests of a foreign power or to promote the interests of a local chemical manufacturing company, a big employer of labor.

Acknowledgments

The author is indebted to Ms. Evangeline Leash for her careful editing.

References

1. McNeil DR. America's longest war: the fight over fluoridation. Wilson Q 1985;9:140-53.
2. Knutson JW. Water fluoridation after 25 years. J Am Dent Assoc 1970;80:765-9.
3. Berglardt M, Sprague B. The poisonmongers. In: Barrett S, Rovin S, eds. The tooth robbers. Philadelphia, PA: GF Stickley, 1980:1-8.
4. Block L. Antifluoridationists persist: the constitutional basis for fluoridation. J Public Health Dent 1986;46:188-97.
5. Reeves TG. Water fluoridation. A manual for engineers and technicians. Atlanta, GA: US Government Printing Office, 1986.
6. Horowitz AM, Frazier PJ. Promoting the use of fluorides in a community. In: Newbrun E, ed. Fluorides and dental caries. 3rd ed. Springfield, IL: CC Thomas, 1986:269-71.
7. Gallup Organization, Inc. A Gallup study of parents' behavior, knowledge and attitudes toward fluoride. Princeton, NJ: Gallup Organization, Inc., 1991.
8. Hileman B. Fluoridation of water. Chem Eng News 1988;66:26-42.
9. Groth E. The fluoridation controversy: which side is science on? In: Martin B, ed. Scientific knowledge in controversy. The social dynamics of the fluoridation debate. Albany, NY: SUNY Press, 1991:169-92.
10. Martin B. Scientific knowledge in controversy. The social dynamics of the fluoridation debate. Albany, NY: SUNY Press, 1991.
11. Kennedy D. Opponents' testimony. Hearing on AB 733 before the Senate Health and Human Services Committee, California Senate, Jun 21, 1995.
12. Lee J. Opponents' testimony. Hearing on AB 733 before the Senate Health and Human Services Committee, California Senate, Jun 21, 1995.
13. Calquhoun J. Fluoridation in New Zealand. Am Lab 1985;18:66-72, 98-109.
14. Delaney JJ, Yiamouyannis J, Burk D. Cancer from our drinking water? Congress Rec H12731-4, Dec 16, 1975.
15. Yiamouyannis J, Burk D. Fluoridation and cancer. Age-dependence of cancer mortality related to artificial fluoridation. Fluoride 1977;10:102-23.
16. Hunt J, Boulton S, Lennon MA, Lowry RJ, Jones S. Putting Yiamouyannis into perspective. Br Dent J 1995;179:121-4.
17. Yiamouyannis J. Fluoride, the aging factor. Delaware: Health Action Press, 1983.
18. Hsu E, Liebert L. Nelder's "fluoride" remarks may have been too much. San Francisco Chronicle 1984;Sept 8.
19. Rothbard MN. Fluoridation revisited. New Am 1992;Dec 14:36-9.
20. Lee J. Gilbert's disease and fluoride intake. Fluoride 1983;16:139-45.
21. Caldwell G, Zanfagana PE. Fluoridation and truth decay. Reseda, CA: Top-Ecol Press, 1974.
22. Waldbott GL. Fluoridation: the great dilemma. Lawrence, KS: Coronado Press, 1978.
23. Hodge HC. Evaluation of some of the objections to water fluoridation. In: Newbrun E, ed. Fluorides and dental caries. Springfield, IL: CC Thomas, 1986:221-55.
24. Council on Access, Prevention, and Interprofessional Relations, American Dental Association. Fluoridation facts. Chicago, IL: American Dental Association, 1995.
25. Commission of Inquiry, New Zealand. Report of the Commission of Inquiry on the Fluoridation of Public Water Supplies. Wellington: New Zealand Government Printer R. E. Owen, 1957.
26. Royal Commission of Tasmania. The fluoridation of public water supplies. Hobart, Australia: Government Printer D. E. Wilkinson, 1968.
27. World Health Organization. Fluorides and human health. Geneva: World Health Organization, 1970; monograph series no 59.
28. Royal College of Physicians of London. Fluoride, teeth and health. Tunbridge Wells, UK: Pitman Medical Publishing Co., Ltd., 1976.
29. National Academy of Sciences, National Research Council. Safe Drinking Water Committee. Drinking water and health. Washington, DC: National Academy of Sciences Press, 1977.
30. Commission of Inquiry. Report of the Committee of Inquiry into the Fluoridation of Victorial Water Supplies. Melbourne, Australia: FD Atkinson Government Printer, 1977.
31. International Agency for Research on Cancer. Inorganic fluorides. (Monographs on the evaluation of the carcinogenic risks of chemicals to humans; vol 27). Geneva, Switzerland: International Agency for Research on Cancer, 1982.
32. Werdegar D. Reply to Board of Supervisors on questions about fluoridation. San Francisco, CA: Department of Health, 1985.

33. Knox EG. Fluoridation of water and cancer: a review of the epidemiological evidence. Report of the working party. London, UK: Her Majesty's Stationery Office, 1985.
34. Kaminsky LA, Mahoney MC, Leach J, Melius J, Miller MJ. Fluoride benefits and risks of exposure. Crit Rev Oral Biol Med 1990;1:261-81.
35. National Health and Medical Research Council. The effectiveness of water fluoridation. Canberra, Australia: Australian Government Publishing Service, 1991.
36. US Department of Health and Human Services. Review of fluoride—benefits and risks. Report of ad hoc subcommittee, Committee to Coordinate Environmental Health and Related Programs, US Public Health Service. Washington, DC: US Government Printing Office, 1991.
37. National Research Council. Health effects of ingested fluoride. Washington, DC: National Academy Press, 1993.
38. Diesendorf M. The mystery of declining tooth decay. Nature 1986;322:125-9.
39. Sutton PRN. Fluoridation: errors and omissions in experimental trials. 2nd ed. Melbourne, Australia: Melbourne University Press, 1960.
40. Ast DV, Smith DJ, Wachs B, Cantwell KT. Newburgh-Kingston caries fluorine study. XIV. Combined clinical and roentgenographic dental findings after 10 years of fluoride experience. J Am Dent Assoc 1956;52:314-25.
41. Jackson D, James PMC, Wolfe WB. Fluoridation in Angelsey. Br Dent J 1975; 138:165-71.
42. Hardwick J, Teasdale J, Bloodworth G. Caries increment over 4 years in children aged 12 at the start of water fluoridation. Br Dent J 1982;153:217-22.
43. Jackson D, James PMC, Thomas FD. Fluoridation in Angelsey 1983: a clinical study of dental caries. Br Dent J 1985;158:45-9.
44. Thomas FD, Kassab JY. Fluoridation in Angelsey 1983: a clinical study of dental caries in mothers at term. Br Dent J 1992;173:136-40.
45. O'Mullane D, Clarkson J, Holland T, O'Hickey S, Whelton H. Children's dental health in Ireland. 1984. Dublin, Ireland: Government Publications, 1986.
46. Evans DJ, Rugg-Gunn AJ, Tabari ED. The effect of 25 years of water fluoridation in Newcastle assessed in four surveys of 5-year-old children over an 18-year period. Br Dent J 1995;178:60-4.
47. Newbrun E. Effectiveness of water fluoridation. J Public Health Dent 1989; 49:279-89.
48. Anonymous. Results of opinion survey on attitudes of opponents of fluoridation. Nat Fluoridation News 1972;18(1):2-4.
49. Opinion of Lord Jauncey *in cause* Mrs. Catherine McColl against Strathclyde Regional Council, June 29, 1983. Strathclyde Regional Council, 1983.
50. Easley MW. The new antifluoridationists: who are they and how do they operate? J Public Health Dent 1985;45:133-41.
51. Sprague B, Bernhardt M. The tooth robbers. In: Barrett S, Jarvis WT, eds. The health robbers. Amherst, NY: Prometheus Books, 1993:295-305.
52. Nelder W. Industrial world has outlawed drinking fluoridated water. San Francisco Business J 1985; Jul 29:5.
53. Leone NC, Shimkin MB, Arnold FA, et al. Medical aspects of excessive fluoride in a water supply. A ten-year study. In: Shaw JH, ed. Fluoridation as a public health measure. Washington, DC: American Association for the Advancement of Science, 1954:110-30.
54. Huff. How to lie with statistics. New York, NY: WW Norton, 1993.
55. Newbrun E. Achievements of the seventies: community and school fluoridation. J Public Health Dent 1980;40:234-47.
56. Scudder JH, Spitzer N. San Antonio's battle over fluoridation. Wilson Q 1987;11:162-71.
57. Medawar PB. The limits of science. New York, NY: Harper and Row, 1984.

Support for HCR 5 and community water fluoridation from organizations/individuals included in your packet:

- Resolution, Oral Health America
- Resolution, Alaska State Medical Association
- Resolution, Alaska Public Health Association
- Resolution, Alaska State Dental Hygiene Association
- Resolution, Alaska Dental Society
- Letter of support, Troy Ritter
- Compendium, list of National and International organizations that Recognize the Public Health Benefits of Community Water Fluoridation

Additional support for HCR 5 attached:

- Letter, Alaska Native Tribal Health Consortium
- Letter, Community Health Services SE Alaska Regional Health Consortium
- Letter, Alaska Environmental Health Association'
- Letter, Yukon-Kuskokwim Health Corporation
- Resolution, American Academy of Pediatrics
- Resolution, Alaska Nurses Association
- Resolution, City of Port Lions
- Resolution, Bristol Bay Health Corporation
- Letters from various Alaska dentists

Alaska Native
Tribal Health Consortium

Administration · 4000 Ambassador Drive · Anchorage, Alaska 99508 · Phone: (907) 729-1900 · Fax: (907) 729-1901 · www.anthc.org

January 19, 2006

Paul Seaton, Representative
Alaska House of Representatives
State Capital, Room 102
Juneau, AK 99801-1182

Dear Representative Seaton:

I am writing in support of House Concurrent Resolution 5 (HCR 5), Support for Community Water Fluoridation. The Alaska Native Tribal Health Consortium (ANTHC) strongly endorses safe and effective community water fluoridation. Passage of HCR 5 would help align state, federal and tribal efforts around this proven public health initiative.

The ANTHC is a multi-faceted nonprofit organization dedicated to providing Alaska Natives with the highest quality health services. With an annual budget of nearly $300 million, ANTHC is the largest tribally managed health organization in the United States. As such, we consider water fluoridation to be an important tool in the advancement of Alaska Native health. It has been shown that adjusting the natural fluoride concentration of drinking water can reduce dental disease by up to 60 percent. There are also thousands of studies which show that optimal fluoridation does not lead to other undesirable health consequences.

I hope you will support HCR 5. You may contact Troy Ritter, ANTHC's fluoride program coordinator with questions about water fluoridation and Alaska Native health. Mr. Ritter can be reached at (907) 729-4290. Thank you.

Sincerely,

Paul Sherry
Chief Executive Officer

cc: Alaska Oral Health Work Group
Alaska Native Health Board

COMMUNITY HEALTH SERVICES
SouthEast Alaska Regional Health Consortium

222 Tongass Drive, Sitka, AK 99835
907 966-8710 • www.searhc.org

January 20, 2006

Peggy Wilson, Representative
Alaska House of Representatives
State Capital, Room 108
Juneau, AK 99801-1182

Dear Representative Wilson:

I am writing in support of House Concurrent Resolution 5 (HCR 5), Support for Community Water Fluoridation. The South East Alaska Regional Health Corporation's (SEARHC) Office of Environmental Health supports and promotes the safe and effective use of water fluoridation. While passage of HCR 5 would not require communities to fluoridate their water supply, this resolution would help align state, federal and tribal efforts around this proven public health initiative.

The fluoridation of public water systems is described as one of the "Ten Great Public Health Achievements in the United States, 1900-1999". The Center for Disease Control and Prevention states that "Fluoridation of drinking water began in 1945 and in 1999 reaches an estimated 144 million persons in the United States. Fluoridation safely and inexpensively benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care. Fluoridation has played an important role in the reductions in tooth decay (40%-70% in children) and of th loss in adults (40%-60%)".

Alaskans have much to gain with the access to optimally fluoridated water. For example, it is estimated that 60 percent of Alaskan Natives lack access to dental services and Alaskan Native children suffer three to four times more dental decay than the US average. In addition the safety and effectiveness of water fluoridation have been re-evaluated frequently, and no credible evidence supports an association between fluoridation and any adverse health condition.

I hope you will support HCR 5 as a means of improving the health of all Alaskans. You may contact me at (907) 966-8741 with questions about water fluoridation or HCR 5. Thank you.

Sincerely,

Tom Fazzini, RS, MPH, Environmental Health Director, SEARHC

cc: Representative Paul Seaton, HCR 5 Sponsor

Your Partner in Health

The Alaska Environmental Health Association

January 19, 2006

Representatives of the Alaska State Legislature:

Access to regular dental care poses a problem for many Alaskans and presents a considerable public health challenge. Community water fluoridation is the single most effective public health measure to improve oral health and especially benefits those without access to regular dental care. The fluoridation of community water supplies is supported by the American Dental Association, the National Environmental Health Association, the U.S. Public Health Service, and the American Medical Association. The Alaska Environmental Health Association supports fluoridation in communities with the capability to safely fluoridate water to the benefit of all socioeconomic groups in those communities.

Sincerely,

Joe Sarcone
President

Alaska Environmental Health Association
1040 C Street
Anchorage, AK 99501

(907) 677-8707

YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

January 23, 2006

Honorable Paul Seaton
Alaska House of Representatives
Capitol, Room 102
Juneau, Alaska 99801-1182

Dear Representative Seaton:

On behalf of the Yukon-Kuskokwim Health Corporation I thank you for your efforts to improve the dental health of Alaskans, through your sponsorship of House Committee Resolution 5, "*Support for Community Water Fluoridation.*"

Your Resolution clearly describes the public health impacts of dental decay, and the Yukon-Kuskokwim Health Corporation is in full agreement. Our Dental Department sees cases of serious juvenile tooth decay on a daily basis.

Currently only four community water systems on the Yukon-Kuskokwim Delta are fluoridated. I hope a Legislative Resolution will encourage more of our communities to recognize the benefits of safe and effective drinking water fluoridation.

Please feel free to display this letter to your colleagues as you seek passage of House Committee Resolution 5.

Sincerely,
YUKON-KUSKOKWIM HEALTH CORPORATION

Gene Peltola
President and CEO

P.O. Box 528 • Bethel, Alaska 99559 • 907-543-6000 • 1-800-478-3321

Years of Caring
1930-2005

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Alaska Chapter

Alaska Chapter
Executive Committee

President
Jodyne L. Butto, MD, FAAP
3340 Providence Drive, Ste. 466
Anchorage, AK 99508
Phone: 907/562-2423
Fax: 907/563-1170
E-mail: jlbutto@gci.net

Vice President
Ruth A. Etzel, MD, PhD, FAAP
4385 Rendezvous Drive
Anchorage, AK 99504
Phone: 907/729-5471
Fax: 907/729-5199
E-mail: retzel@ecmink.net

Secretary/Treasurer
Lily J. Lou, MD, FAAP
3340 Providence Drive, Ste. 366
Anchorage, AK 99508-4616
Phone: 907/563-3026
Fax: 907/562-6145
E-mail: lilylou@mindspring.com

Chapter Executive Director
Janice Tower
7645 Griffith Street
Anchorage, AK 99507
Phone: 907/346-8028
Fax: 907/346-8023
E-mail: jtower@alaska.com

Chapter Web site
www/aapalaska.org

AAP Headquarters
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

ALASKA CHAPTER of the AMERICAN ACADEMY OF PEDIATRICS RESOLUTION IN SUPPORT OF COMMUNITY WATER FLUORIDATION TO IMPROVE ORAL HEALTH

WHEREAS, dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

WHEREAS, fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

WHEREAS, community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, the annual cost for a U.S. community to fluoridate its water is estimated to range from approximately $0.50 per person in large communities to approximately $3.00 per person in small communities, depending on the type of fluoride compound used, its costs of transportation and storage, and the equipment used to add and monitor fluoride additives (2); and

WHEREAS, the lifetime average cost per person represents less than one third of the charge for one dental restoration; and

WHEREAS, fluoridation of community water supplies is supported by over 90 professional health organizations including the American Academy of Pediatrics (2); and

WHEREAS, the Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3) and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, that the Alaska Chapter of the American Academy of Pediatrics recognizes the public health benefits of community water fluoridation for preventing dental decay, and encourages Alaska communities to fluoridate water supplies to levels optimal to prevent tooth decay and promote optimal oral health.

DONE AND DATED this 30th day of January in the year 2006 .

SIGNED BY:

Jodyne L. Butto, MD, FAAP
President, American Academy of Pediatrics, Alaska Chapter

REFERENCES:

(1) U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General, October 2000.
(2) American Dental Association, "Fluoridation Facts", 2005.
(3) USDHHS, Centers for Disease Control and Prevention, "Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries". *MMWR*, 48(41), pp. 933-940, October 22, 1999

Alaska Nurses Association

t/ 907-274-0827
f/ 907-272-0292
3701 E. Tudor Rd. Suite 208
Anchorage, AK 99507
www.aknurse.org

ALASKA NURSES ASSOCIATION
RESOLUTION IN SUPPORT OF
COMMUNITY WATER FLUORIDATION TO IMPROVE ORAL HEALTH

WHEREAS, dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

WHEREAS, fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

WHEREAS, community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, the annual cost for a U.S. community to fluoridate its water is estimated to range from approximately $0.50 per person in large communities to approximately $3.00 per person in small communities, depending on the type of fluoride compound used, its costs of transportation and storage, and the equipment used to add and monitor fluoride additives (2); and

WHEREAS, the lifetime average cost per person represents less than one third of the charge for one dental restoration; and

WHEREAS, fluoridation of community water supplies is supported by over 90 professional health organizations (2); and

WHEREAS, the Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3) and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, that the ALASKA NURSES ASSOCIATION recognizes the public health benefits of community water fluoridation for preventing dental decay, and encourages Alaska communities to fluoridate water supplies to levels optimal to prevent tooth decay and promote optimal oral health.

DONE AND DATED this 16th day of February, in the year 2005.

Dianne O'Connell, Executive Director

REFERENCES:

(1) U.S. Department of Health and Human Services, "Oral Health in America: A Report of the Surgeon General, October 2000.
(2) American Dental Association, "Fluoridation Facts", 2005.
(3) USDHHS, Centers for Disease Control and Prevention, "Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries", *MMWR*, 48(41), pp. 933-940, October 22, 1999

TOTAL P.01

CITY OF PORT LIONS

RESOLUTION # 05-03-R

A RESOLUTION OF THE CITY OF PORT LIONS AFFIRMING SUPPORT FOR COMMUNITY WATER FLUORIDATION TO IMPROVE ORAL HEALTH

WHEREAS, The Port Lions City Council, hereinafter called the Council, is the governing body of the City of Port Lions; and

WHEREAS, The Port Lions City Council has recognized that there is overall community support for the fluoridation of The Port Lions Public Water System; and

WHEREAS, The Council Recognizes that dental tooth decay is a chronic disease, and the most common chronic disease found in rural Alaskan children; and

WHEREAS, Fluoride is a naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime; and

WHEREAS, Community water fluoridation is a public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and

WHEREAS, Fluoridation of community water supplies is supported by over 90 professional health organizations including the American Public Health Association, American Dental Association, World Health Organization and the American Medical Association; and

WHEREAS, The Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century and 2005 marks the 60th anniversary of water fluoridation in the United States;

THEREFORE BE IT RESOLVED, That the City of Port Lions recognizes the public health benefits of community water fluoridation for preventing dental decay, and is committed to the safe and effective practice of water fluoridation as defined by the Centers for Disease Control and Prevention's Engineering and Administrative Recommendations for Water Fluoridation.

NOW THEREFORE BE IT RESOLVED, That the City Council of Port Lions Unanimously supports the Fluoridation of the Port Lions Public Water System.

1-13-05
Date of Adoption

Port Lions City Mayor:
Marvin Bartleson Sr.

ATTEST: City Clerk
Kathryn Adkins

ADOPTED at a duly noticed meeting of the Executive Committee of Bristol Bay Area Health Corporation at a meeting held on August 17, 2005 at which a quorum was present.

H. Sally Smith, Chair

CERTIFICATION

I, the undersigned Secretary of the Bristol Bay Area Health Corporation, do hereby certify that the foregoing resolution was duly passed by the Executive Committee of the Bristol Bay Area Health Corporation on August 17, 2005 and that such resolution remains in full force and effect and has not been amended or rescinded.

Diane Shangin, Secretary

Bristol Bay Area
Health Corporation
6000 Kanakanak Road
P.O. Box 130
Dillingham, AK 99576
(907) 842-5201
800-478-5201
FAX (907) 842-9354

Bristol Bay Area Health Corporation is a tribal organization representing 34 villages in Southwest Alaska:

Aleknagik
Chignik Bay
Chignik Lagoon
Chignik Lake
Clark's Point
Dillingham
Egegik
Ekuk
Ekwok
Goodnews Bay
Igiugig
Iliamna
Ivanof Bay
Kanatak
King Salmon
Knugank
Kokhanok
Koliganuk
Levelock
Manokotak
Naknek
New Stuyahok
Newhalen
Nondalton
Pedro Bay
Perryville
Pilot Point
Platinum
Port Heiden
Portage Creek
South Naknek
Toglak
Twin Hills
Ugashik

To promote health with competence, a caring attitude & cultural sensitivity

Bristol Bay Area Health Corporation
PO Box 130
DILLINGHAM, ALASKA 99576
(907) 842-5201
Resolution JCC 05-01

Resolution Affirming Support for Community Water Fluoridation To Improve Oral Health

Whereas, Dental tooth decay is recognized as a chronic disease, and the most common chronic disease found in children (1); and

Whereas, Fluoride is naturally occurring element, and the fluoride content of community water supplies is the single most safe and effective public health measure to prevent tooth decay and to improve oral health for a lifetime (2); and

Whereas, Community water fluoridation is public health measure that benefits individuals of all ages and socioeconomic groups, especially those without access to regular dental care; and,

Whereas, The average yearly cost for a community to fluoridate its water is estimated at an average cost of $0.50, with a range of $0.51 - $5.41 per person (2); and

Whereas, The lifetime average cost per person represents less than one third of the charge for one dental restoration; and

Whereas, Fluoridation of community water supplies is supported by over 90 professional health organizations including the American Public Health Association, American Dental Association, World Health Organization and the American Medical Association (2); and

Whereas, The Centers for Disease Control and Prevention has named water fluoridation as one of the ten greatest public health achievements during the 20th century (3), and 2005 marks the 60th anniversary of water fluoridation in the United States.

THEREFORE BE IT RESOLVED, that the Board of Directors of the Bristol Bay Area Health Corporation recognizes the public health benefits of community water fluoridation for preventing dental decay, and is committed to the safe and effective practice of water fluoridation as defined by the State of Alaska Oral Health Program.

William J. Marley, DDS
183 West Bayview Ave
Homer, Alaska 99603
907-235-8987

Compass Editorial
Anchorage Daily News

As a practicing dentist for 37 years in Alaska, I know that by far one of the most disappointing and discouraging encounters for a dentist is to examine is an Alaskan youth who's oral health is so poor you know that even with optimal restoration and ongoing care this child's future will be severely hindered by the impact of their dental disease. Their ability to eat, to communicate and as well their self esteem will be compromised for the rest of their life.

As the Alaska Dental Society's representative on the Alaska Oral Health Work Group I must express with great concern, and some embarrassment, the current oral health of many of our Alaskan communities. In 1992 Alaska had 120 community water supplies with optimally adjusted water fluoridation. Today that number is less than 37. Current scientifically accepted research demonstrates that fluoridation of community water supplies reduces dental caries (decay) by 18 to 38 percent. With 3 to 4 times the average rate of decay most Alaskan Natives would most certainly realize even a greater benefit.

A recent study in Georgia showed that for every dollar invested in community water fluoridation $18 was saved. In a Louisiana study involving Medicaid-eligible children the cost of dental care was approximately twice as high in communities without as with fluoridated water. A recent Anchorage Daily News article indicated that 1/2 of all the children in the Bethel area were treated via general anesthesia for their dental care, a very costly treatment regimen. At Anchorage Native Medical Center (ANMC) it is reported there were over 600 cases of general anesthesia for dental treatment last year alone. In a great number of these cases patients are flown to treatment destinations in the company of a parent at great expense. During 2004 Alaska spent $19.3 million on Medicaid and Denali dental care alone.

While there is clear economic reasoning for fluoridation there are also 60 years of history which factually substantiates its efficacy as well as safety. The discovery of fluoride as a health benefit was made as the result of its naturally occurring existence in community water supplies.

The American Dental Association (ADA) sites over 35.. peer reviewed scientific articles and there are over 90 national and international health organizations that recognize the public health benefits of fluoridation for preventing dental decay. Forty-two of the largest fifty cities in the United States have fluoridated water supplies. Fifty percent of Alaskans benefit already from fluoridation but residents in most smaller communities do not. A past Gallop poll indicated that 78-percent of our country supports this positive preventive health benefit.

Alaskan organizations that support community water fluoridation include the Alaska Public Health Association, Alaska Dental Society, Alaska Medical Society, Alaska Dental Hygiene Society, Alaska Department of Health and Social Services. Support of Community Water Fluoridation is part of the Healthy Alaskan 2010 document and the All Alaska Pediatric Partnership.

Rep. Paul Seaton has submitted House Concurrent Resolution (HCR)-5 Supporting the Efficacy and Safety of Fluoridation of Community Water Supplies. This resolution simply endorses this health benefit but does not mandate fluoridation anywhere in our State.

Those who benefit most from this lifelong preventive health measure are the developing bodies of our children who, of course, are unable to vote. It is only through ***our leadership*** that this measure can be passed ***for their benefit***. Passage of HCR-5 will be of no cost to the State of Alaska. However, it will cause the State agencies to function and perform in such a way that there is uniformity, encouragement and safety in the implementation of this most valuable health benefit.

If this resolution gives a community the added incentive to fluoridate their community water supplies they can look forward to their children having a significantly reduced disease rate, and a significantly reduced cost of care (50% less in many cases). These children will be much more likely to feel free and confident to smile, talk, eat and have the esteem to feel they are equal to their peers. People who have their natural teeth even have a greater life expectancy.

The leadership of Alaska clearly has the responsibility to support HCR-5 and cause this positive health measure to move forward.

William J. Marley, DDS.

Katie Shows

From: BYuknis@aol.com
Sent: Wednesday, February 01, 2006 2:07 AM
To: Katie Shows
Subject: HOUSE CONCURRENT RESOLUTION #5

To Katie Shows, Legislative Assistant to Rep Paul Seaton

Hello,

I am currently a practicing dentist in the communities of Wasilla and Anchorage. I feel strongly that this resolution should be passed for I have seen the effect on the teeth of people without fluoridation versus those who have fluoridation.

Thank-you,

Birch A Yuknis DDS

(907) 333-9591

Katie Shows

From: william fell [williamfell@gci.net]
Sent: Wednesday, February 01, 2006 12:42 AM
To: Katie Shows
Subject: help spread the good word--thanks

dear katie: my name is william fell-- a dentist in anchorage--i have had the opportunity/education of doing dentistry since 1968 in anchorage--and eight years of bush dentistry in kipnuk--one of the simplest and kindest things you can do for our great citizens is fluoridation of our water--every very young child that is cavity free till their parents loose control--10-14 years of age--is just one more adult with one less life time fear--can not buy that gift any cheeper --please give it your best to help this simple good request get through--thanks bill fell

Katie Shows

From: Richard J. Cook DDS [DrCook@gci.net]
Sent: Wednesday, February 01, 2006 1:06 PM
To: Katie Shows
Subject: HCR#5_1-30-06 concurrent resolution on fluoridation

Hi Katie,

Will you include my personal support for the resolution? There are very few public health measures that a community can do that are as safe, cheap and effective and community water fluoridation.

Every major world health organization supports this.

Sincerely,

Rick Cook

Richard J. Cook DDS
712 West 12th Street
Juneau, AK 99801
DrCook@gci.net

HCR

12

The Community and Regional Affairs Committee will come to order.
Let the record reflect that it is 8:08 **am, April 28 ,2005.**
Let the record reflect we have a quorum. Members present are

- ☑ Representative Thomas
- ☑ Representative LeDoux
- ☐ Representative Kott
- ☑ Representative Neuman
- ☐ Representative Cissna
- ☑ Representative Salmon

· JANE ALBERTS
· K.P HENDERSON
PAM

The first order of business today will be SB 142 L&C
(Jane Alberts from Bunde's office will introduce the bill) (on-line testimony, in-house testimony, close testimony, committee discussion, will of the committee)

Next we'll take up HB 189.
(you'll need a motion to adopt the CS as the working document) (Seaton or staff should present) (on-line testimony, in-house testimony, close testimony, committee discussion, will of the committee) BILL JEFFERS DNR.

Our final item on today's will be HCR 12.
(you will need a motion to adopt the CS as the working document) (Moira will be carrying the resolution) (on-line testimony, in-house testimony, close testimony, committee discussion, will of the committee)

I move we pass CSSB 142 L&C out of committee with accompanying fiscal notes and individual recommendations.

I move we pass CSHB 189 C&RA out of committee with accompanying fiscal note and individual recommendations.

I move we pass CSHCR 12 C&RA out of committee with accompanying fiscal note and individual recommendations.

24-LS0964\F
Cook
4/27/05

CS FOR HOUSE CONCURRENT RESOLUTION NO. 12( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FOURTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): HOUSE COMMUNITY AND REGIONAL AFFAIRS COMMITTEE

A RESOLUTION

Relating to the Joint Rural Assessment Task Force.

BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

WHEREAS the Constitution of the State of Alaska provides that the Alaska State Legislature shall provide for the performance of services it deems necessary or advisable in unorganized boroughs and that the legislature serves as the assembly for the unorganized borough; and

WHEREAS the Alaska State Legislature exercises that responsibility by proposing and implementing policies to maintain state infrastructure critical to economic development, to assure the security of the nation by providing essential services to the caretakers of our remote harbors, airports, and fledgling road systems, and to invest in the future economic stability of Alaska; and

WHEREAS, notwithstanding these commitments and efforts, recent developments in rural communities, including sky-rocketing energy prices and the erosion or elimination of revenue sharing and other forms of assistance to local governments, have compromised the ability of local communities to provide basic local services and have underscored the need for the Alaska State Legislature to conduct a reassessment of the efficacy of its policies; and

WHEREAS in the past few years many local communities in Alaska have either shut down, entered deeply into debt, or ceased providing basic local services as a result of lower local revenue; and

WHEREAS many communities are unable to realize revenues through property taxation because a high percentage of property within their boundaries is exempt from taxation; and

WHEREAS, absent state revenues but with increasing costs, many communities have been unable to pay liability insurance costs, leaving the communities and, ultimately, the state at f. ncial risk; and

WHEREAS the Denali Commission, a state-federal partnership, regularly invests in rural Alaskan communities and has developed a five-year strategic plan to guide its activities; and

WHEREAS the governor took action to address the serious challenges posed by high energy costs in rural Alaska by appointing the Rural Energy Action Council to recommend short-term and long-term approaches to address the costs; and

WHEREAS the Rural Energy Action Council has recently released its report and has recommended a series of actions which, taken together, could provide partial relief to the communities; and

WHEREAS crafting addi ional meas res that will efficaciously address both short-term and long-term sustainability issues will be dependent upon conducting an appropriate needs assessment to guide these efforts; and

WHEREAS the Alaska Municipal League and the First Alaskans Institute have committed to undertake such an assessment by examining conditions in a representative sampling of rural communities;

BE IT RESOLVED that, pursuant to the authority granted under art. II, sec. 11, Constitution of the State of Alaska to establish interim committees, the Joint Rural Assessment Task Force is established; and be it

FURTHER RESOLVED that the Joint Rural Assessment Task Force shall consist of nine members, three senators appointed by the president of the senate, three representatives appointed by the speaker of the house of representatives, a public member appointed by the speaker of the house of representatives, a designee from the First Alaskans Institute, and a

designee from the Alaska Municipal League; and be it

FURTHER RESOLVED that the public member, designee from the First Alaskans Institute, and designee from the Alaska Municipal League will not receive compensation, per diem, or reimbursement for travel or other expenses incurred in serving on the Joint Rural Assessment Task Force; and be it

FURTHER RESOLVED that the House and Senate Community and Regional Affairs Committees shall assign committee staff to provide support services for the Joint Rural Assessment Task Force; and be it

FURTHER RESOLVED that the Joint Rural Assessment Task Force shall consider the findings and recommendations resulting from the needs assessment prepared by the Alaska Municipal League and the First Alaskans Institute, the Denali Commission's Five-Year Strategic Plan, and the Rural Energy Action Council's Finding and Action Recommendations, travel to communities to hold hearings on the issues, and deliver a report of its finding to the legislature by January 15, 2006, together with appropriate legislative proposals for consideration during the Second Regular Session of the Twenty-Fourth Alaska Legislature; and be it

FURTHER RESOLVED that the Joint Rural Assessment Task Force may meet during and between legislative sessions and that the task force is terminated on February 1, 2006.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: HCR 12
() Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Legislature
Title: Relating to the Joint Rural Assessment Task Force
BRU: Legislative Council
Component: Council and Subcommittees
Sponsor: House C&RA
Session Expenses
Requestor: House C&RA
Component No. 783

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	14.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	**14.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CHANGE IN REVENUES ( )	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	14.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	**14.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimate of any current year (FY2004) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: This Legislation establishes an eight member Joint Rural Assessment Task Force. It is anticipated the Task Force will be staffed by House C&RA committee aides. The Senate President will appoint three members, the House Speaker will appoint three members, and the First Alaskans Institute and the Alaska Municipal League will each appoint a designee to the Task Force. For the purposes of this fiscal note, the six members appointed by the Presiding Officers are assumed to be members of the Alaska Legislature. The Task Force will travel to four communities to hold hearings on rural issues, and consider the findings and recommendations of the needs assessment prepared by AML and the First Alaskans Institute, the Denali Commission's Five-Year Strategic Plan, and the Rural Energy Action Council's Finding and Action Recommendations. They will submit a report to the Legislature by January 15, 2006, including proposals to address rural needs. The fiscal note includes travel costs for the Senate members of the Task Force. Travel for the House members of the Task Force will be absorbed within existing budgets. We are advised the public members will be responsible for their own travel costs.

Prepared by: Karla Schofield, Deputy Director
Phone 465-6626
Division: Administrative Services
Date/Time 4/27/05 1:26 PM
Approved by: Pamela Varni, Executive Director
Date 4/27/2005
Agency: Legislative Affairs Agency

(Revised 9/2001 OMB)

Alaska State Legislature

Rep. Gabrielle LeDoux
Rep. Pete Kott
Rep. Mark Neuman
Rep. Sharon Cissna
Rep. Woodie Salmon

State Capitol, Room 124
Juneau, AK 99801-1182
Co-Chairs
Rep Kurt Olson
(907) 465-2693 FAX 465-3835
Rep. Bill Thomas
(907) 465-3732 FAX 465-2652

COMMUNITY & REGIONAL AFFAIRS COMMITTEE

HCR 12
RELATING TO THE JOINT RURAL ASSESSMENT TASK FORCE
SPONSOR STATEMENT

Dozens of communities in Alaska are shutting down, going into debt, and/or terminating local services because of inadequate state and federal funding and the lack of sustainable local economies that could generate the revenue necessary to fund local services.

As state leaders debate the sustainability of rural communities, the Legislature would benefit from a clear picture as to the current state of Alaska's rural communities. This concurrent resolution calls on the Legislature to establish a Joint Rural Assessment Task Force. The Task Force, which will consist of six legislators, one designee of the Alaska Municipal League, one designee of the First Alaskans Institute, and one public member will be charged with conducting an assessment of the needs of rural communities and reporting its findings to the Legislature by January 15, 2006.

It is anticipated that the Task Force will draw on the work of several organizations to conduct its assessment and develop its findings, including recommendations made by Governor Murkowski's Rural Energy Action Council, the Denali Commission's Five-Year Strategic Plan, and the report on a community needs assessment to be completed by the Alaska Municipal League and the First Alaskans Institute by September 1, 2005. It is further anticipated that the Task Force will conduct hearings in three to five communities across Alaska to assist them in developing their findings.

adn.com
Anchorage Daily News

Print Page Close Window

Chevak village skips payments; several residents lose power

PARTIAL OUTAGE: More than $100,000 in electric bills prompts utility to pull plug on several homes.

By JOEL GAY
Anchorage Daily News
(Published: February 4, 2005)

( )

Click on photo to enlarge

Detailing a long record of inept management, state officials say the Western Alaska village of Chevak has tumbled deep into debt, including spiraling electric bills that total more than $100,000.

The electric utility responded to the rising unpaid bill Wednesday by shutting off power to a dozen homes.

Though most of the village of 900 still has electricity, Mayor William Vaudrin and other city officials elected last fall are scrambling to find a way out of Chevak's financial hole. State officials say the village owes $500,000 or more in back taxes and bills.

"We're trying to do what we can," Vaudrin said. "But with no administrator and no one to guide us, we don't know who to turn to. We're calling all our creditors and apologizing, trying to get things straightened out."

It's not uncommon for small rural communities to fall behind on their financial obligations, though rarely do they fall as quickly or as far as Chevak has, said Scott Ruby of the state Division of Community Advocacy.

But Chevak's situation offers insight into the challenges of governing a village where costs are high, revenues are low, state and federal oversight is minimal, and a few families can dominate decision-making, Ruby said.

"I'd say most rural communities are struggling with a lot of these same issues," he said.

Chevak is a Cup'ik Eskimo subsistence hunting and fishing community about 17 miles inland from the Bering Sea coast, one of the largest villages on the Yukon-Kuskokwim Delta.

The city employs about 20 people. Two years ago its budget was about $280,000 a year, Ruby said.

His agency offers financial and management advice to villages like Chevak, with expensive new water and sewer systems that require steady tending to ensure longevity. Installation of the village's $26 million sanitation system was completed about two years ago.

Chevak had struggled financially in the late 1990s, then got its act together, said Mike Black, head of the division. Four or five years ago, it was a model of financial health, he said.

Then things started going downhill. Reports stopped coming. Requests for budgets and audits were

ignored. When the division sent specialists to the village, they found certain Chevak residents didn't have to pay their bills, he said.

"For a long time we've been advising the city it needed to be doing things differently regarding finances," Black said. "That advice fell on deaf ears, for various reasons. They told us to take a hike."

Ruby watched the situation deteriorate as the administration changed hands in 2002, he said. A Chevak resident was hired as city administrator, but the mayor wanted to replace him within a year, Ruby said.

When the city council refused to hire a replacement, the mayor quit. He was replaced by the vice mayor -- who was the administrator's brother, Ruby said.

"We see that quite often," he said. "In small communities it's very easy for one family to take over and control things." It can work out well or poorly, and sometimes the family will include both excellent employees and slackers, he said.

During that period, Chevak's finances started slipping. It stopped paying IRS payroll taxes in 2002, Ruby said. Between back taxes, penalties and interest, the city now owes $200,000 or more, he said.

The village also owes the state Department of Labor $15,000 or more, Ruby said, and is having a hard time paying its employees on time.

City officials applied for a low-interest state loan to purchase $145,000 worth of fuel this summer. The fuel was delivered. But when the city couldn't pay 10 percent of the cost, the state refused to complete the loan, leaving the fuel company unpaid.

The city fell behind in its electric bills more than a year ago, said Meera Kohler of the Alaska Village Electric Cooperative. The co-op, which includes more than 50 villages, carried Chevak's share as it swelled to more than $100,000.

Half the overdue bill came from a single meter at Chevak's old school. After a new $29 million school was completed two years ago, the city inherited the old facility, plus all the teachers' housing, which it began renting out.

Joe Symbol was among the tenants, moving into a two-bedroom apartment in the complex with his wife and three children. At $550 a month, including heat, electric, water and sewer, it seemed like a good deal, he said.

But a year ago, the oil heat went out, and tenants had to provide their own small oil heaters or electric space heaters, Symbol said. Last fall, the water and sewer service was shut off because pipes started freezing.

"Each time there was a drop in the service, they dropped the rent," Symbol said. In December, he and the remaining tenants started getting notices from AVEC that the power would be shut off because the bills weren't paid.

Rather than disconnect the whole city, AVEC chose to shut down only the service to the old school, which cost the city $5,000 a month.

AVEC issued a series of shut-off warnings starting at 30 days.

"Disconnection is always a last resort," Kohler said, "but in a situation like this, you've got to do something."

Wednesday, a lineman flipped the switch. While most of the city still has power, the outage was a double whammy for Symbol. With no other place to go, he moved his family into his business, the Hillside Grill. Now it's too crowded to cook in, he said.

"In one day I lost my home and my business," Symbol said.

He's not happy that AVEC shut off the power, but he's furious with the city. Rental money that should have paid the electric bill was spent elsewhere, he said. The city also failed to make good on its promise to buy stove oil after soliciting money from the tenants, Symbol said.

Throughout the last year, "The city would tell us not to worry, we've got this under control," he said. "We've been lied to constantly, over and over."

Ruby agreed the city has been mismanaged. "Whether it gets into the realm of malfeasance or criminality is a question the current city council is looking into. They told us if they find enough evidence for criminal charges, they'll file them."

One explanation for the city's out-of-balance books may be that Chevak's income has tumbled in the last few years. About 20 percent of its revenue once came from pull-tabs and bingo receipts. The city lost its gaming license after failing to send in the proper reports, Ruby said.

And like all other Alaska municipalities, Chevak lost tens of thousand of dollars in revenue sharing as the state eliminated those programs.

"Where did all this money go," Ruby asked. "That's the big question."

Contrary to rumors floating around Chevak, the Alaska State Troopers are not investigating the former administration, spokesman Greg Wilkinson said.

City voters cleaned house in the October elections. Vaudrin was part of a new slate and in mid-January was selected mayor by the council.

"We had heard horror stories" about the city's finances, he said. "We wanted to get things straightened out and see what we could do."

Vaudrin was reluctant to detail the problems uncovered so far, in part because he and other council members are still exploring financial records that had been denied them. The former administrator has been suspended, he said.

Climbing out of debt will be a challenge, Ruby said. It may require the city to cut back on services such as police and to lay off employees. User fees may have to rise, and the city may have to shut down the old school and its expensive electric service.

City officials have considered asking the Chevak tribal council to take over the water and sewer system. Resuming bingo and pull-tabs could be an important source of revenue, he said.

"I think they might be able to do it," Ruby said. "It's a little bigger debt load than other communities have faced, but I don't think it's insurmountable."

Daily News reporter Joel Gay can be reached at jgay@adn.com or at 257-4310.

Kevin Ritchie

From: Kevin Smith [kevins@amljia.org]
Sent: Monday, December 22, 2003 8:16 AM
To: Terri McFarland; Tammy White; Rick Gifford; Kevin Ritchie; Karl Short; Joe Evans; Jerome Selby; Betty Glick; Clement Richards
Cc: Venus Zink; Kevin Ritchie; Betty Jo Svensson; Annie McIlvain; Sarah Gilbertson
Subject: Budget crunch burdens villages

http://www.adn.com/front/story/4541566p-4516702c.html

Here's an interesting article from yesterday's paper. Times are tough. Happy Holidays. Kevin

Budget crunch burdens villages

CUTS: Slashed state aid leaves small towns facing financial straits.

By JOEL GAY
Anchorage Daily News

(Published: December 21, 2003)

Anchorage isn't the only community struggling to fill the hole in its budget after Gov. Frank Murkowski and the Alaska Legislature axed state aid to cities and boroughs earlier this year.

They're dousing the streetlights in Huslia and laying off cops in Hooper Bay. Taxes may triple in White Mountain, while Coffman Cove can't pay its insurance bill. And more than one village could merge its municipal operations with the local Native tribe.

These are tough times for the state's smallest communities, said Larsen King, mayor of Me koryuk, a community of 200 on Nunivak Island. In villages where jobs are scarce and expenses are high, the state grants of $25,000 to $50,000 kept the city office open and the bills paid, he said.

The already rocky financial footing of rural Alaska villages has dramatically worsened, said King and other community leaders.

"How does anyone expect the little places to survive?" he asked.

The state has been providing grants to cities and boroughs since statehood, according to Bill Rolfzen of the state Division of Community Advocacy. The grant programs evolved and expanded as Alaska developed, and by 1985 the two main programs, Municipal Revenue Sharing and Safe Communities, paid out more than $160 million.

Although Safe Communities grants were restricted to police, fire, emergency services or sanitation, Revenue Sharing could be spent on almost anything. That was the beauty of the program, Rolfzen said The money might buy a winter's worth of diesel in one village and a year's worth of workers' compensation in another, he said.

Nearly 20 years of budget cuts eroded the two programs to $25 million last year. But even that was more than Murkowski wanted, and he vetoed funding for both and for a third program that funded capital projects.

"It is clear to me," Murkowski wrote to the communities, "that Alaska's fiscal situation requires us all to make the tough choices. ... We must take responsibility for prioritizing what our governments can do based on what we can afford."

Murkowski gave the municipalities a one-year reprieve, splitting $15 million in federal funds among them. But for the fiscal year that begins next July, they're on their own. Throughout Alaska this winter, city administrators and councils are coming to grips with the looming shortfall.

Some officials are optimistic.

"We'll just have to start tightening our belts and watch where our money goes," said Linda Getz, city clerk in Ouzinkie, a coastal village of 200 near Kodiak.

It will mean making do with old equipment, scrimping on paper clips and saving this year's grant, she said. The city hasn't even talked about raising taxes. But Ouzinkie will survive, she said. "I think we can do it."

Other administrators fear the effect on their cities but are resigned to it.

"When you don't have the money, you don't have the money," said Pete Platten, city manager in Tanana.

The cuts to rural communities were shortsighted, Platten said, because rural Alaska spends its money in the cities.

"Once they kill the Bush, they have no customers out here," he said. If villages shut down, "all that money is not going to Fairbanks anymore."

Rural communities are less able to cope than their urban cousins, said Raphael Murran, city manager in Hooper Bay. The village of 1,100 on the Bering Sea coast has cut several city positions, including one police officer, and city employees have taken pay cuts.

But raising revenues will be difficult in Hooper Bay, Murran said. The city has a 4 percent sales tax, but increasing it won't yield much more. "We don't have that much economy."

And the city can't charge property tax because there is no private property, Murran explained. As in most rural villages, the land is owned by the village Native corporation or the federal government, which provides a small payment in lieu of taxes, or PILT.

During better times, the Yukon River village of Ruby built up a city savings account, said Mayor Donald Honea Sr., "but we've almost completely wiped the thing out now."

Ruby has reduced employee hours and city services, and now there's little left to cut, Honea said. It can no longer afford a public safety officer and may have to turn off the streetlights. Volunteers staff city hall, and the teen center remains closed unless an adult offers to open it for a night or two.

"We can't hire people to do a lot of the work we had before, like plowing snow," he said. "This year if we get a heavy snow, we have the guy do it when he can." Because the roads aren't getting plowed, Honea is nervous about house fires. "You'd have a hard time getting to the houses," he said.

The city has no sales tax, and just 200 residents to pay it if the council decides a tax would help.

"Like all the small villages, there's no employment and there's no revenue coming in, so it's pretty hard," Honea said. Commercial salmon fishing has been poor for years, and firefighting wages have declined. "The only thing is the (Permanent Fund) dividend, and a lot of people use it to catch up with their light bills."

But Ruby isn't throwing in the towel, Honea said.

"We'll continue to exist. We've existed before when times were tough. We're just going to have to cut what we had before," he said, perhaps returning to the kind of village it was before streetlights and running water.

They're also at a crossroads in small villages like Ouzinkie, White Mountain, Koyuk and Kiana, municipal officials there said. Losing the state grants will force crucial decisions that affect their communities' survival, they said.

"Insurance -- that's the scary thing. It's pretty well mandated," said city administrator Judy Willis of Coffman Cove, a former logging camp in Southeast. "Do you run the risk of not having insurance?"

Small communities are in a tough spot, acknowledged Mike Black, community development chief for the Department of Community and Economic Development. State and federal agencies that have poured millions of dollars into water plants or health clinics want those facilities insured, he said.

"But when you're the mayor or council, you're going to have to make decisions based on what you think your residents will support," Black said. "Insurance is one of those costs that doesn't immediately provide the local residents a demonstrated product. It's not like buying another policeman."

Many small communities operate their own water, sewer or electric utilities, and customers pay for the plant operations. But state municipal grants often paid for the clerks who did the billing.

"That's what pays my salary," said Dorothy Barr, city administrator in White Mountain, a village near Nome. She also writes grants, which have provided

services to White Mountain residents, such as a part-time librarian.

Her village voted down an increase to the 1 percent sales tax, and utility rates are as high as they can go, Barr said. She and other city employees have cut their hours.

"Right now we're looking at taxing pull-tabs and bingo winnings," she said. "We have to try to find different revenues."

State officials empathize with the ailing villages, but have little to offer except advice, said Rolfzen, with the state. Cities that can't afford to operate have few choices, he said. They can formally dissolve their municipal government, as several villages did as a statement of Native sovereignty in the 1980s or simply close the doors and stop functioning.

With the loss of municipal grants, Rolfzen said, "We might see a little of both, or a lot of both."

But some communities, including Mekoryuk, are considering a third option -- retaining the city government, but turning over the administration to the local tribe.

It may offer the best of both worlds, said Hultman Kiokun, administrator of the Native Village of Mekoryuk. The city can levy a sales tax -- it's 2 percent now -- and apply for grants available only to incorporated cities, while the tribe can tap federal resources.

"Having two governments in one small village, there's a lot of funds being wasted. We can eliminate those, and use that money for where it's needed most in the village," Kiokun said. "We need to make the best use of what little is coming to our village."

Mekoryuk's city and tribe are still negotiating, Kiokun said. The tribe doesn't want city liabilities to drag it down, he said, and may consider dropping money-losing services like cable television.

Nevertheless, the potential merger makes him more optimistic about Mekoryuk's future.

"It's got to change," Kiokun said. "The leaders have to understand that unless we make this change we're going to be stuck with the past, and possibly lose the services we have now."

Mekoryuk Mayor King agrees that a merger is likely, but isn't happy about it. He blames the village's poor financial condition on the "goody do-gooders" who brought water and sewer and other services to rural Alaska.

"These people bring these good things, but don't throw in operating and maintenance costs," King said. "There's no way the municipalities can survive if they cut revenue sharing off. If we raise funds like other little villages, with (bingo and pull-tab) gaming, we'll just exploit ourselves and make our community poorer and poorer."

Kiana and Koyukuk are also considering city/tribe mergers, and more villages could follow now that municipal funding is gone, said Anthony Caole, a former Quinhagak city and tribal administrator who is now an Anchorage consultant.

The merger "is not an ideal arrangement," Caole said. It will create an unwieldy council of 10 to 14 members working in a gray area that is both city and tribe.

"The ideal would be one form of government," he said. "It's just that nobody knows what that looks like."

And a merger is not for every community, he said. Some tribes may be reluctant to merge with their local municipality. Cities bring little to the bargaining table except sales tax powers, and many tribes are already overwhelmed with work, he said.

In addition, the future of tribal funding is uncertain. Sen. Ted Stevens has said it is increasingly difficult to secure funding for Alaska's 229 federally recognized tribes and has proposed they consider some form of consolidation.

In the meantime, the mergers may be the best option for foundering municipal governments, Caole said, though he doesn't see why it's necessary.

"I just can't imagine the state not providing resources to keep their sister governments alive," he said.

State officials are sympathetic to the plight of Mekoryuk, Ouzinkie and other small municipalities. But like the state, they'll have to find their own ways of balancing local needs and revenues, said Edgar Blatchford, commissioner of community and economic development. If that means dissolving their government because they can't afford it, "that's their decision," he said.

The Murkowski administration believes rural communities' fate lies with basic economics, Blatchford said. "If there's an economic base that local people can seize, there's hope for the future."

But where the only income is state and federal grants, the future looks bleak, Blatchford said.

"Sad to say," he said, "these are very challenging times for Alaska."

Daily News reporter Joel Gay can be reached at jgay@adn.com or at 257-4310.

Tenakee eyes solutions to its fiscal crisis

Loss of revenue sharing means trouble for dozen small towns

It's not news to residents that Tenakee Springs has had some financial problems. But Shelly Wilson, mayor of the town of 150 people, said she was frightened when she realized how serious the problems are.

When Gov. Frank Murkowski stopped sharing revenues with local governments in 2004, Tenakee Springs lost $40,000 a year. It is facing a $25,000 deficit. The city is applying for a $50,000 loan.

The Tenakee Springs City Council has proposed selling some city land to increase revenues and expects to put the issue on the ballot within the next two months. Council members also contemplated increasing the sales tax from 1 percent to 2 percent.

For the first time, the city might impose a property tax.

"These are some short-term solutions," Wilson said. "We look forward to receiving some funding from the state."

The Chichagof Island town is not alone.

According to the Alaska Municipal League, 14 small towns have contacted the state about formal dissolution or entered into an agreement with a tribe to resume city responsibilities - or simply have not held local elections. Twenty towns have had their insurance canceled for lack of payment.

An Alaska Municipal League report said the crises result from massive state cuts to cities at a time of skyrocketing local costs and economic downtown. In 2004, Alaska became one of a handful of states that eliminated its local government revenues-sharing programs.

"All the communities face the same problems," said Kevin Ritchie, executive director of Alaska Municipal League. "But the smallest communities, which have the smallest tax bases, have the biggest problems."

Becky Hultberg, spokeswoman for the governor, said Murkowski stopped the local government revenue-sharing program because he doesn't believe it is the state's responsibility to give block grants to local governments.

But Hultberg said when local governments experience the difficulties such as the rise of the fuel and the increase of the public employment retirement system, the state has a role in giving the community some temporary help.

In this session, Murkowski proposed giving $6.5 million to towns with populations of fewer than 1,200 to help them deal with the rise in fuel prices. Towns with populations between 100 and 600, such as Tenakee Springs, can receive $50,000. The governor also proposed to offer $37.5 million for cities and $77 million for school districts in the next two years to help them pay for the public employment retirement system.

"This is not ongoing funding. This is only temporary help," Hultberg stressed.

And that is exactly the problem, Ritchie said.

"Cities are part of the government," Ritchie said. "The Legislature is responsible for all the state to have some public services. Revenue-sharing is the most efficient way."

Wilson said she hopes the Alaska Legislature would approve the small city fuel assistance program as soon as possible.

"I will just pray we can hold that long," Wilson said. "I know it is just a one-time deal, though."

• I-Chun Che can be reached at ichun.che@juneauempire.com.
Click here to return to story:
http://www.juneauempire.com/stories/021505/sta_20050215001.shtml

Click here to return to the original story

Ten communities drop city insurance

Municipal League anticipates another dozen to follow

December 2, 2004

By TIMOTHY INKLEBARGER
JUNEAU EMPIRE

Ten small communities across the state have recently discontinued their municipal insurance due to a decline in assistance from the state and rising insurance and fuel costs.

Another dozen could follow within the next few months, according to Kevin Smith, executive director of the Alaska Municipal League Joint Insurance Association.

Smith would not release the names of the communities affected, but the league confirmed that Juneau is not one of the 10 cities. Juneau expects to pay roughly $12 million in various forms of insurance in 2005, according to Juneau Finance Director Craig Duncan.

The league's insurance program covers workers' compensation, natural disasters, third-party injury liability and other costs for about 134 Alaska cities, boroughs and school districts.

Gov. Frank Murkowski vetoed $22 million in municipal revenue sharing last year, which had helped many communities pay insurance costs in the past. Combined with the rising costs of fuel, the cuts have made it impossible for some cities to continue paying.

"In the past when they could count on a municipal assistance and revenue-sharing check, we'd carry them until the state checks were cut," Smith said. "They can't pledge zero, so I can't carry them. We carried them as long as we could and finally had to pull the plug."

In an effort to offset the cuts, Murkowski sent $15 million to cities that same year in one-time federal money from President Bush's Jobs and Growth Tax Relief Act, with minimum payments of $40,000 going to smaller communities.

This year Murkowski is asking the Legislature to approve $6.8 million in aid for about 125 small, rural communities. The program would provide

$25,000 for communities with fewer than 100 residents, $50,000 for those with 100 to 500 residents and $75,000 for those with 500 to 1,200 residents. The program is intended to offset rising fuel costs.

"These communities have experienced higher energy costs than the rest of Alaska and they have no tax base and insufficient commerce to support a sales tax," Murkowski said in a statement released in October.

But it is unlikely that the revenue-sharing program will be reinstated this year as it existed before the cuts, said Becky Hultberg, a Murkowski spokeswoman.

"Things are still open," she said. "We are still considering alternatives. The state this year will have some very important priorities, education being one of them. It is unlikely that insurance for cities would rise to that level. But the governor has recognized the needs of some of the smaller communities due to the disproportionately high cost of fuel and is making an effort to address those needs."

The Alaska Municipal League has made the reinstatement of some form of revenue sharing for cities its top priority this legislative session, which begins in January, according to program and policy coordinator Kathie Wasserman.

Wasserman, the former mayor of the Southeast coastal community of Pelican, said some communities drop their insurance before cutting other costs because citizens often are not informed.

"The mayor and councilmen have to react to their communities," she said. "If the roads aren't plowed, you'll get calls every day. They're not going to call you about the lack of insurance because it's not going to touch them."

Insurance costs have increased substantially, according to Mike Black, director of the state's Division of Community Advocacy, who also said the loss of insurance is often not visible to the public.

He said communities without insurance would have to appeal to the Legislature, Alaska's congressional delegation or some other state or federal agency for assistance. Black said he's advised communities with municipal employees to maintain their workers' compensation insurance policies because injured workers can sue the city, resulting in large court settlements.

"It's required under state law that an employer have workers' compensation insurance," he said. "We tell them that's something you have to retain."

• Timothy Inklebarger can be reached at timothy.inklebarger@juneauempire.com.

Ketchikan Daily News

A Division of Pioneer Printing Co., Inc.

501 Dock St./P.O. Box 7900 Ketchikan, Alaska 99901

(907) 225-3157 FAX (907) 225-1096 news@ketchikandailynews.com

Ten small Alaska communities drop city insurance

JUNEAU (AP) — Ten small Alaska communities have discontinued their municipal insurance because of declining assistance from the state and rising insurance and fuel costs.

Another dozen could follow within the next few months, said Kevin Smith, executive director of the Alaska Municipal League Joint Insurance Association.

Smith would not release the names of the communities affected, but the league confirmed that Juneau is not one of the 10 cities.

The league's insurance program covers workers' compensation, natural disasters, third-party injury liability and other costs for about 134 Alaska cities, boroughs and school districts.

Gov. Frank Murkowski vetoed $22 million in municipal revenue sharing last year that had helped many communities pay insurance costs. Combined with the rising costs of fuel, the cuts have made it impossible for some cities to continue paying.

"In the past when they could count on a municipal assistance and revenue-sharing check, we'd carry them until the state checks were cut," Smith said. "They can't pledge zero, so I can't carry them. We carried them as long as we could and finally had to pull the plug."

In an effort to offset the cuts, Murkowski sent $15 million to cities that same year in one-time federal money from President Bush's Jobs and Growth Tax Relief Act, with minimum payments of $40,000 going to smaller communities.

This year Murkowski is asking the Legislature to approve $6.8 million in aid for about 125 small, rural communities.

The program would provide $25,000 for communities with fewer than 100 residents, $50,000 for those with 100 to 500 residents and $75,000 for those with 500 to 1,200 residents. The program is intended to offset rising fuel costs.

But it is unlikely that the revenue-sharing program will be reinstated this year as it existed before the cuts, said Becky Hultberg, a Murkowski spokeswoman.

"Things are still open," she said. "We are still considering alternatives. The state this year will have some very important priorities, education being one of them. It is unlikely that insurance for cities would rise to that level. But the governor has recognized the needs of some of the smaller communities due to the disproportionately high cost of fuel and is making an effort to address those needs."

The municipal league has made the reinstatement of some form of revenue sharing for cities its top priority this legislative session, which begins in January, according to program and policy coordinator Kathie Wasserman.

Insurance costs have increased substantially, according to Mike Black, director of the state's Division of Community Advocacy.

Communities without insurance would have to appeal to the Legislature, Alaska's congressional delegation or some other state or federal agency for assistance, according to Black. He said he has advised communities with municipal employees to maintain their workers' compensation insurance policies because injured workers can sue the city, resulting in large court settlements.

"It's required under state law that an employer have workers' compensation insurance," he said. "We tell them that's something you have to retain."

Wednesday, December 01, 2004

Fairbanks Daily News-Miner

10 Alaska communities forgo insurance

Friday, December 03, 2004 - Staff and Wire Reports

JUNEAU--Ten small Alaska communities have discontinued their municipal insurance because of declining assistance from the state and rising insurance and fuel costs.

Another dozen could follow within the next few months, said Kevin Smith, executive director of the Alaska Municipal League Joint Insurance Association.

Smith would not release the names of the communities affected.

Somewhat ironically, the city of Fairbanks just started purchasing insurance through the municipal league in July as a means of saving money.

The city was self-insured previously and was able to save money by purchasing insurance as part of the larger group, said Fairbanks Mayor Steve Thompson. "By going together in a pool with more people you can keep rates down," he said. He said the news that some communities might be dropping out and making the pool smaller is troubling.

"That's kind of a bother," he said.

The league's insurance program covers workers' compensation, natural disasters, third-party injury liability and other costs for about 134 Alaska cities, boroughs and school districts.

Thompson said Fairbanks received notice that its workers' compensation coverage through the AML would increase by 12 percent effective July 2005. The AML requires six-months' notice for dropping out of its program. The mayor did send a letter of tentative notice to the AML Thursday, he said, but he emphasized that the letter is standard procedure to allow the city to shop for other carriers and the city has no intention of going without coverage.

"It is only responsible for us to continually do that," he said. "It's no different that any responsible business would do to continually make sure they're saving as much money as possible."

The Fairbanks North Star Borough is self-insured and does not use the AML program.

Gov. Frank Murkowski vetoed $22 million in municipal revenue sharing last year that had helped many communities pay insurance costs. Combined with the rising costs of fuel, the cuts have made it impossible for some cities to continue paying.

"In the past when they could count on a municipal assistance and revenue-sharing check, we'd carry them until the state checks were cut," Smith said. "They can't pledge zero, so I can't carry them. We carried them as long as we could and finally had to pull the plug."

In an effort to offset the cuts, Murkowski sent $15 million to cities that same year in one-time federal money from President Bush's Jobs and Growth Tax Relief Act, with minimum payments of $40,000 going to smaller communities.

This year Murkowski is asking the Legislature to approve $6.8 million in aid for about 125 small, rural communities.

The program would provide $25,000 for communities with fewer than 100 residents, $50,000 for those with 100 to 500 residents and $75,000 for those with 500 to 1,200 residents. The program is intended to offset rising fuel costs.

But it is unlikely that the revenue-sharing program will be reinstated this year as it existed before the cuts, said Becky Hultberg, a Murkowski spokeswoman.

"Things are still open," she said. "We are still considering alternatives. The state this year will have some very important

JUNEAU EMPIRE

ROBERT HALE
Publisher

LORI THOMSON
Managing editor

LEE LESCHPER
Advertising director

CONNIE McGEE
New-media director

MIKE LOCKRIDGE
Circulation director

JESSE SWANSON
Prepress director

FRED YATES
Controller

[illegible] WYATT
[illegible] director

Empire editorial

State needs to share the windfall with cities

Some states would be envious of Alaska even in our worst budget times, but once again financial fortune has smiled on this state and the result will be hundreds of millions of unexpected dollars into its lap.

Revenue from record-high oil prices likely will close the state's $360 million budget gap and send an additional $500 million to its general fund. This rare stroke of luck isn't going to last forever and state leaders therefore need to make sure the extra income isn't squandered.

Education is at the top of the list of items that need greater funding. Juneau is not the only city in the state in which teachers struggle with classrooms of more than 30 students. Key to improving education in this state is reducing class size by increasing the state's allocation to schools. Gov. Frank Murkowski already has called for a $126 million increase in spending for K-12 education over the next two years. The Alaska Legislature needs to follow up on that and make sure that some of this fleeting wealth brings improvements in classrooms across the state.

The Murkowski administration also is looking at putting money back into social-service programs, many of which have been trimmed in recent years. The governor is proposing $6 million for children's services, $1.5 million for juvenile justice and $7.1 million for preventing drug and alcohol abuse. These are all wise investments and could save the state money down the road, particularly in the criminal justice system.

With its financial windfall, the state needs to make sure that it avoids two things: using the money for pet capital projects and leaving cities to struggle on their own.

Too many schools and other public buildings are in need of maintenance that has been delayed because of tight budgets in recent years. These need to be brought up to par before money is frittered away on new capital projects, which will in time need maintenance of their own.

Most importantly, though, Alaska's legislators cannot leave cities out in the cold financially. Lawmakers have failed to take real action to solve the state's long-term budget problems. Too worried about their own political careers, legislators haven't made the tough decisions that are needed on broad-based taxes, increasing revenue from the oil industry or other measures that would bring long-term financial stability. What lawmakers have done is shift the burden to cities by slashing their state funding.

As revenue sharing with cities has been cut, local governments statewide have had to increase property taxes by 33 percent and at least 30 rural communities have had to cut essential services, such as road maintenance or public safety, according to the Alaska Conference of Mayors. Ten small towns have had to drop their municipal insurance program, which covers workers' compensation, natural disasters and other costs.

With the unexpected oil revenues, the state needs to share the wealth and restore funds to its Municipal Revenue Sharing Program. Many of Alaska's small cities are desperate for a financial boost because of belt-tightening in recent years, and it's only fair that this windfall of cash should be used to bring them some relief.

ALASKA

10 towns can't pay insurance

DECEMBER 6, 2004

■ **BROKE:** Without state aid to pay premium, small cities risk disaster.

By JOEL GAY
Anchorage Daily News

Nearly a dozen rural communities are flirting with financial disaster after failing to pay their insurance bills and dropping out of a statewide pool of self-insured cities, boroughs and school districts.

The 10 small cities are no longer carrying workers' compensation, snowplow insurance or basic liability coverage, in large part because the state has eliminated the grants they once relied on to pay such expenses, said Kevin Smith, executive director of the Alaska Municipal League Joint Insurance Association.

Now uninsured, they could be fined for failing to meet legal requirements. They also run the risk of bankruptcy if slapped with a big lawsuit, Smith said.

And the state may end up paying the cities' bills anyhow, he said.

"You could make an argument that they're a political subdivision of the state, and if they're not making it (financially), the state is on the hook," he said.

Alaska's cities and boroughs received state aid for years. Some of the grants were specifically for public safety or construction. Others could be used for anything, including heating oil, city hall salaries and expenses such as insurance.

The three main sources of municipal aid dwindled over many years but finally expired when Gov. Frank Murkowski vetoed the last of them in 2003. Murkowski later used a federal grant to give municipalities a one-time check, which for the smallest communities was $40,600.

Most cities absorbed the loss by cutting services, raising taxes and fees, or both. In small communities with fewer resources, the cuts meant reducing or shutting down popular services, such as snowplowing, teen centers and street lights.

But 10 communities, which Smith would not name, started falling behind on their monthly payments to the statewide insurance pool. This month, their insurance was canceled, he said.

The pool has "been carrying them for four months," Smith said. "I couldn't do it any longer." And another dozen or so communities are close to losing their insurance, as well, he said.

Cities are required to carry workers' compensation, and most provide it for their volunteer firefighters and emergency medical personnel, Smith said. Asked what the uninsured cities are doing now, he said, "panicking."

The Alaska Department of Labor could fine the cities for failing to insure their workers, Smith said. That would just drive the cities further into debt, he said.

If a worker got hurt or a visitor slipped on city property and successfully sued, there wouldn't be

See Page B-3, INSURANCE

INSURANCE: *If town is sued, state may take hit*

Continued from B-1

much to collect from a bankrupt city, Smith said.

"He can be the proud owner of an old waste-water treatment plant," he said.

It's also possible that a person could turn to the state, if a city were bankrupt, Smith said.

"You might decide the deeper pocket is to go after the state," since every city is a political subdivision of the state government, he said.

That's untested legal ground in Alaska, he added.

The cities that lost their insurance could get it back, Smith said, but it will take work. Not only must they make up the last four months, but they'll have to pay ahead several months.

They could get help if the Alaska Legislature approves a Murkowski proposal to give communities another one-time grant, with the smallest receiving $25,000.

Several small cities that last year had feared the loss of state aid said Friday that they are still financially solvent, though it has required extreme measures.

"We're still floating," and keeping up with insurance payments, said Larsen King, mayor of the Nunivak Island village of Mekoryuk.

But to save money, the city has merged with the local tribe, he said. The arrangement allows the city to tap state aid whenever it can but share the cost of administering the city's government with the tribe.

To the north, the village of Kiana did the same thing, said Delores Tuckfield, deputy director of Kiana Traditional Council. In a move driven largely by the loss of revenue sharing, the city contracted with the council to administer city services, she said.

"It's been a lot of work" to establish the new system, which began July 1, Tuckfield said. But so far, it's working well, she said, and the city has stayed ahead of its insurance bills.

The Southeast logging village of Coffman Cove is also meeting its financial obligations, though not without some sacrifices, said city administrator Judy Willis.

"Our (insurance) payments aren't always on time," she said. "But we haven't got a cancellation notice yet. I think they're being generous."

Insurance is a major expense in the city of 165, Willis said. Even after paring away nonessential costs, it was still more than $20,000 a year, she said.

Coffman Cove has survived the loss of state revenue sharing so far, Willis said. But there's not much more the community can cut or raise without help from the Alaska Legislature. Willis wants to allow second-class cities such as hers to levy a flat property tax — say, $100 an acre. Current law prohibits property taxes unless they're based on an assessment.

"If we had enough money to have everything assessed, we wouldn't need the tax," she said.

Otherwise, communities such as hers will have to rely on bake sales and raffles to raise money for expenses such as insurance and salaries, Willis said. She was going to a fund raiser Friday night for local sports teams. "Next week it's the fire department," she said.

■ Daily News reporter Joel Gay can be reached

INSURANCE JOURNAL

30% Commission

West News

Ten Small Alaska Communities Drop City Insurance

December 8, 2004

Ten small Alaska communities have discontinued their municipal insurance because of declining assistance from the state and rising insurance and fuel costs.

Another dozen could follow within the next few months, said Kevin Smith, executive director of the Alaska Municipal League Joint Insurance Association.

Smith would not release the names of the communities affected, but the league confirmed that Juneau is not one of the 10 cities.

The league's insurance program covers workers' compensation, natural disasters, third-party injury liability and other costs for about 134 Alaska cities, boroughs and school districts.

Gov. Frank Murkowski vetoed $22 million in municipal revenue sharing last year that had helped many communities pay insurance costs. Combined with the rising costs of fuel, the cuts have made it impossible for some cities to continue paying.

"In the past when they could count on a municipal assistance and revenue-sharing check, we'd carry them until the state checks were cut," Smith said. "They can't pledge zero, so I can't carry them. We carried them as long as we could and finally had to pull the plug."

In an effort to offset the cuts, Murkowski sent $15 million to cities that same year in one-time federal money from President Bush's Jobs and Growth Tax Relief Act, with minimum payments of $40,000 going to smaller communities.

This year Murkowski is asking the Legislature to approve $6.8 million in aid for about 125 small, rural communities.

The program would provide $25,000 for communities with fewer than 100 residents, $50,000 for those with 100 to 500 residents and $75,000 for those with 500 to 1,200 residents. The program is intended to offset rising fuel costs.

But it is unlikely that the revenue-sharing program will be reinstated this year as it existed before the cuts, said Becky Hultberg, a Murkowski spokeswoman.

"Things are still open," she said. "We are still considering alternatives. The state this year will have some very important priorities, education being one of them. It is unlikely that insurance for cities would rise to that level. But the governor has recognized the needs of some of the smaller communities due to the disproportionately high cost of fuel and is making an effort to address those needs."

The municipal league has made the reinstatement of some form of revenue sharing for cities its top priority this legislative session, which begins in January, according to program and policy coordinator Kathie Wasserman.

Insurance costs have increased substantially, according to Mike Black, director of the state's Division of

Community Advocacy.

Communities without insurance would have to appeal to the Legislature, Alaska's congressional delegation or some other state or federal agency for assistance, according to Black. He said he has advised communities with municipal employees to maintain their workers' compensation insurance policies because injured workers can sue the city, resulting in large court settlements.

"It's required under state law that an employer have workers' compensation insurance," he said. "We tell them that's something you have to retain."

Find this article at:
http://www.insurancejournal.com/news/west/2004/12/08/48327.htm

Kevin Smith

From: "Annie McIlvain" <annie@akml.org>
To: "Kevin Ritchie" <kevin@akml.org>; "Kathie Wasserman" <kathie@akml.org>; "Kevin Smith" <kevins@anjla.org>
Sent: Monday, December 20, 2004 3:59 PM
Subject: homer news

HOMER TRIBUNE

Editorial

Insurance woes taking toll on Alaska

By John Crowder
Homer Tribune

Alaska is not the only state of the union facing rising health insurance costs, but here in the far north we rank among the most uninsured in the nation. While we are only a microcosm of a much larger problem, it is clear that health care and insurance racketeers are pushing Alaska into the red.

Hikes in long-term care and Medicaid and prescription drugs are also on the rise, according to a recent study sponsored by the Pew Charitable trust. The study showed that 22 percent of adult Alaskans are without health insurance. Although Alaska's Denali Kid Care program covers a significant number of children under 18 – boosting our national ranking to 35th – close to a fourth of our population is using the Medicaid system.

Insurance gouging is meanwhile taking a tremendous toll on local Alaska governments, and the state's decision to bail out our school system from rising costs likely kept them from deficit spending. Ten small communities in our state have recently discontinued municipal insurance plans because of rising costs and lack of state assistance. Many more are expected to do the same in the near future, according to reports from Alaska Municipal League. This type of insurance covers everything from natural disasters to workers' comp. Such a trend is opening communities up to enormous liability.

Homer is having its own budgetary problems. But will more state revenue sharing be the key to bailing communities out of this insurance bind? I believe the problem demands a more comprehensive overhaul at the

federal level.

The ramifications of these hikes are that insurance companies are allowed to cause rampant reductions in every other area of government spending, to make up the difference. The state's Health and Social Services budget has skyrocketed, causing infiltration into other departmental budgets. The city of Homer's Public Employee Retirement System and workers' comp levels are going through the roof, a large reason for the city's need to cut other areas of spending and boost fees in various departments. But where is the accountability for insurers and health care providers? That is the question that people are asking nationwide. While health care was a major focus in the recent election, one must concede that each political party has its hands in the pie. It appears that antitrust violations will simply continue as long as special interest partisan politics flourish.

Obviously, mere criticism will not do any good. And granted, there are a number of virtual epidemics that play into the problem, from the spread of HIV/AIDS to America's obesity rate and aging populous. In Alaska, health care providers also face tremendous travel costs in many cases. Perhaps there is more complexity to the situation than a few big wigs sitting in a smoky penthouse trying to concoct ways to gouge the commoner. Yet, neither can we deny the big money lobbying that keeps America uninsured.

Unfortunately, it will probably take even more individuals and corporate entities pulling out of the insurance grid altogether before regulators are willing to affect any meaningful change.

Meanwhile, what do we do? Splint our own broken bones and cross our fingers that nobody sues the pants off the city for slipping on the sidewalk?

Well, perhaps it's not that bad. We must acknowledge, with all its flaws, that at least we have a health care system that functions. There are plenty of countries that would gladly pay out the nose just to have a hospital available in every community. On that note, Homer and the rest of America is truly blessed to have the health providers that it does. Until there is change on the horizon, Alaskans will just continue to do the best with what they have.

Annie McIlvain
Director of Member Services
Alaska Municipal League
907.586.1325 phone
907.463.5480 fax

adn.com
Anchorage Daily News

Print Page Close Window

Longtime VPSO commits suicide

RUSSIAN MISSION: Simeon Askoak, 50, was found dead Friday.

By LISA DEMER
Anchorage Daily News

(Published: April 10, 2005)

Russian Mission Village Public Safety Officer Simeon Askoak killed himself Friday night, troopers say. *(Photo by Marc Lester / Anchorage Daily News archive 2004)*

A respected, longtime village public safety officer in Russian Mission killed himself Friday evening, Alaska State Troopers said.

Simeon Askoak, 50, was from the village and for the last 13 years served as its public safety officer, earning the rank of sergeant. He was highly trained and very capable, one of the very best village public safety officers, Alaska State Troopers said.

"It's a huge loss to law enforcement in the state of Alaska to lose someone like Simeon, and it's an even bigger loss to lose him as a friend," trooper Karl Main said from St. Marys, the trooper post that oversaw Askoak's work.

Authorities are certain that Askoak committed suicide but did not want to discuss any information that might explain why he took such a desperate path, troopers spokesman Greg Wilkinson said Saturday.

Between 5 p.m. and 7:30 p.m. Friday, Askoak took his handgun, went about 100 yards from his home and shot himself once in the chest, according to initial findings from troopers.

Troopers in Bethel were notified around 8 p.m. that he had been found dead. Troopers from Aniak investigated the death, Main said. Askoak left a note saying that he was proud of and loved his family, Wilkinson said.

Askoak was married and had children, according to Main.

Trooper Lt. Pete Mlynarik and Sgt. Perry Barr traveled from Bethel to Russian Mission on Saturday to help the family, Wilkinson said. The Association of Village Council Presidents' VPSO coordinator also went to provide support.

"It's just a shame," Wilkinson said.

Village public safety officers are often the first to respond to trouble in villages without trooper posts. They aren't paid as much as troopers and don't carry firearms, but they can stabilize volatile situations and investigate minor crimes and even some felonies, with trooper oversight.

Russian Mission is a Yup'ik village of about 300 people on the Yukon River, about 70 miles northeast of Bethel.

Main had worked with Askoak since transferring to the St. Marys post in January 2004.

"He was the most approachable, one of the most hardworking VPSOs I've ever had the pleasure of meeting," Main said.

Askoak was friendly, liked to joke around and looked on the positive side of things, Main said. When troopers were in town, Askoak and his wife would bring them dinner.

But it was a hard job. Askoak recently had to investigate an immediate family member. He was supposed to calm down intoxicated people, stepping alone into volatile situations that urban police go into armed with backup.

In March, with Main bogged down on other cases, Askoak took the lead investigating a rash of burglaries in the Russian Mission area. When Main got to town, Askoak had made diagrams of the crime scenes and conducted preliminary interviews.

"The only thing I had to do was talk to the suspect, who he had already been able to identify," Main said.

Every case was like that, Main said. Askoak would meet troopers at the airport, drive them where they needed to go and let them know who would be helpful to talk to, Main said.

Lately, Askoak paid for the office heating fuel, long distance phone calls and faxes out of his own pocket because of local budget troubles, Main said.

"That was how serious he took the job," the trooper said.

Around 3 a.m. Friday, Askoak asked troopers for help with a combative, drunken man. But they couldn't get out there right away, and soon he called back and said the man's family had managed the situation.

"Simeon was someone who never ran away from it. He did what he needed to do," Main said.

In 1994, Askoak helped to organize a project intended to help curb teen suicide, alcoholism and pregnancy. The village received an $11,500 suicide prevention grant that year.

With his suicide, "it's obvious something was going on that some of us may not have been aware of," Main said.

Daily News reporter Lisa Demer can be reached at ldemer@adn.com and 257-4390.

Print Page Close Window

JuneauEmpire.com

Click here to return to the original story

Mayors: Cities on verge of disaster

Pending legislation may give towns relief

More than 50 Alaska mayors and city officials flew to Juneau this week to deliver the message to lawmakers that, thanks to lack of financial support from the state, cities are "disintegrating."

Members of the Alaska Conference of Mayors reported that nine cities have shut down, 18 are deep in debt and 39 cities are terminating key local services, such as police protection or road, utility and facility maintenance.

"It's like we are going up the creek without a paddle," said New Stuyahok city administrator Mitch Chocknok.

Hydaburg was listed as dangerously close to going bankrupt. Angoon, Pelican and Tenakee Springs have made significant reductions to core services.

One cost handicapping most of Alaska's 162 municipalities is paying for the public employee and teacher retirement systems, commonly referred to as PERS and TRS.

Poor performance in the stock market, underestimating future costs of health care and the rising number of retirees have created a $5.7 billion hole in the state system.

Cities are expected to make up the difference by paying increased rates every year.

Skagway will pay a $72,000 increase this year and $150,000 more in 2006. More populated areas, such as the Matanuska-Susitna Borough will pay an extra $800,000.

Some municipalities have used property taxes to account for the increases.

The conference of mayors is supporting a handful of bills they believe will give cities relief.

The Senate recently passed a bill that will at least stop the retirement system deficit from growing beyond $5.7 billion.

Among several changes, Senate Bill 141 asks employees to pay an additional 0.5 percent of their paychecks for the pension. Current state law requires teachers to contribute 8.65 percent for retirement benefits, firefighters and peace officers to pay 7.5 percent, and other employees to pay 6.75.

"It defines a new level of benefits that cities, boroughs and school districts can afford," said Kevin Ritchie, executive director of the Alaska Municipal League, a nonprofit, nonpartisan organization that lobbies for cities.

The Democrats criticized SB 141 as an "income tax" on a selective group of Alaskans. It could be challenged in court because many employees have set rates in their contracts. And some opponents fear cities will have to increase salaries to retain employees.

The city officials also said conditions have become worse since Gov. Frank Murkowski slashed a revenue sharing program cities depended on. The administration defended that cut in 2003 by saying the state needed to save money and the municipalities should do their part.

Municipalities lost money they used to pay bills and salaries. Today, some rural communities cannot afford to run water and sewer systems.

In 1985, the state was giving local governments $141 million. That amount was whittled down to $29.6 million when the program stopped in 2003. This year, no dollars were given to cities in the form of revenue sharing.

Reportedly, the governor was attempting to balance the budget when he cut the funding.

"There are no enemies here," said Ritchie. "Just bad advise given to politicians."

This year the governor encouraged the Legislature to fully fund the ongoing Power Cost Equalization program, which subsidizes fuel costs so rural areas pay a price similar to urban centers. So far, the House of Representatives approved $18.75 million, an increase over years before but not the $21.5 million requested.

At the conference, city officials speculated gas would rise above $5 a gallon in remote areas.

High fuel costs and the expense of living apart from major highways and railroads outweigh money collected from sales tax, Ritchie said.

Mayors are also counting on two other bills to pass that will either give cities grants or pay for maintenance needs.

House Bill 49 is similar to the previous state revenue sharing programs, giving municipalities grants of $50,000 per year.

By using earnings from the Alaska Permanent Fund, Senate bill 155 pays for all requests on the state school deferred maintenance lists and constructs new buildings where needed.

• Andrew Petty can be reached at andrew.petty@juneauempire.com
Click here to return to story:
http://www.juneauempire.com/stories/042205/sta_20050422001.shtml

City of Ambler
P.O.Box 09
Ambler, Alaska 99786
Phone (907) 445-2122/Fax (907) 445-2174
E-mail cityofamblerak@Yahoo.com <mailto:cityofamblerak@Yahoo.com>

* in NW Arctic Boro w/ School Dist tax

3% sales tax
AMBLER [illegible] ION 291
sales tax
1% sales tax
PER CAPITA
Revenue each 1%
Assessed value
Per Capita AV

	*AMBLER	JUNEAU
	$26	$196
	$7,800/yr	$6,105,000/yr
	$3.5 million	$3 Billion
	$12,159	$99,199

February 15, 2005

Senator Gary Wilken
State Capitol Rm. 518
Juneau, Alaska 99801

RE: Senate Bill 98 " Supplemental appropriations, Fast Track Bill"

To: Senate Finance Committee,

The City of Ambler is very much interested in receiving money from the Governor's Supplemental and Capital Appropriations Bill. We are struggling to keep things running. We had to reduce insurance coverage to a minimum. We dropped our VPO position because we couldn't afford the insurance coverage so we are completely dependent on the state troopers and our one VPSO, which puts a lot of pressure on one person to be available 24/7. Our insurance is one of our highest expenses at over $22,000 per year. Last year it was over $30,000. We are struggling to keep up with the insurance payments. We need to raise our 3% sales costs but we won't see any increase in revenues from that for a while and the public needs to vote on that also. There is a high unemployment rate in our village so rising costs are a hardship on everyone.

We need a dependable fuel supply. Our local fuel project runs out every 3-4 weeks and we have had to borrow fuel from AVEC from our other buildings and heavy equipment, and haul fuel from other villages to keep our water plant heated. We have 2200 gallon tanks to help us through the scarce times but we need to have a little more storage capacity and also some help in off setting the high cost of fuel. The Borough is trying to work on this problem but right now we could really use some help in meeting the high costs of fuel in our area. Gas is $5.15 per gallon and stove oil is $4.95 per gallon.

The costs of keeping our water and sewer plant running and also keeping up with maintenance of our heavy equipment is a challenge. Our heavy equipment rentals brings in necessary revenues during construction projects but the cost in keeping it running keeps going up and maintenance is high, as well as fuel. The cost of shipping in parts for our water/sewer project and heavy equipment, and fuel, etc. is one of the highest in the state, which makes the cost of everything go up more so here than in many other parts of the state. I was told yesterday one resident paid as much as $1.75 per pound for freight on groceries in order to have something fresh.

Additional revenue at this time would be a God send to our village and would be a huge help to get us thru this difficult time while we figure out other possible options for dealing with our rising expenses.

Thank you for considering our village for receiving these additional funds. We would greatly appreciate this additional revenue for helping to operate our city at this time.

Most sincerely,

Morgan Johnson-Mayor

Barbara MacManus-Sec/Treas.

cc: file

CITY OF ALEKNAGIK
P.O. BOX 33, MAIN STREET
ALEKNAGIK, ALASKA 99555-0033
PHONE: 907-842-5953 OR 842-2528
FAX: 907-842-2107
EMAIL: cityalek@nushtel.com

5% sales tax + 5% bed tax
ALEKNAGIK POPULATION 235

January 27, 2005

1% sales tax per capita — Aleknagik $80 — Kenai Penn Boro $145

1% revenue sales tax — $18,700/yr — $7,450,000/yr

Governor Frank Murkowski
Office of the Governor
Mail Stop 0001
Juneau, AK 99801

RE: Reinstatement of the Revenue Sharing Program

To the Honorable Governor Murkowski:

The community of Aleknagik, Alaska would like to see the reinstatement of the state's revenue sharing program for municipalities. Many communities in Alaska are hurting financially due to the state's budget cuts for the revenue sharing program and the capital matching grants. A reinstatement of the revenue sharing program would help to provide a minimum of service and public safety to the neediest communities.

The legislators need to look at "level of service" not "dollar amount" in determining equity between the urban and rural communities. The cost of goods and services is higher in rural communities, so their need for funding is greater just to provide basic services. Please look at level of service, not cost, to determine what is equitable.

In response to the budget cuts, the City of Aleknagik has made cuts to its budget, and is working on increasing revenue. The City has a sales tax that does help to fund local government services. In addition, the City has cut back on employee's hours, meeting fees, senior transportation services, non-essentials, defer maintenance, and defer equipment upgrades.

The result of the City's budget cuts is a lower level of services and public safety. That in turn means that the personnel do not have enough time to provide an adequate level of service, and the buildings and equipment are in various stages of disrepair, so the airport is not always open, or the roads are not always maintained. This could be a disaster in the event of an emergency where someone needs to be Medivaced or we need to get a fire truck to someone's house. So if you live in a community where EMS and Fire services are available 24-7-365, remember that these basic services are not always available in the villages.