



**CITY OF BURLINGTON
BOARD OF HEALTH**

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BOARD OF HEALTH•

Austin Sumner, Chair • Mary D. Hart • David Casey • Ian C. Galbraith • Alan R. Sousie

BOARD ADMINISTRATOR

Linda Ayer

HEALTH OFFICER

William Ward

INTERNS:

Emma Hevey – Grace Hevey

**MINUTES FOR REGULAR MEETING OF
BURLINGTON BOARD OF HEALTH
CITY HALL, ASSESSOR’S OFFICE: RECORDS ROOM
THURSDAY, MARCH 8, 2012, 5:30 PM**

*Attending: Austin Sumner, Alan Sousie, David Casey, Ian Galbraith, Mary Hart, Emma Hevey, Grace Hevey, William Ward, Linda Ayer
Brian Pine - CEDO and Gene Bergman – Attorney’s Office*

Meeting called to order by Chair, Austin Sumner at 5:30 PM

ITEM	DISCUSSION	ACTION
1. Approval of Agenda and Minutes of Prior Meeting	Change to Agenda adjourn at 6:00 PM to attend the Public Safety Committee Meeting in Contois Auditorium on topic of municipal fluoridation of water: 1. Strategic Plan, 2. HIPPA – Lead Program 3. Fluoride Resolution	Approved amendments to agenda Approved February 9, 2012 BOH minutes

2. Public Forum	No one present	
3. Burlington Lead Program – Health Protected Information Proposal Update	<p>Brian Pine Gene Bergman: Through the existing health officers, Burl. Lead Program to assist with investigation... Board role to monitor and review Health Officer’s compliance with ... annual responsibility in law to do this. Ultimately we need to provide a certain amount of monitoring and accounting. No automatic notification so there needs to be an ability to provide accounting of information.</p> <p>Monitoring compliance with the contract. This is excluded from disclosure. There will be firewalls in both departments that there is no inadvertent exposure of information. In line with the privacy rules and CDC guidance. Greater level of insulation: Point joint inspection w/ Jeff and Inspectors. 100’s are found in 5 mg/100. Urgent responsibility is with the State Dept. of Health. <i>(Funding at state level is cut at end of August 2012)</i></p> <p>Lead Program has jurisdiction in Winooski as well. Burlington efforts will show that this protocol works with lead abatement and HIPPA and to replicate the work with Winooski.</p> <p>Next steps: advertise and post on FPF</p>	<p>Gene Bergman to work with Margaret Vincent to draft up the contract.</p> <p>Austin Sumner to write letter w/ Bill Ward to Dr. Chen requesting an agreement between VDH and BOH to share EBL with health officer.</p> <p>Bill Ward to send PDF of revision of the proposal document that is drafted.</p>
4. Public Safety Committee Meeting	6:00 PM	
5. Chair’s Report <ul style="list-style-type: none"> • Final approval of strategic plan 	Begin implementing BOH Strategic Plan by inviting Julie Cole– Coordinator of Outreach for Assessment at the Dept. of Health at the District	BOH Approved Strategic Plan FY12 – FY14 Bill Ward, Health Officer (craft invitation letter w/ Austin Sumner, Chair BOH) will issue invitations to 20 minute forums as part of the BOH Agenda to begin no later than May 10 th 2012.

	<p>Office.</p> <p>Topic: Community Health Assessment conducted by FAHC & Dept. of Health</p>	
<p>6. Members' Reports</p> <ul style="list-style-type: none"> Fluoridation Issue 	<p>Fluoridation: - The current resolution by the BOH was drafted to protect infants from fluoride on 1/5/09.</p> <p>Resolution: <i>In light of recent scientific developments indicating the potential for harm to certain subsets of the population, the Burlington Board of Health recommends immediately taking a precautionary stance by discontinuing the practice of water fluoridation. It is our opinion that drinking water should be pure and safe for all.</i></p> <p>JUSTIFICATION</p> <ul style="list-style-type: none"> In 2006 the National Research Council's published report entitled "Fluoride in Drinking Water" identified vulnerable subsets of the population who may be at an increased risk from the toxic effects of fluoride. These subsets include infants, diabetics, kidney patients, and those with impaired thyroid function. Following the NRC's report the American Dental Association recommended that infants (0 -6 months of age) not receive fluoridated water. In 2008 the National Kidney Foundation discontinued its support of community water fluoridation and stated that kidney patients should be notified of the potential risks from fluoride exposure. The chemical being added to Burlington's water supply is Hydrofluorosilicic Acid. It is a highly toxic industrial byproduct of phosphate fertilizer manufacturing. There are virtually no human health effects studies on these fluorosilicate compounds. The intended purpose of adding fluoridation chemicals to the water is to provide a medical benefit to the consumer by preventing tooth decay. While we do not use the public drinking water as a medium for delivering other medications, it is our opinion that fluoride should be no exception. As with any other drug, fluoride has side effects. It is the opinion of the Burlington Board of Health that the public water supply should be safe for all Burlington residents with emphasis on infants, kidney patients, diabetics, and those 	<p>Approved 4 to 1 that this Board of Health rescinded its former resolution.</p> <p>Based on current data from the CDC, there was a motion that the BOH recommend fluoride in the city water supply be maintained at the level of 0.7 parts per million. Approved 4 in favor; 1 opposed.</p> <p>Approved unanimously that the BOH continue to monitor scientific evidence information as to the benefits and risks as it becomes public and report to the City Council these risks and benefits.</p>

<ul style="list-style-type: none"> Public Safety Committee Meeting on Fluoridation of Municipal Water Supply (second public forum on issue) Committee members: Norm Blais, Emma Mulvaney Stanek and Bram Kranichfeld <p>40 attendees</p>	<p>with impaired thyroid function.</p> <p>Department of Health presentation: Dr. Steve Arthur –Director of Office of Oral Health</p> <ul style="list-style-type: none"> Since 2005 VT has seen pre-schoolers in surgery for a mouth full of cavities; attributed to increases in consumption of sugar. CDC – Jan. 2011 - recommends fluoridation decrease of 42% from previous 1.2 PPM to 0.7 PPM. Fluoride fluorosis - is a cosmetic side effect. Based on numerous studies after 2006, CDC has determined that it is not a risk to mix infant formula and fluoridated water. If concerns persist, do use non/low fluoridated water w/ formula. It is when the fluoride is above 4 PPM that serious health effects result as it is taken up in the bones. Every physician’s office and every dental office and through WIC – the position has changed in regard to fluoride and will be reflected on the Vt. Dept. of Health website. <p>There are no studies for hazards of fluoride of high med. risk individuals. Knows of no cases of susceptibility. Topical application of fluoride v. water fluoridation.</p> <p>..... Comments:</p> <p>BOH, Austin Sumner, Chair: Fluoridating the water</p>	
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	<p>is easiest way to deal with one of the top 10 public health issues across socioeconomic levels. The benefits outweigh the risk of fluoridation.</p> <p>Robin Miller: Public Health Dental Hygienist- 23% rise in VT of untreated dental decay. Oral health is the crucial for the betterment of society. Ballot in 2006 voted to continue fluoridation \$1./spent on fluoride = 38\$ savings across all socioeconomic groups.</p> <p>Chemical: hydrofluorisisic acid (HF) has a warning label and the manufacturer takes no liability for health effects of HF. Does Dept of Health take any responsibility? Is it a safe product?</p> <p>Response: Nobody guarantees anything. Quality control is there. 69 towns in VT fluoridate (2 have removed fluoride – Plainfield and Pownal because Class III water operators were not qualified to run water plants using fluoride).</p> <p>Lori Adams: The department of public works provides info to property owners and land lords (who do or do not pass on to tenants). Consumers of water receive information through water bills not to use fluoridated water for infant formula. Also, info in water quality report and electronically feature updates on fluoride. They have not provided this info to the schools, but there could be some educational components added to DPW info distribution.</p> <p>Question of Ken Schatz, city attorney: From a legal aspect about our water supply decision, what is our liability? Answer: There has to be</p>	
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	<p>demonstration that the purveyor or manufacturer knew or should have known. The city is doing due diligence.</p> <p>Bram Kranichfeld: The Dept of Public Works is obligated to put fluoride into the water as recommended by the City Council.</p> <p>Deb Loring testified at the previous PSC meeting about the health effects of fluoride HS. Summary of studies:</p> <ul style="list-style-type: none"> • Peer review research at 1 PP level ... no studies at .7 studies. Significant number of studies appeared in Brain Research 2.2 PPL Sodium Fluoride = 1 PPM of HS - (1998). • HS – 2007 in J. of Neurotoxicology – 90% of US water is fluoridated and the prevalence of children with elevated blood lead levels doubled. HS acidic is corrosive with further leaching of lead from pipes. There is a chemical additive by Burl. DPW to mitigate the effects. • 2006 study showed increased risk of osteosarcoma in males. Middle childhood in ages 6-8 growth spurts – statistically significant with epidemiological studies of fluoride at 1PPM or 1.2 PPM • NJ Dept. of Health epidemiological studies. Natl Cancer Institute - 10 fold incidents of osteosarcoma among young males under age 20. • J. of Med. Assoc. hip fracturing – 1 PPM 1992. • .7 PPM epidemiological studies have not been done; not enough data collected. Do these risks go away at .7 PPM? 	
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	<ul style="list-style-type: none"> • ADA – 1990 – Data published by the Nat’l Inst. Of Health – overall decrease in US decay in fluoridated communities was 3.45% No fluoridation was. 3.11% with a difference of .34. <p>Dr. Steve Arthur’s response to Deb presentation:</p> <ul style="list-style-type: none"> • Benefit of fluoride has been proven at 1 PPM 20-30% reduction in tooth decay. • Re: Osteosarcoma 2005 study produced by Dr. Mason at Harvard who was a grad. student studying young men with multiple health issues. Study published in 2010 with same set of patients showed no significant difference. • Study by Kem Patel showed no correlation between bone fluoride level of osteosarcoma patients as compared with patients with other types of cancers and thus does not support an association between osteosarcoma and fluoride. <p>Norm Blais:</p> <ul style="list-style-type: none"> • Sees health benefits of fluoride and the evidence of significant risk is not compelling. • Supports continuation of fluoridation based on the 2006 vote of residents of the city to maintain fluoridation in our water system. <p>Emma Mulvaney Stanek:</p> <ul style="list-style-type: none"> • Views continuation of fluoridation as medicating the public water supply; • Multiple methods for dental health can be employed such as decrease sugar in our 	
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	<p>diets.</p> <ul style="list-style-type: none"> • Recommending to put in resolution to the city council to continue education directed at people who do not pay the water bills. • Develop a summation of all information to educate the public including utilizing the public educational system. • We do not know how much fluoride we are ingesting from other sources. • Recommendation is to eliminate fluoride from the water. <p>Bram Kranichfeld:</p> <ul style="list-style-type: none"> • Opposed to dosing people with a chemical that we're not sure is safe. • No studies prove that ingestion is safe for everyone. • Recommending elimination after listening to all the testimony and reviewing the materials until it can be proven 100% safe. <p>Motion for action: Approved by committee 2 to 1 Draft communication to Council:</p> <ol style="list-style-type: none"> 1. Support Water Dept. education that is currently being done and identify other outreach education opportunities with rental population. 2. Recommend to Council to eliminate fluoridation from water supplies until there is evidence that it is not harmful at .7 PPM or some other identified amount confirmed by scientific studies to the satisfaction of the city council. <p>See public safety minutes to confirm wording of the resolution. (Council – Feb. 26th – consent agenda). A memorandum from this committee will be posted about these recommendations.</p>	
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<p>7. Staff Report</p> <ul style="list-style-type: none"> • Code Enforcement Updates • Web Updates/Front Porch Forum 	<p>Postponed</p>	
<p>8. Agenda Items/Next Meeting</p>	<p>BOH Committee Reports continued</p>	<p>Thursday, April 12, 2012 5:30 PM - DPW</p>
<p>9. Adjournment</p>	<p>6:00 PM BOH adjourned PSC Meeting adjourned at 8:45 PM.</p>	

APPROVED