

October 17, 2022

Josh Arneson  
Town Manager  
Town of Richmond  
[jarneson@richmondvt.gov](mailto:jarneson@richmondvt.gov)

**Re: Kendall Chamberlin**

Dear Josh:

I am hereby resigning from my employment with the Town of Richmond as the Water and Wastewater Superintendent, effective immediately as 5:00 p.m. today. I regret that I am unable to provide the customary two-week notice. Unfortunately, you have decided to implement a fluoridation policy which I do not believe is legally required, scientifically sound, or authorized by the Water and Sewer Commission, and which, in my opinion, poses unacceptable risks to public health. I cannot in good conscience be a party to this.

For the over three decades I have been privileged to serve as the Town's Water Resource Superintendent, I have been privileged to hold a State of Vermont Agency of Natural Resources Class 3 Public Water System Operator license. The Vermont Water Supply Rule, § 12.2 states that my duties as a licensed Operator include fulfilling certification and renewal requirements; carrying out all required reporting requirements including submitting a complete monthly report to the Secretary by the 10<sup>th</sup> day of the following month; complying with all applicable state and federal statutes, rules and orders governing water system regulation; conducting all duties with reasonable care and judgment for the protection of public health, public safety, and the environment.

I have always fulfilled these responsibilities and requirements diligently and faithfully, with reasonable care and judgment for the protection of public health, public safety, and the environment. Each month, for over thirty years, I have accurately measured the fluoride levels in the system on a daily basis, and accurately reported these measurements in written reports approved and signed by the Town Administrator/Manager and submitted to two separate State agencies. No enforcement action has ever been taken or threatened based on these reports.

My license is subject to suspension, revocation or nonrenewal if I have (1) submitted or contributed to the submission of any materially false or inaccurate information; or (2) violated any material requirement, restriction, or condition of the certificate, including: (i) the violation of any applicable statute, rule, or order governing water system regulation; and (ii) the failure to use reasonable care and judgment in the performance of the operator's duties. My license has been renewed every two years for over three decades and has never been suspended or revoked. I have never received a negative evaluation of my job performance from the Town A.

On October 4, 2022 I received a memorandum from you stating:

“This memo is a follow up on the decision that the Richmond Water and Sewer Commission made on October 3, 2022, to return fluoride levels in the Richmond water

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system to be in the range mandated by the Vermont Department of Health for fluoridated water systems. Currently that range is 0.6 mg/L to 1.0 mg/L with the optimal level of 0.7 mg/L. This is effective immediately.”

Essentially none of this is accurate. The recording of the Commission meeting on October 3, 2022 confirms that the following motion was read and seconded: “Move that the Commission add fluoride to the Richmond Water System in accordance with the Vermont Water Supply Rule and the Community Water Fluoridation Program effective immediately.” The Chair then moved “that we, the WS Commission, add fluoride to the Richmond Water System in accordance with the Vermont Water Supply Rule and the Community Water Fluoridation Program effective immediately. Also, effective immediately, propose that the Annual Customer Report include the fluoride standards recommended by VDH. Third that the monthly reports be posted to the website.” This amended motion was seconded. After discussion, the chair called for a vote, which passed unanimously. On this record, it is not entirely clear which motion was actually passed. What is clear, however, is that neither the original motion nor the amended motion were to “to return fluoride levels in the Richmond water system to be in the range mandated by the Vermont Department of Health for fluoridated water systems [which] is 0.6 mg/L to 1.0 mg/L with the optimal level of 0.7 mg/L,” as stated in your memo.

In fact, neither the Vermont Water Supply Rule nor the Vermont Community Health Program nor the Vermont Department of Health rules and regulations “mandate” fluoridation in the range of .6 mg/L to 1.0 mg/L. In fact, the Richmond Water System has not added fluoride within that range for over a decade.

In February 2011, the Vermont Department of Environmental Conservation Water Supply Division issued a notice advising that the U.S. Department of Health and Human Services (HHS) and the EPA had proposed changing the *recommended* level for community water fluoridation to 0.7 mg/L, which would replace the existing recommended range of 0.7 to 1.2 mg/L, and lowering the *maximum* allowable level from 4.0 mg/L to 2.0 mg/L.

The 2011 DEC notice further acknowledged that the Vermont Water Supply Rule “currently requires public drinking water systems that add fluoride to control the level between 1.0 and 1.6 mg/L,” which “differs from HHS’ current recommended range and is higher than their proposed recommended level of 0.7 mg/L.” The notice stated that the ANR “plans to revise the requirement to maintain fluoride levels between 1.0 and 1.6 mg/L, and to adopt a new recommended level of fluoride in community drinking water systems.” However, over the ensuing decade, the ANR has not done so, and the Water Supply Rule, to this day, retains the 1.0 to 1.6 range, which is well above the 0.7 ppm “recommended” level. Obviously, continuing to fluoridate within the range provided by the Water Supply Rule would *not* have been consistent with my duty to exercise reasonable care judgment for the protection of public health, public safety, and the environment.

It is important to recognize that the *maximum* allowable levels reflect the fact that fluoride is a toxic chemical. “Fluoride poses challenges to regulators because it is intentionally added to water supplies for its beneficial effects at low levels, whereas at higher concentrations, it has

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toxic effects and is regulated as a drinking water contaminant. Moreover, the range between the amounts that are considered beneficial and excessive narrower for fluoride than for many trace minerals.” *Fluoride in Drinking Water: A Review of Fluoridation and Regulation Issues*, Congressional Research Services Report for Congress, February 22, 2006, at 10-11. Potential risks include dental fluorosis, skeletal fluorosis, bone fractures and cancer.  
[https://www.everycrsreport.com/reports/RL33280.html#\\_Ref223167969](https://www.everycrsreport.com/reports/RL33280.html#_Ref223167969)

It is also important to recognize that fluoridation of public water supplies is not mandatory under any federal, state or local laws or regulations. According to the State of Vermont’s 2021 Guide to Fluoride Levels in Public Water Systems, “[o]f the Vermont residents served by a public water system, 56% are receiving fluoridated water.” Almost half of Vermont residents served by a public water system do not receive fluoridated water from their public water system. Only 72 of the 465 water systems in Vermont are fluoridated. Approximately 85% of Vermont water systems are not.

The 2011 DEC notice advised that water systems could “fluoridate to the lower recommended level of 0.7 mg/L prior to any rule changes” without obtaining any further approval. What the DEC did not say, however, and what no agency has ever said, is that water systems that fluoridate are in any sense *required* to fluoridate to the 0.7 mg/L “recommended” level and could be subject to enforcement action for fluoridating at lower levels. Indeed, while the Richmond Water System has reported annual average fluoridation levels within that “recommended” range only once over the ensuing decade, no state agency has ever suggested that the Richmond Water system was not in compliance with any mandatory regulations or was required to add fluoride up to the 0.7 mg/L “recommended” level.

In other words, in 2011, federal and state agencies lowered the maximum safe fluoridation levels by half, and lowered the “recommended” levels by a third, but declined to require any mandatory minimum level of fluoridation. For all of these reasons, as I have previously stated, it has been my judgment since 2011 that the safest and most responsible policy is to fluoridate our water system at our about 0.3 mg/L, which I understand to be at or near the lowest level presently considered to be beneficial to public health, and to rely upon the healthcare providers to determine whether any supplementation is advisable for their patients.

I did not pull this 0.3 number out of thin air. The Vermont Department of Health produces a publication entitled “Vermont’s Guide to Fluoride Levels in Public Water Systems “to assist local public health professionals, dental and medical professionals, and the public to make informed decisions about their oral health.” In a section entitled, “How to Use this Booklet,” the Guide instructs:

Each public water system is listed in the booklet by town in alphabetical order, the population served, and the average fluoride level for [year]. Communities with fluoride levels at **0.30** parts per million (ppm) and above are **bolded** in the table (starts page 7). This booklet is updated every three years.

**The Medical and Dental HealthCare Providers responsibilities are to:**

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- ✓ Determine the existing fluoride content in the families’ primary source of water prior to prescribing fluoride supplements.
- ✓ Consider the water source for infants and children in daycare facilities and schools prior to prescribing supplements.
- ✓ Use this booklet to locate their town, then the water system name
- ✓ Go to the fluoride level column where the fluoride levels will be found in parts per million (ppm). **Bolded** are the systems with fluoride levels equal to or greater than **0.30 ppm**. This will alert you to reference the dietary fluoride supplement below prior to prescribing fluoride supplements.
- ✓ Refer to the Dietary Fluoride Supplement Schedule for prescription guidelines.

The Guide then provides a table entitled, “Dietary Fluoride Supplement Schedule – 2014 Approved by the American Dental Association, American Academy of Pediatrics & American Academy of Pediatric Dentistry.”

Age	Fluoride ion in Drinking water (ppm)		
	Less than 0.30 ppm	0.30 ppm-0.60 ppm	Greater than 0.60 ppm
Birth- 6 months	No Supplements	No Supplements	No Supplements
6 months – 3 years	0.25 mg/day	No Supplements	No Supplements
3-6 years	0.50 mg/day	0.25 mg/day	No Supplements
6-16 years	1.00 mg/day	0.50 mg/day	No Supplements

The Guide also provides a table that purports to list “each water system by town in alphabetical order, the population served, and the average fluoride concentration for [the year before the publication].” The table lists all Vermont towns with a public water system, with a column for “**Population Served**” and another column for “**Flouride Levels (ppm)**.”

The monthly reports I submitted each month for 2011-2018, with the approval and signature of the Town Administrator/Manager, reflect the following annual averages, all of which are well within the reporting range reflected in the VDH Guide to Fluoridation:

- 2011: 0.36
- 2012: 0.58
- 2013: 0.33
- 2014: 0.63
- 2015: 0.36
- 2016: 0.57
- 2017: 0.40
- 2018: 0.33
- 2019: 0.46

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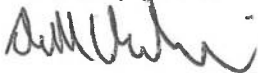
2020: 0.33  
2021: 0.34  
2022: 0.36 (January through August)

Unfortunately, however, although the VDH has always had the accurate information reported by the Richmond Water System, the VDH Fluoridation Guide (2021 edition) incorrectly tells providers that the Town of Richmond Water System has reported average fluoridation levels of 0.7 ppm. I was unaware that the State was publishing incorrect data until the recent meetings of the Water and Sewer Commission, at which one or two providers reported that they were making treatment decisions based on the incorrect assumption that the Richmond Water System was maintaining fluoridation levels of 0.7 ppm. This misunderstanding was not due to anything I said or did. I consistently reported the accurate fluoridation levels to the State in monthly reports and to Richmond Water System Customers in annual reports.

The fact that the VDH has reported that the Richmond Water System has been fluoridating at 0.7 mg/L, which VDH knows is not the case, and the suggestion that the 0.7 mg/L level is mandatory for voluntary participation in the VDH fluoridation program, which has never been the case, cannot, in my judgment, justify adding fluoride, a toxic chemical with significant known health risks, to the Richmond Water System to a level at or in excess of 0.7 mg/L. In my best professional judgment, the potential benefits of voluntarily fluoridating to that level are outweighed the potential risks.

For all of these reasons, I cannot in good conscience continue to serve as the Town of Richmond Water Resource Superintendent, and I hereby resign from my employment effective immediately. It has been a joy and privilege to serve the Town for most of my adult and professional life.

Very truly yours,



Kendall Chamberlin