

FLUORIDATION OF PUBLIC WATER: A Public Health Blunder which must STOP.

New Zealand Government

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I have been a General Family Dentist for 39 years and promoted fluoride ingestion for the first 25 years of dental practice. Several of my patients persuaded me to review both sides of the science and, although there is science on both sides of the controversy, the evidence opposed to fluoridation is alarming. My review of the evidence was like a knee in the gut, I was seriously mistaken to promote fluoridation.

The Europeans are correct not to fluoridate their water. The intentional addition of fluoride to public water will stop when good scientists and politicians read the science, laws and consider the ethics. Here are a few reasons to stop or never start fluoridation:

- **Fluoridation violates individual freedom of choice.**
- **Many are ingesting too much fluoride without adding more to water.** About 60% of USA adolescents have dental fluorosis, a biomarker of excess fluoride. Two percent have severe dental fluorosis, a known harm. (2011-2012 USA National Health and Nutrition Examination Survey). When fluoridation started, the public was assured no more than 10% would get dental fluorosis with no severe cases. The best place to reduce exposure is a cessation of fluoridation. Other exposures have benefits such as dental topical applications (toothpaste), medications, pesticides, post harvest fumigants, and manufacturing.
- **The risks of excess fluoride** include dental and skeletal fluorosis, lower IQ, thyroid damage, cancer and more. Fluoride is an enzymatic disruptor.
- **More than 60 human studies and over 100 animal studies now report lower IQ.** Some studies report harm at water, serum and urine fluoride concentrations commonly found in the USA with fluoridation. Five studies did not report lower IQ, although some have not been published and one was incapable of detecting IQ loss because it compared fluoridation with primarily fluoride supplements (tablets). For some of the studies, see: www.fluoridealert.org/studies/brain01/
- **Mother's milk contains no detectable fluoride in most samples.** Infants should not have formula mixed with fluoridated water. Fluoride is not a nutrient. Dental caries is not due to a fluoride deficiency.
- **Pregnant mothers** should not drink fluoridated water. Fluoride passes through the placenta and lowers IQ for the developing fetus. (Jimenez et al. Neurotoxicology, 2017)

- **Subpopulations are chemically sensitive**, such as some autistic individuals. Some have adverse reactions to many chemicals, including fluoride for drinking or bathing. For example, http://fluoridealert.org/content/bulletin_12-15-16/
- **Benefits of ingesting fluoride are minimal, if any.** The FDA CDER (USA Food and Drug Administration Center for Drug Evaluation and Research) is charged by Congress to weigh the science on effectiveness and safety for approval of any substance used with the intent to prevent, treat, or mitigate disease. The FDA CDER has determined the research on efficacy is “incomplete” and has not approved ingesting fluoride. (Drug Therapy 1975 and FDA confirmed fluoride is unapproved, 2016). Quality research, prospective randomized controlled trials, can be done and to date, have not. Placing a public health practice into law with incomplete evidence of efficacy is rash and unwise.
- **The FDA CDER has approved topical fluoride in toothpaste with a label, which includes, “Do Not Swallow.”** Children should use only a smear or baby pea size, less than a quarter milligram of fluoride, which the same amount of fluoride in a glass of fluoridated water. When the drug regulatory authorities say, “Do Not Swallow,” politicians must provide the highest quality evidence that the drug regulatory authorities are wrong before passing a law forcing everyone to ingest the unapproved medication.
- **An “optimal” fluoride tooth concentration has not been determined because both teeth with caries and without have similar fluoride concentrations.** Without knowing how much fluoride in the tooth is effective, there is no way to know how much fluoride in the serum or total exposure is “optimal.” Adding more to water makes no sense.
- **No studies using actual measured data show a lifetime of reduced dental expenses.** Dental expenses are not lower in fluoridated communities and caries rates are similar in countries, states, and counties with or without fluoridation. (Provided confounding factors are controlled.) There are not fewer dentists in fluoridated communities.
- **We have many new sources of fluoride.** If a person wants to swallow fluoride they can swallow a pea size of toothpaste, eat bone meal, tea, non-organic foods and other foods high in fluoride. Additional fluoride in public water is excess.
- **The dosage of fluoride from fluoridated water is uncontrolled** because some drink very little water, the average is 1 liter a day and some drink over 10 liters of water a day. At least a safety factor of 10 should be used, and yet no safety factor is used.
- **Fluoridated water is without label** so individuals do not know whether the water in restaurants or processed foods has added fluoride.
- **My Public Health Professionals are good marketers** and not generally experts competent to review the toxicology, dosage, label, benefit versus risk of ingested fluoride. Do not rely on the Public Health Profession to approve highly toxic substances.
- **My Dental Profession diagnose diseases of the mouth.** Do not rely on Dentists to diagnose brain damage or thyroid damage from toxic substances.

New studies reporting harm from fluoride are being published every month. It is past time to turn off the fluoride pumps and give people freedom of choice.