**RESPONSES TO STATEMENTS MADE AT DALLAS, TX**

**QUALITY OF LIFE, ARTS & CULTURE COMMITTEE**

**OCTOBER 16, 2023**

10:30

Statement: **“The ingested or systemic form helps the developing tooth in children and infants . . .”**

Response: There are no scientific studies supporting this. Even the CDC oral health director, Casey Hannan, acknowledged that the CDC **“was not aware of any evidence”** of any benefits of drinking fluoridated water during pregnancy or the first six months of life. (Source: Transcript of lawsuit deposition in *Food and Water Watch et al vs. Environmental Health Protection*) Even after eruption of teeth, there is a consensus – including the CDC – that fluoride’s protection against cavities is predominantly topical, not from swallowing (<https://fluoridealert.org/articles/fan-brochure-fluoridation-efficacy-one-pager/>).

10:50

Statement: **“We’ve been fortifying our food and drink for many many years. Most of us are familiar with the iodine that’s added to salt for your thyroid; calcium and vitamin D for bones; and fluoride for teeth.”**

Response: This is a false equivalence. Iodine, calcium and vitamin D are nutrients, defined as substances required for human growth, development and to prevent nutrient-deficiency diseases. Fluoride is not required for a single body function. No one needs it for life sustenance, and no disease results from its absence. Indeed, billions of healthy people ingest none at all or trace amounts.

13:00

Statement: **“In 2007, Juneau officials ended water fluoridation . . . after 9 years, Juneau’s average cost per child per capita went up 47%.”**

Response: The study concluded cavity rates in children rose because fluoridation ended. But the study never measured cavity rates, only the increase in Medicaid-funded dental costs, claiming those increased costs represented an increase in cavities. (<https://pubmed.ncbi.nlm.nih.gov/30545358/>)

It never controlled for two major factors – a large increase in Medicaid funding in 2008 and 2009, which increased the number of dentists accepting Medicaid patients, which led to a large increase in the number of children enrolled in Medicaid. In short, more dentists + more children = more Medicaid costs for treatment of cavities - not necessarily higher cavity rates.

14:00

Statement: **“In 2011, Calgary stopped fluoridation . . . Calgary’s decay rate (went) up 60%. Edmonton remained fluoridated . . . decay rates stayed the same.”**

Response: Calgary’s decay rate did go up after 2011 – but at essentially the same rate it had gone up in the seven years before while it was still fluoridated. Edmonton’s cavity rates had gone both up and down while fluoridated. Fluoridation has made virtually no difference in either city. There are obviously other factors affecting cavity rates.

36:00

Statement: **“It’s my understanding that in other countries, the infrastructure doesn’t allow for adding fluoride to be added to their water, so they actually put it in their salt. That’s how they fortify.”**

Response: Taking just European nations, there is nothing whatsoever about their infrastructure preventing water fluoridation. Indeed, many of them, including Germany, Finland, Switzerland, the Netherlands and others used to have it but have stopped.

There are 48 European nations. There are only four that have any artificial fluoridation at all: England, Ireland, Spain and Serbia. Ninety-eight percent of Europeans drink unfluoridated water. **France, Germany, Belgium, the Netherlands, Denmark, Norway and Sweden have all prohibited it**. And for nearly all the nations not disallowing it, virtually all their towns and cities have either rejected it or wouldn’t even consider it. (<https://fluoridealert.org/wp-content/uploads/FAN-World-Wide-Movement-5-1-23-FINAL.pdf>)

Out of the 48, only eight (Austria, Czech Republic, France, Germany, Hungary, Slovakia, Spain, and Switzerland) have fluoridated salt, and for most, a very small amount. (<https://pubmed.ncbi.nlm.nih.gov/24308394/>) This is very different from the impression given that all other nations have it. And in each case, it’s a consumer choice. No one is forced to ingest it.

Statement: **“Water fluoridation has been recognized by the CDC as one of the 10 great public health achievements of the 20th century.”**

Response: Please take a very close look at this statement (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4850bx.htm>). It was made in a 7-page CDC publication issued in October, 1999. Only one paragraph dealt with safety of fluoridation, and its only two references were both at least 30 years old. It is totally outdated.

Look at real-world current data. Fluoridation is one of the most widely rejected health interventions in the world. Out of 196 nations, only 24 have any fluoridation, and only 10, like the U.S. for more than half their population. Ninety-five percent of the world’s population drinks unfluoridated water, and numerous health organizations either oppose it or have dropped their endorsements of it. (<https://fluoridealert.org/wp-content/uploads/FAN-World-Wide-Movement-5-1-23-FINAL.pdf>)

The CDC’s list of the Top 10 public health achievements includes such measures such as infectious disease control, tobacco reduction, family planning and even automobile safety improvements. All of them have been widely accepted and utilized – except fluoridation.

47:00

Statement: **“When there have been news reports about (harmful) health effects these are typically much higher levels than what we’re talking about with community water fluoridation . . . It’s well established that it’s safe and effective.”**

Response: These are simply untrue statements. There have been hundreds of studies linking fluoride to increased bone fractures, dental fluorosis, hypothyroidism, kidney disease, diabetes, harmful side effects from chemical hypersensitivity and more – at levels in fluoridated water. As far back as 2006, the National Research Council’s authoritative 500-page review Fluoride In Drinking Water cited a wealth of studies on fluoride’s toxicity and said more research was needed in multiple areas to determine fluoride’s safety – confirmation that the science was not established at all. (<https://nap.nationalacademies.org/catalog/11571/fluoride-in-drinking-water-a-scientific-review-of-epas-standards>)

To cite one health harm in depth, a committee of the National Toxicology Program’s latest systematic review draft in 2023 cited 52 out of 55 studies linked higher fluoride with lower IQs in children, with 18 out of 19 of the highest quality of studies finding this link. Of these, 7 were at levels equivalent to fluoridated water. Quoting from the report**, “Several of the highest quality studies showing lower IQs in children were done in optimally fluoridated (0.7 mg/L) areas in Canada” and “The data support a consistent inverse relation between fluoride exposure and children’s IQ.”** (<https://ntp.niehs.nih.gov/sites/default/files/ntp/about_ntp/bsc/2023/fluoride/documents_provided_bsc_wg_031523.pdf>)

**The doctor on the panel may have his own opinion, but it’s not supported by the scientific literature – or many other physicians.** After reviewing one particularly robust study, the physician editor of the *Journal of the American Medical Association Pediatrics*, a Seattle pediatrician, was quoted in the Washington Post saying **“I would not have my wife drink fluoridated water if she were pregnant.”** (<https://fluoridealert.org/news/canadian-mother-offspring-iq-study-national-post/>)