



Response to Mark Hyman Claims

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1. *"Physician and nine-time #1 New York Times bestselling author Dr. Mark Hyman has joined a growing chorus of influential leaders highlighting possible health risks from drinking fluoridated municipal water."*

Facts:

Dr. Mark Hyman is an antivaxxer physician who practices "functional medicine", basically pseudoscience which deals in such vague concepts as "imbalances in core systems of the body" and "detoxification". Hyman sells expensive "detox supplements", vitamins, and a "detox diet program", among a long list of other such substances and items, all of which he markets through his online "store", and his "Ultrawellness Center". He recommends and sells his expensive products to his patients. (1)

2. *"Known to millions of American television viewers for his media appearances, Dr. Hyman is also calling for a federal investigation of water fluoridation."*

Facts:

Fluoridation opponents are constantly calling for investigations of water fluoridation, and sending letters to one organization or another, claiming to have put these organizations "on notice".

One only need look at the 100% failure rate of court challenges by fluoridation opponents to ascertain the absurdity of these grand stand calls for investigations.

3. *"There are numerous mechanisms by which uncontrolled dosing of fluorides through water fluoridation can potentially harm thyroid function, the body and the brain," he says.*

Facts:

A. There is nothing uncontrolled about water fluoridation. The concentration of fluoride in fluoridated water systems is strictly maintained at the minuscule concentration of 0.7 mg/liter. This means that for every one liter of optimally fluoridated water consumed, 0.7 mg of fluoride is ingested. The range between this amount of fluoride and the daily upper limit of fluoride intake before adverse effects, as established by the US Institute of Medicine, is so broad that before this upper limit could be attained, water toxicity would be the concern, not fluoride. There is no

more concern with dose of fluoride from fluoridated water than there is with dose of chlorine from chlorinated water. (2)

B. There is no valid, peer-reviewed scientific evidence of any adverse effect of optimal level fluoride on the "thyroid function, the body, and the brain". This includes the widely discredited Peckham, Malin, and Grandjean/Choi studies constantly put forth by fluoridation opponents.

C. Any concerns with "uncontrolled dosing of fluorides" from water would be with non fluoridated systems. The concentration of fluoride within these systems is restricted only by the EPA mandated maximum allowable level of 4.0 ppm fluoride in water....nearly 6 times as high as that which is strictly maintained in fluoridated systems.

4. *"Hyman states, "I support federal investigative hearings looking into why our cities and towns are allowed to continue to add fluoride to public water sources and why the whole story about fluorides is only just now coming out."*

Facts:

A. The decision to fluoridate water systems is entirely under state and local jurisdiction. As long as there are no violations of the Safe Water Drinking Act of 1974, the feds have no say in the decision.

B. There is no "whole story about fluorides" left to come out. Water fluoridation has been the most tested, poked, prodded, investigated, studied, discussed, and rediscussed public health initiative in history. Fluoridation opponents always have, and always will claim conspiracies and cover-ups, but the fact is that there is no valid evidence to support any of it.

5. *"Water fluoridation is the long-controversial practice of adding fluoride chemicals to drinking water for the purpose of helping to prevent cavities."*

Facts:

A. Water fluoridation is the adjustment of the concentration level of a mineral which has always existed in water, in order to obtain maximum benefit from this mineral, while strictly maintaining that concentration well below the threshold of adverse effects. Nothing more, nothing less.

B. As groundwater flows over rocks, it picks up fluoride ions which have been leached from the compound calcium fluoride and fluorosilicate compounds in those rocks. These fluoride ions are to what is commonly referred as being "naturally occurring" fluoride.

The substance most widely used to raise the level of fluoride ions in fluoridated systems is hydrofluorosilic acid (HFA). Once introduced into drinking water, due to the pH of that water (~7), HFA is immediately and completely hydrolyzed (dissociated). The products of this hydrolysis are fluoride ions, identical to those "naturally occurring" fluoride ions, and trace contaminants in barely detectable amounts far below EPA mandated maximum allowable levels of safety. After this point, HFA no longer exists in that water. It does not reach the tap. It is not ingested. It is of no concern whatsoever. (3) (4)

B. Countless, peer-reviewed scientific studies clearly demonstrate the effectiveness of fluoridation in the prevention of dental decay in entire populations. A number of such studies are listed at the end of this document, many from within the past 5 years.

6. *"Decades-long unease with fluoridation is accelerating rapidly with a spate of new studies and media accounts describing how ingested fluorides can potentially be harmful."*

Facts:

A. The only "decades-long unease" with fluoridation has been with fluoridation opponents. These activists have constantly sought to create controversy where none exists. There is no more clear evidence of the lack of "unease" with fluoridation than the most recent CDC reports which show that the United States was 74.7% fluoridated in 2014, increased from 74.6% in 2012, increased from 73.4% in 2011. (5) (6)

'Unease' would not result in such broad acceptance of this public health initiative with increases yearly.

7. *"Freedom of Information Act documents also show active efforts by fluoridation promoters to direct public attention away from possible harmful impacts of fluorides"*

Facts:

There is no valid, peer-reviewed scientific evidence of any "possible harmful impacts of fluorides" relevant to fluoride at the optimal level at which water is fluoridated. Claims of FOIA documents, cover-ups, and conspiracies have been an integral part of fluoridation opposition tactics since the very beginning of the initiative 71 years ago. They have no validity, and no relevance.

8. *"Daniel G. Stockin, MPH, a public health professional known internationally for his work to end water fluoridation, points out that, 'The National Research Council of the National Academies of Sciences says that kidney patients, diabetics, seniors, and other groups are 'susceptible subpopulations' especially vulnerable to harm from ingested fluorides. Yet strangely cities continue to allow uncontrolled dosing of these groups with fluorides in their water. Now we have documents showing that certain vested interest groups worked actively to keep people from grasping what is happening. It's no wonder a full-fledged Fluoridegate scandal is erupting.'*

Facts:

A. Daniel Stockin has no particular credentials or qualifications to render his personal opinions any more meaningful than those of any other public health personnel.

B. The 2006 NRC Committee on Fluoride in Drinking Water was charged to evaluate the adequacy of the EPA primary and secondary MCLs for fluoride, 4.0 ppm and 2.0 ppm respectively, to protect against adverse effects. The final recommendation of this Committee was for the primary MCL to be lowered from 4.0 ppm. The sole reasons cited by the Committee

for this recommendation were the risk of severe dental fluorosis, bone fracture, and skeletal fluorosis, with chronic ingestion of water with a fluoride content of 4.0 ppm or greater. Nothing else. Had this Committee deemed there to be any concerns for "kidney patients, diabetics, seniors, and other groups" with fluoride at the 4.0 ppm level, it would have been responsible for stating so and recommending accordingly. It did not.

Additionally, the NRC Committee made no recommendation to lower the secondary MCL of 2.0 ppm. Water is fluoridated at 0.7 ppm. one third the level which the 2006 NRC Committee on Fluoride in Drinking Water made no recommendation to lower. (7)

In March of 2013, Dr. John Doull, Chair of the 2006 NRC Committee on Fluoride in Drinking Water made the following statement:

"I do not believe there is any valid, scientific reason for fearing adverse health conditions from the consumption of water fluoridated at the optimal level" (8)

---John Doull, MD, PhD, Chair of the National Academy of Sciences, National Research Council 2006 Committee Report on Fluoride in Drinking Water

C. There is no "fluoridegate scandal" anywhere other than on antifuoridationist websites and blogs.

9. *"Key national figures such as Erin Brockovich, Lois Gibbs, and Alveda King have called for Fluoridegate scandal hearings, and momentum for federal hearings is accelerating as impacted constituency groups awaken to the issue.*

Facts:

Erin Brockovich is a legal clerk who profits from the filing of lawsuits. She hasn't the healthcare education, training, experience, or knowledge to make any credible recommendations on a healthcare issue such as water fluoridation. That "key national figures", Erin Brockovich, Lois Gibbs, and Alveda King are proclaiming the same misinformation gleaned from the same antifuoridationist sources as do most other fluoridation opponents is neither of importance nor relevance.

10. *"For years a vaunted pillar of public health, water fluoridation is reeling from media coverage once deemed unthinkable, such as a recent national television appearance by Erin Brockovich on the subject, and a three-part Spanish language series aired to Hispanic viewers in Atlanta, home to the Centers for Disease Control that has promoted fluoridation."*

Facts:

A television appearance by a law clerk professing antifuoridationist dogma, and an anti fluoridation "three-part Spanish series aired to Hispanic viewers", are of no significance to anyone but fluoridation opponents and whomever profited from these television "events".

11. *"Voicing his concern about possible fluoride harm to the thyroid and to certain groups, Dr. Hyman says, "A malfunctioning thyroid often leads to weight gain. And diabetics and patients with kidney disease are often thirsty, causing them to consume increased amounts of fluorides if they have access to only fluoridated water."*

Facts:

A. There is no valid, peer-reviewed scientific evidence of any "harm to the thyroid and to certain groups" by optimal level fluoride.

B. There is no valid, peer-reviewed scientific evidence of any adverse effects of optimally fluoridated water on "diabetics and patients with kidney disease." There is, however, valid, peer-reviewed scientific evidence that there is no such adverse effects on those with kidney disease.

Ludlow, et al. concluded:

"People exposed to optimally fluoridated water will consume 1.5mg of fluoride per day. Available studies found no difference in kidney function between people drinking optimally fluoridated and non-fluoridated water. There is discrepant information in studies relating to the potential negative effects of consuming water with greater than 2.0ppm of fluoride."

"Available literature indicated that impaired kidney function results in changes in fluoride retention and distribution in the body. People with kidney impairment showed a decreased urine fluoride and increased serum and bone fluoride correlated with degree of impairment; however, there was no consistent evidence that the retention of fluoride in people with stage four or stage five CKD, consuming optimally fluoridated water, resulted in negative health consequences." (9)

C. Dr. Hyman profits from selling expensive supplements, vitamins, and other such substances, to those who either have thyroid issues, or who believe themselves to have thyroid issues. He markets his expensive diets and other products to those who have what he terms to be "diabesity", a recently coined term for those persons who suffer with diabetes and obesity. (1)

12. *"Communities of color and the underserved are disproportionately harmed by fluorides because most rely on municipal water sources, many of which continue to add fluoride, despite research showing the potential harms and negating the potential benefits."*

Facts:

Fluoridation opponents have continually sought to exploit race to further their ideology against fluoridation. The "harm" to which they refer is nothing but mild dental fluorosis, a barely detectable effect which causes no adversity on cosmetics, form, function, or health of teeth. As peer-reviewed science has demonstrated mildly fluorosed teeth to be more decay resistant, many consider this effect to not even be undesirable, much less adverse. (10)

The hypocrisy of this exploitation is clearly evidenced by the fact that while fluoridation opponents lament concern for the barely detectable faint white streaks of mild dental fluorosis,

they callously disregard the lifetimes of extreme pain, debilitation, black discoloration and loss of teeth, development of serious medical conditions, and life-threatening infection, directly resultant of untreated dental decay which can be, and is, prevented by water fluoridation.

13. " 'Our federal government says that 4.6 million people over age 12 have hypothyroidism, more than 20 million adults have some level of kidney disease, and more than 29 million people have diabetes,' Stockin says."

Facts:

There is no valid, peer-reviewed scientific evidence of any association of optimal level fluoride with hyperthyroidism, kidney disease, or diabetes, Peckam's widely discredited study notwithstanding.

14. " 'Clearly these groups deserve to hear the whole story about possible harm from drinking fluoridated water,' he observes."

Facts:

That which these groups and everyone else deserves to hear are facts and evidence from reliable, respected, and authoritative sources of accurate information which has not been filtered through antifluoridationist websites. That which do not deserve to hear are the false statements, unsubstantiated claims, misrepresented science, and misinformation constantly disseminated by fluoridation opponents and their organizations.

15. "References"

Facts:

The clearest demonstration of the total lack of valid evidence of support for the claims in this article are the "references" which are listed. They consist of nothing more than a marketing website of Hyman's products, antifluoridationist websites, irrelevant statistics, and out-of-context information plucked from the 2006 NRC report.

A. "Dr. Hyman info:<http://drhyman.com/about-2/about-dr-mark-hyman/>"

Facts:

This is a link to a website on which Mark Hyman markets his expensive products, i.e. "Eat Fat and Get Thin". It has no relevance to water fluoridation.

B. "National Research Council's report on fluorides in water – see bottom of page for susceptible subpopulations:<http://www.nap.edu/read/11571/chapter/13#350>"

Facts:

The relevant facts about the 2006 NRC Committee are discussed in item 8 B. above.

C. "Freedom of Information Act documents: click on green box for a summary of key quotes within hundreds of pages of documents received:<http://>"

Facts:

This is an antifuoridationist website full of nothing but antifuoridationist dogma and irrelevant FOIA documents.

D. "Atlanta Spanish language fluoridation coverage:
http://www.telemundoatlanta.com/3037_videos/3529482_video-agua-potable-o-veneno.html"

Facts:

A link to an antifuoridation video in Spanish

E. "Hypothyroidism statistics:<http://www.niddk.nih.gov/health-information/health-topics/endocrine/hypothyroidism/Pages/fact-sheet.aspx>"

Facts:

A link to statistics on hyperthyroidism. It is of no relevance to water fluoridation

F. "Kidney disease statistics:<http://www.niddk.nih.gov/health-information/health-statistics/Pages/kidney-disease-statistics-united-states.aspx#1>"

Facts:

A link to statistics on kidney disease. It is of no relevance to water fluoridation.

G. "Diabetes statistics:<http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>"

Facts:

A link to statistics on diabetes. It is of no relevance to water fluoridation.

H. "Summary of science on health risks from fluoridated water:<http://fluoridealert.org/issues/health/>"

Facts:

A link to filtered and edited information and personal opinions posted on "fluoridealert" the biased website of the New York antifuoridation faction, "fluoride action network"

References

- (1) Hyman website and online store
http://store.drhyman.com/?utm_source=Google&utm_medium=cpc&utm_campaign=Brand%20Terms&utm_term=dr%2e%20markprogram
- (2) Dietary Reference Intakes (DRIs): Tolerable Upper Intake Levels, Vitamins
Food and Nutrition Board, Institute of Medicine, National Academies

<http://www.nationalacademies.org/hmd/Activities/Nutrition/SummaryDRIs/~//media/Files/Activity%20Files/Nutrition/DRIs/ULs%20for%20Vitamins%20and%20Elements.pdf>
- (3) Reexamination of Hexafluorosilicate Hydrolysis By F NMR and pH Measurement
William F. Finney, Erin Wilson, Andrew Callender, Michael D. Morris, and Larry W. Beck
Environmental Science and Technology/ Vol 40, No. 8, 2006
- (4) NSF Fact Sheet on Fluoridation Substances
NSF International
<http://www.nsf.org/newsroom/nsf-fact-sheet-on-fluoridation-chemicals>
- (5) 2014 Water Fluoridation Statistics
United States Centers for Disease Control and Prevention
<http://www.cdc.gov/fluoridation/statistics/2014stats.htm>
- (6) 2012 Water Fluoridation Statistics
United States Centers for Disease Control and Prevention
<http://www.cdc.gov/fluoridation/statistics/2012stats.htm>
- (7) Fluoride in Drinking Water: A Scientific Review of EPA's Standards
Committee on Fluoride in Drinking Water, National Research Council 2006
- (8) March 2013 statement by John Doull
<http://www.ilikemyteeth.org/wp-content/uploads/2013/03/Doull-Email-on-CWF-March-2013.pdf>
- (9) Ludlow M, Luxton G, Mathew T. Effects of fluoridation of community water supplies for people with chronic kidney disease. Nephrol Dial Transplant 2007; 22:2763-2767
https://www.andeal.org/worksheet.cfm?worksheet_id=254631
- (10) The Association Between Enamel Fluorosis and Dental Caries in U.S. Schoolchildren
Hiroko Iida, DDS, MPH and Jayanth V. Kumar, DDS, MPH
-<http://jada.ada.org/content/140/7/855.long>

Effectiveness Studies

1) 2015

Results

In the 3 areas the proportion of children who received a dental examination varied; 77.5% (n=825) for the fluoridated area, 80.1% (n=781) for the pre-fluoridated area and 55.3% (n=523) for the non-fluoridated area. The mean dmft was 1.40 for the fluoridated area, 2.02 for the pre-fluoridated area and 2.09 for the non-fluoridated area. These differences were statistically significant ($p < 0.01$). Differences were also noted in the proportion of children who were caries free, 62.6% fluoridated area, 50.8% for the pre-fluoride area and 48.6% for the non-fluoride location.

Conclusion

The children living in the well-established fluoridated area had less dental caries and a higher proportion free from disease when compared with the other two areas which were not fluoridated. Fluoridation demonstrated a clear benefit in terms of better oral health for young children.

---The Dental Health of primary school children living in fluoridated, pre-fluoridated and non-fluoridated communities in New South Wales, Australia

Anthony S Blinkhorn, Roy Byun, George Johnson, Pathik Metha, Meredith Kay, and Peter Lewis
BMC Oral Health 2015, 15:9 doi:10.1186/1472-6831-15-9http://www.biomedcentral.com/1472-6831/15/9

2) RESULTS:

The prevalence of dental caries was inversely related and the prevalence of fluorosis was directly related to the concentration of fluoride in the drinking water. The mean DMFS in the communities with 0.8 to 1.4 ppm fluoride was 53.9 percent to 62.4 percent lower than that in communities with negligible amounts of fluoride. Multivariate analysis showed that water fluoride level was the strongest factor influencing DMFS scores. The prevalence of fluorosis ranged from 1.7 percent to 15.4 percent, and the increase in fluorosis with increasing fluoride exposure was limited entirely to the milder forms.

-----J Public Health Dent. 2000 Summer;60(3):147-53.

The prevalence of dental caries and fluorosis in Japanese communities with up to 1.4 ppm of naturally occurring fluoride.

Tsutsui A, Yagi M, Horowitz AM.

Department of Preventive Dentistry, Fukuoka Dental College, Fukuoka, Japan. tutuia@college.fdcnet.ac.jp

<http://www.ncbi.nlm.nih.gov/pubmed/11109211>

3) 2000

CONCLUSIONS:

Caries levels are lower among children with fluoridated domestic water supplies. Decay levels are much lower in 2002 than they were in 1984 and in the 1960s. The oral health of the less well off is worse than that of the rest of the population. The prevalence of dental fluorosis is higher

amongst children and adolescents with fluoridated water supplies. Comparisons with 1984 data show an increase in the prevalence of fluorosis since that time.

----Community Dent Health. 2004 Mar;21(1):37-44.

Dental caries and enamel fluorosis among the fluoridated and non-fluoridated populations in the Republic of Ireland in 2002.

Whelton H, Crowley E, O'Mullane D, Donaldson M, Kelleher V, Cronin M.

Source

Oral Health Services Research Centre, University Dental School and Hospital, Wilton, Cork, Ireland.

4) <http://www.ncbi.nlm.nih.gov/pubmed/7643331>

CONCLUSIONS:

The ingestion of water containing 1 ppm or less fluoride during the time of tooth development may result in dental fluorosis, albeit in its milder forms. However, in these times of numerous products containing fluoride being available, children ingesting water containing 1 ppm fluoride continue to derive caries protection compared to children ingesting water with negligible amounts of fluoride. Thus, the potential for developing a relatively minor unesthetic condition must be weighed against the potential for reducing dental disease.

-----J Public Health Dent. 1995 Spring;55(2):79-84.

Dental fluorosis and caries prevalence in children residing in communities with different levels of fluoride in the water.

Jackson RD, Kelly SA, Katz BP, Hull JR, Stookey GK.

Source

Oral Health Research Institute, Indianapolis, IN 46202-2876, USA.

<http://www.ncbi.nlm.nih.gov/pubmed/15074871>

5) 2004

Conclusions:

The results of this study support existing work suggesting water fluoridation together with the use of fluoridated dentifrice provides improved caries prevention over the use of fluoridated dentifrice alone. The social gradient between caries and deprivation appears to be lower in the fluoridated population compared to the non-fluoridated population, particularly when considering caries into dentine, demonstrating a reduction in inequalities of oral health for the most deprived individuals in the population.

----The association between social deprivation and the prevalence and severity of dental caries and fluorosis in populations with and without water fluoridation

Michael G McGrady, Roger P Ellwood, [...], and Iain A Pretty

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3543717/>

6) 2012

CONCLUSIONS:

Fewer studies have been published recently. More of these have investigated effect at the multi-community, state or even national level. The dmf/DMF index remains the most widely used measure of effect. % CR were lower in recent studies, and the 'halo' effect was discussed frequently. Nevertheless, reductions were still substantial. Statistical control for confounding factors is now routine, although the effect on per cent reductions tended to be small. Further thought is needed about the purpose of evaluation and whether measures of effect and study design are appropriate for that purpose.

-----Community Dent Oral Epidemiol. 2012 Oct;40 Suppl 2:55-64. doi: 10.1111/j.1600-0528.2012.00721.x.

Effectiveness of water fluoridation in caries prevention.

Rugg-Gunn AJ, Do L.

Source

Newcastle University, UK. andrew@rugg-gunn.net

<http://www.ncbi.nlm.nih.gov/pubmed/22998306>

7) 2012

CONCLUSIONS:

Data showed a significant decrease in dental caries across the entire country, with an average reduction of 25% occurring every 5 years. General trends indicated that a reduction in DMFT index values occurred over time, that a further reduction in DMFT index values occurred when a municipality fluoridated its water supply, and mean DMFT index values were lower in larger than in smaller municipalities.

----Int Dent J. 2012 Dec;62(6):308-14. doi: 10.1111/j.1875-595x.2012.00124.x.

Decline in dental caries among 12-year-old children in Brazil, 1980-2005.

Lauris JR, da Silva Bastos R, de Magalhaes Bastos JR.

Source

Department of Paediatric Dentistry, University of São Paulo, Bauru, São Paulo, Brazil. jrlauris@fob.usp.br

<http://www.ncbi.nlm.nih.gov/pubmed/23252588>

8). 2012

Abstract

The effectiveness of fluoridation has been documented by observational and interventional studies for over 50 years. Data are available from 113 studies in 23 countries. The modal reduction in DMFT values for primary teeth was 40-49% and 50-59% for permanent teeth. The pattern of caries now occurring in fluoride and low-fluoride areas in 15- to 16-year-old children illustrates the impact of water fluoridation on first and second molars.

----Caries Res. 1993;27 Suppl 1:2-8.

Efficacy of preventive agents for dental caries. Systemic fluorides: water fluoridation.

Murray JJ.

Source

Department of Child Dental Health, Dental School, University of Newcastle upon Tyne, UK.

<http://www.ncbi.nlm.nih.gov/pubmed/8500120>

9) 1993

CONCLUSIONS:

The survey provides further evidence of the effectiveness in reducing dental caries experience up to 16 years of age. The extra intricacies involved in using the Percentage Lifetime Exposure method did not provide much more information when compared to the simpler Estimated Fluoridation Status method.

-----Community Dent Health. 2012 Dec;29(4):293-6.

Caries status in 16 year-olds with varying exposure to water fluoridation in Ireland.

Mullen J, McGaffin J, Farvardin N, Brightman S, Haire C, Freeman R.

Source

Health Service Executive, Sligo, Republic of Ireland. joej.mullen@hse.ie

<http://www.ncbi.nlm.nih.gov/pubmed/23488212>

10). 2012

CONCLUSIONS:

Children with severe dental caries had statistically significantly lower numbers of lesions if they lived in a fluoridated area. The lower treatment need in such high-risk children has important implications for publicly-funded dental care.

-----Community Dent Health. 2013 Mar;30(1):15-8.

Fluoridation and dental caries severity in young children treated under general anaesthesia: an analysis of treatment records in a 10-year case series.

Kamel MS, Thomson WM, Drummond BK.

Source

Department of Oral Sciences, Sir John Walsh Research Institute, School of Dentistry, The University of Otago, Dunedin, New Zealand.

Research Design: Consecutive clinical case series: clinical details (diagnoses and the treatments provided) were recorded for children who had received comprehensive dental care under GA between 2000 and 2009. Age, gender, ethnicity, socio-economic status and fluoridation status (determined from the residential address) were also recorded.

<http://www.ncbi.nlm.nih.gov/pubmed/23550501>

Quotes

"Numerous reputable studies over the years have consistently demonstrated that community water fluoridation is safe, effective, and practical. Fluoridation has made an enormous impact on improving the oral health of the American people. "

"Our country is fortunate to have over 204 million Americans living in fluoridated communities and having access to the health and economic benefits of this vital public health measure."

Sincerely,

Jeffrey S. Flier, MD
Dean of the Faculty of Medicine
Caroline Shields Walker Professor of Medicine
Harvard Medical School

R. Bruce Donoff, DMD, MD
Dean and Walter C. Guralnick Distinguished Professor of Oral and Maxillofacial Surgery
Harvard School of Dental Medicine

Julio Frenk, MD, MPH, PhD
Dean of the Faculty, Harvard School of Public Health
T & G Angelopoulos Professor of Public Health and International Development,
Harvard School of Public Health and Harvard Kennedy School

"I do not believe there is any valid, scientific reason for fearing adverse health conditions from the consumption of water fluoridated at the optimal level"

---John Doull, MD, PhD, Chair of the National Academy of Sciences, National Research Council
2006 Committee Report on Fluoride in Drinking Water

"With the development of fluoridated drinking water and dental sealants, Americans are less likely to experience tooth loss and gingivitis by middle age ... Community water fluoridation continues to be a vital, cost-effective method of preventing dental [cavities]."

Dr. Regina Benjamin, Surgeon General (2009-current)

* * * * *

"Water fluoridation has helped improve the quality of life in the United States by reducing pain and suffering related to tooth decay, time lost from school and work, and money spent to restore, remove or replace decayed teeth."

Dr. Richard Carmona, Surgeon General (2002-2006)

* * * * *

“More than 50 years of scientific research has found that people living in communities with fluoridated water have healthier teeth and fewer cavities than those living where the water is not fluoridated. ... A significant advantage of water fluoridation is that anyone, regardless of socioeconomic level, can enjoy these health benefits during their daily lives — at home, work, or at school or play — simply by drinking fluoridated water or beverages prepared with fluoridated water.”

Dr. David Satcher, Surgeon General (1998-2002)

* * * * *

“Data consistently have indicated that water fluoridation is the most cost-effective, practical, and safe means for reducing the occurrence of tooth decay in a community.”

Dr. Audrey Manley, Surgeon General (1995-1997)

* * * * *

Fluoridation is “the single most important commitment a community can make to the oral health of its children and to future generations.”

Dr. C. Everett Koop, Surgeon General (1982-1989)

The American Dental Association

“Studies conducted throughout the past 65 years have consistently shown that fluoridation of community water supplies is safe and effective in preventing dental decay in both children and adults.”

The American Academy of Pediatrics

“Fluoride plays a very important role in the prevention of dental [decay]. Although the primary mechanism of action of fluoride in preventing dental [decay] is topical, systemic mechanisms are also important.”

The Centers for Disease Control and Prevention

“For many years, panels of experts from different health and scientific fields have provided strong evidence that water fluoridation is safe and effective.”

The American Academy of Family Physicians

“Fluoridation of public water supplies is a safe, economical and effective measure to prevent dental [decay].”

The Institute of Medicine

“Evidence continues to reaffirm that community water fluoridation is effective, safe, inexpensive, and is associated with significant cost savings.”

The American Public Health Association

“Much of the credit for the nation’s better oral health can be attributed to the decision in the 1940s to begin adding fluoride to public drinking water systems.”

Organizations Which Understand the Importance of Fluoridation

A list of over 150 prestigious fluoridation supporting organizations compiled by the Quebec National Institute of Public Health:

Academy of Dentistry International

Academy of General Dentistry

Academy for Sports Dentistry

Alzheimer's Association

America's Health Insurance Plans

American Academy of Family Physicians

American Academy of Nurse Practitioners

American Academy of Oral and Maxillofacial Pathology

American Academy of Orthopaedic Surgeons

American Academy of Pediatrics

American Academy of Pediatric Dentistry

American Academy of Periodontology

American Academy of Physician Assistants

American Association for Community Dental Programs

American Association for Dental Research
American Association for Health Education
American Association for the Advancement of Science
Institut national de santé publique du Québec 37
American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthodontists
American Association of Public Health Dentistry
American Association of Women Dentists
American Cancer Society
American College of Dentists
American College of Physicians-American Society of Internal Medicine
American College of Preventive Medicine
American College of Prosthodontists
American Council on Science and Health
American Dental Assistants Association
American Dental Association
American Dental Education Association
American Dental Hygienists' Association
American Dietetic Association
American Federation of Labor and Congress of Industrial Organizations
American Hospital Association
American Institute of Nutrition
American Legislative Exchange Council

American Medical Association
American Nurses Association
American Osteopathic Association
American Pharmaceutical Association
American Pharmacists Association
American Public Health Association
American School Health Association
American Society for Clinical Nutrition
American Society for Nutritional Sciences
American Student Dental Association
American Veterinary Medical Association
American Water Works Association

Association for Academic Health Centers
Association of American Medical Colleges
Association of Clinicians for the Underserved
Association of Maternal and Child Health Programs
Association of State and Territorial Dental Directors
Association of State and Territorial Health Officials
Association of State and Territorial Public Health
Australian National Health and Medical Research Council NHMRC
Australian Dental Association ADA
Australian Health Ministers' Conference
Australia New South Wales Department of Health
Nutrition Directors

British Dental Association
British Fluoridation Society
British Medical Association
Center for Science in the Public Interest
Child Welfare League of America
Consumer Federation of America
Children's Dental Health Project
Consumer Federation of America
Council of State and Territorial Epidemiologists
Delta Dental Plans Association
European Organization for Caries Research
Fédération Dentaire Internationale FDI
Federation of American Hospitals
Food and Nutrition Board
Great Britain Ministry of Health
Health Insurance Association of America
Hispanic Dental Association
Indian Dental Association U.S.A.
Institute of Medicine
International Association for Dental Research
International Association for Orthodontics
International College of Dentists
March of Dimes Birth Defects Foundation
Mayo Clinic

National Academy of Science

National Association of Community Health Centers

National Association of County and City Health Officials

National Association of Dental Assistants

National Association of Local Boards of Health

National Association of Social Workers

National Cancer Institute

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 Eating Disorders Association

National Foundation of Dentistry for the Handicapped

National Health Council

National Head Start Association

National Health Law Program

National Healthy Mothers, Healthy Babies Coalition

New Zealand Ministry of Health

Oral Health America

Pan American Health Organization

Public Health Association of Australia

Robert Wood Johnson Foundation

Royal College of Physicians London

Society for Public Health Education
Society of American Indian Dentists
Special Care Dentistry
The Children's Health Fund
The Dental Health Foundation of California
U.S. Department of Defense
U.S. Department of Veterans Affairs
U.S. Public Health Service
U.S. Surgeon General
Health Resources and Services Administration HRSA
Centers for Disease Control and Prevention CDC
Food and Drug Administration FDA
Indian Health Service
Health Resources and Services Administration HRSA
National Institute of Dental and Craniofacial Research NIDCR
World Federation of Orthodontists
World Health Organization
Quebec Order of dentists
Quebec order of dental hygienists
Quebec college of physicians
Québec Association of Pediatricians
Quebec order of pharmacists
Quebec Federation of family physicians
Coalition Of Physicians for Social Justice

McGill University Faculty of Dentistry
Montreal Public Health Department
Quebec association of public health dentists
Montreal Children's Hospital Council of Community Pediatricians
Montreal Children' Hospital Child Development Program
Quebec dental academy
St-Justine Hospital department of pediatrics
St-Justine Hospital university center
Table de concertation des hygienistes dentaires en sante communautaire des régions
Montreal, Laval, Laurentides et Lanaudiere
Montreal Research Centre on Social Inequalities in Health
University of Montreal department of social and preventive medicine
Dental association for disabled people
Quebec department of health and social services
Quebec department of environment
Canadian Association of Dental Public Health
Canadian Dental Association
Canadian Dental Hygienist Association
Canadian Medical Association
Canadian Nurses Association
Canadian Pediatric Society
Canadian Public Health Association
Health Canada

