

Ask EcoGirl

By Patricia Dines

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Standing Up to Stop Fluoridation

I was disappointed recently to see the Sonoma County Board of Supervisors take another step towards fluoridating our precious water supply, even after many community members waited hours on a workday to speak against it.

I understand that proponent claims for community water fluoridation (CWF) seem appealing, and I wish it were an easy remedy for community dental health. But I just don't think that's what the science shows, and it concerns me that most Boardmembers seem so unwilling to look beneath the claims.

And so, if we want CWF stopped, we're going to need to build a much larger public outcry against it, and within the next few months. If we don't, we'll be the ones paying the price — in our health, environment, and pocketbooks.

Note: This column, plus citations and suggested actions, is at www.patriciadines.info/EcoGirl6j.html.

Four Key Facts about CWF

When speaking against CWF, it's vital to do so in constructive, fact-based ways, to show that this isn't a fringe issue. I made a basic case against CWF in my Feb. column, including these key points:

1) Fluoride in dentistry is fundamentally different from CWF. The former applies controlled doses of pharmaceutical grade fluoride directly to tooth surfaces, while CWF exposes everyone who drinks water to uncontrolled and unmonitored doses of a toxic-contaminated industrial waste fluoride compound.

2) Dental fluoride works topically (on the surface), not systemically. Thus drinking it is like drinking sunscreen!

3) Many Americans already consume fluoride totals above safe levels, via toothpaste, food, beverages, and more.

4) Many studies show fluoride's link to health and environmental harm, even at common U.S. exposure levels.

Five More Essential Facts

1) There's no minimum daily requirement for fluorine. It's not an essential nutrient. There's no such thing as a fluorine deficiency. This is stated clearly by the U.S. FDA, the U.S. Public Health Service, and even the National Academy of Sciences Institute of Medicine (IOM), which says that its 1997 report is being incorrectly used to claim otherwise.

2) Studies have not proven CWF to be safe and effective. Over the past 50 years, tooth decay has dropped at the same overall rate in both fluoridated and non-fluoridated regions. Modern large-scale studies show no meaningful difference in cavity rates in fluoridated and non-fluoridated areas. The British government's Final Fluoridation Study (aka "The York Review") found that none of the studies claiming to show CWF's safety and effectiveness were grade A level (i.e., "high quality, bias unlikely").

3) Most countries in the world don't fluoridate their water, including Japan, China, India, and nearly all of Europe.

4) The public opponents of CWF include thousands of scientists, dentists, doctors, former Public Health Ministers, Nobel Laureates, and more. Also objecting are the League of United Latin American Citizens (LULAC, the nation's oldest and largest Latino organization); African American leaders such as Andrew Young; and the EPA professionals union. Many opponents were proponents, until they saw the science!

5) The ADA is not a neutral adviser but an active CWF booster that refuses to consider contradictory facts — just as it did for years with mercury amalgams.

Fixing the Supervisors' Process

Since this decision directly impacts so many of us, it's vital that we have an unbiased, fact-based community deliberation. But the Supervisors' current

process seems strongly biased towards CWF. To fix that, I suggest the Board:

1) Give the public real notice when CWF comes before the Board again, so we can read, prepare, and attend.

2) Have an expert CWF opponent sitting on the dais next to DHS and answering Board questions as they deliberate, to balance DHS' clear pro-CWF bias.

3) Split the CWF proposal from the other dental health proposals during voting, so the votes can reflect its different character, scope, and impact.

4) Direct someone other than DHS to design a plan for distributing fluoride directly to just the low-income children that DHS says it aims to serve — for instance, via free fluoridated water or tablets.

5) Require a very high standard before taking any more action towards CWF. Any material put into our shared water and environment must be unquestionably proven safe, effective, and necessary. I believe that CWF fails on all three counts and thus should be rejected.

Ask EcoGirl is written by Patricia Dines, Author of [The Organic Guides](#), and Editor and Lead Writer for [The Next STEP](#) newsletter. Email your questions about going green to EcoGirl@AskEcoGirl.info for possible inclusion in future columns. Also see "Ask EcoGirl" on Facebook! And contact EcoGirl for information about carrying this syndicated column in your periodical.

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