
Should We Fluoridate Our Community's Water?

By Patricia Dines

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The Sonoma County Board of Supervisors is currently exploring a proposal to put fluoridation chemicals into our main water supply. A final vote could happen in the next few months. How do we want them to decide?

On the one hand, proponents' claims for community water fluoridation (CWF) do sound appealing. Surely we'd all like to believe that putting something into our shared water supply could improve everyone's dental health; help folks in poverty; save us money; and not harm any people, pets, livestock, crops, wildlife, or ecosystems.

However, my conclusion is that these claims are fundamentally not supported by today's science. That's the reason that most industrialized countries have rejected CWF, and many people have taken a public stand against it, including thousands of top scientific experts, dentists, doctors, former Public Health Ministers, Nobel Laureates, and more. Many were once proponents, until they looked below the glossy surface.

I think we need to set a very high standard before we put any material into our community's water supply. We should do so only if it's proven 100% safe, effective, and necessary. To me, CWF fails all three tests.

However, some people are being persuaded by the pro-CWF sales pitch. Therefore, it's up to "we the people" to stand up and protect our local water, health, environment, and food supply. A key part of this is understanding and educating others about the foundational problems with CWF.

Eight Key Facts About CWF

1) Dentistry's use of fluoride is fundamentally different than CWF. In dentistry, an individual chooses to use pharmaceutical-grade fluoride compounds in dose amounts that they or their dentist controls.

But, with CWF, an entire population is exposed, without their consent, to uncontrolled and unmonitored cumulative doses of a very different fluoride compound — usually hydrofluorosilicic acid that's contaminated with toxics and hasn't gone through a testing and approval process with the U.S. Food and Drug Administration (FDA).

2) Fluoride's benefit to teeth (mode of action) comes from being applied to teeth surfaces (topically) not from being ingested (systemically). Even the Centers for Disease Control and National Research Council agree with this.

3) Fluoride isn't an essential nutrient and has no minimum daily requirement. 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 indicates that its 1997 report is being incorrectly used to claim otherwise. Thus it makes no sense to drink it!

4) Tooth decay has declined at the same overall rate in both fluoridated and non-fluoridated regions worldwide over the past 40 years. CWF is not causing this decline.

5) Studies have not proven CWF to be safe and effective. In 2000, the British government's Final Fluoridation Study (nicknamed "The York Review") was expected to confirm the claimed benefits of CWF. Instead its systematic review of the science found that no studies purporting to demonstrate CWF's safety and effectiveness were of grade A status (i.e., "high quality, bias unlikely").

6) Many studies have shown health harm from fluoride, even at common U.S. exposure levels. These include significant increases in bone fractures and cancers, thyroid tumors, arthritis-like symptoms, decreased IQ, and dementia-like effects. Excess fluoride also causes dental fluorosis, a permanent staining and/or pitting of teeth that reflects bone damage throughout the body. In 2010, 41% of America's children had fluorosis, up dramatically from under 10% in the 1940s. People with compromised nutrition are more vulnerable to harm from fluoride. Pets, wildlife, and ecosystems are also shown to be harmed by it.

7) Many Americans are already exposed to total fluoride levels above what's considered safe, through our dental products, food, soda, tea, pharmaceuticals, pollution, and pesticides. Children can go over the threshold just in how they brush their teeth.

8) Some community members are medically advised not to drink fluoridated water. These include infants and kidney patients. But removing fluoride just partially from water requires expensive equipment and is especially not affordable for CWF's primary target audience, low-income people.

To me, these facts demonstrate that CWF doesn't fulfill its claimed benefits and is harmful to the health of our community. For citations, further information, and local action options, see www.patriciadines.info/PPF.html.

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