

# Fluoridation Practice

47. Who regulates? .....	75	52. System safety concerns? .....	79
48. Standards for additives? .....	76	53. Engineering? .....	80
49. Lead, arsenic and other contamination?.....	77	54. Corrosion of water pipes?.....	81
50. Additives safety? .....	78	55. Damage to water facilities? .....	81
51. Source of additives? .....	78	56. Environment? .....	82

## 47. Who regulates drinking water additives in United States?

### Answer.

The United States Environmental Protection Agency (EPA) regulates drinking water additives.

### Fact.

In 1974, Congress passed the Safe Drinking Water Act (SDWA) which protects the public's health by regulating the nation's public drinking water supply.<sup>1</sup> The SDWA, as amended in 1986 and 1996,<sup>1</sup> requires the Environmental Protection Agency (EPA) to ensure the public is provided with safe drinking water.<sup>1</sup> On June 22, 1979, the Food and Drug Administration (FDA) and the EPA entered into a Memorandum of Understanding (MOU) to clarify their roles and responsibilities in water quality assurance.<sup>2</sup> The stated purpose of the MOU is to "avoid the possibility of overlapping jurisdiction between the USEPA and FDA with respect to control of drinking water additives." The two agencies agreed that the Safe Drinking Water Act's passage in 1974 implicitly repealed FDA's jurisdiction over drinking water as a 'food' under the Federal Food, Drug and Cosmetic Act (FFDCA). Under the MOU, EPA enjoys exclusive regulatory authority over drinking water provided by public water systems, including any additives in such water. FDA retains jurisdiction over bottled drinking water under Section 410 of the FFDCA and "over water (and substances in water) used in food or food processing once it enters the food processing establishment."<sup>2</sup>

While drinking water from the tap is regulated by the EPA, bottled water is regulated by the FDA which has established standards for its quality.<sup>2</sup> The FDA has noted that fluoride can occur naturally in source waters used for bottled water or may be added by a

bottled water manufacturer. Recognizing the benefit of fluoride in water, the FDA has stated that bottled water that meets specific standards of identity and quality set forth by FDA, and the provisions of the authorized health claim related to fluoride, may be labeled with the following health claim: "Drinking fluoridated water may reduce the risk of [dental caries or tooth decay]."<sup>3</sup>

*While drinking water from the tap is regulated by the EPA, bottled water is regulated by the FDA which has established standards for its quality. The FDA has noted that fluoride can occur naturally in source waters used for bottled water or may be added by a bottled water manufacturer. Recognizing the benefit of fluoride in water, the FDA has stated that bottled water that meets specific standards of identity and quality set forth by FDA, and the provisions of the authorized health claim related to fluoride, may be labeled with the following health claim: "Drinking fluoridated water may reduce the risk of [dental caries or tooth decay]."*

From time to time, states and communities have had to deal with legislation or ballot initiatives aimed at requiring the approval of the FDA before any agent can be added to community water systems. Often referred to as the Fluoride Product Quality Control Act, Water Product Quality Ordinance or Pure Water Ordinance, the legislation is specifically used by those opposed to water fluoridation as a tool to prevent water systems from providing community water fluoridation. Often this legislation does not specifically



mention fluoride or fluoridation. Those supporting this type of legislation may claim that they are not against water fluoridation but are proponents of pure water and do not want anything added to water that has not been approved by the FDA. On the surface, this may appear to be a “common sense” approach. However, its only real purpose is to defeat efforts to provide water fluoridation. That is because this proposed legislation would require the FDA — which does NOT regulate public water systems — to approve any water additive. By mistakenly (and perhaps craftily) naming the wrong federal agency, the probable outcome is to stop or prevent water fluoridation.

#### 48. What standards have been established to ensure the safety of fluoride additives used in community water fluoridation in the United States?

##### **Answer.**

The three fluoride additives used in the U.S. to fluoridate community water systems (sodium fluoride, sodium fluorosilicate, and fluorosilicic acid) meet safety standards established by the American Water Works Association (AWWA) and NSF International (NSF).<sup>4</sup>

*The three fluoride additives used in the U.S. to fluoridate community water systems (sodium fluoride, sodium fluorosilicate, and fluorosilicic acid) meet safety standards established by the American Water Works Association (AWWA) and NSF International (NSF).*

##### **Fact.**

Additives used in water treatment meet safety standards prepared in response to a request by the Environmental Protection Agency to establish minimum requirements to ensure the safety of products added to water for its treatment, thereby ensuring the public’s health.<sup>4</sup> Specifically, fluoride additives used in water fluoridation meet standards established by the American Water Works Association (AWWA) and NSF International (NSF).<sup>4</sup> Additionally, the American National Standards Institute (ANSI) endorses both AWWA and NSF standards for fluoridation additives and includes its name on these standards.<sup>4</sup>

The American Water Works Association<sup>5</sup> is an international nonprofit scientific and educational society dedicated to providing total water solutions to assure the effective management of water. Founded in 1881, the AWWA is the largest organization of water supply professionals in the world. The membership represents the full spectrum of the water community: public water and wastewater systems, environmental advocates, scientists, academicians, and others who hold a genuine interest in water. AWWA unites the diverse water community to advance public health, safety, the economy, and the environment.<sup>5</sup>

NSF International,<sup>6</sup> an independent, accredited organization, is dedicated to being the leading global provider of public health and safety-based risk management solutions. Manufacturers, regulators and consumers look to NSF to develop public health standards and certifications that help protect food, water, consumer products and the environment. Its professional staff includes microbiologists, toxicologists, chemists, engineers, and environmental and public health professionals. Founded in 1944 as the National Sanitation Foundation, NSF’s mission is to protect and improve global human health.<sup>6</sup>

The American National Standards Institute (ANSI)<sup>7</sup> is a private, non-profit organization that administers and coordinates the U.S. voluntary standardization and conformity assessment system. The Institute’s mission is to enhance both the global competitiveness of U.S. business and the U.S. quality of life by promoting and facilitating voluntary consensus standards and conformity assessment systems, and safeguarding their integrity.<sup>7</sup>

The AWWA documents provide manufacturers, suppliers and purchasers with standards for the manufacturing, quality and verification for each of the three fluoride additives listed below. The AWWA standards set the physical, chemical and impurities standards including information on verification of the standard requirements and requirements for delivery.<sup>4</sup>

- ANSI/AWWA B701 Sodium Fluoride
- ANSI/AWWA B702 Sodium Fluorosilicate
- ANSI/AWWA B703 Fluorosilicic Acid<sup>4</sup>



NSF/ANSI Standard 60<sup>4,6</sup> provides for purity of drinking water additives as it limits an additive's contribution of harmful contaminants to drinking water. The Standard also provides for safety assurances from production through distribution to ensure product quality is maintained. Additionally, the Standard requires documentation of the purity of the additives including specific criteria for products imported from other countries. NSF/ANSI Standard 61<sup>4,6</sup> is a related standard that provides guidance for equipment/products used in water treatment plants that come in contact with drinking water. Both NSF/ANSI standards were developed by a consortium of associations including NSF, AWWA, the Association of State Drinking Water Administrators and the Conference of State Health and Environmental Managers with support from the U.S. Environmental Protection Agency.<sup>4</sup>

Fluoride additives, like all of the more than 40 additives typically used in water treatment, are "water grade" additives. All additives used at the water plant are classified as water grade additives meeting NSF Standard 60 requirements. Examples of other "water grade" additives which are commonly used in water plant operations are chlorine (gas), ferrous sulfate, hydrochloric acid, sulfur dioxide and sulfuric acid.<sup>8</sup>

Sometimes antifluoridationists express the view that they are not really opposed to fluoridation, but are opposed to the use of "industrial grade" fluoride additives. They may even go so far as to state that they would support fluoridation if the process was implemented with pharmaceutical grade fluoride additives that were approved by the U.S. Food and Drug Administration (FDA). On the surface, this may appear to be a "common sense" approach. In fact, this is usually a ploy whose only real purpose is to stop fluoridation. First, the EPA, not the FDA, has regulatory authority for additives used in public water systems. Second, and perhaps most importantly, the U.S. Pharmacopeia (USP) monograph on sodium fluoride does not provide for certification of quality by an independent credentialing body.<sup>4,9</sup> Third, the USP and The National Formulary (USP-NF) standards used to formulate prescription drugs are not appropriate for water fluoridation additives as they could actually allow higher levels of contaminants to be introduced into drinking water than is allowed by the current EPA standards.<sup>4,9</sup> According to the CDC:<sup>9</sup>

The USP does not provide specific protection levels for individual contaminants, but establishes a relative maximum exposure level for a group of related contaminants. Some potential impurities have no restrictions by the USP, including arsenic, some heavy metals regulated by the U.S. EPA, and radionuclides. Given the volumes of chemicals used in water fluoridation, a pharmaceutical grade of sodium fluoride for fluoridation could potentially contain much higher levels of arsenic, radionuclides, and regulated heavy metals than an NSF/ANSI Standard 60-certified product.

Additional information about this topic can be found in this Section, Question 49.

Lastly, USP-grade sodium fluoride product is more likely to result in water plant personnel being exposed to fluoride dust as it is more powder-like than the preferred AWWA-grade sodium fluoride which is crystalline and so minimizes dusting when handled.<sup>4</sup>

Additional information about this topic can be found in this Section, Question 52.

## 49. Does fluoridating the community water supply raise concerns about lead, arsenic and other toxic contaminants to the water supply?

### Answer.

No. The concentrations of contaminants in drinking water as a result of fluoridation do not exceed, but are in fact, well below regulatory standards set to ensure the public's safety.

### Fact.

Fluorosilicic acid is used to fluoridate the majority of community water systems in the United States.<sup>10</sup> Because the additive is derived from ore mined from the earth, fluorosilicic acid may contain minute amounts of contaminants such as lead and arsenic. However, existing regulations and standards require that these contaminants, and others, be at levels considered acceptable by the U.S. Environmental Protection Agency when the fluorosilicic acid or other fluoridation additives are diluted to produce optimally fluoridated water.<sup>6</sup> NSF International and the American National Standards Institute (NSF/ANSI) Standard 60 as well as AWWA standards are applicable to all fluoride additives.<sup>4,6</sup>



Testing of fluoride additives provides evidence that the levels of these contaminants do not exceed, but are in fact, well below regulatory standards set to ensure the public's safety. NSF has prepared a detailed fact sheet, *NSF Fact Sheet on Fluoridation Products* (2013)<sup>11</sup> that provides the documented quality of fluoride additives based on product samples analyzed. The NSF reports that the majority of fluoridation products as a class, based on NSF test results, do not add measurable amounts of arsenic, lead, or other heavy metals, or radionuclides to drinking water.<sup>9,11</sup>

## 50. Have fluoride additives been tested for safety?

### Answer.

The claim is sometimes made that no studies on safety exist on the additives used in water fluoridation. This statement is a ruse because the scientific community does not study the health effects of the concentrated additives; studies are done on the health effects of the treated water.

### Fact.

A 1999 study<sup>12</sup> charged that fluorosilicic acid and sodium silicofluoride did not disassociate (break down) completely when added to water systems and may be responsible for lower pH (acid) levels of drinking water, leaching lead from plumbing systems and increasing lead uptake by children. Scientists from the U.S. Environmental Protection Agency (EPA) evaluated the disassociation of fluoride additives<sup>13</sup> and concluded that at the typical pH level of drinking water (which is normally slightly alkaline) and the fluoride levels used in drinking water, the fluoride additives quickly and completely broke down to fluoride ions and silica.

Published in 2006,<sup>14</sup> researchers at the University of Michigan verified for the EPA that theoretical predictions that hexafluorosilicate completely hydrolyzed (broke down) when added to water separating into free fluoride ions and silica ions were confirmed. The research demonstrated that there was no hexafluorosilicate that could be measured in the finished water.<sup>14</sup>

While sodium fluoride was the first additive used in water fluoridation, the use of silicofluoride additives (sodium fluorosilicate and fluorosilicic acid) began in the late 1940s. By 1951, silicofluorides had become

the most commonly used fluoride additives in water fluoridation.<sup>15</sup> Many of the early studies on the health effects of fluoridation were completed in communities that were using the silicofluoride additives, most generally fluorosilicic acid.<sup>16-21</sup> However, at that time, the additives used to fluoridate were not always identified in research reports. As the body of research on fluoridation grew, it became evident that there were no adverse health effects associated with water fluoridation regardless of which fluoride additive was used. Additionally, over time, a number of comprehensive reviews of the health effects of fluoridation were published. These reviews which support the safety of water fluoridation include many studies conducted in large fluoridated communities which used the silicofluoride additives.<sup>22-29</sup>

There is now more than 70 years of practical experience that lends additional credence to the best available science that concludes that fluoridation is safe.

## 51. What is the source of the additives used to fluoridate water supplies in the United States?

### Answer.

The majority of fluoridation additives used in the United States are derived from the mineral apatite (a component of calcium phosphate).

### Fact.

About 95% of the fluoridation additives used in water fluoridation are by-products which come from the processing of calcium phosphate into phosphate fertilizer. About 4% are derived from the processing of calcium fluoride and the remaining 1% derived from the production of high-purity silica.\*

In the production of phosphate fertilizer, calcium phosphate ore (which contains apatite) is mixed with sulfuric acid resulting in a calcium sulfate (gypsum) slurry. The gaseous phosphoric acid released from this process is collected by vacuum extraction, condensed and then desiccated (dried) and formed into phosphate fertilizer pellets. Fluoride is a trace constituent (3-7%) of the mineral apatite found in calcium phosphate ore. Silica tetrafluoride is also released as a gas in the creation of the calcium sulfate slurry and is collected by vacuum extraction along with the gaseous phosphoric acid. In about half the phosphate fertilizer plants in the U.S., the silica tetrafluoride gas is condensed and



processed along with the phosphoric acid and becomes a trace component of the phosphate fertilizer. In the other plants, the silica tetrafluoride gas is separated from the phosphoric acid. Roughly 60% of the fluoride recovered from processing calcium phosphate ore is sold for use as fluoridation additives. The fluoridation additive produced by this process is fluorosilicic acid. While most of the product is sold as fluorosilicic acid, some of the product is partially neutralized to sodium fluorosilicate salt and some is fully neutralized to sodium fluoride salt. In the U.S., 77% of the fluoridation additives used are fluorosilicic acid, 15% are sodium fluorosilicate and 8% are sodium fluoride.\*

About 4% of the fluoridation additives used are derived from the processing of calcium fluoride into hydrogen fluoride using a gas separation technique to recover the fluorosilicic acid from the hydrogen fluoride.\*

About 1% of the fluoridation additives used are derived from the production of high-purity silica. Fluorosilicic acid is produced as part of the purification of the silica.\*

*\*The preceding paragraphs were developed using references 4, 30 through 35 and personal communication from Mr. Kip Duchon, P.E., national fluoridation engineer; CDC.*

From time to time, opponents of fluoridation allege that fluoridation additives are by-products of the phosphate fertilizer industry in an effort to suggest the additives are not safe. By definition, by-products are materials produced as a result of producing something else. In the chemical industry, a byproduct (secondary product) is anything other than the principal product produced. The fact that a product is a secondary product of a manufacturing process should not suggest the item is bad, harmful or a waste product. On the contrary, by-products may have certain characteristics which make them valuable resources. In the production of phosphate fertilizer, the fluoridation additive, fluorosilicic acid, is a by-product along with gypsum.<sup>36</sup> Gypsum is commonly used in manufacturing wall board used in construction. The production of orange juice provides another example of valuable by-products. In addition to orange juice, various by-products are obtained from oranges during juice production that are used in cleaners, fragrances and flavorings.<sup>37</sup>

Fluoridation additives are valuable by-products produced as a result of producing phosphate fertilizer. To ensure the public's safety, additives used in water fluoridation meet standards of the American Water Works Association (AWWA) and NSF International (NSF).<sup>4</sup>

## 52. Does the process of water fluoridation present unusual safety concerns for water systems and water facility operators?

### **Answer.**

No. With proper monitoring, maintenance, water facility operator training and systems planning, water fluoridation is a safe and reliable process.

### **Fact.**

Water facilities and water facility operators perform a valuable public service by carefully adjusting the level of fluoride in water to improve the oral health of the community. Facilities and personnel are subject to a number of regulations designed to ensure safety.

Employers must conform to Occupational Safety and Health Administration (OSHA) requirements.<sup>38</sup> OSHA's mission is to assure safe and healthful workplaces by setting and enforcing standards, and by providing training, outreach, education and assistance. Under the OSH Act, employers are responsible for providing a safe and healthful workplace. Employers must comply with all applicable OSHA standards.<sup>38</sup>

Additionally, in order to assist in protecting the professionals who produce sustainable supplies of high-quality drinking water, the American Water Works Association publishes detailed guidance on safety and safe working conditions for water plant personnel.<sup>39</sup>

Furthermore, OSHA requires that Safety Data Sheets (SDS), previously known as Material Safety Data Sheets (MSDS), be readily available to all employees for potentially harmful substances handled in the workplace under the Hazard Communication regulation.<sup>40</sup> A SDS may include instructions for the safe use and potential hazards associated with a particular material and are typically made available in the area where the material is stored or used. Information contained in a SDS focuses on the potential hazards of working with the material in an occupational setting. Adherence to the SDS guidelines for handling fluoride additives helps to ensure the



recommended level of fluoride in drinking water flows through the water system while maintaining water operator safety. In the case of fluoride, the potential hazards faced by a water facility employee in dealing with concentrated fluoride additives before they enter the water system are not related to the level of fluoride in water as used by consumers. The information found in the SDS for fluoride additives is not applicable to water with fluoride at the recommended level. Therefore, SDS sheets should not be used by consumers to gauge potential hazards of community water fluoridation.

As part of safety procedures, water facility personnel receive training on the management of the additives in water plants. While the recommended fluoride level found in drinking water has been proven safe, water facility operators and engineers may be exposed to much higher fluoride levels when handling fluoride additives at the water treatment facility.<sup>4</sup> Fluoride additives present risks comparable to other water additives in common use at water facilities, such as hypochlorite, quicklime, aluminum sulfate, sodium hydroxide and ferrous sulfate. In some cases, the fluoride additives are much less dangerous than many other additives, including chlorine gas commonly used in many water plants.<sup>39</sup>

Today's equipment allows water facility personnel to easily monitor and maintain the desired fluoride concentration. Automatic monitoring technology is also available that can help to ensure that the fluoride concentration of the water remains within the recommended range.<sup>4</sup>

It is important that the water facility personnel responsible for monitoring the addition of fluoride to the water supply are appropriately trained and that the equipment used for this process is adequately maintained.<sup>4</sup> With over 70 years of experience and thousands of water systems adding fluoride every day, water facility personnel have an excellent safety record related not only to their personal safety but in providing safe drinking water to their customers.

### 53. Does fluoridation present difficult engineering problems?

#### Answer.

No. Adding fluoride products to water is no different than adding other commonly used water treatment additive products using the same equipment and techniques.

#### Fact.

Fluoride additives used to adjust the fluoride level in drinking water are compatible with other water treatment processes often using the same type of equipment and other standard materials designed for the safe handling of other water treatment additive products in drinking water treatment facilities. Fluoride additives are introduced to the water supply as liquids. There are many control devices, some in use for decades and some newer equipment, that allow water facility personnel to easily monitor and maintain the desired fluoride level as well as levels of other water treatment additives and naturally occurring substances that may be in the water. Automatic monitoring technology is available that can help to ensure that the fluoride concentration of the water remains within the recommended range.<sup>4</sup>

When added to community water supplies, the concentrated fluoride additives become greatly diluted. For example, typically fluorosilicic acid is diluted approximately 315,000 times to reach the recommended target concentration of 0.7 mg/L. The exact dilution factor depends on the concentration of the fluoride additive and the amount of additive being used to reach the concentration of 0.7mg/L. At 0.7mg/L (or 0.7 parts per million), seven-tenths of one part of fluoride is diluted in is diluted in 999,999.3 parts of water. To place this concentration in perspective, the following comparisons can be of assistance.

- 1 inch in approximately 23 miles
- 1 minute in approximately 1,000 days
- 1 cent in approximately \$14,000
- 1 seat in more than 34 Wrigley Field baseball parks (seating capacity 41,268)

With more than 70 years of experience with water fluoridation, there is considerable guidance on sound engineering practices to design, construct, operate and maintain water fluoridation systems. By design, and with proper maintenance and testing, water



systems can provide the recommended level of fluoride within a narrow control range of the target of 0.7mg/L.<sup>41,42</sup> Additional design features such as the use of a day tank (that holds only one day's supply of fluoride) can limit the amount of fluoride that can be added to a water system in a 24-hour period and is the most reliable method to ensure overfeed protection.<sup>4</sup> The State Office of Drinking Water, or similar state agency, will normally establish engineering requirements for safety. Additional standards and references on best engineering practice are available from the American Water Works Association and the Centers for Disease Control and Prevention.<sup>4,43</sup>

#### 54. Does fluoride at levels used in fluoridation corrode water pipes?

**Answer.**

No. Allegations that fluoridation causes corrosion of water pipes are not supported by the best available scientific evidence.

**Fact.**

The process of adding fluoride to water has minimal impact on the acidity or pH of drinking water and therefore will not corrode water pipes. Corrosion of drinking water pipes is related primarily to induced electrical current between dissimilar metals. Other contributing factors include the dissolved oxygen concentration, water temperature, acidity/alkalinity (pH), hardness, salt concentration, hydrogen sulfide content and the presence of certain bacteria. Under some water quality conditions, a small increase in the acidity of drinking water that is already slightly acidic may be observed after treatment with alum, chlorine, fluorosilicic acid or sodium fluorosilicate. In such cases, further water treatment to adjust the pH to neutralize the acid for corrosion control in water distribution systems is standard procedure in water plants.<sup>44</sup>

*The process of adding fluoride to water has minimal impact on the acidity or pH of drinking water and therefore will not corrode water pipes.*

Note that the Water Quality Report or Consumer Confidence Report that all water systems must make available to customers on a yearly basis, may list the pH of the system's finished water.<sup>45</sup> Control of neutral pH (7.0) is essential as part of corrosion control requirements. Water facilities typically maintain a pH of between 7.0 and 8.0 as good practice indicating that the water leaving the plant is slightly alkaline and non-acidic.<sup>46</sup>

#### 55. Does fluoride at levels used in water fluoridation corrode glass, concrete or other surfaces in water plants?

**Answer.**

No. A correctly engineered and maintained system will not result in damage to the water plant.

**Fact.**

Fluorosilicic acid in a concentrated form can be corrosive if not correctly handled. The concentrated fluorosilicic acid is 75% water, and 25% fluorosilicic acid. Up to 1% of the fluorosilicic acid can be other acids including hydrogen fluoride. Hydrogen fluoride is volatile near room temperature so it will evaporate from the solution if the system is not properly engineered and maintained. The evaporation process occurs at an extremely slow rate. Less than 1% of fluorosilicic acid will be lost over a month from the evaporation of hydrogen fluoride. However, only a small release of hydrogen fluoride may be very corrosive to concrete, glass, and electrical components.<sup>30</sup>

If a water system is reporting problems with corrosion from evaporating hydrogen fluoride in the storage room or fluoride handling room (i.e. the glass in the facility has become "frosted"), the system is being inadequately maintained. The storage tank and other locations in the fluorosilicic acid feed system may not be sealed or correctly vented and hydrogen fluoride gas can be released (leaked) at those points. All fluoride products storage, handling, and feed systems should be vented to the outside of the building and the system and piping should be pressure tested (low pressure is sufficient) to identify possible locations of leaks. Leaks should be promptly corrected.<sup>30</sup>

With no system leaks and proper venting to outside the building, there will be no corrosion problems.<sup>30</sup>



## 56. Does fluoridated water harm the environment?

### **Answer.**

No. Scientific evidence supports the fluoridation of public water supplies as safe for the environment and beneficial for people.

### **Fact.**

Fluoride is naturally occurring in the environment and is the 13th most abundant element in the earth's crust. It is found naturally in all water sources as noted below.<sup>47</sup>

Rain — between 0.1 to 0.2 mg/L

Streams and lakes — between 0.1 to 0.3 mg/L

Groundwaters — between 0.1 to 10 mg/L

Oceans and seawater — between 1.2 to 1.4 mg/L

A comprehensive literature review published in 2004 revealed no negative environmental impacts as a result of water fluoridation.<sup>48</sup> A 1990 study concluded that fluoridation has little or no impact on surrounding aquatic environment or soil.<sup>49</sup> Historically, issues surrounding problems with fluoride and the environment have involved incidents related to serious industrial pollution or accidents.<sup>49</sup>

Under the Washington's State Environmental Protection Act (SEPA), a study was conducted in Tacoma-Pierce County to investigate the environmental consequences of adding optimal levels of fluoride to drinking water. Noting that the amount of fluoride in the water does not reach levels that are harmful to plants or animals, the SEPA study concluded that there are "no probable significant adverse environmental impacts."<sup>50</sup>

There is no evidence that the recommended level of fluoride in drinking water has any adverse effect on gardens, lawns or plants.<sup>50</sup>

*Additional information regarding water fluoridation additives and engineering issues can be found on the CDC's fluoridation website, "Water Operators and Engineers" at <https://www.cdc.gov/fluoridation/engineering/index.htm>.*



## Fluoridation Practice References

1. U.S. Environmental Protection Agency. Overview of the safe drinking water act. 2015. Available at: <https://www.epa.gov/sdwa/overview-safe-drinking-water-act>. Accessed September 19, 2017.
2. *Federal Register* 1979 Jul 20;44(141):42775-8. National Archives and Records Administration. Library of Congress. Available at: <https://www.loc.gov/item/fr044141>. Accessed October 3, 2017.
3. U.S. Department of Health and Human Services. U.S. Food and Drug Administration. Health claim notification for fluoridated water and reduced risk of dental caries. Available at: <https://www.fda.gov/food/labelingnutrition/ucm073602.htm>. Accessed September 19, 2017.
4. American Water Works Association. Water fluoridation principles and practices AWWA Manual M4. Sixth edition. Denver: 2016.
5. American Water Works Association. About us. Available at: <https://www.awwa.org/about-us.aspx>. Accessed September 20, 2017.
6. NSF International. The public health and safety organization. Available at: <http://www.nsf.org>. Accessed September 20, 2017.
7. ANSI. American National Standards Institute. About us. Available at: [https://www.ansi.org/about\\_ansi/overview/overview?menuid=1](https://www.ansi.org/about_ansi/overview/overview?menuid=1). Accessed September 20, 2017.
8. U.S. Department of Health and Human Services, Centers for Disease Control, Dental Disease Prevention Activity, Center for Prevention Activity. Water fluoridation a manual for engineers and technicians. Atlanta: 1986. Available at <https://stacks.cdc.gov/view/cdc/13103>. Accessed October 2, 2017.
9. Centers for Disease Control and Promotion. Water fluoridation additives. Available at: <https://www.cdc.gov/fluoridation/engineering/wfadditives.htm>. Accessed September 20, 2017.
10. Duchon K. National. Fluoridation Engineer. Centers for Disease Control and Prevention. Personal communication. CDC WFRS database query. August 24, 2017.
11. NSF International. NSF fact sheet on fluoridation products. Available at: [http://www.nsf.org/newsroom/pdf/NSF\\_Fact\\_Sheet\\_on\\_Fluoridation.pdf](http://www.nsf.org/newsroom/pdf/NSF_Fact_Sheet_on_Fluoridation.pdf). Accessed September 20, 2017.
12. Master RD, Coplan MJ. Water treatment with silicofluoride and lead toxicity. *Int J Environ Studies* 1999;56:435-49.
13. Urbansky ET, Schock MR. Can fluoridation affect lead(II) in potable water? Hexafluorosilicate and fluoride equilibria in aqueous solution. *Int J Environ Studies* 2000;57:597-637.
14. Finney WF, Wilson E, Callender A, Morris MD, Beck LW. Reexamination of hexafluorosilicate hydrolysis by fluoride NMR and pH measurement. *Environ Sci Technol* 2006;40(8):2572-7. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/16683594>. Accessed September 21, 2017.
15. Maier FJ. Manual of water fluoridation practice. New York: McGraw-Hill Book Company, Inc.; 1963.
16. DeEds F, Thomas JO. Comparative chronic toxicities of fluorine compounds. *Proc Soc Exper Biol and Med* 1933-34;31:824-5.
17. McClure FJ. A review of fluorine and its physiological effects. *Phys Reviews* 1933;13:277-300.
18. McClure FJ. Availability of fluorine in sodium fluoride vs. sodium fluosilicate. *Public Health Rep* 1950;65(37):1175-86. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1997098>. Accessed September 22, 2017.
19. Zipkin I, Likins RC, McClure FJ, Steere AC. Urinary fluoride levels associated with the use of fluoridated water. *Public Health Rep* 1956;71(8):767-72. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2031051>. Accessed September 22, 2017.
20. Zipkin I, Likins RC. Absorption of various fluoride compounds from the gastrointestinal tract of the rat. *Amer J Physiol* 1957;191(3):549-50.
21. McClure FJ, Zipkin I. Physiologic effects of fluoride as related to water fluoridation. *Dent Clin N Am* 1958;4:41-58.
22. McClure FJ. Water fluoridation: the search and the victory Bethesda, MD: National Institute of Dental Research; 1970. Available at <https://www.dentalwatch.org/fl/mcclure.pdf>. Accessed October 28, 2017.
23. U.S. Department of Health and Human Services, Public Health Service. Review of fluoride, benefits and risks. Report of the Ad Hoc Subcommittee on Fluoride. Washington, DC; February 1991. Available at <https://health.gov/environment/ReviewofFluoride>. Accessed September 22, 2017.
24. Royal College of Physicians. Fluoride, teeth and health. London; Pitman Medical; 1976. Abstract at [https://www.bfsweb.org/fluoride\\_teeth\\_and\\_health](https://www.bfsweb.org/fluoride_teeth_and_health). Accessed October 28, 2017.
25. Knox EG. Fluoridation of water and cancer: a review of the epidemiological evidence. Report of the Working Party. London: Her Majesty's Stationary Office; 1985. Available at: [https://archive.org/details/op1276356\\_1001](https://archive.org/details/op1276356_1001). Accessed September 23, 2017.
26. National Research Council. Health effects of ingested fluoride. Report of the Subcommittee on Health Effects of Ingested Fluoride. Washington, DC: National Academy Press; 1993. Available at: <https://www.nap.edu/catalog/2204/health-effects-of-ingested-fluoride>. Accessed September 23, 2017.
27. Crisp MP. Report of the Royal Commissioner into the fluoridation of public water supplies. Hobart, Tasmania, Australia. Government Printers; 1968.
28. Myers DM, Plueckhahn VD, Rees ALG. Report of the committee of inquiry into fluoridation of Victorian water supplies. 1979-80 Melbourne, Victoria, Australia: FD Atkinson, Government Printer; 1980:115-25.
29. Ad Hoc Committee for the U.S. Surgeon General Koop, Shapiro JR, Chairman. Report to the Environmental Protection Agency on the medical (no n-dental) effects of fluoride in drinking water. 1983:1-9.
30. Duchon K. National. Fluoridation Engineer. Centers for Disease Control and Prevention. Personal communication. October 24, 2017.
31. U.S. Patent 3,091,513. Fluorine recovery. May 28, 1963. Available at: <https://patents.google.com/patent/US3091513A/en>. Accessed August 28, 2017.
32. U.S. Patent 3,386,892. Purification of fluosilicic acid solution by distillation with phosphoric acid solution. June 4, 1968. Available at: <https://patents.google.com/patent/US3386892A/en>. Accessed August 28, 2017.
33. U.S. Patent 3,615,195. Fluosilicic acid recovery. October 26, 1971. Available at: <https://patents.google.com/patent/US3615195A/en>. Accessed August 28, 2017.
34. U.S. Patent 3,764,658. Production of fluosilicic acid. October 9, 1973. Available at: <https://patents.google.com/patent/US3764658A/en>. Accessed August 28, 2017.
35. U.S. Patent 4,762,698. Method for increasing fluosilicic acid recovered from wet process phosphoric acid production. August 9, 1988. Available at: <https://patents.google.com/patent/US4762698A/en>. Accessed August 28, 2017.
36. U.S. Patent 4,026,990. Production of low-fluoride gypsum as a by-product in a phosphoric acid process. May 31, 1977. Available at: <https://patents.google.com/patent/US4026990A/en>. Accessed August 28, 2017.
37. O'Phelan. AM. Fruit's pulp, seeds, oil all involved in making a number of products. *Times Publishing Company*. March 18, 2013. Available at <http://www.tbocom/orange-peels-and-everything-else-put-to-good-use-504764>. Accessed October 2, 2017.
38. U.S. Department of Labor. Occupational Safety and Health Administration. OSHA Law & Regulation. Available at <https://www.osha.gov/law-regs.html>. Accessed October 2, 2017.
39. American Water Works Association. Safety Management for Utilities. AWWA Manual M3. Seventh Edition. 2014.
40. *Federal Register* 2012 Mar 26;77(58):11573-896. Available at <https://www.federalregister.gov/documents/2012/03/26/2012-4826/hazard-communication>. Accessed October 2, 2017.
41. Brown R, McTigue N, Graf K. Monitoring fluoride: how closely do utilities match target versus actual levels? *AWWA Opflow* 2014;40(7):10-14.
42. Barker LK, Duchon KK, Lesaja S, Robison VA, Presson SM. Adjusted fluoride concentrations and control ranges in 34 states: 2006-2010 and 2015. *AWWA Journal* 2017;109(8):13-25. Abstract at: <https://www.awwa.org/publications/journal-awwa/abstract/articleid/65512820.aspx>. Accessed October 2, 2017.



## Fluoridation Practice References

---

43. Centers for Disease Control and Prevention. Engineering and administrative recommendations for water fluoridation, 1995. *MMWR* 1995;44(No. RR 13). Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/00039178.htm>. Accessed October 2, 2017.
44. American Water Works Association. Internal corrosion control in water distribution systems. AWWA Manual M58. Second edition. Denver, 2017.
45. *Federal Register* 1998 Aug 19;53(160):44512-36. Available at: <https://www.federalregister.gov/documents/1998/08/19/98-22056/national-primary-drinking-water-regulations-consumer-confidence-reports>. Accessed September 20, 2017.
46. U.S. Environmental Protection Agency. Drinking Water Requirements for States and Public Water Systems. Optimal corrosion control treatment evaluation technical recommendations. 2016. Available at: <https://www.epa.gov/dwreginfo/optimal-corrosion-control-treatment-evaluation-technical-recommendations>. Accessed September 20, 2017.
47. Edmunds WM, Smedley PL. Fluoride in natural waters. In Selinus O. (ed): *Essentials of Medical Geology*, Revised Edition. Netherlands, Springer. 2013 311-336.
48. Pollick PF. Water fluoridation and the environment: current perspective in the United States. *Int J Occup Environ Health* 2004;10(3) 343-50. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/15473093>. Accessed on September 20, 2017.
49. Osterman JW. Evaluating the impact of municipal water fluoridation on the aquatic environment. *Am J Public Health* 1990;80(10):1230-5. Article at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1404812>. Accessed on September 20, 2017.
50. Tacoma Pierce County Health Department. Tacoma Pierce County Health Department fluoridation resolution. WAC197 11 960 environmental checklist. August 2002.



# Public Policy

57. What is public health? .....	85
58. Valuable measure? .....	86
59. Reduce disparities? .....	88
60. Support for fluoridation? .....	89
61. Courts of law? .....	91
62. Opposition? .....	92

63. Opposition tactics? .....	93
64. Internet? .....	96
65. Public votes? .....	97
66. International fluoridation? .....	101
67. Banned in Europe? .....	102

## 57. What is public health?

### Answer.

Public health promotes and protects the health of people and the communities where they live, learn, work and play. Public health measures improve the quality of life for members of the community.

### Fact.

Public health has numerous definitions and dimensions. It can encompass issues of research, education, regulation, policy and more. It focuses on the health of entire populations that can vary in size from as small as a local neighborhood to a small-sized community and a large-sized city. It also can focus on populations with a state, national or even global perspective. But how does public health affect our everyday lives? Individuals are touched by public health measures every day without giving them a second thought. For example, garbage pick-up and disposal prevent the spread of disease. The stoplight at a busy intersection protects motorists and pedestrians from injury. Building sidewalks in communities provides the option for people to walk to help control their weight and improve their heart health. Smoke-free laws help prevent lung cancer. All of these are public health in action.

Community water fluoridation is another example of a public health measure.

- Optimally fluoridated water is accessible to the entire community regardless of socioeconomic status, educational attainment or other social variables.<sup>1</sup>
- Individuals do not need to take special action or otherwise change their behavior to obtain the benefits of fluoridation.

- Frequent exposure to small amounts of fluoride over time makes fluoridation effective through the life span in helping to prevent tooth decay.<sup>2</sup>
- Community water fluoridation is more cost-effective and cost-saving than other forms of fluoride treatments or applications.<sup>3,4</sup>

During the 20th century, the health and life expectancy of persons residing in the United States improved dramatically. Since 1900, the average life span of persons in the United States lengthened by greater than 30 years; 25 years of this gain are attributable to advances in public health. Many notable public health achievements occurred during the 1900s. In a series of reports during 1999, the *Morbidity and Mortality Weekly Report (MMWR)* profiled 10 public health achievements chosen to highlight the contributions of public health and to describe the impact of these contributions on the health and well being of persons in the United States.<sup>5</sup>

### Ten Great Public Health Achievements — United States, 1900-1999<sup>5</sup>

- Vaccination
- Motor vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard



In discussing the contribution of fluoridation, the October 22, 1999 MMWR<sup>6</sup> noted fluoridation of community drinking water was a major factor responsible for the decline in tooth decay during the second half of the 20th century. Although other fluoride-containing products are available, water fluoridation remains the most equitable and cost-effective method of delivering fluoride to all members of communities, regardless of age, educational attainment, or income level.<sup>6</sup>

## 58. Is water fluoridation a valuable public health measure?

### Answer.

Yes. Community water fluoridation is a public health measure that benefits people of all ages and is a public health program that saves money for families and the health care system. Because fluoridation reaches large numbers of people where they live, learn, work and play, it is more effective than other forms of fluoride delivery. Water fluoridation reaches everyone in the community regardless of age, race, education, income level or access to routine dental care. Because of the important role it has played in the reduction of tooth decay, the Centers for Disease Control and Prevention (CDC) has proclaimed community water fluoridation one of 10 great public health achievements of the 20th century.<sup>5,6</sup>

*Community water fluoridation is a public health measure that benefits people of all ages and is a public health program that saves money for families and the health care system.*

### Fact.

Throughout decades of research and more than 70 years of practical experience, fluoridation of public water supplies has been responsible for dramatically improving the public's oral health status.

It has been said that those who cannot remember the past are condemned to repeat it. As generations pass, details from life in the 1930s and 1940s fade.

The oral health of Americans suffered greatly during the time of the Great Depression and into the era of World War II. There were no public health programs in place that addressed tooth decay and the loss of teeth was viewed as an eventuality. In fact, as World War II approached, those joining the U.S. Army were required to have six back teeth (three on the top and three on the bottom) that opposed each other to serve the function of chewing food and six front teeth (three on the top and three on the bottom) that opposed each other for the purpose of biting into food. The number of men disqualified for dental reasons far exceeded all expectations as "dental disease" became the most common reason for military deferment. One out of eleven registrants examined was disqualified for military service due to dental issues.<sup>7</sup> After Pearl Harbor it was apparent that the manpower needed to fight a global war could be obtained only if dental standards for induction were drastically relaxed. By March 1942, the standards had been revised so that a man who was "well nourished, of good musculature, and free from gross dental infections" but who was completely edentulous (without any teeth) could be inducted if his condition was corrected or could be corrected with dentures.<sup>7</sup>

*Because fluoridation reaches large numbers of people where they live, learn, work and play, it is more effective than other forms of fluoride delivery.*

In January 1945, a community water fluoridation trial began in Grand Rapids, Michigan followed within months by trials in Newburgh, NY (May 1945), Brantford, Ontario (June 1945) and Evanston, IL (February 1947). Reductions in tooth decay were dramatic leading to the rapid adoption of fluoridation in cities across the U.S. As a result, tooth decay declined sharply during the second half of the 20th century. Tooth loss was no longer considered inevitable.

Former U.S. Surgeon General, Dr. Luther Terry, called fluoridation as vital a public health measure as immunization against disease, pasteurization of milk and purification of water.<sup>8</sup>



Another former U.S. Surgeon General, Dr. C. Everett Koop, wrote:

...this preventive measure (fluoridation) is the single most important commitment that a community can make to the oral health of its children and to future generations. I urge all health officials and concerned citizens to join me in supporting this commitment and in the task of achieving water fluoridation for all community drinking water supplies which lack the fluoride content needed for the prevention of dental caries.<sup>9</sup>

In 1999, because of the dramatic role it played in the reduction of tooth decay, the Centers for Disease Control and Prevention (CDC) proclaimed community water fluoridation one of 10 great public health achievements of the 20th century.<sup>5,6</sup>

In May 2000, U.S. Surgeon General Dr. David Satcher issued the first ever Surgeon General's report on oral health titled, *Oral Health in America: A Report of the Surgeon General*.<sup>10</sup> In 2001, Dr. Satcher issued a statement on fluoridation in which he noted:

...community water fluoridation continues to be the most cost-effective, practical and safe means for reducing and controlling the occurrence of dental decay in a community...water fluoridation is a powerful strategy in efforts to eliminate health disparities among populations.<sup>11</sup>

In the 2003 *National Call to Action to Promote Oral Health*,<sup>12</sup> U.S. Surgeon General Dr. Richard Carmona called on individuals and groups who are most concerned and in a position to act to apply strategies to enhance the adoption and maintenance of proven community-based interventions such as community water fluoridation.<sup>12</sup> In his 2004 *Statement on Community Water Fluoridation*,<sup>13</sup> Dr. Carmona wrote:

While we can be pleased with what has already been accomplished, it is clear that there is much yet to be done. Policymakers, community leaders, private industry, health professionals, the media, and the public should affirm that oral health is essential to general health and well-being and take action to make ourselves, our families, and our communities healthier. I join previous Surgeons General in acknowledging the continuing public health role for community water fluoridation in enhancing the oral health of all Americans.<sup>13</sup>

In 2013, U.S. Surgeon General Dr. Regina M. Benjamin wrote:<sup>14</sup>

...As Surgeon General I have been working hard to encourage individuals and communities to make healthy choices because I believe it is better to prevent illness and disease rather than treat it after it occurs. Community water fluoridation is one of the most effective choices communities can make to prevent health problems while actually improving the oral health of their citizens... Fluoridation's effectiveness in preventing tooth decay is not limited to children, but extends throughout life, resulting in fewer and less severe cavities. In fact, each generation born since the implementation of water fluoridation has enjoyed better dental health than the generation that preceded it...<sup>14</sup>

U.S. Surgeon General Dr. Vivek H. Murthy issued a video statement supporting community water fluoridation in December 2015.<sup>15</sup> In his video and written statement on fluoridation issued in 2016,<sup>15, 16</sup> Surgeon General Murthy emphasized:

Our progress on this issue over the past 70 years has been undeniable. But we still have work to do. Because we know that so much of our health is determined by zip code rather than genetic code. That's why creating a culture of disease prevention through community efforts — and ensuring health equity for all — is one of my highest priorities. Community water fluoridation helps us meet these goals; as it is one of the most cost-effective, equitable, and safe measures communities can take to prevent tooth decay and improve oral health.<sup>15,16</sup>

Today, the focus in achieving and maintaining health is on prevention. Established by the U.S. Department of Health and Human Services, Healthy People 2020<sup>17</sup> provides a science-based, comprehensive set of ambitious, yet achievable, ten-year national objectives for improving the health of the public. Included under oral health is an objective to expand the fluoridation of public water supplies. Objective 13 states that at least 79.6% of the U.S. population served by community water systems should be receiving the benefits of optimally fluoridated water by the year 2020.<sup>18</sup> Data from the CDC indicate that in 2014, 74.4% of the U.S. population on public water systems, or a total of 211.4 million people, had access to fluoridated water.<sup>19</sup>



Established by the U.S. Department of Health and Human Services in 1996, the Community Preventive Services Task Force develops and disseminates guidance on which community-based health promotion and disease prevention intervention approaches work, and which do not work, based on available scientific evidence. The Task Force issues findings based on systematic reviews of effectiveness and economic evidence. The Guide to Community Preventive Services (“The Community Guide”) is a collection of evidence-based findings of the Community Preventive Services Task Force and is designed to assist decision makers in selecting interventions to improve health and prevent disease.<sup>20</sup>

The Community Guide reviews are designed to answer three questions:

1. What has worked for others and how well?
2. What might this intervention approach cost, and what am I likely to achieve through my investment?
3. What are the evidence gaps?<sup>20</sup>

The Community Preventive Services Task Force recommends community water fluoridation to reduce tooth decay.<sup>21</sup>

Reports have been released by the U.S. Department of Health and Human Services that encourage the use of preventive interventions to improve the overall and oral health of the nation.<sup>22,23</sup> Specific to oral health, two reports issued in 2011 by the Institute of Medicine acknowledge water fluoridation is an effective intervention for the prevention of tooth decay. *Advancing Oral Health in America*<sup>24</sup> referred to water fluoridation as an effective prevention intervention, while *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*<sup>25</sup> acknowledged that evidence regarding community water fluoridation programs continues to validate its effectiveness, safety and cost-saving benefits.

## 59. Does water fluoridation reduce disparities in dental health?

### Answer.

Yes, evidence indicates water fluoridation helps to reduce the disparities in dental health at the community level. Populations with lower socioeconomic status (SES) who live in fluoridated communities have less tooth decay than their peers in nonfluoridated communities.

### Fact.

In the first ever Surgeon’s General Report on Oral Health issued in May 2000, U.S. Surgeon General David Satcher noted that community water fluoridation is safe and effective in preventing dental caries in both children and adults. Fluoridation benefits all residents served by community water supplies regardless of their social or economic status.<sup>10</sup> In 2001, Dr. Satcher issued a statement on fluoridation in which he noted:

...community water fluoridation continues to be the most cost-effective, practical and safe means for reducing and controlling the occurrence of dental decay in a community...water fluoridation is a powerful strategy in efforts to eliminate health disparities among populations.<sup>11</sup>

*“...water fluoridation is a powerful strategy in efforts to eliminate health disparities among populations.”*

Established by the U.S. Department of Health and Human Services, Healthy People 2020 provides a science-based, comprehensive set of ambitious, yet achievable, ten-year national objectives for improving the health of the public and reducing health disparities.<sup>17</sup> Starting with Healthy People 2000, one of the overarching goals of Healthy People has focused on disparities. With Healthy People 2020, that goal was expanded to achieve health equity, eliminate disparities, and improve the health of all groups.<sup>25</sup> Healthy People 2020 provides the following definitions.

*Health disparity* — a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic



group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>25</sup>

*Health equity* the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.<sup>25</sup>

The association between social class and disparities in dental health has been established through extensive studies and reviews.<sup>26-28</sup> Studies in communities both with and without fluoridated water consistently have shown higher levels of tooth decay in lower socioeconomic groups. Additional studies have evaluated the differences in children's tooth decay experience among socioeconomic groups and the effect that community water fluoridation has had on that experience.<sup>29-35</sup> In areas with water fluoridation, children with low socioeconomic status (SES) had greater cavity experience than those with high SES. However, the tooth decay rates were higher for children with low SES who had no exposure to fluoridation compared to children with low SES who had exposure to fluoridated water.<sup>29-35</sup> These studies demonstrate the positive effects that fluoridation has in reducing oral health disparities.

In 2011, a report by the Institute of Medicine, *Improving Access to Oral Health Care for Vulnerable and Underserved Populations*,<sup>36</sup> acknowledged that evidence regarding community water fluoridation programs continues to validate its effectiveness, safety and cost-saving benefits.

Under the topic "Oral Health," Healthy People 2020 includes an objective to expand the fluoridation of public water supplies. Objective 13 states that at least 79.6% of the U.S. population served by community water systems should be receiving the benefits of optimally fluoridated water by the year 2020.<sup>18</sup> Data from the CDC indicate that in 2014, 74.4% of the U.S. population on public water systems, or a total of 211.4 million people, had access to fluoridated water.<sup>19</sup> Conversely, approximately 25% or more than 72.7 million people on public water systems do not receive the decay preventing benefits of fluoridation — a powerful strategy communities can implement in efforts to eliminate health disparities.

## 60. Along with the American Dental Association, who supports community water fluoridation?

### Answer.

Many organizations, such as the National Dental Association, Hispanic Dental Association, American Academy of Pediatrics, American Medical Association, American Public Health Association and the World Health Organization also have policies that support community water fluoridation.

*Many organizations, such as the National Dental Association, Hispanic Dental Association, American Academy of Pediatrics, American Medical Association, American Public Health Association and the World Health Organization also have policies that support community water fluoridation.*

### Fact.

The American Dental Association (ADA) adopted its original resolution in support of fluoridation in 1950<sup>37</sup> and has repeatedly reaffirmed its position publicly and in its House of Delegates based on its continuing evaluation of the safety and effectiveness of fluoridation.<sup>27</sup>

The National Dental Association (NDA) is the largest and oldest organization of minority oral health professionals in the world.<sup>39</sup> Representing more than 7,000 minority dentists, nationally and abroad,<sup>39</sup> the NDA seeks to provide continued advancement of the highest quality of oral health care and safety for the public.<sup>40</sup> In 2012, the NDA adopted the following position:<sup>40</sup>

It is therefore, the position of the National Dental Association that Community Water Fluoridation is safe, beneficial and cost-effective and should be encouraged and supported under the following conditions:

- Community water supplies should contain the optimal fluoride levels as recommended by the U.S. Public Health Service (a range from 0.7 – 1.2 parts per million)
- Local communities and dental societies should be in agreement with and support the fluoridation project in their communities.



- Appropriate resources monitoring capabilities should be available to ensure that the appropriate water fluoride monitoring infrastructures are in place at all times in the impacted communities.<sup>40</sup>

In a policy position released in 2012,<sup>41</sup> the Hispanic Dental Association (HDA) noted that the HDA mission works toward the elimination of oral health disparities in the Hispanic community and that the benefits of fluoridation are critical to HDA's endorsement. The HDA position statement<sup>41</sup> includes the following item:

Therefore, it is the position of the Hispanic Dental Association to:

1. Endorse community water fluoridation in all communities — especially the Hispanic and underserved communities — as a safe, beneficial and cost-effective public health measure based on science for preventing dental caries and to aid in the reduction of oral health disparities.<sup>41</sup>

As part of its core values<sup>42</sup> the American Academy of Pediatrics (AAP) is dedicated to promoting optimal health and wellbeing for every child. With a strong emphasis on policy, advocacy and education,<sup>42</sup> the AAP is a strong advocate for community water fluoridation. In support of water fluoridation<sup>43</sup> the AAP states:

Water fluoridation is a community-based intervention that optimizes the level of fluoride in drinking water, resulting in preeruptive and posteruptive protection of the teeth. Water fluoridation is a cost-effective means of preventing dental caries, with the lifetime cost per person equaling less than the cost of 1 dental restoration.<sup>43</sup>

The American Medical Association's (AMA) mission is to promote the art and science of medicine and the betterment of public health.<sup>44</sup> Its House of Delegates first endorsed fluoridation in 1951<sup>45</sup> and the AMA reaffirmed its support for water fluoridation in 2011.<sup>46</sup>

The American Public Health Association (APHA) champions the health of all people and all communities and speaks out for public health issues and policies backed by science.<sup>47</sup> It has supported community water fluoridation as a safe and effective public health measure for the prevention of tooth decay since 1950.<sup>48</sup> The APHA reaffirmed its support in 2008 by stating that it strongly endorses and recommends

"the fluoridation of all community water systems as a safe and effective public health measure for the prevention of tooth decay."<sup>49</sup>

The goal<sup>50</sup> at the World Health Organization (WHO) is to build a better, healthier future for people all over the world. The WHO, which initially adopted policy recommending the practice of water fluoridation in 1969,<sup>51</sup> reaffirmed its support for fluoridation in 1994<sup>52</sup> stating:

Providing that a community has a piped water supply, water fluoridation is the most effective method of reaching the whole population, so that all social classes benefit without the need for active participation on the part of individuals.<sup>52</sup>

In 2004, the WHO once again affirmed its support stating that "Water fluoridation, where technically feasible and culturally acceptable, has substantial public health benefits."<sup>53</sup> In 2007, the Sixtieth World Health Assembly adopted *WHA60.17-Oral health action plan for promotion and integrated disease prevention*<sup>54</sup> which urges member states to:

(4) for those countries without access to optimal levels of fluoride, and which have not yet established systematic fluoridation programmes, to consider the development and implementation of fluoridation programmes, giving priority to equitable strategies such as the automatic administration of fluoride, for example, in drinking-water, salt or milk, and to the provision of affordable fluoride toothpaste;<sup>54</sup>

In 2016, WHO officials wrote:

The use of fluoride is a major breakthrough in public health. Controlled addition of fluoride to drinking water supplies in communities where fluoride concentration is below optimal levels to have a cariostatic effect began in the 1940s and since then extensive research has confirmed the successful reduction in dental caries in many countries.<sup>55</sup>

Additionally a list of more than 35 organizations with positions/policies supporting community water fluoridation can be viewed on ADA's website at [www.ADA.org/fluoride](http://www.ADA.org/fluoride) in the section marked "Fluoridation Links." Each organization is listed with a link to their specific fluoridation position/policy. Below are just a few of the organizations listed on the website.



- American Association of Dental Research
- American Association of Public Health Dentistry
- American Water Works Association
- Association of State and Territorial Dental Directors
- Centers for Disease Control and Prevention
- International Association of Dental Research
- National Institute of Dental and Craniofacial Research

Many organizations in the United States and around the world recognize the benefits of community water fluoridation. The ADA has developed a list of "National and International Organizations that Recognize the Public Health Benefits of Community Water Fluoridation for Preventing Dental Decay." Please see the ADA website at [www.ADA.org/fluoride](http://www.ADA.org/fluoride) for the most current listing as well as information on reproduction and distribution of the list.

However, support for fluoridation doesn't end with a list of organizations. In many cases, local newspaper editorial boards support fluoridation. Perhaps the most notable of these efforts occurred when the 2013 Pulitzer Prize for Journalism — Editorial Writing<sup>56</sup> was awarded to Tim Nickens and Daniel Ruth of the *Tampa Bay Times*, St. Petersburg, Florida, for their diligent campaign that helped reverse a decision to end fluoridation of the water supply for the 700,000 residents of the newspaper's home (Pinellas) county. Copies of their 10 editorials from 2012 can be viewed at <http://www.pulitzer.org/winners/tim-nickens-and-daniel-ruth>.

## 61. Has the legality of water fluoridation been upheld by the courts?

### Answer.

Yes. Fluoridation has been thoroughly tested in the United States' court system, and found to be a proper means of furthering public health and welfare. No court of last resort has ever determined fluoridation to be unlawful. Moreover, fluoridation clearly has been held not to be an unconstitutional invasion of religious freedom or other individual rights guaranteed by the First, Fifth or Fourteenth Amendments to the U.S. Constitution. And while cases decided primarily on procedural grounds have been won and lost by both pro- and anti-fluoridation interests, to ADA's knowledge, no final ruling in any of those cases has found fluoridation to be anything but safe and effective.

### Fact.

The legality of fluoridation in the United States has been thoroughly tested in our court systems. Fluoridation is viewed by the courts as a proper means of furthering public health and welfare.<sup>57</sup> No court of last resort has ever determined fluoridation to be unlawful. The highest courts of more than a dozen states have confirmed the constitutionality of fluoridation.<sup>58</sup> In 1984, the Illinois Supreme Court upheld the constitutionality of the state's mandatory fluoridation law, resolving 16 years of court action at a variety of judicial levels.<sup>59</sup> Moreover, the U.S. Supreme Court has denied review of fluoridation cases thirteen times, citing that no substantial federal or constitutional questions were involved.<sup>58</sup>

*Fluoridation is viewed by the courts as a proper means of furthering public health and welfare. No court of last resort has ever determined fluoridation to be unlawful.*

It has been the position of the American courts that a significant government interest in the health and welfare of the public generally overrides individual objections to public health regulation.<sup>58</sup> Consequently, the courts have rejected the contention that fluoridation ordinances are a deprivation of religious or individual freedoms guaranteed under the Constitution.<sup>58,60</sup> In reviewing the legal aspects of fluoridation, the courts have dealt with this concern by ruling that: (1) fluoride is a nutrient, not a medication, and is present naturally in the environment; (2) no one is forced to drink fluoridated water as alternative sources are available; and (3) in cases where a person believes that fluoridation interferes with religious beliefs, there is a difference between the freedom to believe, which is absolute, and the freedom to practice beliefs, which may be restricted in the public's interest.<sup>61,62</sup>

Fluoridation is the adjustment of the level of a naturally occurring mineral found in water in order to prevent tooth decay. Courts have consistently ruled that water fluoridation is not a form of compulsory mass medication or socialized medicine.<sup>58,61,63</sup> In fact, water that has been fortified with fluoride is similar to fortifying salt with iodine, milk with vitamin D and orange juice with calcium — none of which are medications.



In recent years, challenges to fluoridation have been dismissed for a variety of reasons, including that plaintiffs admitted they could not establish injury by virtue of fluoridation and that state law supporting fluoridation prevailed over local attempts to oppose fluoridation.

Interestingly, pro- and anti- fluoridation interests have each won and lost legal challenges regarding which state or local agency has regulatory authority over fluoridation, which of course varies by state and locality.

State law variances have also led to different rulings on other issues, such as whether downstream end-users of fluoridation must be given an opportunity to vote on whether to fluoridate. While cases decided primarily on procedural grounds have been won and lost by both pro- and anti- fluoridation interests, to the ADA's knowledge no final ruling in any of those cases has found fluoridation to be anything but safe and effective.

For additional information regarding the legal status of community water fluoridation in the United States, refer to *The Fluoride Legislative User Information Database (FLUID)* which is a comprehensive database containing historical information on legal cases decided by U.S. courts. The database also contains current information on federal and state policies regarding community water fluoridation. The website can be accessed at: <http://fluidlaw.org>

## 62. Why does opposition to community water fluoridation continue?

### **Answer.**

Public health controversies sometimes exist regarding public health interventions. In public health there can be tension between "public good" and "individual freedoms." Because public health deals with populations it is all but impossible to resolve issues to achieve approval from 100 percent of the individuals within the population. When looking at fluoridation, some individuals opposed to fluoridation are sincere in their beliefs. Others ignore what constitutes reputable scientific evidence as defined by the vast majority of the scientific community and choose instead to base their beliefs on personal opinions and studies with flawed methodologies.

### **Fact.**

Fluoridation is considered beneficial by the overwhelming majority of the health and scientific communities as well as the general public. A vast body of scientific literature endorses water fluoridation as a safe means of reducing the incidence of tooth decay. Support for fluoridation among scientists and health professionals, including physicians and dentists, is nearly universal. Recognition of the benefits of fluoridation by the American Dental Association, the American Medical Association, the American Academy of Pediatrics, governmental agencies and other national health and civic organizations continues as a result of published, peer-reviewed research.

Fluoridation has a long history of being a political issue, as well as a scientific one, with opposition including activists from both the right and the left of the political spectrum. In the late 40s, opposition to fluoridation began to appear nationwide. Reportedly, one of the first public votes on fluoridation occurred in 1950 in Stevens Point, Wisconsin,<sup>64</sup> when a local activist initiated a campaign to stop the introduction of what he called "poison" into the water system. The campaign quickly moved from being a discussion of the science to a political campaign that included the involvement of a large number of civic groups, unofficial public petitions, calls for a debate, campaign rallies and numerous letters to the editor that "kept typesetters busy preparing for print the thousands of words that poured into the editor's desk." After 1950 when the U.S. Public Health Service and ADA endorsed fluoridation, proponents became more organized in their efforts to promote fluoridation while the opposition capitalized on the political nature of the struggle and used lessons learned in Stevens Point.

Of the small faction that opposes water fluoridation for philosophical reasons, freedom of choice probably is one of the most frequently cited issues. People take the stance that society should not "force" individuals to act in ways that are beneficial to their own health or the health of others. They are opposed to "government interference" in their lives.<sup>65</sup> Some individuals are opposed to community action on any health issue, others are opposed due to environmental or economic concerns and some are opposed because they are simply misinformed.

Opposition to fluoridation has existed since the initiation of the first programs in 1945 and continues today despite over 70 years of practical experience



showing fluoridation to be safe and effective. An article<sup>55</sup> that appeared in the local newspaper shortly after the first fluoridation program was implemented in Grand Rapids, Michigan, noted that the fluoridation program was slated to commence January 1, but did not actually begin until January 25. Interestingly, health officials in Grand Rapids began receiving complaints of physical ailments, including “teeth falling out and enamel peeling off their teeth,” attributed to fluoridation from citizens weeks before fluoride was actually added to the water.<sup>66</sup> In 1992 a community in Finland opted to stop their fluoridation program at the end of the year in December. However, it was discontinued at the end of November without the public being told. Public surveys conducted in November and December and again in March the following year revealed the occurrence and mean number of symptoms (the most common being itching and dryness of skin) were fairly similar during the periods of actual and supposed fluoridation indicating the symptoms were not caused by fluoride in the water. Interestingly, those who claimed to be able to taste the fluoride in the water made this claim equally often during actual and supposed fluoridation. A significant reduction in the symptoms occurred after those responding to the surveys became aware that fluoridation had stopped. The authors concluded that the prevalence rates of the symptoms were connected to the psychological rather than the physical effects of exposure to fluoride in water.<sup>67</sup>

Over time, antifluoridation leaders and organizations have come and gone, but their basic beliefs have remained the same. These include: fluoride is toxic and causes numerous harmful health effects; fluoride does not prevent tooth decay; fluoridation is costly; and fluoridation interferes with freedom of choice and infringes on individual rights.

Opinions are seldom unanimous on any scientific subject. In fact, there really is no such thing as “final knowledge,” since new information is continuously emerging and being disseminated. As such, the benefit evidence must be continually weighed against risk evidence. Health professionals, decision makers and the public should be cooperating partners in the quest for accountability where decisions are based on proven benefits measured against verified risks.<sup>68</sup> Dentists are a valuable source of accurate information regarding water fluoridation for both their patients and their communities.

### 63. What are the tactics fluoridation opponents use to provoke opposition to water fluoridation?

#### Answer.

Fluoridation opponents use numerous tactics to disseminate misinformation and raise the fears of the public about the safety of water fluoridation. Routinely, they use scare techniques,<sup>69</sup> present half-truths, downplay the significance of science-based evidence and use selective reporting of results and studies to support their false allegations.<sup>59</sup>

#### Fact.

While many of the arguments against fluoridation have remained relatively constant over the years, antifluoridationists have used different approaches that play upon the popular concerns of the public at the time.<sup>65</sup> For example, in the 1950s fluoridation was said to be a Communist plot. With America’s growing concern for environmental issues in the 1960s, fluoridation was called pollution. After the Vietnam War in the 1970s, the antifluoridationists capitalized on the popularity of conspiracy theories by portraying fluoridation as a conspiracy between the U.S. government, the dental-medical establishment and industry. As the population became more concerned about their health in the 1980s, antifluoridationists claimed fluoridation caused AIDS and Alzheimer’s disease. In the 1990s, claims of hip fractures and cancer were designed to resonate with aging baby boomers. With the new millennium, overexposure and toxicity, in association with lead poisoning, surfaced as common themes. Since the economic crisis of 2008, discussions about the cost of fluoridation are more commonplace. In the 2010s, neurotoxicity became a constant theme with charges of lower IQ and autism. Over the years, none of these approaches have ever really disappeared, but instead are often recycled as antifluoridationists choose which approach will have the greatest effect on the intended audience.<sup>65</sup>

The internet has breathed new life into the antifluoridation effort bringing the antifluoridation message into voters’ homes.<sup>71,72</sup> With just a click of the mouse, search engines can locate a large number of websites denouncing fluoridation, which can give the impression that this is a one-sided argument. Individuals who look to the internet as a source of valid and reliable information often fail to recognize that these sites frequently contain personal opinion rather than scientific fact. Newspaper stories,



press releases and letters to the editor are often posted as documentation of the “science” behind antifluoridationists’ claims. All too often, the public accepts this type of information as true simply because it is in print. Opposition videos are available from national antifluoridation organizations and are shared at no cost via vehicles such as YouTube making it possible for every campaign to bring an antifluoridationist to the community. Social media such as Facebook and Twitter are used to spread antifluoridation messaging to the public and to assist in organizing local efforts. These venues have allowed the small faction of antifluoridationists to be linked across the country and around the world and promote their message quickly, repeatedly and economically.

Spreading misinformation impacts public policy and costs society in immeasurable ways. The opponents’ claims and opinions can escalate to emotional arguments that, in the end, can delay, or prevent the introduction of a water fluoridation program or stop an existing program.<sup>70</sup> More people, especially those involved in policy decisions, need to be better informed about these tactics. In making decisions that affect the health of the community, it is important to distinguish between someone’s personal opinion disguised as science and information based on the best available scientific evidence. It is perfectly acceptable to have your own opinion but it is unacceptable to have your own “facts” derived from something less than reputable science.

---

*In making decisions that affect the health of the community, it is important to distinguish between someone’s personal opinion disguised as science and information based on the best available scientific evidence.*

---

In 1993 the U.S. Supreme Court issued a landmark decision that many view as likely to restrict the use of information inferred as science in the federal courts and in those state courts which adopt this reasoning. The Court determined that while “general acceptance” is not needed for scientific evidence to be admissible, federal trial judges have the task of ensuring that an expert’s testimony rests on a reasonable foundation and is relevant to the issue in question.<sup>73</sup> According to the Supreme Court, many considerations will bear on whether the expert’s underlying reasoning or methodology is scientifically valid and applicable in a given case. The Court set out four criteria that judges could use when evaluating scientific testimony:

1. whether the expert’s theory or technique can be (and has been) tested, using the scientific method,
2. whether it has been subject to peer review and publication (although failing this criteria alone is not necessarily grounds for disallowing the testimony),
3. its known or potential error rate and the existence and maintenance of standards in controlling its operation and
4. whether it has attracted widespread acceptance within a relevant scientific community, since a known technique that has been able to attract only minimal support may properly be viewed with skepticism.<sup>73</sup>

The scientific validity and relevance of claims made by opponents of fluoridation might be best viewed when measured against these criteria.<sup>73</sup> The techniques used by antifluoridationists are well known and have been discussed at length in a number of published articles that review the tactics used by antifluoridationists.<sup>58,65,68-70,74-77</sup> Examples of a few of the techniques can be viewed in Figure 5.



## Figure 5. Opposition Tactics

**Targeting Politicians and Community Leaders:** Antifluoridation websites contain draft letters to be sent to newspaper publishers, water departments, and community public officials warning them of their “liability” should they support or endorse water fluoridation. Leaders are urged to remain “neutral” and allow fluoridation decisions to be put to a public vote, therefore, relieving the leaders of any and all responsibility in the matter. Antifluoridationists use the time gained to conduct a public referendum to bombard the public with misinformation designed to turn public opinion against fluoridation.

**Unproven Claims:** Antifluoridationists have repeatedly claimed fluoridation causes an entire laundry list of human illnesses, including AIDS, Alzheimer’s disease, cancer, Down Syndrome, genetic damage, heart disease, lower intelligence, kidney disease, osteoporosis and hip fractures. None of these claims has a basis in fact. These allegations are often repeated so frequently during campaigns that the public assumes they must be true. Their appearance in print, even if only in letters to the editor of the local newspaper, reinforces the allegation’s credibility. With just a small amount of doubt established, the opposition slogan, “If in doubt, vote it out,” often rings true with voters.

**Innuendo:** The statement, “Fifty years ago physicians and dentists posed for cigarette ads,” is an example of innuendo or, more specifically, guilt by association. Even though fluoridation is not mentioned, individuals are expected to make the connection that the medical community changed its position on smoking so it is possible health professionals are wrong about fluoridation, too.

**Outdated Studies and Statements from “Experts”:** Antifluoridation websites often offer a list of “respected medical professionals and scientists” who have spoken out against fluoridation. One of those often quoted is Dr. Charles Gordon Heyd who is noted to be a Past President of the American Medical Association (AMA). What is not disclosed is the source of the quote or that Dr. Heyd was President of the AMA in 1936 – almost ten years before water fluoridation trials began. His decades-old quote certainly does not represent the current AMA position of support for water fluoridation and is characteristic of antifluoridationists’ use of items that are out of date. Additionally, antifluoridationists have claimed that fourteen Nobel Prize winners have “opposed or expressed reservations about fluoridation.” It should be noted that the vast majority of these individuals were awarded their prizes from 1929 through 1958.

**Statements Out of Context:** One of the most repeated antifluoridation statements is, “Fluoride is a toxic chemical. Don’t let them put it in our water.” This statement ignores the scientific principle that toxicity is related to dosage and not just to exposure to a substance. Examples of other substances that can be harmful in the wrong amounts, but beneficial in the correct amounts, are salt, vitamins A and D, iron, iodine, aspirin and even water itself.

**Conspiracy Theories:** Hardly a fluoridation campaign goes by without those opposed to fluoridation bringing up any number of conspiracy theories about fluoridation. Whether it is the claim that scientists from the original atomic bomb program secretly shaped and guided the early Newburgh, NY, fluoridation trial or that chemtrails are a government plot to spread fluoride, these claims have no basis in fact. Even the belief that fluoridation was a communist plot to destroy America was famously parodied in the 1964 movie *Dr. Strangelove*. Over the decades, those opposed to fluoridation have used propaganda schemes and conspiracy theories that reflected the social and political environment of the times. Today, “follow the money” is a common theme as the opposition claims that the beverage industry, the companies supplying fluoride additives and others are financially backing researchers, as well as dental and medical groups, who are promoting fluoridation. None of these claims has a basis in fact.



**Treating Correlation as Causation:** Many people have heard the phrase that “correlation does not imply causation.” In other words, just because two events seem to fluctuate in tandem does not prove that they are meaningfully related to one another. For example, statistics show that sales of ice cream increase in warm summer months. Statistics also show that crime goes up in large cities in the summer. However, it would be ludicrous to draw the conclusion that ice cream causes an increase in crime. Yet this is exactly the type of logic exercised in some arguments and studies promoted by those opposed to fluoridation. For example, the opposition often points to Kentucky as having a large portion of the population on public water supplies receiving fluoridated water. And that’s correct. In 2014, Kentucky was ranked the number one state in the U.S. as 99.9% of its public water systems were fluoridated. But the opposition also points to the fact that Kentucky suffers from a large number of people who have lost their teeth. They draw the conclusion that this proves fluoridation does not work — without looking at other factors that influence this outcome. For example, while there is a large number of public water systems that are fluoridated, Kentucky has a large rural population that does not have access to public water supplies. Additionally, and perhaps most importantly, Kentucky’s population has a high rate of tobacco use which is known to be a risk factor for periodontal (gum) disease which can lead to the loss of teeth.

#### 64. Where can valid, evidence-based information about water fluoridation be found on the internet?

##### **Answer.**

There are many reputable sites on the internet that provide information on fluorides and fluoridation including the American Dental Association as well as other reputable health and science organizations and government agencies. These sites provide information that is consistent with the best available scientific evidence.

##### **Fact.**

One of the most widely respected sources for information regarding fluoridation and fluorides is the American Dental Association’s (ADA) Fluoride and Fluoridation website at [www.ADA.org/fluoride](http://www.ADA.org/fluoride). (See Figure 6.) From the ADA website individuals can link to other fluoridation websites such as:

- Centers for Disease Control and Prevention at [www.cdc.gov/fluoridation](http://www.cdc.gov/fluoridation)
- The Community Guide at <https://www.thecommunityguide.org>
- Fluoride Science at <http://fluoridescience.org>

The internet contains numerous sources of information on fluoridation. However, not all

“science” posted on the internet is based on scientific fact. Searching the internet for “fluoride” or “water fluoridation” directs individuals to numerous websites. Some of the content found in the sites is scientifically sound. Other less scientific sites look highly technical, but contain information based on science that is unconfirmed or has not gained widespread acceptance. In many cases, the information is largely opinion. While everyone is entitled to their opinion, they are not entitled to make that opinion appear as scientific fact. Commercial interests, such as the sale of water filters, are often promoted.

Today’s technology can put the world at your fingertips but search engine technology can influence what is returned in searches. The first time the search for “fluoridation” is made, it is likely that the returns will include both pro- and anti- fluoridation websites. When you click to view a website, the search engine takes note and on subsequent searches for the same term, the search engine will return items similar to what you chose initially. For example, if you choose a pro-fluoridation website initially, the next time you search for “fluoridation,” the search engine will likely return a selection of other pro-fluoridation websites for your review. Of course the converse is also true. Clicking on anti-fluoridation websites will allow you to see a search laden with similar anti-fluoridation sites.



Figure 6. ADA Fluoride and Fluoridation Web Page



## FLUORIDATION AT YOUR FINGERTIPS!

<http://www.ADA.org/fluoride>

- ADA Fluoridation Resources
- ADA Fluoridation Videos
- ADA Fluoridation News Stories
- ADA Policy and Statements
- Links to Additional Fluoridation Websites

**ADA** American Dental Association®  
America's leading advocate for oral health

[www.ADA.org](http://www.ADA.org)

Many ADA resources are at your fingertips 24/7/365. **Order** a library book or products online, **read** JADA articles, **discuss** important topics with colleagues, **find** helpful information on professional topics from accreditation to X-rays and **recommend** our dental education animations, stories and games to your patients.

**Be resourceful.  
Visit ADA.org today!**

65. Why does community water fluoridation sometimes lose when it is put to a public vote?

### Answer.

Voter apathy or low voter turnout due to the vote being held as a special election or in an "off" year, confusing ballot language (a "no" vote translates to support for fluoridation), blurring of scientific issues, the use of scare tactics by those opposed to fluoridation, long campaigns that lead to "fluoridation fatigue," lack of leadership by elected officials and a lack of political campaign skills among health professionals are some of the reasons fluoridation votes are sometimes unsuccessful.

### Fact.

The fact is that fluoridation votes in the U.S. are more often successful than not. In 2016, it was common to see those opposed to fluoridation make statements such as "450 communities had rejected fluoridation since 2000" or similar statements using different numbers. What is not made clear is that the number of communities in these statements is a global number. Many of these communities are outside the United States.<sup>78</sup> In fact from 2000 through 2016, more than 515 U.S. communities in 42 states voted to adopt or retain successful fluoridation programs.<sup>79</sup> In the five years from 2012 to 2016, U.S. communities voted in favor of fluoridation programs by a two to one margin.<sup>78,79</sup>

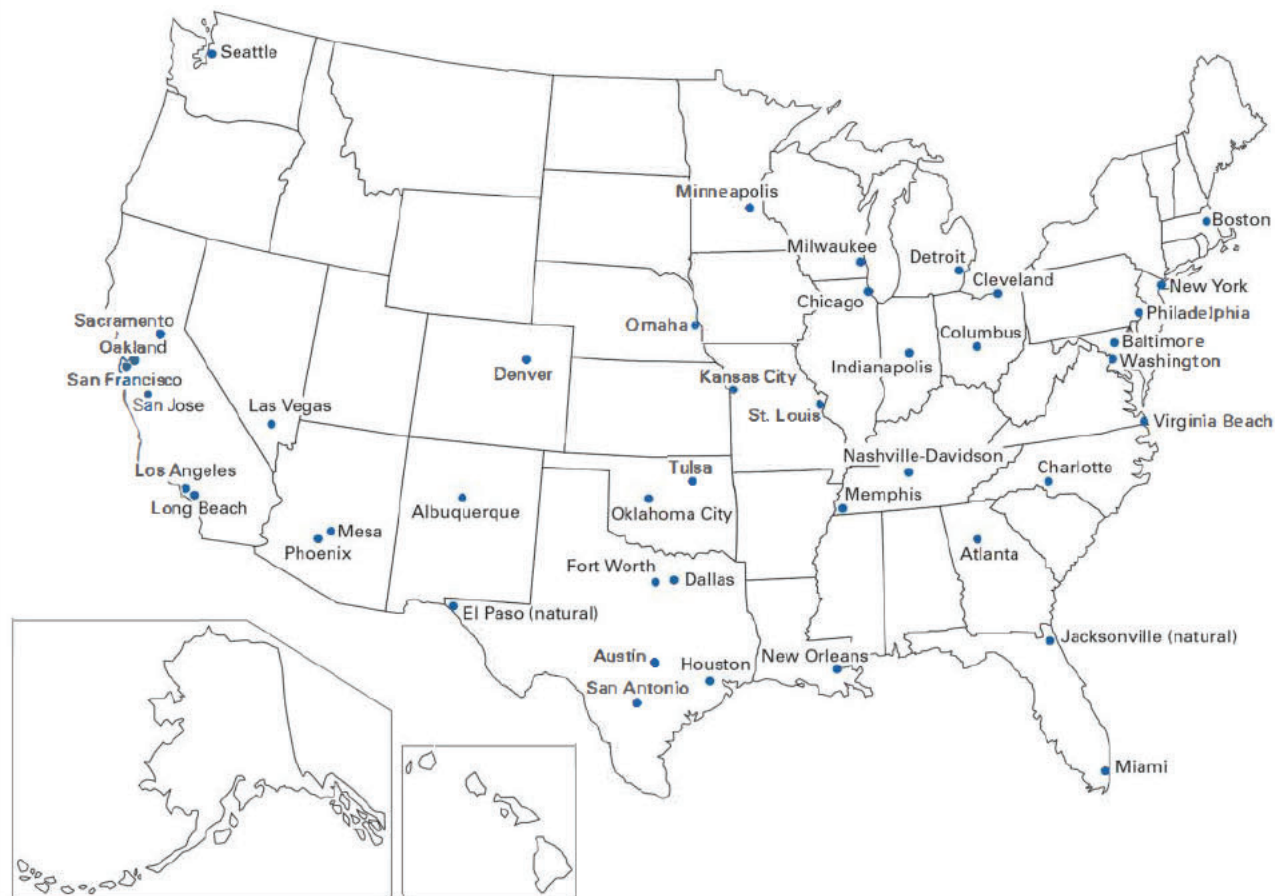
*The fact is that fluoridation votes in the U.S. are more often successful than not...In the five years from 2012 to 2016, U.S. communities voted in favor of fluoridation programs by a two to one margin.*

Since 2000, nearly 50 million people have been added to the population on public water systems in the United States that enjoys the benefit of optimally fluoridated water.<sup>80</sup> In 2000, 65% of the public on public water systems received fluoridated water.<sup>81</sup> In 2014, the percentage had increased nearly 10% to 74.4% of the population.<sup>19</sup> But despite the continuing growth of fluoridation in this country over the past several decades, millions of people in the U.S. do not yet receive the protective benefit of fluoride in their drinking



Figure 7. Largest Fluoridated Cities

Two cities (Jacksonville, Florida and El Paso, Texas) are naturally fluoridated.\*



\* Data compiled by the American Dental Association and Centers for Disease Control and Prevention/Division of Oral Health. Information current as of October 2017.

water. Centers for Disease Control and Prevention (CDC) data from 2014 indicated more than 25% of the population served by public water systems did not have access to fluoridated water.<sup>19</sup> In 2017, 44 of the 50 largest cities were fluoridated.<sup>82</sup> Of the 44 cities, 42 were fluoridated by adjustment and two had naturally occurring fluoride at the recommended levels (Figure 7). The remaining six largest nonfluoridated cities (in order of population largest to smallest) were: Portland, Oregon; Albuquerque, New Mexico; Tucson, Arizona; Fresno, California; Colorado Springs, Colorado; and Wichita, Kansas. In October 2017, the Albuquerque Bernalillo County Water Utility Authority authorized budget monies to restore fluoridation to their customers. It is estimated that fluoridated water will be available in six to eight months.

In 2010, recognizing the ongoing need to improve health and well-being, the U.S. Department of Health and Human Services revised national health objectives to be achieved by the year 2020.<sup>17</sup> Included under oral health was an objective to significantly expand the fluoridation of public water supplies. Specifically, Objective 13 of Healthy People 2020 states that at least 79.6% of the U.S. population served by community water systems should be receiving the benefits of optimally fluoridated water by the year 2020.<sup>18</sup> This replaced the Healthy People 2010 objective of 75%.<sup>83</sup> As of 2014, twenty states met or exceeded the 2020 objective.<sup>19</sup> (See Figure 8.) Although water fluoridation reaches some residents in every state the coverage is uneven. Data from 2014 indicated that 26 states provided fluoridation benefits to 75% or more of their residents on community water systems while eight states were at or below 50%.<sup>19</sup> (See Figure 9.)

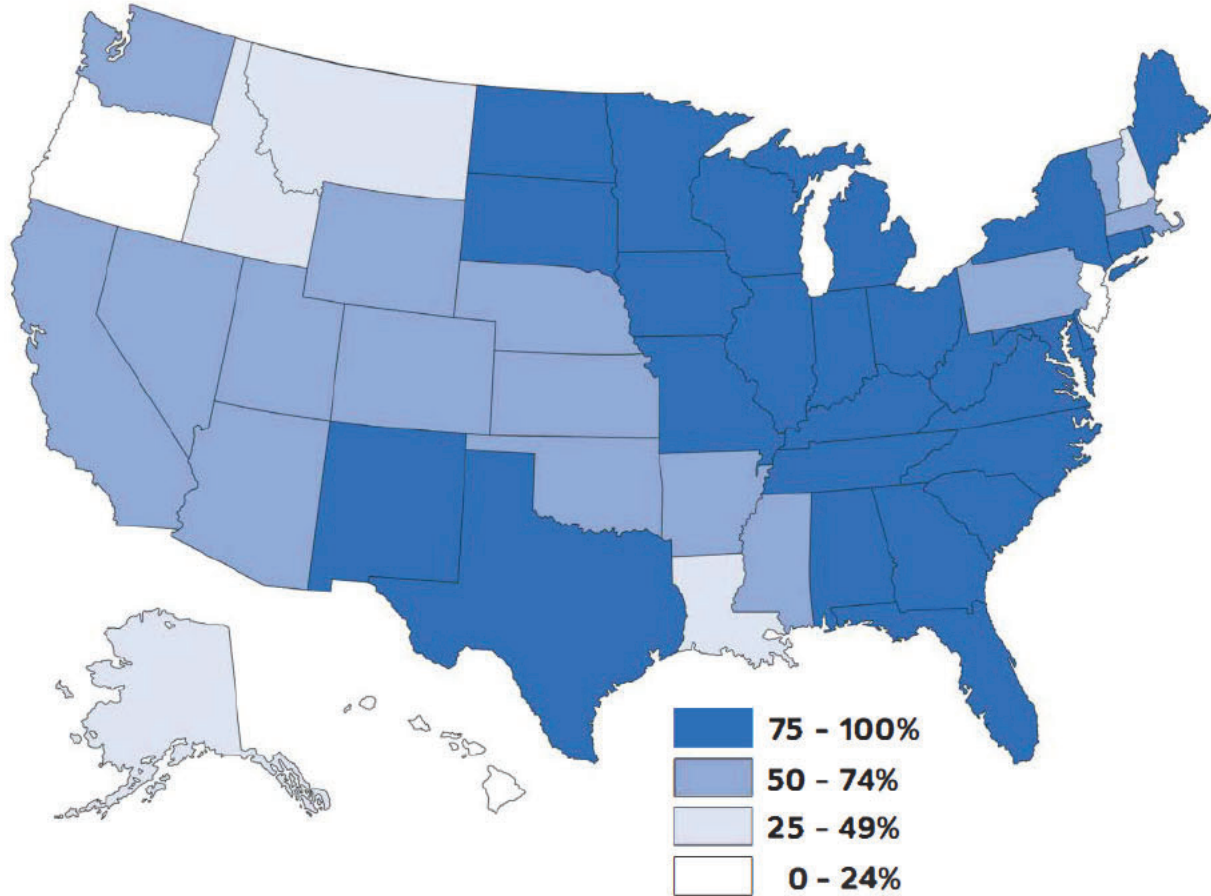






Figure 9. State Fluoridation Status

Percentage of population on community water systems receiving fluoridated water.\*



\* Data Source: Centers for Disease Control and Prevention/Division of Oral Health. "National Fluoridation Statistics" 2014. Available at <https://www.cdc.gov/fluoridation/statistics/2014stats.htm>

personal litigation.<sup>86</sup> While no court of last resort has ever ruled against fluoridation, community leaders can be swayed by the threat of litigation due to the cost and time involved in defending even a groundless suit, not to mention threats of political fallout. The American Dental Association (ADA) knows of no cases in which community leaders have been found liable for their pro-fluoridation efforts. In no instance has fluoridation been discontinued because it was proven harmful in any way.<sup>85 87</sup>

*Defeats of referenda or the discontinuance of fluoridation have occurred most often when a small, vocal and well organized group has used a barrage of fear inspiring allegations designed to confuse the electorate.*

Adoption of fluoridation is ultimately a decision of state or local decision makers, whether determined by elected officials, health officers or the voting public. Fluoridation can be enacted through state legislation, administrative regulation, ordinance or a public referendum. While fluoridation is not legislated at the federal level, it is legislated at the state and local level. As with any public health measure, a community has the right and obligation to protect the health and welfare of its citizens, even if it means overriding individual objections to implement fluoridation.

Those opposed to fluoridation sometimes comment that "the government is forcing fluoridation" on the community. But who is "the government?" The fact is that since fluoridation is implemented by state or local votes (by city councils or public vote), the people are "the government." Voters elect officials at the



state and local level to act on their behalf. Voters participate directly in public votes on fluoridation.

Each spring as part of the yearly ADA/ASTDD/CDC Community Water Fluoridation Awards program, the ADA, Association of State and Territorial Dental Directors and the CDC Division of Oral Health compile a list of water systems/communities in the United States that have adopted or retained community water fluoridation in the previous year.<sup>88</sup> This list is posted on the ADA website at <http://www.ADA.org/fluoride>. The ADA has also compiled a master list of U.S. communities voting to adopt or retain fluoridation programs dating from 1998 which is also available on the ADA website.<sup>79</sup> From 2000 through 2016, more than 515 U.S. communities in 42 states have voted to adopt or retain fluoridation. The size of these water systems/communities varies greatly — from those with a few thousand residents to the Metropolitan Water District of Southern California which provides fluoridated water to more than 18 million people.<sup>79</sup>

The primary source for technical assistance with fluoridation efforts is the ADA's Council on Advocacy for Access and Prevention (CAAP) at the ADA. Additional support for fluoridation is available from the ADA's Division of Legal Affairs, Division of Communications and Department of State Government Affairs. Dental and health professionals seeking technical assistance can reach CAAP at 312.440.2500.

## 66. Is community water fluoridation accepted by other countries?

### Answer.

According to the British Fluoridation Society,<sup>89</sup> as of November 2012, approximately 377.7 million people in 25 countries worldwide were supplied with water fluoridated by adjustment. Additionally, the number of people receiving naturally fluoridated water at the optimum level is approximately 57.4 million. Worldwide, the estimated number of people with access to optimally fluoridated water is 435.1 million and it continues to grow each year. A second study estimates the number at 437.2 million.<sup>90</sup>

*According to the British Fluoridation Society, as of November 2012, approximately 377.7 million people in 25 countries worldwide were supplied with water fluoridated by adjustment.*

### Fact.

The value of water fluoridation is recognized internationally. Countries and geographic regions with water fluoridated by adjustment include the U.S., Argentina, Australia, Brazil, Brunei, Canada, Chile, China (Special Administrative Region of Hong Kong), Fiji, Guatemala, Guyana, the Irish Republic, Israel, Malaysia, New Zealand, Panama, Papua New Guinea, Peru, Republic of Korea (South Korea), Serbia, Singapore, Spain, the United Kingdom and Vietnam.<sup>89</sup> Major cities (outside the U.S.) with fluoridated water include Adelaide, Auckland, Bilbao, Birmingham, Brisbane, Buenos Aires, Cork, Dublin, Edmonton, Ho Chi Minh City (Saigon), Kuala Lumpur, Melbourne, Newcastle upon Tyne, Perth, Rio de Janeiro, San Paolo, Santiago, Seville, Sydney, Toronto, Wellington and Winnipeg.<sup>89</sup>

Thorough investigations of fluoridation, conducted in a number of countries in addition to the U.S. including Australia, England, Ireland, New Zealand as well as by the European Commission and the World Health Organization, support the safety and effectiveness of water fluoridation.<sup>90-95</sup>

Considering the extent to which fluoridation has already been implemented throughout the world, the lack of documentation of adverse health effects is remarkable testimony to its safety.<sup>91-94,96</sup> The World Health Organization (WHO) has endorsed the practice of water fluoridation since 1969.<sup>51</sup> In 1994, an expert committee of the WHO published a report which reaffirmed its support of fluoridation as being safe and effective in the prevention of tooth decay, and stated that "provided a community has a piped water supply, water fluoridation is the most effective method of reaching the whole population, so that all social classes benefit without the need for active participation on the part of individuals."<sup>52</sup> In 2004, the WHO once again affirmed its support.<sup>53</sup> In 2007, the Sixtieth World Health Assembly recommended that countries without access to optimal levels of fluoride or systemic fluoridation programs should consider initiating fluoridation programs.<sup>54</sup>

A scientific evaluation of fluoride was conducted by the Scientific Committee on Health and Environmental Risks (SCHER) upon request by the European Commission (EC).<sup>85</sup> The EC is the European Union's (EU) executive body with responsibility to manage EU policy. The Committee was asked to critically evaluate any new evidence on the hazard profile, health effects and human exposure to fluoride. The final report,



*Critical review of any new evidence on the hazard profile, health effects, and human exposure to fluoride and the fluoridating agents of drinking water* was released in 2011.<sup>95</sup> It stated that exposure to levels of fluoride used for fluoridation of drinking water is not expected to lead to unacceptable risks to the environment. Additionally, the report concluded there was insufficient evidence or no evidence that fluoridation was linked to endemic skeletal fluorosis, osteosarcoma, lower IQs in children, thyroid or reproductive problems.<sup>95</sup>

There are parts of the world where water fluoridation is not common. In some of these instances water fluoridation is not feasible due to the lack of a central water supply, the existence of other more life-threatening health needs, the lack of trained technical personnel or sufficient funds for start-up and maintenance costs. In some cases where water fluoridation has not been implemented, countries have chosen to institute salt fluoridation programs.

## 67. Is community water fluoridation banned in Europe?

### **Answer.**

No country in Europe bans community water fluoridation.

### **Fact.**

Under European Union (EU) law and regulations, the individual Member States can decide whether to or not to fluoridate water. Members of the European Union (EU) construct their own water quality regulations within the framework of the Drinking Water Directive<sup>97</sup> adopted in 1998 which outlines the quality of water intended for human consumption. They can also decide whether to or not to add fluoride to milk or salt products. There is no EU-wide obligation to add fluoride to any product consumed by humans including water nor is there an EU-wide obligation not to add fluoride to any product including water.<sup>87</sup>

The Directive provides maximum admissible concentrations for many substances, one of which is fluoride. The Directive does not require or prohibit fluoridation; it merely requires that the fluoride concentration in water does not exceed the maximum permissible concentration of 1.5 mg/L.<sup>97</sup>

Many fluoridation systems that used to operate in Eastern and Central Europe did not function

properly and when the Iron Curtain fell in 1989-90, fluoridation stopped because of obsolete technical equipment and lack of knowledge as to the benefits of fluoridated water.<sup>88</sup>

Water fluoridation is not practical in some European countries because of complex water systems with numerous water sources. As an alternative to water fluoridation, many European countries have opted for the use of dietary fluoride supplements or salt fluoridation.

Basel, Switzerland is one such example.<sup>98</sup> Those opposed to water fluoridation claimed a large victory when Basel voted to cease water fluoridation in 2003. The facts are that Basel was the lone city with fluoridated water surrounded by communities that used fluoridated salt. In the mid-1990s, trade barriers that had prevented fluoridated salt from being sold to those living in Basel fell and soon it was evident that residents were receiving fluoride from salt as well as through drinking water. The government voted to cease water fluoridation in 2003 in light of availability and use of fluoridated salt in the community. Basel, Switzerland did not stop providing fluoride. Officials simply chose another type of fluoridation — salt fluoridation.<sup>98</sup>

Again, no European country bans fluoridation. It has simply not been implemented for a variety of technical, legal, financial or political reasons.

Those opposed to fluoridation sometimes comment that "97% of western Europe has rejected water fluoridation," although frequently the line becomes "most of Europe has rejected water fluoridation." But what is not mentioned is that there are a number of countries in Europe that have opted to use fluoridated salt or milk fluoridation. (Additional information on this topic can be found in Benefits Section, Question 14.) Letters have appeared on the internet reportedly from officials in foreign countries who comment negatively regarding their country's position on fluoridation. However, from the letters it is apparent the writers are responding to a question that is not publically available and that was designed to illicit a negative response. Additionally the credentials of the respondents do not provide any insight as to what relationship, if any, they have with the governmental bodies who have jurisdiction over fluoridation practices in their respective countries. These letters should not be construed as any country's official position on fluoridation.



## Public Policy References

1. Horowitz HS. The effectiveness of community water fluoridation in the United States. *J Public Health Dent* 1996;56(5 Spec No):253-8. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/9034970>. Accessed October 26, 2017.
2. Buzalaf MAR, Pessan JP, Honorio HM, ten Cate JM. Mechanisms of actions of fluoride for caries control. In Buzalaf MAR (ed): *Fluoride and the Oral Environment*. Monogr Oral Sci. Basel, Karger. 2011;22:97-114. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/21701194>. Accessed October 26, 2017.
3. Garcia AI. Caries incidence and costs of prevention programs. *J Public Health Dent* 1989;49(5 Spec No):259-71. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/2810223>. Article at: <https://deepblue.lib.umich.edu/handle/2027.42/66226>. Accessed October 26, 2017.
4. Milgrom P, Reisine S. Oral health in the United States: the post-fluoride generation. *Annu Rev Public Health* 2000;21:403-36. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/10884959>. Accessed October 26, 2017.
5. Centers for Disease Control and Prevention. Ten great public health achievements—United States, 1900–1999. *MMWR* 1999;48(12):241-3. Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>. Accessed October 26, 2017.
6. Centers for Disease Control and Prevention. Fluoridation of drinking water to prevent dental caries. *MMWR* 1999;48(41):933-40. Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4841a1.htm>. Accessed October 26, 2017.
7. Jeffcott GF. United States Army. Dental service in World War II. Chapter VI. Operation of the dental service—general considerations. Medical Department, United States Army. Office of the Surgeon General. Department of the Army. Washington, DC, 1955. Available at: <http://history.amedd.army.mil/booksdocs/wwii/dental/DEFAULT.htm>. Accessed October 26, 2017.
8. McClure FJ. Water fluoridation: the search and the victory. Bethesda, MD: National Institute of Dental Research; 1970. Available at: <https://www.dentalwatch.org/fl/mcclure.pdf>. Accessed October 28, 2017.
9. U.S. Department of Health and Human Services. Public Health Service. Surgeon General C. Everett Koop. Surgeon General urges adoption of fluoridation. *Water fluoridation. J Public Health Dent* 1983;43(2):185.
10. U.S. Department of Health and Human Services. Oral health in America: a report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000. Available at: <https://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBJT>. Accessed October 28, 2017.
11. U.S. Department of Health and Human Services, Public Health Service. Surgeon General David Satcher. Statement on community water fluoridation. Office of the Surgeon General. Rockville, MD; 2001. Available at: <https://www.cdc.gov/fluoridation/guidelines/surgeons-general-statements.html>. Accessed October 28, 2017.
12. U.S. Department of Health and Human Services. A national call to action to promote oral health. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication 03-5303. May 2003. Available at: <https://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/NationalCalltoAction>. Accessed October 28, 2017.
13. U.S. Department of Health and Human Services. Public Health Service. Surgeon General Richard H. Carmona. Statement on community water fluoridation. Office of the Surgeon General. Rockville, MD. 2004. Available at: <https://www.cdc.gov/fluoridation/guidelines/surgeons-general-statements.html>. Accessed October 28, 2017.
14. U.S. Department of Health and Human Services, Public Health Service. Surgeon General Regina M. Benjamin. Statement on community water fluoridation. Office of the Surgeon General. Rockville, MD. 2013. Available at: <https://www.cdc.gov/fluoridation/guidelines/surgeons-general-statements.html>. Accessed October 28, 2017.
15. U.S. Department of Health and Human Services. Public Health Service. Surgeon General Vivek H. Murthy. Statement on community water fluoridation. (Video). Washington, DC. 2016. Available at: <https://www.youtube.com/watch?v=PLO50E3432C9D6BE2B&v=VPEu00gW2I>. Accessed October 28, 2017.
16. U.S. Department of Health and Human Services. Public Health Service. Surgeon General Vivek H. Murthy. Statement on community water fluoridation. Office of the Surgeon General. Rockville, MD. 2016. Available at: <https://www.cdc.gov/fluoridation/guidelines/surgeons-general-statements.html>. Accessed October 28, 2017.
17. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *HealthyPeople.gov*. Healthy People 2020. About healthy people. Available at: <https://www.healthypeople.gov/2020/About-Healthy-People>. Accessed October 26, 2017.
18. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *HealthyPeople.gov*. Healthy People 2020. Topics and Objectives. Oral health objectives. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>. Accessed October 26, 2017.
19. Centers for Disease Control and Prevention. Community Water Fluoridation. Fluoridation statistics. 2014. Available at: <https://www.cdc.gov/fluoridation/statistics/2014stats.htm>. Accessed October 26, 2017.
20. The Community Guide. About the community guide. Available at: <https://www.thecommunityguide.org/about/about-community-guide>. Accessed October 26, 2017.
21. The Community Guide. Dental Caries (Cavities) Community Water Fluoridation. Snapshot. Available at: <https://www.thecommunityguide.org/findings/dental-caries-cavities-community-water-fluoridation>. Accessed October 26, 2017.
22. U.S. Department of Health and Human Services. Promoting and enhancing the oral health of the public: HHS oral health initiative. 2010. Available at: [www.hrsa.gov/sites/default/files/oral-health/hhsinitiative.pdf](http://www.hrsa.gov/sites/default/files/oral-health/hhsinitiative.pdf). Accessed October 26, 2017.
23. U.S. Department of Health and Human Services. Office of the Surgeon General. National Prevention Council. National prevention strategy. Washington, D.C. The National Academies Press. 2011. Available at: <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>. Accessed October 28, 2017.
24. Institute of Medicine of the National Academies. *Advancing oral health in America*. Washington, D.C. The National Academies Press. 2011. Available at: <http://www.nationalacademies.org/hmd/reports/2011/advancing-oral-health-in-america.aspx>. Accessed October 26, 2017.
25. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *HealthyPeople.gov*. Healthy People 2020. Disparities. Available at: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>. Accessed October 26, 2017.
26. Watt RG. From victim blaming to upstream action: tackling the social determinants of oral health inequalities. *Community Dent Oral Epidemiology* 2007;35(1):1-11. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/17244132>. Accessed October 26, 2017.
27. Locker D. Deprivation and oral health: a review. *Community Dent Oral Epidemiol* 2000;28(3):161-9. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/10830642>. Accessed October 26, 2017.
28. Burt BA. Fluoridation and social equity. *J Public Health Dent* 2002;62(4):195-200. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/12474623>. Accessed October 24, 2017.
29. Cho HJ, Lee HS, Paik DI, Bae KH. Association of dental caries with socioeconomic status in relation to different water fluoridation levels. *Community Dent Oral Epidemiol* 2014;42(6):536-42. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/24890821>. Accessed October 26, 2017.
30. McGrady, M.G., Ellwood RP, Maguire A, Goodwin M, Boothman N, Pretty IA. The association between social deprivation and the prevalence and severity of dental caries and fluorosis in populations with and without water fluoridation. *BMC Public Health* 2012;12:1122-39. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/23272895>. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3543717>. Accessed October 26, 2017.
31. Jones CM, Worthington H. Water fluoridation, poverty and tooth decay in 12-year-old children. *J Dent* 2000;28(6):389-93. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/10856802>. Accessed October 26, 2017.



## Public Policy References

32. Jones CM, Worthington H. The relationship between water fluoridation and socioeconomic deprivation on tooth decay in 5-year-old children. *Br Dent J* 1999;186(8):397-400. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/9329305>. Accessed October 26, 2017.
33. Slade GD, Spencer AJ, Davies MJ, Stewart JF. Influence of exposure to fluoridated water on socioeconomic inequalities in children's caries experience. *Community Dent Oral Epidemiol* 1996;24(2):89-100. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/8654039>. Accessed October 26, 2017.
34. Provart S, Carmichael C. The relationship between caries, fluoridation and material deprivation in five year old children in County Durham. *Community Dent Health* 1995;12(4):200-3. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/8536081>. Accessed October 26, 2017.
35. Ellwood RP, O'Mullane DM. The association between area deprivation and dental caries in groups with and without fluoride in their drinking water. *Community Dent Health* 1995;12(1):18-22. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/7697558>. Accessed October 26, 2017.
36. Institute of Medicine of the National Academies. Improving access to oral health care for vulnerable and underserved populations. Washington, D.C. The National Academies Press; 2011. Available at: [http://nationalacademies.org/HMD/Reports/2011/Improving Access to Oral-Health-Care-for-Vulnerable-and-Underserved-Populations.aspx](http://nationalacademies.org/HMD/Reports/2011/Improving%20Access%20to%20Oral%20Health%20Care%20for%20Vulnerable%20and%20Underserved%20Populations.aspx). Accessed October 28, 2017.
37. American Dental Association. Fluoridation of water supplies. (Trans.1950 224) 1950.
38. American Dental Association. Policy on fluoridation of water supplies. (Trans.2015:274) 2015. Available at: <http://www.ADA.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/ada-fluoridation-policy>. Accessed October 26, 2017.
39. National Dental Association. Membership. Available at: <http://www.ndaonline.org/membership>. Accessed October 26, 2017.
40. National Dental Association. Position on water fluoridation. 2012. Available at: <http://www.ndaonline.org/position-on-water-fluoridation>. Accessed October 26, 2017.
41. Hispanic Dental Association. Advocacy: HDA Working for You. Community Water Fluoridation. Hispanic Dental Association endorses community fluoridation. Available at: <http://hdassoc.org/about-us/advocacy>. Accessed October 26, 2017.
42. American Academy of Pediatrics. AAP core values. Available at: <https://www.aap.org/en-us/about-the-aap/aap-facts/Pages/Strategic-Plan.aspx>. Accessed October 26, 2017.
43. American Academy of Pediatrics Section on Oral Health. Maintaining and improving the oral health of young children. *Pediatrics* 2014;134(6):1224-9. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/25422016>. Accessed October 28, 2017.
44. American Medical Association. About us. 2017. Available at: <https://www.ama-assn.org/about>. Accessed October 26, 2017.
45. McKay FS. The fluoridation of public water supplies. *Ann Dent* 1951;10(3):87-9.
46. American Medical Association. Water fluoridation H 440.972. In: American Medical Association Policy Finder. Available at: <https://www.ama-assn.org/about-us/policyfinder>. Accessed October 28, 2017.
47. American Public Health Association. About APHA. 2017. Available at: <https://www.apha.org/about-apha>. Accessed October 26, 2017.
48. American Public Health Association. Policy 5005. Fluoridation of public water supplies. 1950 Jan 01. Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements>. Accessed August 23, 2017.
49. American Public Health Association. Policy 20087. Community water fluoridation in the United States. 2008 Oct 28. Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements>. Accessed August 23, 2017.
50. World Health Organization. About WHO. The guardian of global health. Available at: <http://www.who.int/about/what-we-do/global-guardian-public-health/en>. Accessed October 25, 2017.
51. World Health Organization. Fluoridation and dental health. (WHA22.30) 1969 Jul 23. Available at: <http://apps.who.int/iris/handle/10665/91255>. Accessed October 28, 2017.
52. WHO Expert Committee on Oral Health Status and Fluoride Use. Fluorides and oral health report of a WHO expert committee on oral health status and fluoride use. WHO Tech Rep Ser 1994;846 1-37. Available at: [http://apps.who.int/iris/bitstream/10665/39746/1/WHO\\_TRS\\_846.pdf](http://apps.who.int/iris/bitstream/10665/39746/1/WHO_TRS_846.pdf). Accessed October 28, 2017.
53. Petersen PE, Lennon MA. Effective Use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. *Community Dent Oral Epidemiol* 2004;32(5):319-21. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/15341615>. Accessed October 26, 2017.
54. Petersen PE. World Health Organization global policy for improvement of oral health--World Health Assembly 2007. *Int Dent J* 2008;58(3):115-21. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/18630105>. Accessed October 26, 2017.
55. Petersen PE, Ogawa H. Prevention of dental caries through the use of fluoride--the WHO approach. *Community Dent Health* 2016;33(2):66-8.
56. 2013 Pulitzer Prizes. Journalism. Editorial Writing. Available at: <http://www.pulitzer.org/prize-winners-by-year/2013>. Accessed October 26, 2017.
57. Safe Water Association, Inc. v. City of Fond du Lac, 184 Wis.2d 365, 516, N.W. 2d 13. (Wis. Ct. App. 1994). Available at: <http://fluidlaw.org/caselaw/safe-water-association-inc-v-city-fond-du-lac>. Accessed October 28, 2017.
58. Block LE. Antifluoridationists persist: the constitutional basis for fluoridation. *J Public Health Dent* 1986;46(4):18-8-98. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/3465958>. Accessed October 26, 2017.
59. Christoffel T. Fluorides, facts and fanatics: public health advocacy shouldn't stop at the courthouse door. *Am J Public Health* 1985;75(8):888-91. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/4025650>. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1646352>. Accessed October 26, 2017.
60. McMenamin JP. Fluoridation of water in Virginia: the tempest in the teapot. *J Law Ethics Dent* 1988;1(1):42-6.
61. Roemer R. Water fluoridation: public health responsibility and the democratic process. *Am J Public Health Nations Health* 1965;55(9):1337-48. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1256473>. Accessed October 26, 2017.
62. Strong GA. Liberty, religion, and fluoridation. *J Am Dent Assoc* 1968;76(6):1398-409.
63. Easlick KA. An appraisal of objections to fluoridation. *J Am Dent Assoc* 1962;65(5):868-93.
64. McNeil DR. The fight for fluoridation. New York: Oxford University Press; 1957.
65. Newbrun E. The fluoridation war: a scientific dispute or a religious argument? *J Public Health Dent* 1996;56(5 Spec No):246-52. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/9034969>. Accessed October 26, 2017.
66. Scott DB. The dawn of a new era. *J Public Health Dent* 1996;56(5 Spec No):235-8. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/9034966>. Accessed October 26, 2017.
67. Lamberg M, Hausen H, Vartiainen T. Symptoms experienced during periods of actual and supposed water fluoridation. *Community Dent Oral Epidemiol* 1997;25(4):291-5. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/9332806>. Accessed October 26, 2017.
68. Hazard vs outrage: public perception of fluoridation risks. *J Public Health Dent* 1990;50(4):285-7.
69. Reekies D. Fear of fluoride. *Br Dent J* 2017;222(1):16-18. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/28084346>. Accessed October 26, 2017.



## Public Policy References

70. Armfield JM. When public action undermines public health: a critical examination of antifluoridationist literature. *Aust New Zealand Health Policy* 2007;4:25. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/18067684>. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2222595>. Accessed October 26, 2017.
71. Mertz A, Allukian M Jr. Community water fluoridation on the internet and social media. *J Mass Dent Soc*. 2014;63(2):32-6. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/25230407>. Accessed October 26, 2017.
72. Seymour B, Getman R, Sarafa A, Zhang LH, Kalenderian E. When advocacy obscures accuracy online: digital pandemics of public health misinformation through an antifluoride case study. *Am J Public Health* 2015 105(3):517-23. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/25602893>. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4330844>. Accessed October 26, 2017.
73. *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579, 113, S.Ct. 2786 (1993).
74. Neenan ME. Obstacles to extending fluoridation in the United States. *Community Dent Health* 1996;13 Suppl 2:10-20. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/8897746>. Accessed October 26, 2017.
75. Lowry RJ. Antifluoridation propaganda material--the tricks of the trade. *Br Dent J* 2000;189(10):528-30.
76. Mandel I. A symposium on the new fight for fluorides. *J Public Health Dent* 1985;45(3):133-79.
77. Lang P, Clark C. Analyzing selected criticisms of water fluoridation. *J Can Dent Assoc* 1981;47(3): xii.
78. Fluoride Action Network. Communities which have rejected fluoridation since 1990. Available at: <http://fluoridealert.org/content/communities>. Accessed October 26, 2017.
79. American Dental Association. U.S. communities voting to adopt fluoridation. 2017. Available at: <http://www.ADA.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/ada-fluoridation-resources>. Accessed October 28, 2017.
80. Centers for Disease Control and Prevention. Fluoridation. Fluoridation growth. Available at: <https://www.cdc.gov/fluoridation/statistics/fgrowth.htm>. Accessed October 26, 2017.
81. Centers for Disease Control and Prevention. Fluoridation Statistics. 2000. Available at: <https://www.cdc.gov/fluoridation/statistics/2000stats.htm>. Accessed October 26, 2017.
82. American Dental Association. Water fluoridation status of the 50 largest cities in the United States. 2017. Available at: <http://www.ADA.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/ada-fluoridation-resources>. Accessed October 28, 2017.
83. U.S. Department of Health and Human Services. Archive Healthy People 2010. 21 Oral health. Available at: <http://www.healthypeople.gov/2010/Document/HTML/Volume2/21Oral.htm>. Accessed October 28, 2017.
84. Frazier PJ. Fluoridation: a review of social research. *J Public Health Dent* 1980;40(3):214-33.
85. Margolis FJ, Cohen SN. Successful and unsuccessful experiences in combating the antifluoridationists. *Pediatrics* 1985 76(1):113-8. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/4011342>. Accessed October 26, 2017.
86. Easley MW. The new antifluoridationists: who are they and how do they operate? *J Public Health Dent* 1985;45(3):133-41. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/3861861>. Accessed October 26, 2017.
87. Wulf CA, Hughes KF, Smith KG, Easley MW. Abuse of the scientific literature in an antifluoridation pamphlet. Columbus OH: American Oral Health Institute Press; 1988. Available at: <http://www.cyber-nook.com/water/AbuseOfTheScientificLiteratureInAnAntifluoridationPamphlet.htm>. Accessed October 28, 2017.
88. ADA/ASTDD/CDC. Fluoridation awards. Available at: <http://www.ADA.org/en/public-programs/advocating-for-the-public/fluoride-and-fluoridation/ada-fluoridation-resources/fluoridation-awards>. Accessed October 26, 2017.
89. British Fluoridation Society. One in a million: the facts about fluoridation. Third edition. 2012. Available at: <https://www.bfsweb.org/one-in-a-million>. Accessed October 26, 2017.
90. O'Mullane DM, Baez RJ, Jones S, Lennon MA, Petersen PE, Rugg-Gunn AJ, Whelton H, Whitford GM. Fluoride and oral health. *Community Dent Health* 2016;33(2):69-99. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/27352462>. Accessed October 26, 2017.
91. Australian Government. National health and medical research council public statement: efficacy and safety of fluoridation. 2007. Available at: <https://www.nhmrc.gov.au/guidelines-publications/eh41>. Accessed October 26, 2017.
92. Public Health England. Water fluoridation: health monitoring report for England 2014. Available at: <https://www.gov.uk/government/publications/water-fluoridation-health-monitoring-report-for-england-2014>. Accessed October 26, 2017.
93. Sutton M, Kiersey R, Farragher L, Long J. Health effects of water fluoridation: an evidence review. 2015. Ireland Health Research Board. Available at: <http://www.hrb.ie/publications/hrb-publication/publications/674>. Accessed October 26, 2017.
94. Royal Society of New Zealand and the Office of the Prime Minister's Chief Science Advisor. Health effects of water fluoridation: a review of the scientific evidence. 2014. Available at: <http://royalsociety.org.nz/what-we-do/our-expert-advice/all-expert-advice-papers/health-effects-of-water-fluoridation>. Accessed October 26, 2017.
95. Scientific Committee on Health and Environment Risks (SCHER) of the European Commission. Critical review of any new evidence on the hazard profile, health effects, and human exposure to fluoride and the fluoridating agents of drinking water. 2011. Available at: [http://ec.europa.eu/health/scientific\\_committees/opinions\\_layman/fluoridation/en/1-3/index.htm](http://ec.europa.eu/health/scientific_committees/opinions_layman/fluoridation/en/1-3/index.htm). Accessed October 26, 2017.
96. U.S. Department of Health and Human Services. Federal Panel on Community Water Fluoridation. U.S. Public Health Service recommendation for fluoride concentration in drinking water for the prevention of dental caries. *Public Health Rep* 2015;130(4):318-331. Article at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4547570>. Accessed October 26, 2017.
97. European Commission. Drinking water directive. (Council Directive 98/83/EC of 3 November 1998). Available at: [http://ec.europa.eu/environment/water/water-drink/legislation\\_en.html](http://ec.europa.eu/environment/water/water-drink/legislation_en.html). Accessed October 26, 2017.
98. Marthaler TM. Water fluoridation results in Basel since 1962: health and political implications. *J Public Health Dent* 1996;56(5 Spec No):265-70. Abstract at: <https://www.ncbi.nlm.nih.gov/pubmed/9034972>. Accessed October 26, 2017.