

*A rational approach
to controversial
public policy issues*



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50 Reasons to Oppose Fluoridation

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1) Fluoride is not an essential nutrient. No disease has ever been linked to a fluoride deficiency. Humans can have perfectly good teeth without fluoride.

2) Fluoridation is not necessary. Most Western European countries are not fluoridated and have experienced the same decline in dental decay as the US (*see data from World Health Organization on levels of tooth decay in Europe, US, New Zealand, and Australia in [Appendix 1](#)*).

3) Fluoridation's role in the decline of tooth decay is in serious doubt. The largest survey ever conducted in the US (over 39,000 children from 84 communities) by the National Institute of Dental Research showed little difference in tooth decay among children in fluoridated and non-fluoridated communities ([Hileman, 1989](#) and [Yiamouyiannis, 1990](#)). According to the NIDR's statisticians, the study found an average difference of only 0.6 DMFS (Decayed Missing and Filled Surfaces) in the permanent teeth of children aged 5-17 residing in either fluoridated or unfluoridated areas ([Brunelle and Carlos, 1990](#)). This difference is less than one tooth surface! There are 128 tooth surfaces in a child's mouth.

4) Where fluoridation has been discontinued in communities from Canada, the former East Germany, Cuba and Finland, dental decay has not increased but has actually *decreased* ([Maupome et al, 2001](#); [Kunzel and Fischer, 1997, 2000](#); [Kunzel et al, 2000](#) and [Seppa et al, 2000](#)).

5) One of the early trials which helped to launch fluoridation took place in Newburgh, NY, with Kingston, NY as the control community. After 10 years of this trial (which was methodologically flawed), it looked as if there was a large decrease in dental caries in the fluoridated community compared to the non-fluoridated community. However, when children were re-examined in these two cities in 1995 (50 years after the trial began) there was practically no difference in the dental decay in the two communities. If anything, the teeth in unfluoridated Kingston were slightly better ([Kumar and Green 1998](#)).

34) Since dental decay is most concentrated in poor communities, we should be spending our efforts trying to increase the access to dental care for poor families. The real "Oral Health Crisis" that exists today in the United States, is not a lack of fluoride but poverty and lack of dental insurance.

35) Fluoridation has been found to be ineffective at preventing one of the most serious oral health problems facing poor children, namely, baby bottle tooth decay, otherwise known as early childhood caries (Jones, 2000).

36) Once fluoride is put in the water it is impossible to control the dose each individual receives. This is because, one, some people (e.g. manual laborers, athletes and diabetics) drink more water than others, and because, two, we receive fluoride from sources other than the water supply. Other sources of fluoride include food and beverages processed with fluoridated water; fluoridated dental products, and pesticide residues on food.

As one doctor has aptly stated, "No physician in his right senses would prescribe for a person he has never met, whose medical history he does not know, a substance which is intended to create bodily change, with the advice: 'Take as much as you like, but you will take it for the rest of your life because some children suffer from tooth decay.' It is a preposterous notion."

50) When it comes to controversies surrounding toxic chemicals, invested interests traditionally do their very best to discount animal studies and quibble with epidemiological findings. In the past, political pressures have led government agencies to drag their feet on regulating asbestos, benzene, DDT, PCBs, tetraethyl lead, tobacco and dioxins. With fluoridation we have had a fifty year delay. Unfortunately, because government officials have put so much of their credibility on the line defending fluoridation, and because of the huge liabilities waiting in the wings if they admit that fluoridation has caused an increase in hip fracture, arthritis, bone cancer, brain disorders or thyroid problems, it will be very difficult for them to speak honestly and openly about the issue. But they must, not only to protect millions of people from unnecessary harm, but to protect the notion that, at its

core, public health policy must be based on sound science not political pressure. They have a tool with which to do this: it's called the Precautionary Principle. Simply put, this says: if in doubt leave it out. This is what most European countries have done and their children's teeth have not suffered, while their public's trust has been strengthened.

It is like a question from a Kafka play. Just how much doubt is needed on just one of the health concerns identified above, to override a benefit, which when quantified in the largest survey ever conducted in the US, amounts to less than one tooth surface (out of 128) in a child's mouth?

For those who would call for further studies, we say fine. Take the fluoride out of the water first and then conduct all the studies you want. This folly must end without further delay.

Name#:

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Author's Purpose Practice 2

Directions: Answer the following questions in complete sentences using the accompanied article.

Title:

Source of article (Where was the article found?):

Author:

1. What is the author's purpose in writing this article? Be specific and tell what the author is informing, persuading, or entertaining the reader about.
2. List at least **three** details from the text that prove the author's purpose.
3. Explain how the details you gave in #2 support/prove the author's purpose.

Big 3 Questions

Directions: Be sure to answer numbers 4-6 with the sentence starters from your sign posting notes.

4. What did the author think I already knew? Make sure you discuss the problem (listed on your Big Questions reference sheet) the text detail caused and the solution you used to fix it.

5. What surprised me? Why? What does this surprising detail possibly suggest?

6. What challenged, changed, or confirmed what I knew? Why/How?