

To the Members of the Tewksbury Board of Health:

I am writing in response to the public forum held on March 6, 2025 regarding the possible removal of fluoride from Tewksbury's water supply. I am a town resident and was in attendance at this meeting. I would like to thank the Board of Health members—Melissa Braga, Susan Amato, George Ferdinand, and Christine Janeczak—for organizing this event and allowing residents to both speak and listen. As a member of the Foundation for Individual Rights and Expression (FIRE), a nonpartisan, free speech organization, I am especially grateful to the board for protecting Tewksbury's citizens' right to speak freely in the public square.

I appreciate the board members explaining their perspectives on a difficult topic. I did not have a statement prepared prior to the meeting, believing it was important to keep an open mind and listen to informed perspectives. After reflection, I would like to respond to three points raised at the meeting.

1. Informed Consent: During the public forum, Chairwoman Braga, a registered nurse, expressed concern that residents did not grant informed consent regarding fluoridated water, which can be classified as a medical treatment. Our lawmakers certainly agree on the importance of informed consent given the extensive nature of federal legal guidelines; however, these statutes apply to the individual in cases of specific medical procedures/interventions, clinical trials, and research studies, not in collective public health measures.<sup>1</sup> The Centers for Disease Control (CDC) and the American Public Health Association (APHA) Code of Ethics explicitly state the principles and values guiding public health actions differ from those guiding individual health decisions given the former are directed at the population level.<sup>2,3</sup> In fact, multiple legal challenges to water fluoridation citing fundamental liberties violations, compulsory medicalization, and abuse of state and municipal power have been unsuccessful dating back to the 1950s.<sup>4</sup> Judges presiding over such cases ruled it was “unclear whether a liberty interest existed in being free from water fluoridation because plaintiffs retained the choice to not drink the fluoridated water.”<sup>4</sup> Courts also noted a difference between an “invasive medical procedure that overrides personal freedom” and “adding approved chemicals to public drinking water,”<sup>4</sup> particularly where the state has a compelling interest to favor community water fluoridation as a public health measure.<sup>4,5,6</sup> I respect Chairwoman Braga's concern for residents' informed consent rights and share the board's commitment to protecting personal autonomy; however, this specific right is not granted in a state or national public health context. Whether informed consent should extend to public health matters is an unsettled ethical debate among legal, political, and medical philosophers;<sup>7,8,9</sup> however, this does not mean Tewksbury residents lack options. Free will is indeed expressed through the democratic process, as it was when community water fluoridation took effect in 1984. To imply that Tewksbury residents are being denied their fundamental rights to informed consent in this context is misleading, legally untenable, and could cause unnecessary alarm.

2. Vulnerable Populations: Potential negative effects of fluoride exposure in infants and the elderly was raised by multiple board members. The claim that fluoride is associated with lower IQ and neurological conditions in small children should most certainly be heeded, and indeed is being done so by national and state health officials.<sup>10</sup> When my husband and I were expecting our first child 12 years ago, we contacted the Tewksbury Water Department for fluoride information (the employee we spoke with was incredibly informative and proud of Tewksbury's commitment to safe, fluoridated water). After the birth of our son, we received infant care guidelines at Emerson Hospital's Birthing Center, including safe formula preparation guidelines from the CDC, even though the CDC does not specifically recommend using distilled or purified water when mixing formula.<sup>11</sup> As nervous new parents, we exercised our free choice as consumers to incur the extra expense of bottled water. Should families with limited means have similar concerns, private and public insurance plans (including MassHealth/Women, Infants, and Children, or WIC) cover the cost of pre-made and powdered baby formula.<sup>12</sup> Similarly, elderly residents who prefer non-fluoridated water can invest in specialized home filtration systems (available at different price points) or bottled distilled/purified water; in cases deemed medically necessary, Medicare will cover the cost of purified water or could be used as a tax-deductible medical expense.<sup>13,14,15,16</sup> Living in a market-based economy comes with the benefit of choice based on individual need; removing fluoride from the water supply removes this choice for families who will otherwise struggle to afford dental care.
3. Established vs. Emerging Science and Regulation: Chairwoman Braga made a timely point about the availability of politically-slanted research to support one's political priors, further distorting issues of public concern. This point is well-taken; scientists and academic journals have indeed published fraudulent and/or biased findings over the last decade, doing the public a disservice.<sup>17</sup> This does not mean, however, that politically opposed bodies of research on a single topic are of equal quality. I agree with resident Dustin Weir, who, in his public address, encouraged us to follow emerging studies while recognizing there is not sufficient evidence to overturn scientific consensus on the public health benefits of fluoride. Many mistakes were made during the COVID-19 pandemic in the name of protecting public health. Growing skepticism of our institutions and desire to question previously held assumptions is an understandable by-product. I resigned from a 23-year career as a high school special education teacher last June. I personally witnessed the effect closing public schools had on our kids in an effort to protect the most vulnerable. Five years later, we are still coming to terms with the consequences of these actions. But knee-jerk suspicion of our public institutions is no different than blind faith in the experts leading those institutions. Removing fluoride from our water supply to protect the most vulnerable reeks of the epic mistake to shut down businesses and schools to protect the vulnerable from COVID. Community water fluoridation is recommended by several US public health agencies, yet it's important to note that the choice to add fluoride is a decentralized decision that, until recently, was not mandated by a federal agency.<sup>18,19</sup> I agree with Board Member Ferdinand that overregulation impairs our ability to live and associate freely. We should not hastily engage in the direct

use of government power in the name of safetyism; we would be doing so by restricting access to fluoridated water in response to new studies associating fluoride with potential harms.<sup>20</sup> For every new study making this claim, there are a collection of studies from 2020 showing masks and six-feet of distance protect us from COVID infection (which I'm sure the board knows did not hold up well). We are fortunate to live in a state that affords its towns the agency to opt in or opt out; the state only regulates the amount of added fluoride for towns that have opted in. Reactionary decision-making that leads to banning public services has a poor track record in our nation's history. Continuing this pattern would further erode trust in our public institutions.

Thank you to the board for offering a public forum and for taking the time to read my letter. I hope the board will continue to reach out to Tewksbury residents from every background, particularly those with lower civic engagement, as this is a decision that has long-term implications for everyone.

Thank you again for your time and commitment to Tewksbury public health.

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#### Notes

1. Code of Federal Regulations. 22 C.F.R. ch. 2 § 225.116 (Updated 3/14/2025). <https://www.ecfr.gov/current/title-22/chapter-II/part-225/section-225.116>
2. "Public Health Ethics." Scientific Integrity at CDC. CDC. October 22, 2024. <https://www.cdc.gov/scientific-integrity/php/public-health-ethics/index.html>
3. "Public Health Code of Ethics." Issue Brief. APHA. 2019. [https://www.apha.org/-/media/files/pdf/membersgroups/ethics/code\\_of\\_ethics.ashx#:~:text=This%202019%20version%20of%20the%20Public%20Health.obligations%20for%20both%20public%20health%20practitioners%20and](https://www.apha.org/-/media/files/pdf/membersgroups/ethics/code_of_ethics.ashx#:~:text=This%202019%20version%20of%20the%20Public%20Health.obligations%20for%20both%20public%20health%20practitioners%20and)
4. Wurzburg, Jeff and Corrine Propas Parver. "Community Water Fluoridation around the Nation: Significant Case Law and Legislation." *Health Law and Policy Brief* 7, no. 1 (2013): 1-20. <https://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=1002&context=hlp>
5. Steiner, Ronald. "Compelling State Interest." Free Speech Center at Middle Tennessee State University. Aug 10, 2023. [https://firstamendment.mtsu.edu/article/compelling-state-interest/#:~:text=A%20compelling%20state%20\(or%20governmental.choice%2C%20preference%2C%20or%20discretion.](https://firstamendment.mtsu.edu/article/compelling-state-interest/#:~:text=A%20compelling%20state%20(or%20governmental.choice%2C%20preference%2C%20or%20discretion.)
6. Mill, John Stuart. *On Liberty*. The Walter Scott Publishing Co, Ltd. 1859, 80. Mill describes what is commonly referred to as the "harm principle" when he writes, "...the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others."
7. Song, Youngha, and Junhewk Kim. "Community Water Fluoridation: Caveats to Implement Justice in Public Oral Health." *International Journal of Environmental Research and Public Health* 18, no. 5 (Mar 1, 2021): 2372. <https://doi.org/10.3390/ijerph18052372>

8. O'Neill, Onara. "Informed Consent and Public Health." *Philosophical Transactions of the Royal Society of London: Series B, Biological Sciences* 359, no. 1447 (July 29, 2004): 1133–1136.  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC1693386/>
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10. "About Dental Fluorosis." CDC. May 15, 2024.  
<https://www.cdc.gov/oral-health/about/about-dental-fluorosis.html#:~:text=Be%20careful%20with%20products%20that%20have%20added%20fluoride&text=2%20Before%20age%203%2C%20parents,toothpaste%20or%20other%20fluoride%20products.>
11. "Infant Formula Preparation and Storage." CDC. December 19, 2024.  
<https://www.cdc.gov/infant-toddler-nutrition/formula-feeding/preparation-and-storage.html>
12. "Massachusetts WIC-Approved Formulas." WIC. April 2024.  
<https://www.mass.gov/doc/wic-formula-list-0/download>
13. Fluoride Water Filter Systems. Amazon. Last updated March 17, 2025.  
[https://www.amazon.com/s?k=fluoride+water+filter+systems&crd=1M6JCM4P2CSDR&srefix=fluoride+water+filter+systems%2Caps%2C148&ref=nb\\_sb\\_noss\\_2](https://www.amazon.com/s?k=fluoride+water+filter+systems&crd=1M6JCM4P2CSDR&srefix=fluoride+water+filter+systems%2Caps%2C148&ref=nb_sb_noss_2)
14. Fluoride Water Filter Systems. Home Depot. Last updated March 17, 2025.  
<https://www.homedepot.com/s/fluoride%20water%20filter%20systems?NCNI-5>
15. "Water Purification and Softening Systems Used in Conjunction with Home Dialysis." *Centers for Medicare & Medicaid Services*. No. 100-3 (230.7). May 1, 1989.  
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16. Internal Revenue Service. Publication 502: Medical and Dental Expenses. 2024.  
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18. Mass. Gen. Laws ch. 111, § 8C (1968).  
<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section8C>
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