

Testimony of Christopher B. Wood
Health Department Hearing on Thu, 6-March-2025
Topic: Fluoridating the Public Water Supply

Summary:

I am speaking in favor of ending fluoridation of the public water supply.

Discussion:

There are three primary bases upon which I form my opinion that fluoridation of the public water supply should be discontinued:

1. It represents forced medicalization.
2. Drinking water is only a small part of the overall water supply usage.
3. The underlying studies upon which the fluoridation recommendations were made were flawed in both methodology and results.

Forced Medicalization

Forced medicalization is an abuse of the individual's autonomy and self-determination. In particular, this forced medicalization is not the only way the intended goal could be achieved. When fluoridating all water, there is no control on dosage.

Some people drink a lot of water while others may drink very little. However, the person who seeks to consume large quantities of water, maybe 2 liters per day or more, they have no way to reduce their ingested fluoride quantities. If relying on the public water supply, they have no means to remove excess fluoride. Excess fluoride is dangerous and can lead to numerous issues through fluorosis. Critically, for the aged, fluorosis can lead to weaker bones and stiffness and joint pain.

On the other hand, people desiring fluoride have several ways to add fluoride to their health care. These include fluoride supplements, fluoride toothpaste, and fluoride treatments. In that way, they can consume or use the fluoride treatment appropriate for their particular situation getting the proper dosage as they deem appropriate for their health care goals.

Removing fluoride from the public water supply allows for the free consumption of water by the public without risk or fear of excessive fluoride consumption. For some people, the desired fluoride consumption may be zero.

Consumed Water vs Overall Water Fluoridation

The EPA reports that only approximately 12% of overall public water is for domestic usage. In addition, only about 19% of the domestic use is from the faucet. In other words, only about 3% of water is typically consumed by individuals. There is no reason to fluoridate the entire water supply to only possibly benefit a tiny fraction of the system and more likely cause harm or injury to another group. Such an approach does not make economic sense.

Flawed Studies upon which the Basis of Fluoridated Water Began and Continues

The early studies were observational in basis, lacked randomized controlled trials, included biases due to populations and oral hygiene practices, did not address impacts on adult water consumption from the affect on adult caries to the long-term effects of excessive fluoride

intake leading to dental fluorosis and possible skeletal fluorosis. These studies have formed the basis of bad science, bad medicine, and bad economics. Additionally, fluoride is a known neurotoxin that affects child development and studies have shown that it is linked to lower IQs and poorer cognitive outcomes. It has also been linked to cardiovascular problems, lower fertility, early puberty in girls, and thyroid dysfunction.

Conclusions

The criticisms I have discussed on public water fluoridation are easily solved by stopping the fluoridation. Individuals desiring fluoride have numerous ways to obtain the same while people who do not want or cannot tolerate water fluoridation have no alternative than expensive fluoride removal systems or the use of non-fluoridated water, but that becomes difficult and expensive when including cooking and other consumption uses. Consuming water is a personal decision and should not be forced and therefore this inclusion of fluoride is a forced medicalization. Finally, the economics of water fluoridation do not make sense between the dosing problems and predominantly non-consumption uses, public fluoridation of the water supply should be stopped.

Interestingly, Utah is now poised to be the first state to ban water fluoridation.