

WATER SHOULD HYDRATE NOT MEDICATE

TOP 5 REASONS TO END WATER FLUORIDATION

1 Lack of Informed Consent

- **Water fluoridation is a medical treatment:** The FDA recognizes water fluoridation as a medical treatment for a disease (dental decay).
- **Water fluoridation is implemented by local governments.** Councilors and commissioners are not doctors and should not be prescribing treatment.
- **No ability to opt-out:** Citizens are not adequately informed about the potential health risks of fluoride, nor given the opportunity to consent or opt-out.

Lack of dosage control: Unlike prescribed medications where the dosage is critically important, fluoridation in drinking water provides no ability to control the dosage, leaving individuals exposed to varying levels of fluoride. The internal organs of a person's body receive fluoride not only through drinking water but also through skin absorption, food, beverages, medications, and cosmetics, increasing total exposure.

2 Water fluoridation chemicals are a hazardous waste

- **Not natural fluoride:** Pro-water fluoridation groups claim fluoride is naturally occurring, which is true; however, the fluoride added to water is **not** naturally occurring. Failure to mention this distinction is an egregious omission.
- **Byproduct of industry:** The chemicals used for water fluoridation are chemical compounds that are byproducts of industry (specifically Fluorosilicic, Hydrofluorosilicic, or Hexafluorosilicic acid) and are classified by the EPA as hazardous waste. These chemicals are identified on Material Safety Data Sheets (MSDS) as toxic substances.
- **Fluoride Safety Levels According to the EPA:** Dr. Joseph Ladapo explained in public testimony that when the EPA establishes a chemical as "unsafe" at a certain level (e.g., fluoride at 1.5 ppm), their recommendation for a safe threshold is often 10x to 100x lower than the unsafe level.



Based on EPA standards, the safe fluoride level should be no higher than 0.15 ppm (far lower than the current standard of 0.7 ppm).



- **Potential Legal Liability:** Local governments could face legal challenges if they continue to fluoridate the water despite growing concerns over its health risks without fully addressing those risks and providing ways for residents to opt-out.

3 Doctor's oath, "First do no harm"

First do no harm: Doctors take an oath to do no harm, but mandatory fluoridation violates this principle, as it forces citizens to undergo medical treatment without informed consent and a risk benefit analysis.

Known risks: Significant health risks have been documented by the EPA and major health regulatory agencies, including developmental harm to infants and long-term toxicity in the human body.

Infants at greatest risk: Because of an infants' sole reliance on liquids for food intake, a bottle-fed baby consuming fluoridated water (0.6 – 1.2 ppm) can get up to 300 times more fluoride than a breast-fed baby. There are no benefits, only risks for infants ingesting this heightened level of fluoride at such an early age where susceptibility to environmental toxins is particularly high.

Toxicity and Accumulation: Like any toxin, hydrofluorosilicic acid accumulates in the body over time, primarily in bones, teeth, brain, kidneys, and other tissues. This accumulation can lead to long-term health problems as fluoride is stored in the body and its levels increase with continued exposure.

4 Most of the World Rejects Water Fluoridation

- **Limited global use:** The United States fluoridates more citizens than the rest of the world combined, yet there is little to no statistical difference in dental health outcomes between fluoridated and non-fluoridated areas.
- **Local opposition:** In Florida alone, more than 20 counties do not fluoridate their water, and many cities, including Marco Island, have never added fluoride, yet they report no dental health crisis.

5 Disproportionate Impact on Low-Income Communities

- **Fluoridation fails to address root causes:** Statistics prove highly fluoridated low-income areas still report a severe oral health crisis. Fluoridation does not address the underlying causes of tooth decay in low-income communities, such as lack of dental education, poor diet, and access to care.
- **Higher exposure for vulnerable populations:** Low-income families are less likely to afford filtration systems or unfluoridated water. These families are more likely to suffer from poor nutrition making them more susceptible to fluoride toxicity. These are the very people being targeted by fluoridation programs.
- **No informed consent:** This most vulnerable population is not receiving informed consent, a risk/benefit analysis, nor the ability to opt-out.

WATCH NOW



FDA/EPA/CDC Statements on Fluoridation and Its Risks



EPA Testimony on Fluoride Assessment

Dr. Joyce Donohue (EPA Office of Water): In a video deposition, Dr. Donohue acknowledges the need for an update to the fluoride assessment, highlighting concerns about the existing data and the potential risks of fluoride exposure.



CDC's Acknowledgment of Fluoride Risks

Casey Hannon, Director of CDC Oral Health Division: Hannon confirms that the CDC agrees with the National Research Council's 2006 findings, which stated that "fluorides interfere with the function of the brain and body in both direct and indirect means."



Scientific Concerns on Fluoride's Neurotoxic Effects

Dr. Kathleen Thiessen, NRC Committee Member: Dr. Thiessen, a key author of the NRC's 2006 report, revealed that the EPA has been ignoring the neurotoxic risks associated with fluoride exposure. This oversight continues despite mounting evidence of potential harm to brain function.



Admission by EPA, CDC, and FDA of Inadequate Studies

In a video interview with an attorney who successfully sued the EPA, representatives from the EPA, CDC, and FDA admitted under oath, under penalty of perjury, that they have NO STUDIES proving that the fluoride chemicals added to drinking water are safe for the brain.

13:53: Attorney discusses the lack of studies proving fluoride safety.

15:45: Dr. Joyce Donohue from EPA testifies.

47:50: Casey Hannon from CDC testifies.