

WHY COMMUNITY WATER 'FLUORIDATION' IS UNJUSTIFIED PUBLIC POLICY

Wrongly Promoted By Health Professionals and Government Officials

by Janet Nagel, EdD

As scarce as truth is, the supply has always been in excess of the demand.

--Josh Billings

In legal challenges to non-consensual dental treatment by public water 'fluoridation', courts have recognized that it is an infringement of US constitutional rights to privacy and freedom from bodily intrusion. 'Fluoridation' has so far been allowed as an exercise of police power to impose what was once believed to be a necessary public health measure. [1-3](#) Quarantine is also a police action to address a public health threat serious enough to justify infringement of individual rights, for the greater good of the community. Even though tooth decay does not pose a grave danger to communities as a whole, the courts accepted the claims of public health officials that 'fluoridation' was safe, effective, and necessary.

WRONG ASSUMPTIONS

Public health officials argued that 'fluoridation' was necessary because young children had to swallow fluoride in order for it to be incorporated into the enamel while the teeth were forming. [4](#) That theory has now been disproved. The science shows that increased fluoride in tooth enamel does *not* increase resistance to tooth decay; and exposure to 'fluoridated' water at recommended 'optimal' levels *does* increase the adverse side effect of dental fluorosis. [5](#)

In 1999 the CDC recognized the substantial body of evidence that "...fluoride prevents dental caries predominately after eruption of the tooth into the mouth, and its actions primarily are topical for both adults and children." [6](#) This fact, plus the easy accessibility of toothpaste and other topical applications, renders 'fluoridation' unnecessary. [7](#)

There is also a large body of evidence that tooth decay rates have declined since 1965 at the same rate in districts that did not add fluoride to water as in districts that did. [8](#) Severe tooth decay among poor people who don't have access to dental services remains an unsolved problem in districts that have been adding fluoride for decades. And there is no scientifically defensible evidence of any significant reduction in the incidence of tooth decay in 'fluoridated' water districts. [9-11](#) This is clear evidence that 'fluoridation' is ineffective in reducing tooth decay.

The evidence that adding fluoride to public water is unnecessary and ineffective should be sufficient to establish that non-consensual fluoride treatment is an unjustifiable infringement of constitutional rights. However ‘fluoridation’ has become an article of faith in US federal and state health agencies, dental and medical professional organizations, and education of health professionals. These traditionally respected health ‘authorities’ cannot bring themselves to accept the unassailable science that invalidates their fluoride catechism. They continue to promote ‘fluoridation’ and to insist that it’s important for dental health. Therefore, those who object to non-consensual fluoride treatment have emphasized the massive amount of evidence that ‘fluoridation’ is unsafe. [12](#)

FEBRUARY 2017: EPA BUREAUCRATS AGAIN REFUSE TO PROTECT AMERICANS FROM UNSAFE FLUORIDE IN DRINKING WATER

In November 2016 the Academy of Environmental Medicine, the International Academy of Oral Medicine and Toxicology, and four other organizations petitioned the EPA to exercise its authority under the Toxic Substances Control Act (TSCA), to prohibit the purposeful addition of fluoride chemicals to US water supplies. [13,14](#) This request was made on the grounds that a large body of animal, cellular, and human research shows that fluoride is neurotoxic at doses within the range now seen in ‘fluoridated’ communities and was supported by over 180 scientific citations. Despite the fact that EPA’s Neurotoxicology Division has classified fluoride as a chemical with “Substantial Evidence of Developmental Neurotoxicity,” [15](#) the petition was rejected with obvious prejudice, repeating the EPA defense of ‘fluoridation’ on the basis of unexamined organizational endorsements, inaccurate representations of science, and immaterial procedural considerations. [16-18](#)

EARLIER REFUSALS BY EPA TO COMPLY WITH SAFE DRINKING WATER ACT STANDARDS

A 1989 federal National Toxicology Program bioassay yielded a result of possible carcinogenicity. [19](#) According to the protocol normally applied under the Safe Drinking Water Act, this finding should have caused the EPA’s Maximum Contaminant Level (MCL) for fluoride to be lowered from 4.0 milligrams per liter to 0.4 mg/l. At the time the CDC was recommending an “optimal” fluoride level of 0.7-1.2 mg/l for administering fluoride as a dental treatment through public water systems. EPA administrators refused to revise the fluoride MCL and illegally fired their top Science Advisor whose memo on the evidence of carcinogenicity had been leaked to the press. The Advisor won his whistleblower case against the EPA, but

EPA administrators did not address EPA responsibilities under the Safe Drinking Water Act. [20,21](#)

In 2005, eleven unions representing seven thousand EPA scientists and legal professionals called on the EPA administration to lower the Maximum Contaminant Level Goal (MCLG) for fluoride to 0.0 mg/l, [22](#) to make it the same as the MCLG for lead and arsenic, but EPA administrators again refused to act. (Fluoride is in the same toxicity range as lead and arsenic. [23](#) The MCL is enforceable while the MCLG is a recommendation.)

In 2016 Project TENDR--Targeting Environmental Neuro-Developmental Risks—cautioned:

“We as a society should be able to take protective action when scientific evidence indicates a chemical is of concern, and not wait for unequivocal proof that a chemical is causing harm to our children.” [24](#)

By this standard, the EPA has clearly been out of step for a quarter century with the ethical and common sense precautionary principles called for by Congress in the Safe Drinking Water Act and Toxic Substances Control Act. [25](#)

QUESTIONABLE ACTIONS BY OTHER FEDERAL AGENCIES

The foregoing highlights some of the questionable actions of the EPA regarding intentional addition of fluoride to public water systems. The EPA saga is actually longer and more complex and there are parallel histories of questionable actions in other federal agencies. To note a few examples: The FDA allows the prescribing and sale of unapproved fluoride medications for ingestion. And the US Public Health Service and the CDC have engaged in cover-ups of evidence of harm from ‘fluoridation’ since 1962. [26,27](#) They have manipulated evidence and misrepresented facts about lack of safety and lack of effectiveness of fluoride treatment in public water to health professionals and the public, [28-30](#) and they spend federal funds to promote and subsidize the addition of fluoride to public water in local water districts.

The Safe Drinking Water Act expressly prohibits the federal government from mandating the addition of any therapeutic agent to public drinking water. However, offices within these federal agencies actively promote the addition of fluoride for claimed therapeutic purposes, in spite of clear evidence in their possession that ‘fluoridation’ is ineffective and unhealthy. With urging by these federal agents, non-consensual fluoride treatment in public water has been mandated in thirteen states for all water systems serving populations above specified minimums. In the remaining states the decision to impose fluoride treatment in public water is made by local decision-makers, and federal agents are frequently active in offering financial

subsidies and pressuring local officials to implement it.

While local decision-makers in most states, including North Carolina, are free to reject ‘fluoridation’, the fact that approximately 75% of all US water systems and 88% of NC water systems are ‘fluoridated’ attests to the power of federal agencies to influence local policy in this matter. [31](#)

A number of other countries followed the US lead and began adding fluoride to public water in the 1960’s and 70’s. Most of them ended it within 10 to 20 years when it became clear that ‘fluoridation’ was unsafe and ineffective. Countries where non-consensual fluoride treatment remains extensive, with questionable government programs promoting it, are Australia, New Zealand, Ireland, and Canada. There are vigorous movements in those countries as well as in the US to end ‘fluoridation’, all associated with [Fluoride Action Network](#) (FAN), an international alliance of scientists, health and legal professionals, and community activists working to end the mistake of non-consensual fluoride treatment in public water. FAN has the largest searchable database for all information pro and con about ‘fluoridation’, and it is the special target of pro-‘fluoridation’ agencies and organizations for denunciation, demonizing, and denigration.

*No amount of experimentation can ever prove me right;
a single experiment can prove me wrong.*

-- Albert Einstein

This fundamental precept of the scientific method means that no amount of scientific research can ever prove that fluoridation is safe; and a single scientific finding can prove that it is unsafe.

WHY INGESTED FLUORIDE IS HARMFUL

The element fluorine is the most reactive element on the periodic table. It only occurs in nature as a compound—*fluoride*—with one or more other elements. The fluoride added to drinking water is the most dangerous chemical that water treatment workers have to deal with. It’s so corrosive that workers have to wear respirators and wear hazmat suits to handle it, and special equipment is required to transport it, and store it. It etches glass, eats holes in concrete, dissolves metal and human flesh. Fluoride is not less reactive when it’s diluted in water. The toxicity is just less concentrated and less observable on a cellular level as it’s carried throughout the body in the bloodstream.

Enamel hypoplasia or dental fluorosis, which is visible as enamel discoloration, is caused by inhibiting enzyme activity in the enamel-forming cells (ameloblasts) by fluoride circulating in the blood of children during the years of tooth formation (pre-birth to age 8). Advocates of fluoridation have long wanted to believe that fluorosis is merely cosmetic, but research in India and several other countries has demonstrated a correlation between the degree of dental fluorosis (mild-moderate-severe) and

neurological injury as measured by IQ scores. [32,33, 33.1](#)

Because fluoride inhibits enzyme activity in the cells of the body, it can cause a wide array of adverse effects. Further injury results from the body's inability to excrete all of the fluoride it takes in. Fluoride is particularly attracted to the bones and the pineal gland in the brain where it continues to build up for as long as a person is exposed to fluoride in food, beverages, and bathing water. Besides evidence of links to cancer [19, 34, 35](#) and neurological injury, there are studies linking fluoride ingestion to gastrointestinal diseases, hypothyroidism (low thyroid), kidney disease, arthritis, increased risk of hip fractures, auto-immune diseases, and more. [36, 37](#)

A long habit of not thinking a thing wrong gives it a superficial appearance of being right, and raises at first a formidable outcry in defense of custom.

-- Thomas Paine

WHY FLUORIDATION GOES AGAINST HEALTHCARE ETHICS

Administration of a medication through a community water system goes against medical ethics, not only because it violates the doctrine of Informed Consent as stated in the Nuremberg Code in the 20th century [38](#) and the UNESCO Universal Declaration on Bioethics and Human Rights in the 21st century, [39](#) but also because it is contrary to modern principles of pharmacology that emphasize precise calibration of dosage for the individual. When fluoridation was first proposed, conscientious physicians and other healthcare professionals raised objections to the 'fluoridation' concept on these ethical grounds, but they were shouted down by the larger faction who were beguiled by the promise of a miraculous remedy for tooth decay.

Many healthcare educators and professionals still labor under the misapprehension that fluoride is a nutrient that is important for healthy teeth. That mistaken belief was disavowed in 1963 by the FDA, which also clearly designated fluoride a medication in 2000. [40](#) It is therefore highly troubling that the assumptions of many practicing physicians and dentists are still based on a false early 20th century belief.

There is also an important distinction that health professionals have ignored between adding a clearly labeled nutritional supplement like Vitamin D to milk and adding an unidentifiable therapeutic substance to public drinking water. Consumers can avoid a supplement at the grocery store, but there is little to no public notification of fluoride dental treatment in the public water supply. Indeed, because of the continuing controversy over 'fluoridation', local, state and federal health agencies engage in a high degree of secrecy about it. [26, 30](#) To take just one example, equipment failure caused a suspension of fluoridation for eleven months in Durham, NC in 1990-91. The suspension was used as an opportunity to study the effect the suspension would have on dental health and was not announced to the public or the healthcare community. [41](#)

The study in Durham and scores of others highlight the fact that imposition of fluoride treatment in public water was begun as a non-consensual human experiment and has been a continuous non-consensual human experiment for more than seven decades. It is a human rights violation, prohibited since 1947 by the Nuremberg Code [38](#) but ‘normalized’ by constant promotion by public health authorities and educators of health professionals. This human experiment is imposed on hundreds of millions of people without their informed consent and usually without their awareness. That fact has been utterly ignored by our courts, our health ethicists, and all of our health professions.

RELEVANCE TO THE NATIONAL HEALTHCARE DISCUSSION

The US ranks behind other industrialized nations on various measures of health status, as well as educational achievement. There are many reasons for this, but one factor might well be that more Americans are exposed to elevated fluoride in public water than any other population in the world. Dutch fluoride researcher Hans Moolenburgh, MD, has observed,

“As a summary of our research, we are now convinced that fluoridation of the water supplies causes a low grade intoxication of the whole population being subjected to low grade poisoning means that their immune systems are constantly overtaxedthis can hasten health calamities.” [42](#)

Obviously there are many factors to consider in addressing healthcare issues. However, since the addition of fluoride dental treatment to public water is an unnecessary and ineffective public health program, three quarters of US water systems are spending funds on a useless policy, not to mention the expenditures of federal agencies that promote it. Those funds could be redirected to expand effective dental health programs such as the NC program that provides dental screening and parent education during pediatrician visits and other programs that provide tooth sealants that significantly improve children’s dental health. [43, 44](#) And, to the extent that blanket fluoride treatment is causing or worsening health problems in the general population, it is not only a physical burden imposed unethically on individuals but also a counterproductive cost burden on the entire healthcare system.

INDEPENDENT INVESTIGATORS SPEAK OUT

A number of national leaders have verified the challenges to ‘fluoridation’ explained above, and they have been outspoken about the problem. In 2015 safe water investigator and advocate Erin Brockovich posted on her Facebook page:

“My career has been about making people aware of harmful exposures and the deception that often accompanies those exposures. Drinking water

fluoridation is harmful, we've been deceived to believe it is safe, and with new found knowledge we must all act now to stop it." [45](#)

In a letter to the Georgia legislature, former Atlanta Mayor and UN Ambassador Andrew Young wrote:

“My father was a dentist. I formerly was a strong believer in the benefits of water fluoridation . . . But many things that we began to do 50 or more years ago we now no longer do, because we have learned further information that changes our practices and policies. So it is with fluoridation. . . . now we know that the primary, limited cavity fighting effects of fluoride are topical, when fluorides touch teeth in the mouth. We know that fluorides do little to stop cavities where they occur most often, in the pits and fissures of the back molars where food packs down into the grooves. This is why there is a big push today to use teeth sealants in the molars of children. We also have a cavity epidemic today in our inner cities that have been fluoridated for decades . . .” [46](#)

Former Georgia legislator and conservative activist Alveda King wrote:

“Generally people with built-in biases in support of fluoridation have been controlling the discussion about harm from fluorides. The Centers for Disease Control has clearly been trying to preserve fluoridation at all costs, but the facts about fluoride harm are coming out anyway. This is a civil rights issue. No one should be subjected to drinking fluoride in their water, especially sensitive groups like kidney patients and diabetics, babies in their milk formula, or poor families that cannot afford to purchase unfluoridated water. Black and Latino families are being disproportionately harmed.” [47](#)

CALLS FOR CONGRESSIONAL INVESTIGATION

Erin Brockovich is among several national figures calling for “Fluoridegate” investigations. In the Facebook post cited above she wrote:

“I call for four avenues of action:

1. An immediate repeal of all laws that require or enable fluoridation
2. Holding of Fluoridegate hearings at both national and state levels
3. For professional associations and advocacy groups to rescind allowing their names to be used to support drinking water fluoridation
4. For key research to immediately begin on how to safely remove fluorides that have accumulated in people’s bones and pineal glands.”

Reverend Gerald Durley, PhD, MDiv, a retired clinical psychologist and pastor emeritus of Providence Baptist Church in Atlanta, GA, wrote:

“We need to focus on helping people get access to dentists. Lack of fluoride does not cause cavities . . . We also need to know why the full story about harm from fluorides is only just now coming out. I support the holding of Fluoridegate hearings at the state and national level so we can learn why we haven’t been openly told that fluorides build up in the body over time, why our government agencies haven’t told the black community openly that fluorides disproportionately harm black Americans, and why we’ve been told that decades of extensive research show fluoridation to be safe, when the National Research Council in 2006 listed volumes of basic research that has never been done. This is a serious issue for all Americans, of every race and in every location.” [48](#)

Mark Hyman, MD, Cleveland Clinic physician, Huffington Post medical editor, and NY Times best-selling author has written:

“Communities of color and the underserved are disproportionately harmed by fluorides because most rely on municipal water sources, many of which continue to add fluoride, despite research showing the potential harms and negating the potential benefits . . . I support federal investigative hearings looking into why our cities and towns are allowed to continue to add fluoride to public water sources and why the whole story about fluorides is only just now coming out.” [49](#)

Always do the right thing. This will gratify some people and astonish the rest.

--Mark Twain

THE IMPORTANT ROLE OF LOCAL DECISION-MAKERS

In North Carolina and all but thirteen US states, city councils and other local decision-making bodies assume the legal responsibility for prescribing fluoride treatment to the people who depend on the water systems they administer. There is no federal or state law requiring fluoride treatment in community drinking water. It is voluntary, and decision-makers are free at any time to stop imposing this unscientific and unethical dental treatment on their water customers.

The Greenfield, MA, Board of Health recently decided against ‘fluoridation’. The town’s local paper reported:

"When making its decision, [board member] Doyle said, the board relied heavily on information from the federal Centers for Disease Control and Prevention’s 2013 Community Preventive Services Task Force. He said the

task force found no severe harm from water fluoridation and that communities with water fluoridation had a 15 percent decrease in dental cavities. Board members agreed that 15 percent was an underwhelming figure.” [50](#)

The City Council of Cotati, CA, decided against ‘fluoridation’ because fluoride does not need to be swallowed and they felt people should be able to decide for themselves and their children the medical and dental choices they make. ‘Fluoridation’ would put citizens in a position where they could not avoid fluoride. Reflecting on the long history of ‘fluoridation’, Mayor Mark Landman said,

“It's in this ability to overcome our natural resistance to change, and to reset our course of action that we are at our best. We simply need to be willing to change our direction.” [51](#)

Non-consensual fluoride treatment in public water was begun more than seventy years ago based on beliefs that science has now disproved. ‘Fluoridation’ is not a public amenity like Wi-Fi or walking trails. It is a police action like quarantine and curfews. ‘Fluoridation’ is a matter of individual rights, not democracy. We do not vote on what medical treatments members of our community will be required to take. The only ethical and equitable policy is to not put fluoride treatment in the water that everyone drinks, and leave it up to individuals and their personal healthcare providers to decide how they will take care of their general health and their dental health. That is what we do with every other personal health matter.

Once local decision-makers are made aware that the legal justification for the police action of non-consensual fluoride treatment no longer exists, they cannot reasonably claim that they’re justified in following outdated recommendations or generally accepted practice. It is very clear that ‘fluoridation’ is ineffective, unsafe, improper infringement of personal rights, and improper cost imposed on water ratepayers. [52](#), [53](#)

The responsibility for imposing the police action of non-consensual fluoride treatment resides with the local officials who determine water treatment policy, and nowhere else. Each person responsible for that policy is obligated to consider if they are willing to personally and bindingly guarantee that no harm will be caused to any person from added fluoride. Ultimately, the responsibility lies with our local decision-makers to do the right thing.

About the author: *Dr. Janet Nagel is a retired health educator who began researching ‘fluoridation’ in 1992 after she learned the reason for the bright white flecks on her child’s teeth.*

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<http://momsagainstfluoridation.org/sites/default/files/Fluoridation-Legal-Opinion-June-24-14.pdf> Although written with reference to Canadian law, this Memorandum also cites US law and broader legal principles and provides a useful review of both the science relating to fluoridation and legal findings in the US. The Theissen affidavit attached to the analysis provides a detailed discussion of relevant scientific findings of risks to human health and lack of benefit.
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APPENDIX

Comment of Michael Connett, attorney with Fluoride Action Network and author of the Fluoride Chemicals in Drinking Water; TSCA Section 21 Petition, regarding the EPA's denial of the petition:

Unfortunately, the EPA's decision to deny our petition demonstrates that the Agency is not yet prepared to let go of the outdated assumptions it has long held about fluoride.

We presented the Agency with a large body of human and animal evidence demonstrating that fluoride is a neurotoxin at levels now ingested by many U.S. children and vulnerable populations. We also presented the Agency with evidence showing that fluoride has little benefit when swallowed, and, accordingly, any risks from exposing people to fluoride chemicals in water are unnecessary. We believe that an impartial judge reviewing this evidence will agree that fluoridation poses an unreasonable risk.

In their decision the EPA claimed, "The petition has not set forth a scientifically defensible basis to conclude that any persons have suffered neurotoxic harm as a result of exposure to fluoride in the U.S. through the purposeful addition of fluoridation chemicals to drinking water or otherwise from fluoride exposure in the U.S."

As many independent scientists now recognize, [fluoride is a neurotoxin](#). The question, therefore, is not if fluoride damages the brain, but at what dose.

While EPA quibbles with the methodology of some of these studies, to dismiss and ignore these studies in their entirety for methodological imperfections is exceptionally cavalier, particularly given the consistency of the findings and the razor-thin margin between the doses causing harm in these studies and the doses that millions of Americans now receive.

EPA's own Guidelines on Neurotoxicity Risk Assessment highlight the importance of having a robust margin between the doses of a chemical that cause neurotoxic effects and the doses that humans receive. We presented the EPA with over 180 studies showing that fluoride causes neurotoxic harm (e.g. reduced IQ), and pointed out that many of these studies found harm at levels within the range, or precariously close to, the levels millions of U.S. children now receive. Typically, this would be a cause for major concern. But, unfortunately, the EPA has consistently shied away from applying the normal rules of risk assessment to fluoride -- and it has unfortunately continued that tradition with its dismissal of the Petition.

Fortunately, the TSCA statute provides that citizens can challenge an EPA denial in federal court and, importantly, that the federal court must conduct a **de novo** review of the evidence. In other words, federal courts are to conduct their own independent review of the evidence without deference to the EPA's judgment. We intend, therefore, to challenge EPA's denial in court, as we are confident in the merits of the Petition. For too long, EPA has let politics trump science on the fluoride issue ([see examples](#)). We welcome therefore having these issues considered by a federal court.

Karen Spencer: Personal Notes on the denial of the Fluoride Chemicals in Drinking Water; TSCA Section 21 Petition

SUMMARY: The long and short of it is that although the EPA nit-picked with complaints about several studies, they ignored most of the studies documenting harm submitted in the petition. Not only that, the EPA did not counter with

science as much as with endorsement statements from organizations with vested interests in the proliferation of fluoridation.

Moreover, EPA refused to consider the impact of fluoridation on infrastructure and corresponding increases in blood lead levels in children, as well as dismissing other concerns based on bureaucratic details rather than merits of those scientific facts in evidence. Most egregious, they claim they need more information on all health endpoints and details for all uses of fluoridation chemicals and all types of fluoridation chemicals before they could invoke TSCA rule making. The 2006 NRC [National Research Council [Fluoride in Drinking Water: A Scientific Review of EPA's Standards \(2006\)](#)] provided the EPA with multiple health endpoints including renal, endocrine and gastrointestinal disease, as well as neurotoxicity and cancer. The EPA has failed to undertake those studies, while communities and regulatory agencies continue to lump together all types of industrially created fluoridation chemicals as “safe” based on supposed observations of a small population one hundred years ago who were consuming calcium fluoride, and the controversial 1940s trials using sodium fluoride. 90% of communities use some type of fluosilicic acid compound for their fluoridation chemical, industrial waste collected in pollution scrubbers and known to be contaminated with many poisons including arsenic.

This EPA response is not unexpected. Fluoridation is a 72 year old business, and money is being made or saved based on that business plan, even within the government. Fluoridation policy-making legally belongs to municipalities and states, and EPA would rather stand clear of the fray. The scientists of the 2000 York Review, like the scientists of the 2015 Cochrane Review, found pro-fluoridation science to be very low quality and highly biased. [Water fluoridation for the prevention of dental caries, A systematic review of existing research by [Cochrane Oral Health Group](#), June 2015; [York Review](#) of Public Water Fluoridation. Sept 2000]

The 2000 York scientists went on record in 2007 stating that the results of their report have been misrepresented to the public in overly optimistic terms in order to justify fluoridation and that it is not the purview of scientists to make policy decisions. These scientists said that public health decisions should be made with consideration of ethics by those in government. Ethically, it is immoral to mass prescribe a medication to be distributed through the water system because it not only violates the doctrine of Informed Consent as stated in the Nuremberg Code in the 20th century and in UNESCO documents on Bioethics in the 21st century, but also because it is contrary to modern principles of pharmacology that emphasize the importance of individual dose control.

A few excerpts:

Page 27... - EPA actually seem to acknowledge that some people are at higher risk of adverse effects, but dismiss that misery They go on to say they do not assign an uncertainty factor until after they perform a “hazard characterization

for all health endpoints of concern.” The 2006 NRC gave them a list of endpoints of concern that they’ve done nothing to address. It comes back to the major point of the petition, the EPA is not doing their job.

Page 35... - EPA dismisses the false dilemma argument that fluoridation is readily and cheaply available to any who wants it as being an “ends-driven reasoning” which is forbidden because TSCA excludes “costs or other non-risk factors” from “unreasonable risk determination” when the petition is actually making an "unreasonable risk" argument. They go on to sidestep the lead in water issue as being an irrelevant question because they do not regard pipe corrosion and blood lead as “germane” since they’ve already ruled the addition of fluoridation chemicals as not an unreasonable risk. Circular reasoning.

Page 38 ...- EPA conclude that TSCA rule making would require more comprehensive evaluation of all uses of fluoridation chemicals than just to rule on stopping fluoridation. ... which the petition did not provide, therefore making it incomplete, and they could not rule on a "subset of uses of special interests.” Then they fault the petitioners for not being more specific when talking about “fluoridation chemicals"! Opponents have been complaining for years that EPA permits all sorts of "fluorides" to be added to our water that have never had any type of tests done for safety, without distinguishing between them.

Karen Spencer is an analyst and consultant for software development and a fluoridation researcher. She and other family members are among the 15% of Americans with chemical sensitivity to food and drink containing fluoridated water.