



Paul Connett &lt;pconnett@gmail.com&gt;

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## Your Inquiry Regarding Community Water Fluoridation

7 messages

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CDCExecSec (CDC) <removed> To:  
"pconnett@gmail.com" <pconnett@gmail.com>

Tue, Jun 15, 2021 at 9:59 AM

Dear Dr. Connett:

Thank you for your letter to Dr. Rochelle P. Walensky, Director of the Centers for Disease Control and Prevention (CDC), regarding community water fluoridation and a statement made during a recent webinar. I am responding to you on behalf of the Director.

For 75 years, CDC has carried out a mission to protect America's safety, health, and security at home and abroad. CDC is committed to applying the best available science to address pressing public health issues so that people and communities can make evidence-based decisions and actions. A commitment to transparency, honesty, and thorough consideration of research outcomes is central to this process.

CDC and U.S. Public Health Service guidance on fluoridation has always been based on the best available science, diverse perspectives, and a careful consideration of the balance of benefits and possible risks. For instance, in 2015, a federal panel, convened of experts from the CDC, National Institutes of Health, Food and Drug Administration, and other federal agencies, published the [U.S. Public Health Service Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries](#). This recommendation was drafted by scientists with a range of expertise who considered the broad range of potential harms that you reference.

Regarding the data on the potential neurotoxicity of fluoride, we agree with the perspectives of the National Academy of Sciences, Engineering, and Medicine panel that recently reviewed the National Institute of Environmental Health Sciences' (NIEHS) *Draft NTP [National Toxicology Program] Monograph on the Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects*, which concluded that "much of the evidence presented comes from studies that involve relatively high fluoride concentrations" and "that the monograph cannot be used to draw conclusions regarding low fluoride exposure concentrations, including those typically associated with drinking water fluoridation." (<https://www.nap.edu/read/26030/chapter/2#14>) We note that the available body of evidence reviewed in the NIEHS/NTP monograph includes the recent studies cited in your letter.

CDC carefully and continuously monitors the research about benefits and risks of fluoride so that its decision-making and guidance is based on the entirety of the evidence base. To date, CDC has not seen compelling changes in the evidence that alters its assessment of the favorable balance of benefits and potential harms at currently recommended levels for community water fluoridation in the U.S.

To clarify a statement referenced in your letter regarding comments made by Mr. Casey Hannan, Director of the Division of Oral Health, he was speaking in general terms about the body of evidence considered in the draft NIEHS/NTP monograph, rather than individual studies. We regret any confusion this statement may have caused.

CDC's support for community water fluoridation is based on more than 75 years of experience and research showing that water fluoridation is safe and effective for promoting good oral health. As you have noted, fluoridation has made substantial contributions to oral health and particularly to narrowing oral health disparities.

We appreciate your interest in this important public health issue. Please share a copy of this response with the co-signers of your letter.

Sincerely,

Karen Hacker, MD, MPH

Director, National Center for Chronic Disease

Prevention and Health Promotion

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