

from: Paul Connett <pconnett@gmail.com>  
to: CDC <removed >  
date: Aug 4, 2021, 8:29 AM  
subject: CDC's continued promotion of water fluoridation despite new science

## **CDC's continued promotion of water fluoridation despite new science**

Dear Dr. Hacker,

Thank you for your response to our most recent email. We very much appreciate your continued engagement on this issue with us. We fully accept that your hands will be very full working on COVID for at least two or three months and thus we will not expect you to meet with our experts (via Zoom) during this time.

However, as dire as the need to work on COVID is, we do not expect the agency to drop concerns on all other health issues. We believe this is especially true on the threats posed by water fluoridation, for which your agency's Oral Health Division has had the primary role of promoting in the USA.

Thus, we would like to renew our request that you appoint someone in your division at the CDC, not involved in the fight against COVID, to set up a panel of experts on toxicology and risk assessment to review the scientific literature which we have provided to you, especially the neurotoxicity studies published since 2016 (Bashash, 2017, 2018; Green, 2019 and Till, 2020) and the BMD analysis recently published by Philippe Grandjean. Again, we would stress that it is important that, for the credibility of this exercise, appointed panel members have had no previous association with the promotion of water fluoridation at the agency

If we are correct in our assessment of this literature, then every day this practice continues, your agency holds major responsibility for endangering the mental development of our children. It saddens and disturbs us that despite this information being made available to your agency, the CDC continues to actively and aggressively use taxpayers' money to promote water fluoridation.

For example, on July 7<sup>th</sup>, representatives of your agency held a Public Health Grand Rounds presentation on "Public Health Impact of Fluoride in Water." During this presentation there was zero discussion of neurotoxicity or the extensive scientific literature showing side effects; instead it sounded like a one-sided infomercial for fluoridation's benefits. Several of the slides presented explained that the CDC plans to work to increase the percentage of fluoridated communities from 72% up to 77% (about 19 million additional people), primarily by utilizing new technology that the CDC has [itself helped develop](#) and invested in. In fact, you were quoted in one of these slides.

## CDC PRESS RELEASE MARCH 2021

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- A Centers for Disease Control and Prevention (CDC) funded research initiative offers access to optimally fluoridated water for up to 19 million people in the U.S. for the first time.
- The new fluoridation method is designed to dissolve in a small amount of water, much like the chlorine tablets used in swimming pools. This tablet system could allow nearly 32,000 small public utilities – often in underserved, rural areas – to contribute to the national Healthy People goal of providing access to fluoridated water to 77.1% of the U.S. population by 2030.
- “Drinking fluoridated water keeps teeth strong and reduces cavities, resulting in less pain, fewer fillings or teeth pulled, and fewer missed days of work and school,” said Karen Hacker, MD, MPH, Director of CDC’s National Center for Chronic Disease Prevention and Health Promotion. “As we honor World Oral Health Day on March 20, I am proud we could for the first time, make available such an important prevention strategy to so many people.”

<https://www.cdc.gov/media/releases/2021/p0318-Fluoridation.html>

The CDC is also presently giving very large [taxpayer funded grants](#) to states to pay for public relations campaigns to promote fluoridation. Knowing what we know about the neurotoxicity of fluoride this is not helping to restore our faith in the scientific integrity of the CDC.

Since the CDC’s time and energy are focused on the pandemic, and there currently is no internal safety oversight of the fluoridation program as you have described, we urge you to suspend these promotion and expansion programs, until personnel are available to provide that oversight.

The advantage of setting up a panel now will be that when you return to other issues after COVID, there will be no time delay in your making decisions on this matter, which are truly informed on the latest science. Again, to this end we offer some of the key authors of the IQ studies to meet with such a panel, should one be appointed.

At the very least, continued promotion of water fluoridation should be contingent on your agency providing studies - *of a comparable quality*- which nullify the findings of the NIEHS-funded studies, which we have discussed with you. Meanwhile, we believe it is inexcusable that the CDC is not warning pregnant women and parents who bottle-feed their infants, about the dangers posed by a policy you continue to promote aggressively. Not to do so will further undermine the public’s trust in the agency in which you play such an important role. So would you please have a staffer of your choice contact me to ensure this matter moves forward in the most responsible and transparent manner.

Sincerely,

Paul Connett, PhD