

April 6, 2011

Matt Young, DDS President
8297 ChampionsGate Blvd., #193

ChampionsGate, FL 33896

Tel 863-420-6373

Fax 863-419-8136

IAOMT.org

Thomas R. Frieden, M.D., M.P.H.
Director, Centers for Disease Control and Prevention
Atlanta GA 30333

RE: Disproportionate Harm From Water Fluoridation to
Babies, Kidney Patients, and African Americans

Dear Dr. Frieden:

As President of the International Academy of Oral Medicine and Toxicology, I am writing to communicate our organization's concern that the CDC-supported practice of water fluoridation disproportionately harms certain subsets of the population, such as babies, kidney patients, and African Americans. There is now solid scientific evidence for this. Even CDC itself has changed its stance on use of fluoridated water for mixing infant formula and quietly acknowledged that minority groups experience markedly more dental fluorosis than others.

The solid evidence of harm we now have for susceptible, sensitive populations, untainted by politics or money considerations, is why the overwhelming consensus of our membership of hundreds of dental and medical professionals is to withdraw support for fluoridation. We also now know that lack of education and low household income are the factors most strongly associated with cavities, not the fluoride level in drinking water.

There is much science we could cite here, but the purpose of this letter is to succinctly summarize the basis for our conclusion that fluoridation must end.

Fluoride may prevent a small amount of cavities, but we now know that fluoride's primary mechanism for doing so is

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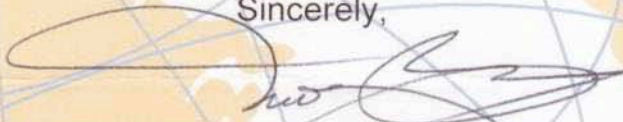
a topical action, not by systemic absorption. Systemic absorption only creates unacceptable side effects in both the mouth and elsewhere in the body. And as dentists we know that teeth sealants are dramatically more effective in preventing cavities where the vast majority occur, in the pits and fissures of the molars.

We cannot in good conscience continue to support the idea of people ingesting uncontrolled amounts of fluorides in drinking water. We do not wish to shoulder the responsibility of people thinking that dentists could possibly know how much fluoride each person has ingested systemically, or know how each person's unique health history and status will be impacted by the uncontrolled dosing.

The recent Health & Human Services attempt to somewhat lower the amount of fluorides in drinking water still does not address the fact that poor and minority families will be ingesting more fluorides than others, and it does not address dose - merely concentration in water. Citizens in hot climates will also not experience much of a drop in the amount of fluorides ingested, as the suggested lower level in water is close to the amount already in their water.

We would greatly appreciate a written response to this letter.

Sincerely,



Matt Young, DDS President
International Academy of Oral Medicine and Toxicology

