VIA U.S. MAIL AND EMAIL

Ms. Cynthia Oshita
Office of Environmental Health Hazard Assessment
Proposition 65 Implementation
1001 I Street, 19th Floor
Sacramento, CA 95812-4010

Subject: Hazard Identification Materials for Fluoride and its Salts

Dear Ms. Oshita:

The California Dental Association\(^1\) and the CDA Foundation (collectively "CDA") urge the Cancer Identification Committee ("CIC") to conclude that due to insufficient evidence, fluoride does not cause cancer. Our review of OEHHA’s Hazard Identification Materials ("HIM") on fluoride leads us to conclude that the evidence is insufficient. Moreover, as set out in the attached comments of Dr. Howard Pollick, two recent studies support the conclusion that fluoride cannot be shown to clearly cause cancer. Your conclusion that the evidence does not clearly show fluoride causes cancer will allow the enormous benefits of water fluoridation and fluoride products to continue to be used to promote and improve oral health in Californians.

As a champion of oral health, CDA supports the use of fluoride – both systemic and topical -- to prevent dental caries. The use of fluorides is one of the most important means to prevent dental caries. Fluoride modalities (e.g., water fluoridation, mouth rinses, prescription supplements, and topical gel, foam or varnish) are effective and widely used by dental professional and public health programs to maintain good oral health. Preventing dental caries reduces infection, pain, and other complications of poor oral health.

Community water fluoridation programs reduce dental caries in Californians of all ages, including children, adults, and the elderly, regardless of socioeconomic status. Fluoridation of drinking water began in 1945 and by 2006 reached an estimated 184 million persons in

\(^1\) CDA supports dental health professionals in their practices and service to the public through innovation in education, advocacy and related programs. CDA is the recognized leader for excellence in member services and advocacy promoting oral health and the profession of dentistry.
the United States.\textsuperscript{2} William Bailey of CDC reported at the November 2009 annual meeting of the American Public Health Association that, in 2008 72.4\% of U.S. Public Water Systems were fluoridated, with more than 195 million people in the U.S. receiving optimally fluoridated water.\textsuperscript{3} Community water fluoridation safely and cost-effective benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care. It has played an important role in the reductions in tooth decay (40\%-70\% in children) and of tooth loss in adults (40\%-60\%).\textsuperscript{4}

Dental caries is considerably higher among poor children, who have less access to professional dental care and are less likely to brush their teeth regularly with fluoride toothpaste. They receive more benefit from community water fluoridation than persons with higher socioeconomic status. Regardless of income and education water fluoridation is one of the most effective and efficient strategy to reduce dental caries.\textsuperscript{5}

OEHHA’s HIM characterizing the evidence on fluoride, rightly concludes that the evidence is inconclusive and insufficient. Accordingly, CDA urges CIC to conclude the evidence does not clearly show fluoride causes cancer. In doing so, the many health benefits of fluoride may continue to be provided without impediment to California residents.

Sincerely,

Peter DuBois  
Executive Director  
California Dental Association

Cathy Mudge  
Executive Director  
CDA Foundation


\textsuperscript{3} William Bailey, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Water Fluoridation Prevalence and Occurrence, Presentation to American Public Health Association annual meeting, Atlanta, GA (Nov. 9, 2009).
