



Water Fluoridation Linked to Increased ADHD in Kids

Millions of children and adolescents have been diagnosed (and misdiagnosed) as having Attention Deficit Hyperactivity Disorder, or ADHD. A new study suggests that many of them may suffer from symptoms labeled as ADHD that are the result of fluoride that has been put in their tap water by government edict.

A recent [study](#) by a team of psychologists from York University in Toronto, Canada, and published in the journal *Environmental Health*, found that states with a higher portion of fluoridation experienced greater incidence of ADHD diagnoses.



“States in which a greater proportion of people received artificially-fluoridated water in 1992 tended to have a greater proportion of children and adolescents who received ADHD diagnoses [in later years], after controlling for socioeconomic status,” says Ashley Malin, a doctoral candidate in psychology, who co-authored the study with Dr. Christine Till. According to the Malin-Till study, “each 1% increase in artificial fluoridation prevalence in 1992 was associated with approximately 67,000 to 131,000 additional ADHD diagnoses from 2003 to 2011.”

Surprisingly, a number of “mainstream” news organs gave prominent coverage to the study. This is surprising because for decades the establishment media have been in almost perfect lockstep support of compulsory mass-medication of all water supplies with fluoride, and have lambasted all who express concern and/or opposition as kooks and extremists. A lengthy [article](#) by *Newsweek* on March 10 is a particularly notable example of this break from the standard pro-fluoridation propaganda line. *Newsweek’s* Douglas Main quotes a number of prominent scientists — Dr. Philippe Grandjean of Harvard University, Dr. Thomas Zoeller at UMass-Amherst, Dr. William Hirzy at American University, Dr. Caroline Martinez at New York’s Mount Sinai Hospital, and others — who say that the study should be taken seriously, especially in light of the fact that many other studies have shown that fluoride, a highly toxic chemical, may be causing many additional neurological, endocrine, and skeletal problems, as well as cancer.

As *The New American* [reported](#) last month, British scientists at the University of Kent have found that fluoride could be causing depression and weight gain and have urged local councils to stop adding it to the municipal drinking water. According to a study of 98 percent of physicians in general practice in England, high rates of underactive thyroid were 30 percent more likely in areas of the greatest fluoridation.

The New American also reported on the Harvard University study published last year in *The Lancet* classifying fluoride as a deadly neurotoxin that ranks alongside lead, mercury, arsenic, and other dangerous substances. The study expressed concern that fluoride is causing brain damage in children that is being expressed in a loss of intelligence they termed the “brain drain.”



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“A meta-analysis of 27 cross-sectional studies of children exposed to fluoride in drinking water, mainly from China, suggests an average IQ decrement of about seven points in children exposed to raised fluoride concentrations,” noted the authors, Dr. Philippe Grandjean of the Harvard School of Public Health and Dr. Philip Landrigan of New York’s Icahn School of Medicine.

“Fluoride seems to fit in with lead, mercury, and other poisons that cause chemical brain drain,” explained Harvard’s Dr. Grandjean. “The effect of each toxicant may seem small, but the combined damage on a population scale can be serious, especially because the brain power of the next generation is crucial to all of us.”

Water fluoridation also appears to be a significant cause of lead poisoning, as research shows that children in areas with fluoridated drinking water have [elevated lead levels](#) in their blood. It seems there are at least two ways fluoride increases risk from lead: 1) fluoride, particularly in the form of fluorosilicic acid, which is the type used in 90 percent of American water supplies, tends to leach lead from pipes, and 2) fluoride tends to increase the absorption of lead into the blood.

These recent studies add to a huge volume of previous studies that challenge the widespread practice of compulsory mass-medication with fluoride in the United States. One of the most important studies is a 2006 comprehensive report on fluoride toxicity by the National Research Council. Dr. John Doull, the chairman of the NRC committee that conducted the study, said, “What the committee found is that we’ve gone with the status quo regarding fluoride for many years — for too long, really — and now we need to take a fresh look. In the scientific community, people tend to think this is settled.... But when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on. I think that’s why fluoridation is still being challenged so many years after it began.”

Dr. Robert Isaacson, another NRC committee member, said the report “should be a wake-up call.” “In my opinion, the evidence that fluoridation is more harmful than beneficial is now overwhelming,” said committee member Dr. Hardy Limeback.

Dr. Paul Connett, a retired professor of chemistry and toxicology, has co-founded the [Fluoride Action Network](#), which has become a central hub for dissemination of research on fluoride’s chronic toxicity (i.e., the dose of fluoride that if regularly consumed over an extended period of time can cause adverse effects).

ADHD Con Game

All of our aforementioned report notwithstanding, it is critically important to note that the Malin-Till fluoride-ADHD study is based on a faulty assumption, which is that Attention Deficit Hyperactivity Disorder is a legitimate diagnosis. As we have reported in *The New American* many times over the years (see articles below), ADHD has become a catchall designation so broadly defined and promiscuously used as to defy all common sense, as well as any claim to scientific or medical usefulness. Consider that according to the *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association, “Attention-deficit Hyperactivity Disorder” is a mental illness characterized by the following behavioral symptoms:

1. Often fidgets with hands or feet or squirms in seat (in adolescents, may be limited to subjective feelings of restlessness).
2. Has difficulty remaining seated when required to do so.
3. Is easily distracted by extraneous stimuli.



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4. Has difficulty awaiting turn in games or group activities.
5. Often blurts out answers to questions before they have been completed.
6. Has difficulty following through on instructions from others (not due to oppositional behavior or failure of comprehension), e.g., fails to finish chores.
7. Has difficulty sustaining attention in tasks or play activities.
8. Often shifts from one uncompleted activity to another.
9. Has difficulty playing quietly.
10. Often talks excessively.
11. Often interrupts or intrudes on others, e.g., butts into other children's games.
12. Often does not seem to listen to what is being said to him or her.
13. Often loses things necessary for tasks or activities at school or at home (e.g., toys, pencils, books, assignments).
14. Often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill seeking), e.g., runs into street without looking.

Of course, virtually all of these “ADHD symptoms” are also symptoms of normal childhood behavior. And the point at which any combination of these behaviors becomes a “disorder” is a very subjective matter that is often determined by educators, counselors, psychologists, psychiatrists, and pediatricians who have been trained and incentivized to prescribe high-powered medications such as Ritalin or Adderall. Hence, according to the federal [Centers for Disease Control](#), some six million children between the ages of three and 17 have been diagnosed with ADHD, and many, if not most, of them have been subjected to drugging.

How many of those millions of children are being stigmatized, penalized, and zombie-ized for the misfortune of merely annoying a teacher (or parent) with normal childhood behavior such as “talking excessively”? Likewise, how many are being punished for genuinely disruptive behavior that is the result of discord in the home, bullying at school, or simply a complete lack of discipline? How many have genuine mental/psychological disorders caused by physiological factors, such as neurological damage from mothers who are drug abusers — or neurological damage from being subjected to chronic daily exposure to potent neurotoxins such as fluoride? It is impossible to know the answers to these questions as long as the educational/medical establishment is allowed to continue using ADHD as the ridiculously convenient, all-purpose, universal diagnosis that it currently is. However, in view of the vast research showing fluoride's harmful effects, it is reasonable to suspect that among the many ADHD cases that have a genuine physiological basis, fluoride would be a key player.

Immorality of Forced Mass Medication

The scientific/medical debate over fluoride will continue *ad infinitum*. However, the case against mandatory fluoridation is principally a moral one — a matter of government overstepping its bounds, usurping power, and trampling the rights of individuals, allegedly for our own good. But as the late, great free market economist Murray Rothbard [noted](#), in an article for *The New American* in 1992, “The case for [fluoridation] is almost incredibly thin, boiling down to the alleged fact of substantial reductions in dental cavities in kids aged five to nine. Period. There are no claimed benefits for anyone older than nine! For this the entire adult population of a fluoridated area must be subjected to mass medication!”

“The case against, even apart from the specific evils of fluoride, is powerful and overwhelming,” Rothbard continued. “Compulsory mass medication is medically evil, as well as socialistic. It is starkly



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clear that one key to any medication is control of the dose: Different people, at different stages of risk, need individual dosages tailored to their needs. And yet with water compulsorily fluoridated, the dose applies to everyone, and is necessarily proportionate to the amount of water one drinks. What is the medical justification for a guy who drinks ten glasses of water a day receiving ten times the fluoride dose of a guy who drinks only one glass? The whole process is monstrous as well as idiotic.”

It is long past time for Americans to put a stop to the compulsory fluoridation of our water supplies that now affect more than 60 percent of our population. As the [Fluoride Action Network](#) points out: “Most developed nations do not fluoridate their water. In western Europe, for example, only 3% of the population consumes fluoridated water.”

Last year [Israel](#), which had previously fluoridated 70 percent of its water, stopped the practice owing to health concerns.

And finally, the argument for fluoridation as a tooth-decay preventative has been shot down by [multiple studies conclusively showing](#) that in countries that don’t fluoridate their water, tooth decay rates have declined at the same rate as those in the United States and other fluoridated countries.

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