



February 24, 2026

The Honorable Lee Zeldin
Administrator
U.S. Environmental Protection Agency
Washington, DC 20460

Re: EPA-HQ-OW-2025-3823; FRL 13191-01-OW: Review of Science on Fluoride in Drinking Water: Preliminary Assessment Plan and Literature Survey

Dear Administrator Zeldin:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I write to share our views and recommendations as EPA reviews the literature on fluoride in drinking water. Thanks in large part to community water fluoridation, half of all U.S. children ages 5 to 17 have never had a cavity in their permanent teeth. Fluoride is nature's cavity fighter and is naturally occurring in all water sources. As EPA reviews the science of fluoride in drinking water, APHA encourages you to consider the latest population studies and include the benefits of optimal fluoride concentrations in the assessment. Specifically, we strongly recommend that you consider two population studies recently published in reputable peer-reviewed journals:

- Do et al., 2024/2025 – Early Childhood Exposures to Fluorides and Cognitive Neurodevelopment: A Population-Based Longitudinal Study, published in the Journal of Dental Research
- Warren et al., 2025 – Childhood Fluoride Exposure and Cognition Across the Life Course, published in Science Advances

We are specifically concerned about the heavy reliance of EPA's Fluoride Toxicity Assessment Plan on the National Toxicology Program Monograph on Fluoride and Neurocognition. The EPA Assessment Plan states that neurodevelopmental effects are a "well-established" hazard. This wording is derived from the NTP report, which examined fluoride at levels beyond the typical U.S. recommended levels of 0.7 mg/L. It is both erroneous and misleading to state that there are "well-established" hazards of a chemical based on a report that examines levels of the chemical that exceed the national norm. In fact, the NTP report found only an association with fluoride levels greater than 1.5 mg/L, as occurs naturally in countries such as China and India. In its assessment, we urge EPA to stratify neurodevelopmental evidence by exposure level and to prioritize U.S. relevant exposures (≤ 1.5 mg/L, particularly ~ 0.7 mg/L). We also urge EPA to weigh the Do et al., 2025/2024 and Warren et al., 2025 studies in their assessment.

The NTP report, which the EPA assessment relies on, failed peer review by the National Academies of Sciences, Engineering, and Medicine on multiple occasions in 2020 and 2021. It was subsequently released without reflecting the necessary changes outlined by NASEM. The NTP authors explicitly

acknowledge major limitations in their report, including that most underlying studies were of low quality and carried a high

risk of bias. The authors further caution that the findings should not be used to develop a dose-response analysis. Yet EPA is now suggesting it will rely on these findings to inform its toxicity assessment, contradicting the authors' own recommendations and being inconsistent with principles of rigorous gold-standard science. Finally, if considered in EPA's assessment, the NTP report cannot be used to draw any conclusions about fluoride in drinking water at concentrations less than 1.5 mg/L, as specifically stated in the final report.

APHA has long supported the evidence-based practice of community water fluoridation at appropriate concentrations. The latest available evidence on water fluoridation continues to reaffirm its public health benefits at levels of 0.7-1.0 mg/L, with no negative side effects. To best protect public health, we strongly urge EPA to allow NASEM to review and provide feedback on its assessment plan and toxicity assessment before the agency releases any new policy change related to fluoride in U.S drinking water supplies.

Thank you for the opportunity to comment on this assessment and literature survey and for considering our recommendations.

Sincerely,

A handwritten signature in black ink, appearing to read "Georges C. Benjamin". The signature is fluid and cursive, with a large, stylized initial "G".

Georges C. Benjamin, MD
Chief Executive Officer