

Dentists Share Patient Impact Without Community Water Fluoridation

Who Is Impacted?

- Children starting as young as 2 or 3 years old may have multiple cavities.
- A single dental office may see several children each week with more than 10 cavities. These cases often require root canals, crowns, fillings, extractions, and space maintainers—treatment that must be provided under general anesthesia due to the severity of decay and patient age.
- More children are in significant pain and present with abscessed teeth in non-fluoridated communities.

What Are Dentists Seeing?

- Pediatric and general dentists practicing in rural and urban communities without fluoridated water routinely treat multiple patients per day with advanced tooth decay.
- Families often travel two to four hours to access care, particularly specialty pediatric dental care.
- Many of these children are enrolled in Medicaid.
- Due to their age, young children are often unable to undergo restorative treatment in a standard dental office. Providers must refer them for care under IV sedation or in a hospital operating room.
- The cost of both dental treatment and anesthesia services is typically paid by taxpayers through Medicaid.

In Their Words: Pediatric Dentists in Non-Fluoridated Communities:

I practice in South Utah County, a non-fluoridated area. We routinely see children, sometimes several per week, with more than 10 cavities. Many of these require root canals, crowns, and extractions under general anesthesia. Families often drive hours for this care, and many of the children arrive with abscessed teeth and in pain.

One four-year-old girl traveled an hour and a half for treatment under general anesthesia. I tried to make the experience positive, promising her a popsicle when she woke up. She quietly declined, covering her mouth. Her mother explained, "Her teeth hurt too much when she eats cold things." That should not be the norm for a child.

We see cases like this multiple times each month. These are preventable. Water fluoridation remains the most cost-effective way to prevent tooth decay. It is concerning that some states are actively banning or considering removal of this public health measure.

If fluoride is removed from public water systems, this level of pain and disease will become more common—and taxpayer costs for treating preventable conditions will rise. Dentists in fluoridated urban and suburban areas of states like Utah are bracing for an increase in high-need pediatric patients.

Some argue that individuals should choose whether to consume fluoride, but many of my patients don't have that choice. Infants and young children rely entirely on their parents to brush their teeth or administer a fluoride supplement. Every day, I treat children whose parents neglect their oral health. These kids suffer the consequences: rampant decay, pain, and abscessed teeth. If I can't convince some parents to brush their children's teeth, it's unrealistic to expect them to fill and administer a daily fluoride prescription.

Patient Images:

(From left to right: Ages 3, 11 and 13)



Photos and testimonials courtesy of Darren Chamberlain, D.D.S. a pediatric dentist in Springville, Utah.