

Dear Mayor McNamara and Tecumseh Council Members,

Before you vote on the issue of artificial fluoridation please consider the following:

Are fluoride promoters (dental associations, our medical officer of health and American fluoride lobbyists) relying on evidenced-based science or are they relying on endorsements, opinions and anecdotal claims?

Who is responsible? Health Canada claims fluoridation is under provincial jurisdiction. The Ministry claims it is a municipal choice but Windsor City Council was advised that they have a “get out of jail for free” pass because they relied on the advice of our medical officer of health, Dr. Ahmed. But Dr. Ahmed only had a very flawed, biased, non-peer reviewed report, which failed to demonstrate either a need for fluoride supplementation (no one is deficient) or any direct correlation that the absence of fluoridated water caused an oral health issue. This was repeatedly pointed out by two of our councilors who observed the rate of declining oral health was highest prior to cessation.

The Health Unit’s report is not a study because it also failed to consider any confounding factors such as our lowering income levels, a rising drug crisis, aging population and increasing immigrant status and is not peer reviewed.

Dr. Ahmed confuses concentration with dose, ignores that co-contaminants (lead and arsenic) are in the fluoridation agent and that fluoride bio-accumulates in the body. He has never taken blood or urine samples to determine we aren’t already over-exposed to fluoride. He has neglected to track dental fluorosis unless the condition is so severe teeth become brown, pitted and brittle. And he completely dismisses our rights to informed consent. This flies in the face of medical ethics and is not how a trusted professional should behave.

Please also consider this: Health Canada admitted through an access to information request in 2014 that they have no studies demonstrating HFSA is either safe or effective – the reason they have never been able to regulate the product as a drug, nutrient supplement or even as a food-grade additive. HFSA cannot be deemed therapeutic so they it is instead labeled as a water treatment additive. The problem? It does not treat the water; it contaminates the water and is measured and controlled by water engineers as such.

Irrefutable Facts regarding Artificial Fluoridation (AF):

- The 2002 Safe Drinking Water Act states “Dilution is no excuse for adding a contaminant to drinking water.”
- AF chemicals are classified as synthetic, persistent, bio-accumulative and toxic.
- The Hazardous Waste Act prohibits the direct disposal of AF chemicals anywhere in the environment.
- No fluoride deficiency disease has ever been documented.
- The inability to control individual dose and the fact that fluoride accumulates in the body renders the notion of an “optimum concentration” obsolete.
- There are growing concerns that inordinate fluoride exposure from all sources such as pesticides, fumigant residues, fluorinated pharmaceuticals and dental products, contributes to health problems.
- The U.S. National Research Council has warned that kidney patients, diabetics, seniors and babies are especially vulnerable to harm from ingested fluorides.
- Published, variable controlled studies have shown no increase in tooth decay following cessation of AF.
- The National Sanitation Foundation’s regulatory statute “Standard 60” requires a “toxicology review” of fluoridation agents. No study exists demonstrating safety or efficacy. The “hydrolysis” argument claiming testing is unnecessary is nothing short of ridiculous. If adding H_2SiF_6 to water makes it safe, dumping it in the lake or ocean would be legal.
- AF flies in the face of ethical medical practice, which affords individuals the right to consent.
- Water engineer’s ultimate goal is to provide the safest, cleanest water possible. Engineers monitor and manage MAC (maximum allowable contaminant) levels of fluoride as they do lead and other contaminants.
- A Certificate of Analysis of every batch of HFSA delivered to municipalities show arsenic and other co-contaminants listed.
- The vast majority of Canadians (more than 22 million) have now rejected AF.
- AF does not improve REAL factors that influence oral health – proper nutrition, income status and dental insurance to access dental professionals.
- Like other classified neurotoxins, AF discriminates, hurting those who are the frailest. And unnecessarily places them at risk of learning disabilities, ADHD, Autism and Alzhimers.



Neurological Impact of Fluoride samples of 2018 studies



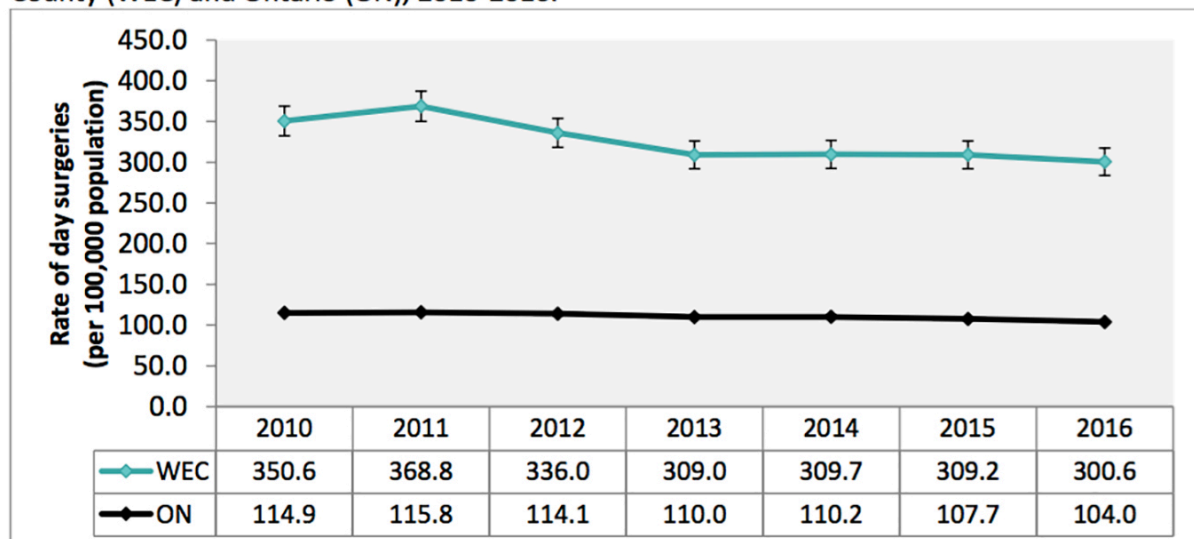
Children	Adults
<p>DOSE RESPONSE: Further validation that prenatal doses consistent with doses in 'optimal' fluoridation practice lowers IQ up to 6 points on a dose-response trend line. "Our findings add to our team's recently published report on prenatal fluoride and cognition at ages 4 and 6–12 years by suggesting that higher in utero exposure to F has an adverse impact on offspring cognitive development that can be detected earlier, in the first three years of life."</p> <p>http://oem.bmj.com/content/75/Suppl_1/A10.1</p> <ul style="list-style-type: none"> Thomas D, Sanchez B, Peterson K, et al. <i>OP V – 2 Prenatal fluoride exposure and neurobehavior among children 1–3 years of age in Mexico</i>. <i>Occup Environ Med</i>. 2018;75:A10. 	<p>ADULT BRAINS: First long term NaF animal study (10 weeks) using moderate levels of fluoride finds a number of histological changes including in parts of the brain associated with memory and learning, as well as chemical changes affecting brain function. https://www.sciencedirect.com/science/article/pii/S0045653518317508</p> <ul style="list-style-type: none"> Pei Jiang, Gongying Li, Xueyuan Zhou, Changshui Wang, Yi Qiao, Dehua Liao, Dongmei Shi. <i>Chronic fluoride exposure induces neuronal apoptosis and impairs neurogenesis and synaptic plasticity: Role of GSK-3b/b-catenin pathway</i>. <i>Chemosphere</i>. Volume 214, January 2019, Pages 430-435. [Online ahead of print]
<p>FLUORIDE & CNS INFLAMMATION: Fluorides impact on immune system and CNS causes excitotoxicity and microglial priming for the childhood emergence of neurological diseases. https://www.ncbi.nlm.nih.gov/pubmed/29721353</p> <ul style="list-style-type: none"> Strunecka A, Blaylock RL, Patocka J, Strunecky O. (2018) <i>Immunoexcitotoxicity as the central mechanism of etiopathology and treatment of autism spectrum disorders: A possible role of fluoride and aluminum</i>. <i>Surg Neurol Int</i>. 2018 Apr 9;9:74. 	<p>ALZHEIMER'S DISEASE: Describes impact of fluoride-induced stress and inflammation in the development of Alzheimer's disease and demonstrates the mechanism for cell death in the progressive worsening of the disease over time. https://www.mdpi.com/1422-0067/19/12/3965</p> <ul style="list-style-type: none"> Goschorska M, et al. <i>Potential Role of Fluoride in the Etiopathogenesis of Alzheimer's Disease</i>. <i>Int. J. Mol. Sci</i>. 2018, 19 (12), 3965.
<p>LEARNING DISABILITIES: Study found attention deficit disorder in 200 individually tested children consistent with their prenatal exposure to fluoride on dose-response trend line with a ceiling effect. Excluded those with history of mental illness or complicating conditions such as diabetes and renal disease. https://www.sciencedirect.com/science/article/pii/S0160412018311814</p> <ul style="list-style-type: none"> Morteza Bashash, Maelle Marchand, Howard Hu, Christine Till, Angeles Martinez-Mier, et al. <i>Prenatal fluoride exposure and attention deficit hyperactivity disorder (ADHD) symptoms in children at 6–12 years of age in Mexico City</i>. <i>Environment International</i>. Volume 121, Part 1, December 2018, Pages 658-666. 	<p>DEMENTIA: Describes the chemical mechanism by which the effectiveness of the two most popular drugs used to treat Alzheimer's & other neurodegenerative dementia disease is reduced or blocked by fluoride induced oxidative stress. https://www.mdpi.com/1660-4601/16/1/10/html</p> <ul style="list-style-type: none"> Marta Goschorska, Izabela Gutowska, Irena Baranowska-Bosiacka, et al. <i>Influence of Acetylcholinesterase Inhibitors Used in Alzheimer's Disease Treatment on the Activity of Antioxidant Enzymes and the Concentration of Glutathione in THP-1 Macrophages under Fluoride-Induced Oxidative Stress</i>. <i>Int. J. Environ. Res. Public Health</i>. 2019, 16(1), 10. [Online ahead of print]

Cessation in Windsor occurred **March 26, 2013**. The following data from the WECHU 2018 report includes all of Essex County from 2010.

Claim: "The rate of day surgeries by area residents was three times higher than the provincial rate.... The update also shows a 51 per cent rise over five years in the percentage of children requiring urgent oral care."

Complete Picture: Pg. 24 shows Windsor-Essex has **always** had higher oral health-related day surgery rates than the provincial average. And these rates were actually **worse during years of artificial fluoridation**. Meanwhile pg.10 claims Windsor-Essex is on par with Chatham-Kent and Sarnia-Lambton in surgery rates. Chatham and Sarnia remain fluoridated.

Figure 8. The rate of day surgeries for oral health (caries-related) issues in Windsor-Essex County (WEC) and Ontario (ON), 2010-2016.



Source: Ambulatory Emergency External Cause [2010-2016], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [March 19, 2018].

The 2018 Oral Health Report has neglected to account for confounding factors that is mentioned on Pg 10 "*The lack of coverage and access to oral health care is a key barrier for good oral health. There are several other indicators that can act as barriers to good oral health, including, education level, **income, age**, where you live (urban or rural), **and immigrant status**.*

Pg. 11 “... People are going to hospital emergency departments for dental problems because they are in pain and cannot afford dental treatment in the regular oral health care setting. This access problem can also impact how frequently people use physician offices for dental pain.”

Anne Jarvis, Windsor Star, May 29, 2018

*“ The unemployment rate in Windsor is 5.5 per cent, lower than the provincial and national averages. ...Household income dropped 6.4 per cent between 2005 and 2015, the biggest decline of any large city. The labour participation rate, those working or looking for work, dropped 6.8 per cent to 60.4 per cent, tied for lowest in Ontario. **We have the highest rate of children living in low income households**, 24 per cent.”*

Chatham still has AF but they attribute their above provincial average and ED increase to lower income. <http://www.chathamdailynews.ca/2017/10/18/chatham-kent-health-unit-report-shows-average-of-1000-er-visits-for-oral-related-diseases-and-injuries>

Pg 19 “Individuals who access emergency departments (ED) for oral health issues tend to receive pain medication (e.g., opioids), and not treatment to resolve the oral health problem, which means that many will return to the ED.

Complete Picture: Opioids, which are sometimes prescribed to treat pain, are also guilty of causing dry mouth and the consequent erosion of tooth enamel.

<https://mydental.guardianlife.com/blog/2017/06/7-medications-that-may-be-causing-your-teeth-to-decay/>

Claim: A three-fold increase in the proportion of children eligible for topical fluoride was observed between the 2011/2012 and 2016/2017 school years.

Complete Picture: Pg.28 explains how government criterion for eligibility automatically changes in non-fluoridated communities. And again, on pg.39, they state: **The large increases in treatment in 2016 and 2017 are due to the changes to HSO program in January 2016.**

Claim: Fluoridation is about equity.

Complete Picture: Like any other classified neurotoxin, AF discriminates...hurting those who are the frailest the most. Studies have demonstrated that fluoride exposure may increase dental caries risk in malnourished children due to calcium depletion “...*fluoride induced brittle teeth were demonstrated to be worse with industrial fluorides such as sodium fluoride (and HFSA) compared with naturally occurring calcium fluoride.*”

<https://www.hindawi.com/journals/tswj/2014/293019/>

The Michigan State Oral Health Plan (pg. 11) reported “*disparities persist among individuals with a lower socioeconomic status, among minority racial and ethnic groups....(they) experience a disproportionate burden of oral health disease due to inadequate access to care...*” Michigan has been practicing artificial water fluoridation for more than 70 years.

https://www.michigan.gov/documents/mdhhs/2020_MichiganStateOralHealthPlan_FINAL_511929_7.pdf

Cochran, a trusted global independent network of researchers conducted a systematic review on water fluoridation in 2015. They concluded there was insufficient evidence to determine whether water fluoridation results in a change of disparities in caries levels across socioeconomic status. They also stated that there is little contemporary evidence that AF is effective and older study models that claimed benefit were at a high risk of bias.

http://www.cochrane.org/CD010856/ORAL_water-fluoridation-prevent-tooth-decay

Developments since 2013

- Lancet Neurology classified fluoride as a developmental neurotoxin.
<http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422%2813%2970278-3/abstract>
- Claims of a \$38 savings for every dollar spent on fluoridation chemicals was debunked by this study. <http://dx.doi.org/10.1179/2049396714Y.0000000093>
- 2017 study debunks claims that a rise in tooth decay in Calgary was caused by fluoridation cessation there. <https://www.ncbi.nlm.nih.gov/pubmed/28994462>
- Dozens of new studies linking harm to fluoride including cognitive impairment and recent findings warning people with hypothyroidism to drink non-fluoridated water.
<https://www.ncbi.nlm.nih.gov/pubmed/29422493>
- Lawsuit launched that could lead to EPA banning AF. <http://fluoridealert.org/news/court-decision-could-lead-to-epa-banning-water-fluoridation/> and another from a resident of the Peel Region against municipal and provincial government for administering a medical treatment without informed consent.
- Mosaic, the company we used to purchased fluorosilicic chemicals from, was fined \$1.8 billion by the U.S. EPA in 2015 for mismanaging this hazardous waste.
<https://www.epa.gov/enforcement/mosaic-fertilizer-llc-settlement>
- 401 crash and chemical spill that took the life of the driver transporting AF chemicals and sent dozens to the hospital for decontamination March 14, 2017
<http://ottawacitizen.com/news/local-news/mass-casualty-response-after-chemical-spill-pile-up-closes-highway-401>
- 2014, Health Canada reveals NO studies exist that demonstrate the AF chemical (H₂SiF₆) is safe or effective.

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Our file: A-2014-00168 / na

May 26, 2014

Joanne David
<address snipped>
EDMONTON AB T6R 0B4

Dear Ms. David:

This is in response to your request under the *Access to Information Act* (the *Act*) for: **Clarified Request Text:**
Reports, studies, toxicology and clinical tests relating to hydrofluosilicic acid in Canadian tap water

Original Request Text:

Documents pertaining specifically to hydrofluosilicic acid in Alberta and Canadian tap water:

- Studies from 1940 showing dental efficacy and human safety.
- Studies from 1950s showing dental efficacy and human safety.
- Any double blind study done by Canada or any province showing dental efficacy and human safety, of any date.
- Any double blind study done by anywhere in the world that was considered.
- Any toxicity study, of any date, done by Canada or the world that was considered.
- Evidence of any kind (not opinion) that shows statistical viability of water fluoridation in terms of efficacy, and margin of error calculations.
- Evidence of any kind (not opinion) that shows statistical viability of water fluoridation in terms of human safety over a life-time, and margin of error calculations.
- Evidence of any kind (not opinion) that shows statistical viability of water fluoridation in terms of human safety, and margin of error calculations, for infants, young children, elderly, or any adult with disability, diabetes, bone disease, autism, thyroid ailments, kidney disease, etc.
- Evidence of any kind of consideration of human rights and medical ethics, namely our human right to opt out of the forced water fluoridation program, and if that consideration exists, why the overriding of these well-established medical standards are breached.

After a thorough search for the requested information, no records were located which respond to your request.

If you have any questions or concerns about the processing of your request, please do not hesitate to contact Nancy Armstrong, the analyst responsible for this request, either by phone at (613) 960-4457, or by fax at (613) 941-4541, or by e-mail at nancy.armstrong@hc-sc.gc.ca with reference to the file number cited above.

Statements

The EPA's Headquarters Union of Scientists (consisting of 1,500 professional people)

“...our opposition to drinking water fluoridation has grown, based on the scientific literature documenting the increasingly out-of-control exposures to fluoride, the lack of benefit to dental health from ingestion of fluoride and the hazards to human health from such ingestion. These hazards include acute toxic hazard, such as to people with impaired kidney function, as well as chronic toxic hazards of gene mutations, cancer, reproductive effects, neurotoxicity, bone pathology and dental fluorosis.”

<http://cof-cof.ca/wp-content/uploads/2012/08/Why-U.S.-Environmental-Protection-Agency-Headquarters-Union-Of-Scientists-Oppose-Fluoridation-NTEU-01-May-1999.pdf>

American Medical Association Dr. Flanagan, Assistant Director of Environmental Health

“The American Medical Association is not prepared to state that no harm will be done to any person by water fluoridation. The AMA has not carried out any research work, either long-term or short-term, regarding the possibility of any side effects.”

<http://www.nofluoride.com/amaletter.cfm>

Ontario Ministry of Health and Long-Term Care Recommended and actual intakes of fluoride in Canada

“Given the lack of adequate contemporary data, recommendations regarding optimal daily intakes of fluoride were based on dose-response data published in the 1940's. Optimal intakes are those derived from water fluoridated at 0.8 to 1.2 ppm, assuming no other sources of fluoride except food. Maximum intakes were based on consumption of water at 1.6 ppm, the level before moderate fluorosis appears. Actual total daily intakes were derived from amounts present in water, food, breast milk, air, soil and toothpaste. In Canada, actual intakes are larger than recommended intakes for formula-fed infants and those living in fluoridated communities. Efforts are required to reduce intakes among the most vulnerable age group, children aged 7 months to 4 years. Children of this age who are consuming the maximum dose are at risk of moderate levels of dental fluorosis and are consuming amounts only 20% less than that at which skeletal fluorosis is possible if maintained over long periods.”

<http://health.gov.on.ca/en/common/ministry/publications/reports/fluoridation/fluoridation.aspx>

STATEMENTS FROM EUROPEAN OFFICIALS:



Austria:

“Toxic fluorides have never been added to the public water supplies in Austria.”

SOURCE: M. Eisenhut, Head of Water Department, Österreichische Vereinigung für das Gas-und Wasserfach
Schubertring 14, A-1015 Wien, Austria, February 17, 2000.



Belgium:

“This water treatment has never been of use in Belgium and will never be (we hope so) into the future. The main reason for that is the fundamental position of the drinking water sector that it is not its task to deliver medicinal treatment to people. This is the sole responsibility of health services.”

SOURCE: Chr. Legros, Directeur, Belgaqua, Brussels, Belgium, February 28, 2000.



Denmark:

“We are pleased to inform you that according to the Danish Ministry of Environment and Energy, toxic fluorides have never been added to the public water supplies. Consequently, no Danish city has ever been fluoridated.”

SOURCE: Klaus Werner, Royal Danish Embassy, Washington DC, December 22, 1999.

To read the Danish Ministry of the Environment's reasons for banning fluoridation, [click here](#).



Finland:

“We do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride our teeth need.”

SOURCE: Paavo Poteri, Acting Managing Director, Helsinki Water, Finland, February 7, 2000.

“Artificial fluoridation of drinking water supplies has been practiced in Finland only in one town, Kuopio, situated in eastern Finland and with a population of about 80,000 people (1.6% of the Finnish population). Fluoridation started in 1959 and finished in 1992 as a result of the resistance of local population. The most usual grounds for the resistance presented in this context were an individual's right to drinking water without additional chemicals used for the medication of limited population groups. A concept of “force-feeding” was also mentioned.

Drinking water fluoridation is not prohibited in Finland but no municipalities have turned out to be willing to practice it. Water suppliers, naturally, have always been against dosing of fluoride chemicals into water.”

SOURCE: Leena Hiisvirta, M.Sc., Chief Engineer, Ministry of Social Affairs and Health, Finland, January 12, 1996.



France:

“Fluoride chemicals are not included in the list [of ‘chemicals for drinking water treatment’]. This is due to ethical as well as medical considerations.”

SOURCE: Louis Sanchez, Directeur de la Protection de l'Environnement, August 25, 2000.



Germany:

“Generally, in Germany fluoridation of drinking water is forbidden. The relevant German law allows exceptions to the fluoridation ban on application. The argumentation of the Federal Ministry of Health against a general permission of fluoridation of drinking water is the problematic nature of compuls[ory] medication.”

SOURCE: Gerda Hankel-Khan, Embassy of Federal Republic of Germany, September 16, 1999.



Luxembourg:

“Fluoride has never been added to the public water supplies in Luxembourg. In our views, the drinking water isn’t the suitable way for medicinal treatment and that people needing an addition of fluoride can decide by their own to use the most appropriate way, like the intake of fluoride tablets, to cover their [daily] needs.”

SOURCE: Jean-Marie RIES, Head, Water Department, Administration De L’Environnement, May 3, 2000.



Netherlands:

4.2.5 – Feasibility of implementation in the Netherlands

The implementation of fluoridation of drinking water is practically feasible, by adding a controlled dose of a fluoride compound to the drinking water. This could be realized at relatively low cost. On the other hand, there are also several major barriers for implementation. In the first place, at present the addition of

chemicals to drinking water is prohibited by law in the Netherlands. This law came into effect because it was widely perceived that drinking water should not be used as a vehicle for pharmaceuticals. Furthermore, fluoridation of drinking water would conflict with the freedom to choose for natural drinking water. This principle of freedom of choice is considered as an important basic principle in the Netherlands.

SOURCE: 2007 – RIVM report 270091004/2007 for the Dutch Ministry of Health, Welfare and Sports. Title of report: *Economic evaluation of prevention: further evidence*.



Northern Ireland:

“The water supply in Northern Ireland has never been artificially fluoridated except in 2 small localities where fluoride was added to the water for about 30 years up to last year. Fluoridation ceased at these locations for operational reasons. At this time, there are no plans to commence fluoridation of water supplies in Northern Ireland.”

SOURCE: C.J. Grimes, Department for Regional Development, Belfast, November 6, 2000.



Norway:

“In Norway we had a rather intense discussion on this subject some 20 years ago, and the conclusion was that drinking water should not be fluoridated.”

SOURCE: Truls Krogh & Toril Hofshagen, Folkehelse Statens institutt for folkeheise (National Institute of Public Health) Oslo, Norway, March 1, 2000.



Sweden:

“Drinking water fluoridation is not allowed in Sweden...New scientific documentation or changes in dental health situation that could alter the conclusions of the Commission have not been shown.”

SOURCE: Gunnar Guzikowski, Chief Government Inspector, Livsmedels Verket — National Food Administration Drinking Water Division, Sweden, February 28, 2000.

See statement by [Dr. Arvid Carlsson](#), the Nobel Laureate in Medicine, who helped lead the campaign to prevent fluoridation in Sweden in the late 1970s.



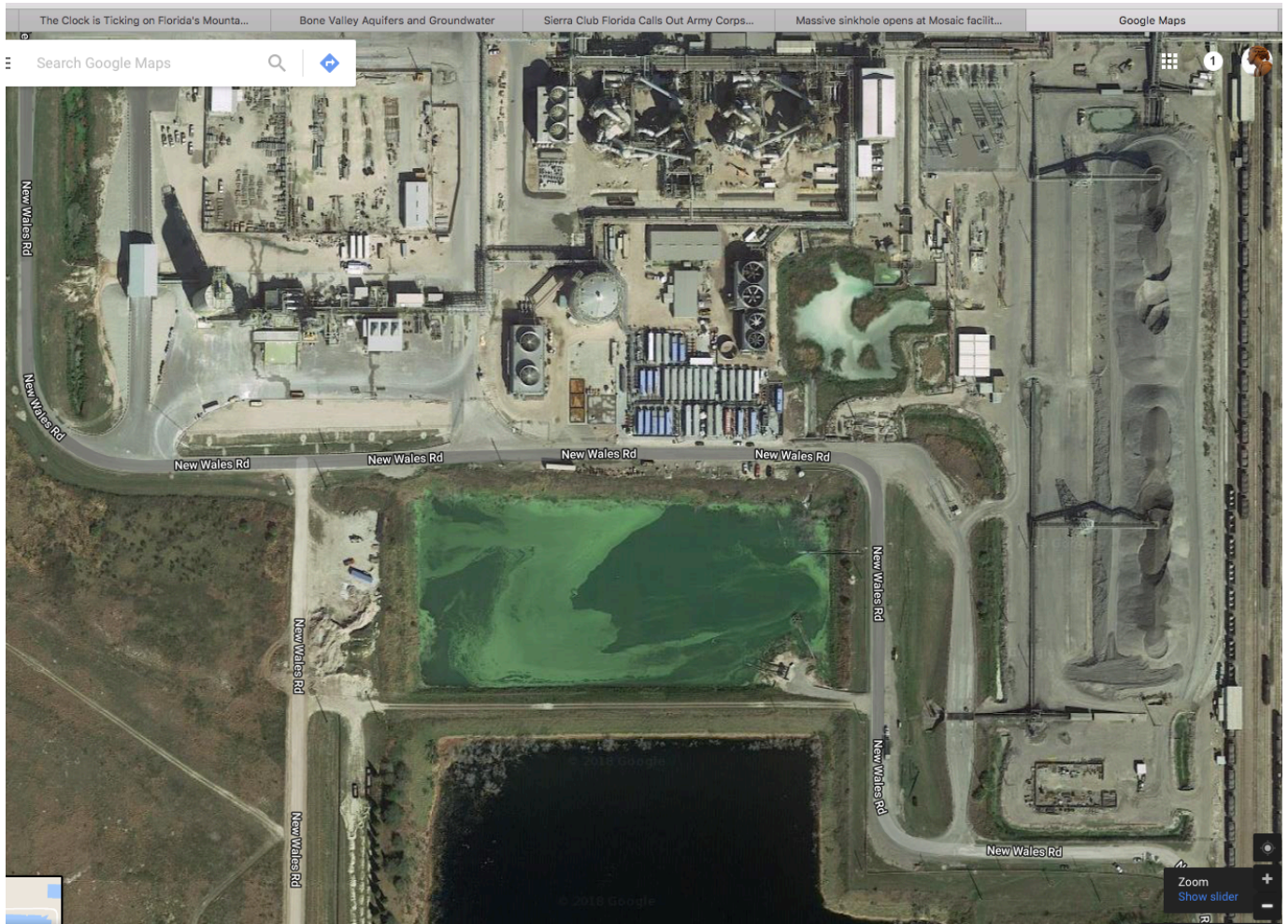
Czech Republic:

“Since 1993, drinking water has not been treated with fluoride in public water supplies throughout the Czech Republic. Although fluoridation of drinking water has not actually been proscribed it is not under consideration because this form of supplementation is considered:

- uneconomical (only 0.54% of water suitable for drinking is used as such; the remainder is employed for hygiene etc. Furthermore, an increasing amount of consumers (particularly children) are using bottled water for drinking (underground water usually with fluor)
- unecological (environmental load by a foreign substance)
- unethical (“forced medication”)
- toxicologically and physiologically debateable (fluoridation represents an untargeted form of supplementation which disregards actual individual intake and requirements and may lead to excessive health-threatening intake in certain population groups; [and] complexation of fluor in water into non biological active forms of fluor.”

SOURCE: Dr. B. Havlik, Ministerstvo Zdravotnictvi Ceske Republiky, October 14, 1999.

HFSA comes from industries like Mosaic...not marshmallow rainbow caves



Ugly facts on how fluorosilicates are produced can be read here

<https://fluoridealert.org/articles/phosphate01/>

Estimates provided by Dr. William Hirzy, former U.S. EPA risk assessment scientist.

HFSA Sales	\$130 Billion
Avoiding Disposal fees	<u>\$113 Billion</u>
Phosphate Industry annual net gain	\$243 Billion