

SUBMITTED: December 21, 2013

TO: Town of Bracebridge, Ontario – Council and Clerk/Clerk's Office

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FROM: Robert J. Fleming (President, Executive Director)

Canadians Opposed to Fluoridation ~
Canadiens Opposés à la Fluoration

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RE: Fluoridation of the Municipal/Public Drinking Water Supply
General Committee Meeting – Tuesday, January 7, 2014 (9:00 am)

TOPICS: Water Fluoridation Safety and Efficacy Issues
United States Centers For Disease Control
National Sanitation Foundation Standard 60
Canada Food & Drug Act
Canada Natural Health Product Regulations
Ontario Safe Drinking Water Act
Ontario Fluoridation Act
Supreme Court of Canada Position on Fluoridation – 1957
Municipal Councils Are Accountable For Fluoridation
Canadian Studies Showing Water Fluoridation Doesn't Work
Canada's Growing List of Communities Rejecting Water Fluoridation

Dear Mayor Graydon Smith, Deputy Mayor/Councillor Rick Maloney, Councillor Liam Cragg, Councillor Mark Quemby, Councillor Gerry Tryon, Councillor Barb McMurray, Councillor Steven Clement, Councillor Lori-Lynn Giaschi-Pacini, Councillor Scott Young:

Citizens from the Town of Bracebridge and the District of Muskoka have requested that we contact you. As such, we forward this information to all members of your Council, thereby ensuring that the following information is now squarely in all of your hands for your careful consideration, verification and application to municipal water fluoridation decision(s) your Council has made and will make. It is genuinely hoped that this information proves useful and essential in guiding your sound and lawful decision making pertaining to the future of municipal water fluoridation practice in your community. It is our position that artificial fluoridation of municipal drinking water cannot and must not continue, and needs to be ceased immediately, for the following reasons:

- I. Fluoride works topically, in high concentrations, when applied directly onto the tooth enamel surface – such as with fluoride toothpaste brushing, and dental applications containing higher concentrations of fluoride, with the individual's/patient's informed consent. Both Health Canada (2010) and the US Centers for Disease Control (1999) have conceded that – **swallowing fluoridated water has very little effect on reducing dental caries rates.** As such, why does any community still fluoridate people's drinking water for the purpose of swallowing/ingestion?*
- II. For many decades, promoters of water fluoridation, including Health Canada, touted fluoridation as somehow being natural, like calcium fluoride in ground-water. Yet, Health Canada (and others) remained silent on what is actually being used to fluoridate – **a toxic waste product, from the phosphate fertilizer production industry, called hydrofluorosilicic acid, which contains silicofluorides/fluorosilicates, plus trace co-contaminants including arsenic, lead, mercury and radionuclides.** Only recently has Health Canada finally conceded, **"Health Canada has not conducted toxicology studies on fluorosilicates,"** Reference: [Response to Environmental Petition No. 221B, under Section 22 of the Auditor General Act, Received April 22, 2008.](#) Health Canada also conceded **health harm toxicology research has never been conducted on hydrofluorosilicic acid, the most prevalent chemical compound used in water fluoridation practice today.** Reference: [Health Canada's Chief Dental Officer of Health, Dr. Peter Cooney, Waterloo, Ontario debate audio, October 21, 2010](#)*

It appears Health Canada is comfortable and satisfied promoting the **general 'concept' or general 'policy'** of municipal water fluoridation, while remaining largely silent on what

municipalities actually should use to fluoridate; thereby leaving municipalities completely in the dark, and on their own, to discern safety and suitability of fluoridation chemical compounds when it comes to human health, toxicology and effectiveness pertaining to consuming such chemical compounds over one's lifetime. Ontario Public Health, and local public health, also do not provide much, if any, scientific research on claimed safety and/or claimed effectiveness of the actual fluoridation chemicals.

- III. The United States Centers for Disease Control indicates that, ***"Drinking water safety is defined and determined by federal, state, and local regulations. The main federal law that ensures the quality of American drinking water is the Safe Drinking Water Act (SDWA). Under the SDWA, the U.S. Environmental Protection Agency (EPA) sets standards for drinking water quality and oversees the states, localities, and water suppliers that implement those standards."***

The Centers for Disease Control states that the ***"CDC promotes effective public health practices, such as community water fluoridation. It is not CDC's task to determine what levels of fluoride in water are safe."*** See: <http://www.cdc.gov/fluoridation/safety> first and second paragraphs.

Ontario, Canada is governed by its own Safe Drinking Water Act (OSDWA), which sets out standards for drinking water quality. As with the American SDWA, Ontario's SDWA subscribes to The United States National Sanitation Foundation International (NSF) Standard 60.

NSF 'certifies' three basic chemical compounds in the fluoridation category under NSF Standard 60:

1. Hydrofluorosilicic Acid (a.k.a. Fluorosilicic Acid, Fluosilicic Acid, Hexafluorosilicic Acid, Hexafluosilicic Acid, Dihydrogen Hexafluorosilicate)
2. Sodium Fluorosilicate (a.k.a. Sodium Silicofluoride)
3. Sodium Fluoride

- IV. ***The United States National Sanitation Foundation International (NSF) Standard 60 does nothing to ascertain if hydrofluorosilicic acid, or the other two fluoridation chemical compounds, are safe for lifetime human consumption, or whether they are even effective at fighting dental caries/cavities. By its own admission NSF International is "an independent, not-for-profit, non-governmental organization."*** See: [Reference: NSF/ANSI 60 – 2009 and 2011 documents](#)

By its own disclaimers, "NSF International (NSF), in performing its functions in accordance with its objectives, does not assume or undertake to discharge any responsibility of the manufacturer or any other party. The opinions and findings of NSF represent its professional judgment. NSF shall not be responsible to anyone for the use of or reliance upon this Standard by anyone. NSF shall not incur any obligations or liability for damages, including consequential damages, arising out of or in connection with the use, interpretation of, or reliance upon this Standard." Reference: NSF/ANSI 60 – 2009 and 2011 documents

NSF does not conduct health harm or health benefit research itself. NSF expects the polluting industry to conduct such research, does not require proof be placed in NSF's hands that such research has been conducted, and allows such industries to voluntarily police themselves when it comes to affixing the NSF Standard 60 label onto hydrofluorosilicic acid shipments. NSF has made it clear that it merely makes recommendations, which others are free to follow or not follow, and that NSF accepts no liability if one chooses to follow NSF's recommendations.

Your municipal water supply is currently fluoridated with hydrofluorosilicic acid (or its derivative). What tangible scientific evidence do you have and hold in your possession now, from any fluoridation chemical supplier, proving hydrofluorosilicic acid (or its derivative), when used in concentration(s) intended within your municipal water supply, is 'safe and effective' for lifetime swallowing/systemic ingestion by humans and/or animals?

Who has tested, or will test, hydrofluorosilicic acid (or its derivative) on behalf of your municipality, and then sign-off that it is safe for lifetime consumption and lifetime effectiveness at fighting dental caries/cavities?

You now know that NSF Standard 60 has nothing what-so-ever to do with such testing, assurances, guarantees or assuming this relevant liability.

- V. Health Canada concedes that hydrofluorosilicic acid (containing silicofluorides/fluorosilicates, plus trace co-contaminants such as arsenic, lead, mercury and radionuclides) ***is not regulated under Canada's Food & Drug Act, nor is it regulated under Canada's Natural Health Product Regulations***, despite the fact that it is being directly and routinely added into drinking water supplies for the purpose of treating dental decay/dental caries disease in humans. ***In fact, no municipal water fluoridation chemical compounds have ever been regulated in such manner by Health Canada.***

Recall Health Canada also concedes (see above) that *health harm toxicology research has never been conducted on hydrofluorosilicic acid, the most prevalent chemical compound being used in water fluoridation practice today.*

*Such revelation is almost too unbelievable to comprehend as being true, but it is true. Health Canada likes to hide behind calling fluoride a 'nutrient', without scientific proof that it is a 'nutrient', and then says we don't regulate 'nutrients'. Hydrofluorosilicic acid 'cocktail' contains far more than 'fluoride'. How convenient it must be for Health Canada to turn a blind-eye to that fact, and then dismiss all need for drug compliance, dismiss all need for natural health product compliance, and dismiss all need for health harm toxicology research, by oversimplifying the true and broad reaching impact of fluoridation as nothing more than mere 'nutrification' of the public. It is hard to imagine that hydrofluorosilicic acid is anything like a 'nutrient'; when the Canadian Environmental Protection Act classifies hydrofluorosilicic acid as "*persistent*", "*bio-accumulative*" and "*toxic*", Environment Canada classifies hydrofluorosilicic acid as a "*hazardous substance*", Transport Canada classifies hydrofluorosilicic acid as a "*dangerous good*", and the United States Environmental Protection Agency classifies hydrofluorosilicic acid as "*class one hazardous waste*".*

'*Reckless*' and '*cavalier*' are two words that may come to mind when reflecting upon how Health Canada has been (mis)handling / (mis)managing such things all these many decades.

- VI. *Health Canada's Chief Dental Officer of Health, Dr. Peter Cooney, has conceded that lifetime swallowing of fluoridated water results in less than one cavity reduction per person, Reference: Waterloo, Ontario debate audio, October 21, 2010; also corroborated by Statistics Canada's own research data. See: <http://cof-cof.ca/2010/11/fluoridation-information-night-in-waterloo-health-canadas-chief-dental-officer-responds-to-fluoridations-less-than-one-cavity-reduction-per-person/>*

Councillors need to firmly *insist* that any claimed reduction in dental caries/cavities ascribed to fluoridation, is clearly expressed in absolute terms, not merely percentage reduction terms. *Zero to fifty percent cavity reduction, ascribed variously to water fluoridation, when expressed in real terms means zero to half a cavity reduction per person per lifetime, not a mouthful of cavities being reduced to half a mouthful of cavities.*

If municipal council is set upon spending precious and scarce municipal taxpayer dollars on water fluoridation practice, council would be wise to insist that *payback* for such investment can be *proven* to their taxpayers/investors, *not merely claimed* by blank statements cast, such as '*One dollar spent on fluoridation saves \$38 in dental caries treatment.*' See: <http://cof-cof.ca/2012/01/does-water-fluoridation-really-save-dollars-otherwise-spent-on-filling-cavities/>

The 1999 Locker review on fluoridation, prepared under contract for the Ontario Ministry of Health, Health Canada and others, revealed just how insignificant any expected dental effect from water fluoridation actually is. In summarizing effectiveness of fluoridation the report concluded, **"the magnitude of the effect is not large in absolute terms, is often not statistically significant and may not be of clinical significance."** The report reviewed literature published between 1994 – 1999, therefore the literature reviewed had relevance to higher fluoridation concentrations in drinking water than what typically exists today.

The 1999 Locker review also reported the following: **"Although it was initially thought that the main mode of action of fluoride was through its incorporation into enamel, thereby reducing the solubility of the enamel, this pre-eruptive effect is likely to be minor. The evidence for a post-eruptive effect, particularly its role in inhibiting demineralization and promoting remineralization, is much stronger."** See: <http://cof-cof.ca/1999/11/locker-et-al-benefits-and-risks-of-water-fluoridation-report-to-ontario-ministry-of-health-health-canada/>

As such, the Locker review identified that incorporation of ingested fluoride into pre-eruptive tooth formation (ingested fluoride for tooth formation beneath the gums) is much less important than topical fluoride applied onto post-eruptive teeth (topical fluoride applied directly to the teeth after teeth emerged through the gums).

So, should we be rinsing our teeth with fluoridated drinking water and then spitting this water out; since fluoride's topical effect is really what counts most? It seems that the original purpose for 'swallowing fluoride' in drinking water was misunderstood, overemphasized, and had remained largely unsubstantiated by the more than four decades of fluoridation research since artificial water fluoridation first began in 1945.

To this day, whenever municipal water fluoridation concentrations are being lowered, fluoridation promoters cry out that cavity rates will rise as a direct result. Yet, research from Ontario and throughout Canada continues to show that water fluoridation makes little difference. Remarkably, even when fluoridation's dental benefit is found to be small or non-existent, **public health fluoridation 'policy' is thrust onto municipal councils/councillors**, regardless of what Ontario's/Canada's fluoridation research and reports are telling us. Has saving face become more important than sound science and good research?

High quality variable controlled published population studies have been conducted within Canada, where **hydrofluorosilicic acid fluoridation has been turned-off**, and dental caries rates did not go up – in fact **dental caries rates actually went down**. Cavity rates went down **without any reported alternative/heightened fluoride application/treatment/ingestion, and without any reported heightened vigilance in dental care**. Dr. Christopher *Clark* and Dr. Steven M. *Levy* acted as principal researchers on these two studies. ***Clark* and *Levy* also served on the six member Health Canada expert panel in 2008 which reviewed water fluoridation and then unanimously recommended fluoridation should continue in Canada, even after their own 2001 and 2006 published studies had clearly indicated otherwise.** See:

<http://cof-cof.ca/canadas-chief-dental-officer-says-fluoridation-works-yet-canadas-variable-controlled-population-studies-tell-otherwise/>

Then there is Dr. Dick *Ito* (DDS), who conducted "***A cross-sectional study to compare caries and fluorosis in 7-year-old schoolchildren from a fluoridated area with those in a neighbouring non-fluoridated area in Ontario,***" his 2007 MSc thesis at the University of Toronto – Graduate Department of Dentistry. *Ito's* study is ***also known as the Caledon and Brampton Study***, Region of Peel, Ontario, Canada. Remarkably, *Ito* found that, "***the effect of fluoridation on caries in these communities was not evident given the matching of the fluoridated Brampton schools to the higher SES [socio-economic status] of Caledon schools plus the variable exposure to fluoridation within the communities.***" See: <http://cof-cof.ca/2007/03/ito-caledon-and-brampton-study-peel-region/>

Ito earned his University of Toronto – Graduate Department of Dentistry MSc degree by producing and ***defending his thesis study***, a thesis which clearly showed no beneficial effect from water fluoridation. ***Yet, to this day, Ito remains an avid supporter, spokesperson, and 'circuit-promoter' of municipal water fluoridation.***

Ito is also past President of the Association of Local Public Health Agencies (aLPHa), an association that describes itself as, "***a non-profit organization that provides leadership to the boards of health and public health units in Ontario.***" An association that has stated within its own "***Messaging and Communications Strategies***" that "***health unit staff and officials need to be aware of the key messages and in support of the public health view of fluoridation. There is no place for personal views on fluoridation.***" (Note: underlining added) Reference: aLPHa Notes, Drinking Water Fluoridation, February 10, 2011 – 1:00 to 5:00 PM, Champagne Ballroom, Novotel Toronto Centre, 45 The Esplanade, Toronto

Another key Canadian study is the University of Toronto – Graduate Department of Dentistry MSc degree earned by Dr. Amir ***Azarpazhooh*** (DDS), for his 2006 thesis research report titled "***Oral Health Consequences of the Cessation of Water fluoridation in Toronto,***" a report prepared for the Faculty of Dentistry – University of Toronto and City of Toronto Public Health. *Azarpazhooh's* "***Supervisors***" on this report were none other than "***Dr. Hazel Stewart – Director of Dental Services, Toronto Public Health***" and "***Dr. James L. Leake – Head of Dental Public Health at University of Toronto.***"

Azarpazhooh found "***a global decrease in dental caries has occurred regardless of fluoridation status***" and found "***despite a historical interpretation that the removal of fluoride would result in an increase in dental caries the findings... do not support this claim.***" See: <http://cof-cof.ca/2006/08/azarpazhooh-oral-health-consequences-of-the-cessation-of-water-fluoridation-in-toronto-msc-thesis-report-faculty-of-dentistry-university-of-toronto-city-of-toronto-public-health-2006/>

Why are Canadians routinely not shown this important and telling Canadian research?

Why are we wasting time and money on quality Ontario/Canada water fluoridation reports and research if it is to then be ignored?

Why must local municipal taxpayers fund water fluoridation 'policy' when reportedly it accomplishes so very little?

Why are citizens and councillors not being told the whole story?

Why are decision makers made to feel they are foolish, selfish, and uncaring if they vote against municipal water fluoridation?

Why does public health imply that water fluoridation research is somehow too complex for citizens and municipal councils to grasp?

Does public health now wish to control water fluoridation decisions made by citizens and municipal councils?

- VII. The stated purpose of the Ontario Safe Drinking Water Act (OSDWA) is ***"to recognize that the people of Ontario are entitled to expect their drinking water to be safe" and "to provide for the protection of human health and the prevention of drinking water health hazards through the control and regulation of drinking water systems and drinking water testing."***
See: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_02s32_e.htm

OSDWA, Section 19 – only came into effect on January 1, 2013, and imposes broader standard of care for municipal drinking water systems to include every person who, on behalf of the municipality, oversees the accredited operating authority of the system or exercises decision-making authority over the system. That, of course, includes Ontario municipal councillors and mayors. Moreover, ***every person governed under that standard of reasonable care, who fails to carry out their respective duty, can be found guilty of an offence.*** As such, Ontario councils/council members can now be held legally accountable and legally liable ***for what they add, allow to be added, and/or request to be added into their local municipal drinking water, regardless of what Health Canada, Ontario Public Health, local public health and/or dental promoters of fluoridation might want or recommend.*** In this respect, it is Ontario councillors and mayors who are first on the hook when it comes to fluoridation. Much about water fluoridation remains unregulated, yet as of January 1, 2013 Ontario councils have been left holding a tremendous fluoridation burden – ***all while*** Health Canada, Ontario Public Health, local public health, and/or dental ***promoters of water***

fluoridation remain your 'policy' advisors and less directly accountable or liable under the OSDWA for municipal fluoridation practice and choice of fluoridation chemical compound. The ensuing legal debate, resulting in legal defence for Ontario municipal councils, will likely cost municipal tax payers significantly. **Money that could be better spent fighting cavities in a more effective, more direct and more targeted manner.** In the end it won't be taxpayers or the voting public being held to account, it will be those who hold actual and ultimate authority over municipal fluoridation practise and the municipal drinking water system.

- VIII. Ontario's Safe Drinking Water Act, (OSDWA) Section 20(2)(b) is typically cited by Ontario municipalities to suggest that their water fluoridation practice somehow falls *"under a statutory authority or for the purposes of complying with a statutory requirement"*, thereby specifically claiming municipal empowerment/entitlement to fluoridate pursuant to the Ontario Fluoridation Act (OFA). *Such municipalities tend to overlook that the OSDWA is an Act specifically set out to treat municipal water so that the water is safer and suitable for people to drink, it is not an Act that sets out to treat people through the water supply. Such municipalities also tend to forget that under OSDWA Section 20(1) "no person shall cause or permit any thing to enter a drinking water system if it could result in, a drinking water health hazard; a contravention of a prescribed standard; or interference with the normal operation of the system."* Moreover, such municipalities forget that OSDWA Section 20(3) clearly states, *"For the purposes of prosecuting the offence of contravening subsection (1), it is not necessary to prove that the thing, if it was diluted when or after it entered the system, continued to result in or could have resulted in a drinking water health hazard,"* – which translates to mean dilution of hydrofluorosilicic acid/fluoridation chemical compounds is no defence, under this section of the OSDWA titled "Dilution No Defence".

Understand that when your medical officer of health and/or dental officer of health speak about water fluoridation using terms like *'optimal level'* or *'optimal concentration'* in drinking water – these are dilution defence arguments, which are not permitted under the OSDWA. Such terms also, and quite cleverly, avoid touching upon dose of fluoride as it pertains to each unique individual consuming various amounts of fluoridated water. **Clever for medical/dental officers of health. Bad for municipal councils/council members who may simply listen to these 'advisors' without insisting upon definitive, professional, tangible proof of what it is that they are claiming.** For example, how does one truly control every individual's dose of fluoride from municipal drinking water without due consideration for every individual's age, weight, body mass, unique physiology, lifestyle, diet, daily water intake, and alternate sources of fluoride ingestion? Well... you can't, it's just that simple. To think otherwise is being willfully naïve and wantonly reckless.

The OSDWA resolves how such 'conflict' between Acts must be handled. ***OSDWA Section 166(1) titled "Exception To Conflict" states, "The provisions of this Act and the regulations prevail over the provisions of any other Act and any regulation made under any other Act, irrespective of when the other Act is enacted or the regulation is made under the other Act. The OSDWA goes on in Section 166(2) to state, "Subsection (1) does not apply if the other Act referred to in subsection (1) expressly states that a provision of that Act or of a regulation made under it prevails over the provisions of this Act."*** Therefore, the OSDWA withstands all other Acts irrespective of when they are enacted, unless the other Act expressly states it prevails over the OSDWA. ***The Ontario Fluoridation Act (OFA) does not expressly state that it prevails over the OSDWA.*** As such, the OSDWA overrides the OFA, despite municipal argument made to the contrary. In fact, the wording within the OSDWA anticipates such conflict between Acts, and handles it so clearly and completely, that ***there is no need to formally repeal any conflicting Act, such as the OFA.***

The OSDWA exists to protect all of Ontario's people consuming municipal drinking water from drinking water contaminants. Putting an untested, unregulated contaminant known as hydrofluorosilicic acid, containing silicofluorides/fluorosilicates plus trace co-contaminants of arsenic, lead, mercury and radionuclides into municipal drinking water is not permitted. The OSDWA applies in its entirety, not selectively. Ask the Ontario Ministry of the Environment what they approved in your locality. Is it the fluoridation system/equipment, the choice of fluoridating chemical compound, or both? You will soon find out that they approved the fluoridation system/equipment as installed and operated – and that the municipality must ensure whatever chemical compound is being used to fluoridate fully complies and conforms to the OSDWA, as well as all other relevant Acts/Regulations/Laws.

- IX. The Ontario Fluoridation Act (OFA) is not a Public Health Act. Moreover, the OFA remains silent on which Ontario Minister/Ministry is responsible for municipal water fluoridation. The OFA makes reference to voting for a "fluoridation system ... comprising equipment and materials for the addition of a chemical compound to release fluoride ions into a public water supply."*** The OFA *remains silent on what fluoridation chemical compound(s) a municipality uses.* However, of utmost importance, the OFA ***does not in any way empower under its legislated authority any Ontario municipality to command and operate a public drinking water supply for the purpose of treating dental decay/dental caries disease in humans, by chemically altering the municipal drinking water. The OFA remains silent about "compulsory preventive medication of the inhabitants of the area."*** Indeed, the current OFA ***remains conspicuously silent on why one could/would/should introduce fluoride ions into the municipal drinking water supply at all.***

See: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f22_e.htm

Silent, because "compulsory preventive medication of the inhabitants of the area" means making use of the municipal drinking water system as a drug delivery system, with the intent to treat disease known as dental decay/dental caries. Municipal fluoridation practice violates people's protected individual rights to informed medical consent, violates people's protected individual right to refuse/withdraw medical treatment, and violates people's overall right to cleaner and safer municipal drinking water. Municipal drinking water that is being paid for by all, delivered to all, and meant for use by all. Indeed, this realization has always been the strongest argument against artificial water fluoridation, and it is the argument which fluoridation promoters, including public health, prefer to ignore or even obfuscate.

Pursuant to Canada's Charter of Rights and Freedoms – Section 7 Security of the Person, Ontario's Health Care Consent Act – Section 11 Elements of Consent and Section 14 Withdrawal of Consent, and relevant case law, you can see that people in Canada (Ontario) do have the right to refuse/withdraw consent to such medical treatment. Also, if it were stated or implied that those not wishing to be fluoridated should filter fluoride out of their municipal drinking water, or find their own un-fluoridated drinking water elsewhere, then this raises the Canadian Charter – Section 15 Equality Rights providing for protection and equal benefit of the law without discrimination.

Public health has become so caught up in their own '***fluoridation policy***' and '***fluoridation agenda***' they forgot to tell municipal councillors that public health has no power to '***force fluoridate***' anyone who declines fluoridation on behalf of themselves or people they have medical guardianship/medical power of attorney over.

From water fluoridation's North American beginnings in 1945, no other thing has ever been added into municipal drinking water for the express purpose of treating people (treating the person). ***Ontario's Safe Drinking Water Act pertains to producing and distributing drinking water and keeping that drinking water as clean and safe to drink as possible.*** Some might say more wholesome and healthier to drink, but that still does not equate with treating people (treating the person), only treating the water itself. The words "fluoride" and "fluoridation" do not appear within the OSDWA. However, the "***Technical Support Document for Ontario Drinking Water Standards, Objectives and Guidelines***" does include the following: "***Where fluoride is added to drinking water, it is recommended that the concentration be adjusted to 0.5 - 0.8 mg/L the optimum level for control of tooth decay.***" ***However, again we see that the specific intent and purpose of water fluoridation is not being stated nor is it enshrined within the actual Ontario Act/legislated authority; only inferred by adjunct. Why?***

Moreover, ***one should never use the public water supply to deliver medication***, for obvious reasons. You do not have an individual's consent. You just have people voting to medicate other people. You can't control an individual's dose. You can't control who will be dosed and who shouldn't be dosed. You can't control for an individual's age, weight, body mass, unique

physiology, lifestyle, diet, daily water intake, and alternate sources of fluoride ingestion. There is no individual medical supervision/patient monitoring. Therefore, ***water fluoridation practice does not fit well into the medical, ethical or even legal perspective.***

Fluoridation is not the same thing as treating drinking water with a disinfectant, such as chlorine, to make the water potable/safer to drink. Fluoridation is not akin to adding essential vitamins or nutrients to foods. Fluoride is neither an essential vitamin nor is it an essential nutrient. No human bodily process requires ingestion of fluoride. If fluoride was an essential vitamin or nutrient, then why isn't it part of the one-a-day multi-vitamin regimen, properly apportioned for adults and children of various age groups, and made available over the counter without a prescription?

- X. While a municipality may wish to believe the Ontario Fluoridation Act (OFA) confers upon that municipality some kind of authority to treat dental caries disease via a chemical compound added into the drinking water supply, it clearly does not. In the Supreme Court of Canada case, Metropolitan Toronto v. Forest Hill (Village), [1957] S.C.R. 569 it was decided that, ***"The question is as to the power of the council to enact the impugned by-law, and the answer depends upon the nature of the subject-matter to which it relates. If, on the evidence in the record, it could properly be regarded as action by the council to provide a supply of pure and wholesome water or to render more pure and wholesome a supply of water already possessing those characteristics I would hold it to be valid. But, in my opinion, it cannot be so regarded. Its purpose and effect are to cause the inhabitants of the metropolitan area, whether or not they wish to do so, to ingest daily small quantities of fluoride, in the expectation ... that this will render great numbers of them less susceptible to tooth decay. The water supply is made use of as a convenient means of affecting this purpose. In pith and substance the by-law relates not to the provision of a water supply but to the compulsory preventive medication of the inhabitants of the area. In my opinion the words of the statutory provisions on which the appellant relies do not confer upon the council the power to make by-laws in relation to matters of this sort. In view of the difference of opinion in the Courts below and in this Court, it is fortunate that this is a case in which if we have failed to discern the true intention of the Legislature the matter can be dealt with by an amendment of the statute."***

To this day in Ontario no legislated Act or statutory authority exists which confers upon any Ontario municipality the legal right to treat disease in humans (i.e. dental decay/dental caries) via the municipal drinking water supply, subsequent to water fluoridation being ruled ***"the compulsory preventive medication of the inhabitants of the area"***. Such was the case in 1957 Ontario, such is the case today. From and since that time, Ontario's Fluoridation Act re-write has remained conspicuously silent on precisely why we ought to release fluoride ions into the public drinking water supply, because clearly that purpose was and remains ***"the***

compulsory preventive medication of the inhabitants of the area". The Supreme Court of Canada, *Metropolitan Toronto v. Forest Hill (Village)*, [1957] S.C.R. 569 ruling has never been complied with, or to our knowledge has it ever been overturned. Therefore, it appears the higher Court decision prevails to this day, and the intentional addition of artificial fluoridation chemical compounds/fluoride ions into the municipal water supply for the desired purpose of reducing dental decay/dental caries disease, remains unlawful regardless of the current Ontario Fluoridation Act (OFA) wording and its presumed and/or assumed status.

Moreover, whereas the Supreme Court of Canada views water fluoridation as "*compulsory preventive medication of the inhabitants of the area*" – it remains entirely inappropriate and careless to add anything into Canada's municipal drinking water supplies, for the purpose of medicating the people in anticipation of reducing dental caries disease/dental cavities disease, without first having subjected such additive(s) to long-term, rigorous, monitored, toxicology studies in order to determine good/bad health effects in animals/humans; and without having first conducted double-blinded, randomized, variable/placebo controlled, clinical trials to conclusively demonstrate effectiveness at reducing dental caries disease/dental cavities disease – all in order to then form the proper basis for a new drug classification and drug identification numbering, under Canada's Food & Drug Act.

XI. Council may have mistakenly thought it was free to choose whether or not to artificially fluoridate/medicate the local municipal water supply. Council may have mistakenly thought that water fluoridation chemical(s) used to fluoridate/medicate the inhabitants of the area are somehow tested and approved for such a purpose. Council may have mistakenly thought that all promoters and endorsers favouring water fluoridation automatically shared in any accountability and/or liability which came with municipal approval of water fluoridation/implementation/practice. Council may have also mistakenly thought that all promoters and endorsers favouring water fluoridation automatically share in any accountability and/or liability related to health risks, health harms, and even the choice of fluoridation chemical(s). **Council/Council Members may come to realize just how alone they may be in all of this, recognize what they must do next, and understand just how important their very next steps will be.**

XII. ***Your public expects and requires Council/Council Members to ask very direct questions, ask very clear questions, and secure very real answers with tangible records of undeniable proof, concerning the limited benefits, claimed safety, and legal ramifications surrounding municipal water fluoridation practise and the use of unregulated/untested fluoridation chemical compounds. The calibre of your collective undertakings in this regard will be all that protects your citizens, and possibly all that protects you. Municipal Council clearly holds the ultimate power and authority to immediately stop water fluoridation in your own***

community, and especially so under the given circumstances. While much about municipal water fluoridation practice and fluoridation chemical compounds has remained unregulated and unlegislated; Council's/Council Member's obligations and responsibilities in this matter are quite clear and regulated. How things got so far down this path is another matter. What seems apparent, however, is that Councils/Council Members, the ultimate municipal decision makers for or against fluoridation, may be the first in line to face these numerous fluoridation issues.

Is Municipal Council willing to take the necessary next steps?

Canada's growing list of communities actively rejecting fluoridation of their drinking water.

See: <http://cof-cof.ca/2013/01/canadas-growing-list-of-communities-rejecting-fluoridation-of-their-drinking-water/>

Sincerely and respectfully,



Robert J. Fleming (President, Executive Director)

Canadians Opposed to Fluoridation ~ Canadiens Opposés à la Fluoration

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Water fluoridation is unproven, unsafe, unethical, unnatural, and unnecessary.

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