

June 30, 2012

City of Windsor Council:

Mr. Eddie Francis, Mr. Drew Dilkens, Mr. Ron Jones, Mr. Fulvio Valentinis,
Mr. Alan Halberstadt, Mr. Ed Sleiman, Ms. Jo-anne Gignac, Mr. Percy Hatfield,
Mr. Bill Marra, Mr. Hilary Payne, Mr. Al Maghnieh

Dear Council,

The City of Windsor is currently reviewing the practice of artificial water fluoridation, whereby an industrial waste product of the phosphate fertilizer industry, hydrofluorosilicic acid¹, is added to the drinking water supply, ostensibly to prevent tooth decay. A letter of support for this practice was recently sent to you by Dr. Multari². Please be advised no one is arguing the effectiveness of pharmaceutical-grade topically applied fluoride such as is found in dentists' offices. **Safe Water Advocates are concerned about the ethics of using a drinking-water supply to deliver medicine en masse, without individual consent, the total-body effects of silicofluoride and its impact on our environment.**

Dr. Multari claims that "communities that have removed fluoride from their water can expect a doubling of their decay rates over time." This is opinion and nothing more. Research and published peer-reviewed fluoridation-cessation studies show no increase in dental decay when communities end artificial water fluoridation. Note the following:

- 1) **"The prevalence of caries (assessed in 5,927 children, grades 2, 3, 8, 9) decreased over time in the fluoridation-ended community while remaining unchanged in the fluoridated community."** Maupome G, Clark DC (co-author of Health Canada Review 2007), Levy SM, Berkowitz. Patterns of dental caries following the cessation of water fluoridation. Community Dent Oral Epidemiol 2001; 29:37-47
- 2) **"This meta-analysis of available research demonstrates that cavity rates remained the same or continued to decline in communities which discontinued artificial water fluoridation."** Azarpazhooh A, Stewart H (Chief Dental Officer for Toronto). Oral Health; Consequences of the Cessation of Water Fluoridation in Toronto 2006
- 3) **"The effect of fluoridation on caries in these communities was not evident" "We found virtually no difference in caries prevalence or severity between 7-year-old children from schools in non-fluoridation Caledon and schools matched on socio-economic factors, in fluoridated Brampton."** Ito D (Past-President of Ontario Association of Public Health Dentistry).; Determinants of caries in adjacent fluoridated and non-fluoridated cities. IADR/AADR/CADR 85th General Session and Exhibition March 21-24, 2007 # 2757.
- 4) **"The few studies of communities where fluoridation has been withdrawn do not suggest significant increases in dental caries."** Ontario Ministry of Health 1999 study: Benefits and Risks of Fluoridation, Dr. David Locker of the Faculty of Dentistry, University of Toronto
- 5) **"Health Canada's review of fluoridated water³ failed to identify even one double-blinded, randomized prospective clinical trial to prove the fluoridation works."** Dr. Hardy Limeback PhD, DDS Professor and Head, Preventive Dentistry University of Toronto

Dr. Multari also mentions the CDC endorsement of fluoridation as a top ten public health achievement of the 20th century. This opinion of the CDC was based on a report that took declining dental decay data and attributed it to the increasing percentage of Americans drinking fluoridated water, as though it were a cause and effect result. This report ignored the World Health Organization data that showed dental decay rates were declining the same or even more so in countries where fluoridation had not been adopted.⁴ "Journalists and officials around the world are innocently using the CDC statement that 'fluoridation is one of the top public health achievements of the twentieth century' without realizing how weak the CDC's evidence for the benefits of this practice actually is."

In sharp contrast, **the CDC conceded, in a 1999 report', that "fluoride's predominant effect is *post-eruptive and topical.*"** The agency repeated that position in 2001⁶. Translated, ingested fluoride is not required during early formative stages of tooth development, and any measurable benefit from fluoride is gained by applying it directly onto the tooth surface. More recently, a 2010 CDC report⁷ announced that **41% of adolescents in the U.S. have dental fluorosis, a clear sign of fluoride toxicity.**

Finally, Dr. Multari mentions the Canadian Dental Association in his endorsement of artificial water fluoridation. However, the CDA's Position on Use of Fluorides in Caries Prevention' raises concerns and questions: The availability of fluorides from a variety of sources must be taken into account before embarking on a specific course of fluoride delivery to either populations or individual patients." "Provided that the total daily intake of fluoride is carefully monitored, fluoride is considered to be a most important health measure in maintaining oral health for all Canadians." Considering this precautionary stance by the CDA, safe water advocates posed the following questions to local fluoridation promoters and public health staff, but have yet to receive a response: How does anyone know what amount of fluoride each individual in Windsor is presently receiving in order to take it "into account"? Since artificial water fluoridation increases the amount of fluoride each individual ingests and absorbs, how could anyone ensure that this additional amount is safe? Since the amount of fluoride ingestion is currently unknown for each individual, how can "the total daily intake of fluoride be carefully monitored" as outlined in the CDA Policy Statement?

In addition, the Ontario Ministry of Health's 1999 study, 'Benefits and Risks of Fluoridation', Dr. Locker determined that **Canadians living in fluoridated communities were already over-burdened with fluoride from a number of dietary and beverage sources**⁹. He specifically indicated that children 4 years and younger are especially vulnerable to fluoride intake. Exposing this age group to fluoridated water, in addition to their dietary fluoride intake, would be detrimental to their health. "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.**"

Fluoride toxicity expert and medical geologist, Heather Gingerich¹¹, cautions that our policy makers "need to be advised that pages 10 and 95 of the Health Canada Review on Fluoridation (2010)¹² clearly state that **formula-fed infants are at risk of health damage caused by overexposure to fluoride** and that Dr. Multari also appears to be unaware that the Codex Alimentarius (1981) states unequivocally that "Fluoride should not be added to infant formula". Furthermore, according to the Centre for Disease Control, National Academies of Science (2006) and Canadian Dental Association (2000), the **addition of 0.65 ppm of F to the Windsor water supply puts all formula-fed children weighing less than 10.1 kg or 22.3 lbs at risk of fluoride toxicity**, even without accounting for the 0.14-0.24 ppm F that is unavoidably present in the reconstituted powder or concentrate. Due to artificial fluoridation of the municipal water supply, a formula-fed infant in Windsor receives at least 50 times the F dose of a breastfed infant which considerably increases their oxidative stress load during a very sensitive developmental stage."

When City of Windsor Council votes on this issue they will have received endorsements calling for an end to the artificial water fluoridation experiment from several medical professionals, fluoride toxicity experts, environmental and citizen groups including the Council of Canadians, the Windsor Essex County Environment Committee, the Town of Tecumseh, the Windsor Utilities Commission, Canadian Association of Physicians for the Environment, Great Lakes United and CAW locals 200 and 444 Environment Committees. Despite dental professionals' endorsements and public health opinions, **a decision to cease artificial water fluoridation is backed by scientific evidence.**

With respect to fluoridation, the field of expertise belongs to those who have examined the biological effects of swallowing fluoride. It is unclear from Dr. Multari's letter endorsing artificial water fluoridation if he has conducted any research or reviews of the literature on fluoridation. The safe water advocates, fluoridation experts and fluoride toxicity scientists listed below present these facts to the City of Windsor Council for the purposes of making the most informed science-based decision possible regarding the safety of Windsor residents' drinking water supply.

Sincerely,

Kimberly DeYong

Safe water advocate and member of Fluoride Free Windsor

Peter L.D. Van Caulart, Dip.A.Ed.,CES,CEI

Director, Environmental Training Institute

Paul Connett, PhD, lead author of *The Case Against Fluoride* (Chelsea Green, 2010) and Director of the Fluoride Action Network, www.FluorideAlert.org

James S. Beck, MD, PhD

Professor Emeritus of Medical Biophysics University of Calgary

Heather Gingerich, MSc (PhD student, "Maternal-child health and drinking water chemistry"), International Medical Geology Association (Canada), author of the "Fluorine in North America" chapter of *Medico/ Geology: A Regional Synthesis* (Springer, 2010), American Association for the Advancement of Science (On-Call Scientist)

Robert J. Fleming, President of Canadians Opposed to Fluoridation~canadiens Opposes à la Fluoruration, www.COF-COF.ca

Hardy Limeback, BSc, PhD, DDS

Professor and Head, Preventive Dentistry University of Toronto, former President of the Canadian Association for Dental Research and panel member of the National Academies of Science 2006 review of "Fluoride in Drinking Water"

David Kennedy, DDS

Past President International Academy of Oral Medicine and toxicology and Fluoride Information Officer

Bill Osmunson, DDS, MPH

cc: Mr. D. Musyj, Dr. J. Multari, Dr. C. Frank, Dr. M. Drkulec, Dr. G. Ing,
Dwight Duncan, Teresa Piruzza, Joe Comartin, Brian Masse

¹ <http://cof-cof.ca/hydrofluorosilicic-acid-origins/>

² Letter dated June 4, 2012 written by Dr. Joseph Multari; Chief, Department of Oral & Maxillofacial Surgery & Dentistry

³ <http://www.hc-sc.gc.ca/ewhsemt/pubs/water-eau/2008-fluoride-fluorure/index-eng.php>

⁴ <http://www.fluoridealert.org/health/teeth/caries/who-dmft.aspx>

⁵ **Centers for Disease Control and Prevention, "Achievements in Public Health, 1900-1999"**

⁶ **Centers for Disease Control and Prevention, "Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States," *Morbidity and Mortality Weekly Report* 50, no. RR14 (August 17, 2001): 1-42**

⁷ <http://www.cdc.gov/nchs/data/databriefs/db53.htm>

⁸ http://www.cda-adc.ca/_files/position_statements/fluorides-en.pdf

⁹ http://www.health.gov.on.ca/english/public/pub/ministry_reports/fluoridation/fluor.pdf

¹⁰ USDA National Fluoride Database of Selected Beverages and Foods
<http://www.nal.usda.gov/fnic/foodcomp/Data/Fluoride/fluoride.pdf>

¹¹ <http://toxipedia.org/display/toxipedia/Recognition+and+Management+of+Fluoride+Toxicity>

¹² http://www.hc-sc.gc.ca/ewh-semt/alt_formats/hecs-sesc/pdf/pubs/water-eau/2011-fluoride-fluorure/2011-fluoride-fluorure-eng.pdf