Statement by anti-fluoridationist at Madison Water Utility Board meeting

Keith Decker • Oct 28 2014

Public water fluoridation is unethical, harmful, and unnecessary.

Fluoride is not a benign substance, it is not a nutrient, it is not used to treat water quality. It is a chemical medication.

Fluoride does not belong in public water because it is not ethically justifiable to force a mass medication on those who do not give their informed consent and who could conceivably be injured by it. Taking the liberty of that action against unwilling participants is morally reprehensible.

There is much to be said about the possible harm being caused to people by fluoride exposure. It can be a very involved process to discern the details, and I encourage you to spend some serious time sincerely investigating the issue with resources available from the Fluoride Action Network at fluoridealert.org. But to very briefly mention what stands out to me personally is that there are certain types of people more susceptible to fluoride toxicity than others. Particularly anyone with kidney disease, and most importantly, babies. It makes sense physiologically, some scientific studies have offered clear evidence of injury, and some deaths have even been attributed. It's very reasonable to expect that some people in those groups will be significantly harmed by fluoridation. If there's anyone we should be protecting with careful caution, instead of reckless action, it's helpless, innocent infants.

But to emphasize the crux of this controversy, even if those in government were to feel unconvinced of the fact that there is risk of harm that could occur through fluoridation, it is still unacceptable to force that dismissive judgment on the bodies of individuals who disagree, when each individual is the only one qualified to make that decision of what to ingest for themselves. Because, if there's anything in life that you can rightly own, it is your self and your own body. If you knowingly violate another person's body against their express will, you have committed a moral crime.

We need water to live. It is a basic, essential form of sustenance. To use that as a vehicle for drugs is wrong. Please realize this and correct the mistake of public water fluoridation.

Rethinking Public Water Fluoridation

By Keith Decker

For many years, pharmaceutical and industrial grade fluoride chemicals have been added by local governments to public water supplies throughout the United States, for the purpose of medicating children who drink the water. This practice has been a controversy inspiring passionate debate. Many prominent authorities are arguing for an end to public water fluoridation. Please become informed and give this important issue your careful and honest consideration, as it affects every person, animal, and plant that comes into contact with public water.

OVERVIEW

The argument against fluoridation involves many different points of contention. But before diving into those details, let us first address the basics.

Firstly, there are important and powerful groups of people who support fluoride as a method of preventing tooth decay. The American Dental Association has endorsed the use of fluoride for more than 40 years. The Centers for Disease Control and Prevention names it as one of the ten great public health achievements of the 20th Century. The US government has confidently been fluoridating water in communities throughout the nation for decades.

Those who support fluoridation may do so with some amount of good reasoning and good intentions. There are primarily three things involved. One, they are motivated by wanting to see children have good, healthy teeth; two, they see fluoride as a useful tool in accomplishing this by preventing tooth decay; and three, they believe public water fluoridation to be an appropriate method for delivering fluoride to the teeth of children. We would all agree with the first point of wanting children to have good teeth. The second point of fluoride being effective in preventing tooth decay is not the primary cause for debate. What brings heated debate is the chosen method of delivering fluoride to its patients. The position to fluoridate water has been fiercely challenged. The issue is far more questionable than many have been lead to believe.

That brings us to the second most basic factor in this equation. A significant collection of people feel for a multitude of reasons that government-run water fluoridation is an unacceptable practice. It is not just a concern held only by a fringe population of conspiracy theorists. This stance against fluoridation is held by over 4,600 medical, scientific, and environmental health professionals who have signed a petition with the Fluoride Action Network to end fluoridation. *(http://fluoridealert.org/researchers/professionals-statement)* Over a dozen Nobel Prize winners in Chemistry and Medicine oppose fluoridation. *(http://www.fluoridealert.org/content/nobel_winners)* The heads of 11 US Environmental Protection Agency unions, including ones representing the agency's scientists, have pleaded with the government to reduce the

permissible level of fluoride in water to zero. (http://hosted.ap.org/dynamic/stories/U/US_MED_FLUORIDE_LEVELS) (http://www.fluoridealert.org/hp-epa.htm) (http://www.fluoridealert.org/health/epa) The 3,500 members of the Canadian Association of Physicians for the Environment have collectively stated their opposition to fluoridation. (http://www2.fluoridealert.org/Alert/Canada/Ontario/Fluoride-a-health-risk-doctors-group-says) Since 1990, more than 250 North American communities have rejected water fluoridation. (http://www.fluoridealert.org/communities.htm) 97% of Western Europe has rejected water fluoridation. This includes Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Italy, Luxembourg, Netherlands, Northern Ireland, Norway, Scotland, Sweden, and Switzerland. (http://www.fluoridealert.org/govt-statements.htm) More people drink fluoridated water in the United States than the rest of the world combined. (http://www.fluoridealert.org/content/bfs-2012) The point is that many considerable groups of people hold concern over public water fluoridation and do not want to be subjected to a fluoridated water supply. This perspective ought to be taken seriously by the US government.

The serious concern over fluoridation held by that significant grouping of people may be founded on legitimate reasoning. There is a large collection of scientific data of many kinds, from all over the world, dating back over half a century, including many modern studies; all of which stand as reason to believe that fluoride can cause very serious ill health effects. Additionally, the effectiveness of fluoridation's beneficial ability to prevent tooth decay, which is the only reason suggested to fluoridate the water, has been brought into question based on third-party analyses including wide sets of statistical data. Many compelling moral arguments are also involved in government-run fluoridation. It is difficult to ethically justify the fact that fluoridation amounts to forced mass medication on those who don't want it and could be injured by it. Other reasoning includes arguments involving inefficiency, cost-effectiveness, inequity, and unscientific promotion of fluoridation. Some details on all of this will be covered later. For now let the point be made that there is certainly real scientific evidence to support cause for concern, as well as other important rationale involved.

The last major factor in this whole situation is something good, because it points to a solution. *Water fluoridation is unnecessary* for accomplishing what fluoride supporters ultimately want. This is the crucial factor which trumps the back and forth of debate between pro- and anti-fluoridationists. Both sides can essentially have what they want. Those who want children to have healthy teeth, as we all do, can have it. Those who think this should be done by way of fluoride can still be free to do that. The only major problem is with how the fluoride is delivered to the patient and it is not necessary to deliver fluoride by way of the water supply. Any alternate method of distributing fluoride *on an individual basis* is a solution to the controversy, while still providing for the primary pro-fluoridationists' goal of pursuing good dental health.

This can be accomplished through an individual application of fluoride such as with fluoridated toothpaste. One major reason why this would make sense is because, unlike the early days when fluoridation first began in our country, the promoters of fluoride's benefits (CDC, 1999, 2001) now concede that the effects are topical and not systemic. (http://www.fluoridealert.org/health/teeth/caries/topical-systemic.html) This means that it no longer makes sense to swallow rather than applying directly to the teeth. This has been demonstrated by numerous modern studies, is acknowledged by the CDC, and seems to be embraced with consensus in the scientific community. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm)

(Fejerskov 1981; Carlos 1983; CDC 1999, 2001; Limeback 1999; Locker 1999; Featherstone 2000) Fluoride's benefit is scientifically observed to occur with direct contact to the surface of teeth and not by way of ingesting it through water. This makes fluoridated toothpaste a far more rational approach than water fluoridation to deliver fluoride to the target organ (teeth) while minimizing exposure to the rest of the body. Ingesting a topical treatment makes as much sense as swallowing sunscreen. Topical fluoride treatments are already widely available in toothpastes, mouth rinses, and other products. If we simply rely on a method of distributing fluoride on an individual basis, then those who want fluoride can have it and those who don't won't be forced to. It's a very real solution.

In addition, with or without individually applied fluoride, communally applied fluoridation is not necessary for accomplishing the primary goal of children having good teeth. There are large collections of statistical data to support this. For example, the vast majority of Western Europe has rejected water fluoridation but has been equally successful as the U.S., if not more so, in tackling tooth decay. This demonstrates how good dental health does not require the artificial supplementation of inorganic sodium fluoride or fluorosilicate chemicals to a population's drinking water. *(http://www.fluoridealert.org/govt-statements.htm) (Diesendorf, 1986; Colquhoun, 1994; World Health Organization, Online)*

Beyond that, fluoridation is unnecessary because normally children in non-fluoridated communities are already getting the so-called "optimal" doses of fluoride from other sources. In fact, many are already being over-exposed to fluoride. Some of these sources of artificial fluoride include: dental products, pesticides, pharmaceuticals, processed foods, some bottled water, and other beverages. *(http://www.fluoridealert.org/f-sources.htm) (Heller et al, 1997)* The CDC released a study in 2007 showing that as much as 41% of children in the US are afflicted with fluorosis, showing visible signs of overexposure to fluoride. *(http://www.fluoridealert.org/2007research/03.html)*

So to recap, fluoridation is unnecessary because the population is overexposed to fluoride and receives plenty of fluoride from sources other than the water supply; it is unnecessary because healthy teeth do not require artificial fluoride chemicals in drinking water; and it is unnecessary because there are viable alternatives such as toothpaste which would eliminate the situation of forced medication on those who don't want it or don't need it, thereby eliminating the cause for controversy and civil discontent. *(http://www.abc.net.au/local/videos/2010/07/26/2964727.htm)*

The main factors in this whole situation discussed thus far are really all that is needed to be said in order to begin taking appropriate action. We have two opposing views, both of which hold some strong backing, whether socially or scientifically, so satisfy them both by way of individually applied fluoride rather than mass medication. The solution is simple.

Maintaining the status quo and continuing to fluoridate public water would be an unnecessary, unethical offense against unwilling participants, constituting an unreasonable risk to public health. If you would like to understand this further, then let us take a deeper look at the rationale of why we should end public water fluoridation.

RATIONALE

All that should be necessary to substantiate a move away from community fluoridation towards individual choice in the matter is that there are those who demand the individual sovereignty to not be drugged against their will and that there is indeed some level of risk that to force fluoride on a person through their drinking water may end up harming them. Those two things are certainly the case. There are obviously people who object to the medication and there are definitely some people who will be harmed. Those who are allergic or hypersensitive, *(Physicians' Desk Reference)* *(http://www.fluoridealert.org/health/allergy/systemic.html)* those with kidney disease, *(http://www.fluoridealert.org/health/kidney)* and vulnerable newborn babies *(http://www.fluoridealert.org/health/infant)* are all at exceptional risk of fluoride toxicity. Beyond those susceptible groups, evidence has shown that many or all people drinking fluoridated water are at risk for some level of damage done to their bodies. To what extent that is the case is still considered a controversial issue. But regardless of that controversy, what should be understood is that *some* people, such as the three groups just mentioned, have been seriously harmed because of having fluoridated water supplies.

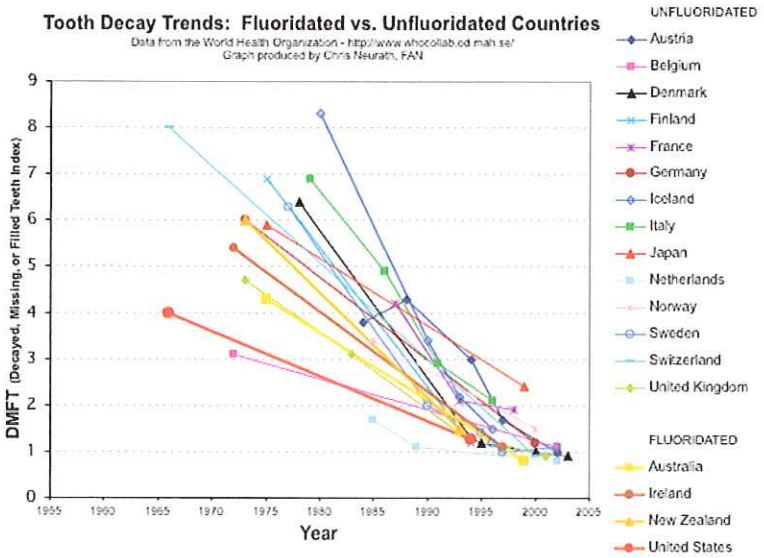
This initial point of reasoning can stand on its own to draw a conclusion from. So focus on it and bear it in mind throughout investigation of the details. Forced medication of fluoride through the water supply is ethically wrong, it will hurt people, and it is unnecessary.

Beyond that primary assertion, let us dive into some more reasons not to fluoridate the water. This rationale, based on scientific studies as well as other arguments, is expounded upon in various books, scientific journals, and other publications. The information we are about to review draws from a variety of sources such as these, but one primary source worth noting is the Fluoride Action Network, *(http://www.fluoridealert.org)* *(http://www.fluoridealert.org/absurdity.htm)* a non-profit organization operating on an international scale, consisting of thousands of scientists and other health professionals. The organization's executive director Paul Connett, PhD, is a retired professor of chemistry at St. Lawrence University in New York and has studied fluoridation for over a decade. He is considered one of the world's leading authorities on the subject and has traveled to many locations across the globe to give presentations and engage in debate. *(http://www2.fluoridealert.org/Alert/United-Kingdom/England/Southampton-Fluoridation-World-expert-says-It-s-an-American-crackpot-idea-from-the-50s)* To anyone wishing to understand the issue of fluoridation, we owe a great deal of gratitude to Paul Connett and the Fluoride Action Network. They can be reached at www.fluoridealert.org.

EFFECTIVENESS

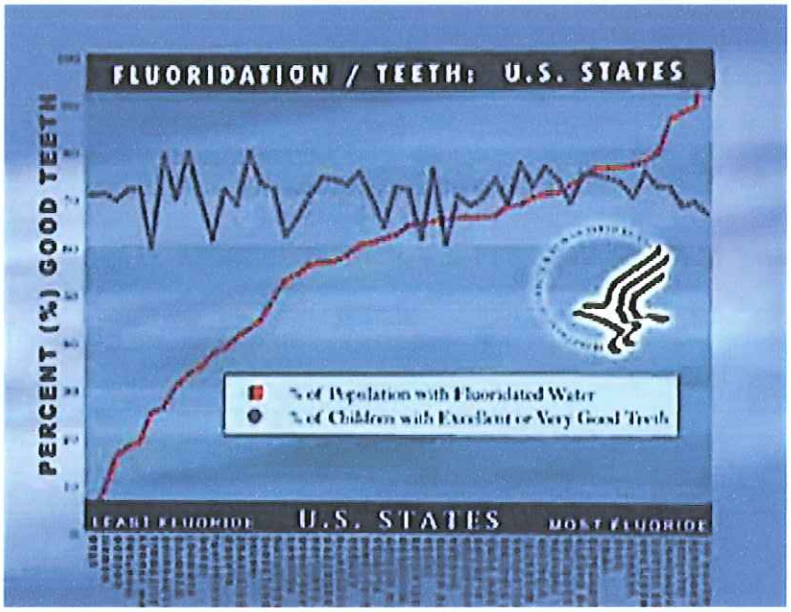
First let's look at the reason pro-fluoridationists suggest we add fluoride to the water. The intended benefit of medicating the populace through fluoridation is to prevent tooth decay in the teeth of children. It is certainly possible that this benefit does occur by some measure, but it may very well be far less effective than is touted by its supporters and as reported by most of the mainstream media. Let us consider some reasons why this might be the case.

#1) Large-scale data from studies such as those from the World Health Organization have now shown that dental decay is coming down just as fast, if not faster, in non-fluoridated industrialized countries as in fluoridated ones. *(Neurath, 2005; Diesendorf, 1986; Colquhoun, 1994; World Health Organization, Online) (http://www.fluoridealert.org/health/teeth/caries)* If fluoridation were an effective treatment method, we would instead expect to see some statistically significant increase in success with preventing tooth decay in fluoridated countries versus non-fluoridated ones. Instead we see universal decline in tooth decay in the Western world irrespective of water fluoridation. *(http://www.fluoridealert.org/health/teeth/caries/who-dmft.html)*



#2) When including wider sets of data than is often cherry picked for comparison by promoters of fluoridation, the difference in tooth decay between fluoridated and non-fluoridated areas in the United States is not seen as clinically significant nor shown to be statistically significant. The largest survey conducted in the US showed only a minute difference in tooth decay between children who had lived all their lives in fluoridated compared to non-fluoridated communities.

(http://www.fluoridealert.org/health/teeth/caries) (Brunelle & Carlos, 1990) (Hileman, 1989) (Locker, 1999) (Diesendorf M. Tooth Decay not related to fluoride intake from water Nature Vol. 322 10 July 1986) (Colquhoun J. Tooth Decay related to economics of family American Laboratory 17:98-109 1985) (Colquhoun J. Community Dentistry and Oral Epidemiology 13:37-41 1985) (Dr. John Yiamouyiannis statement both in his book (Fluoride the Aging Factor" pub Health Action Press 2nd ed. 1986) and during debates has not been challenged by the ADA or others.) (Ziegelbecker D. Fluoride 14; 123-128 1981)



#3) Fluoridation has been promoted as a way to prevent dental crises in low-income populations. However, time has shown that water fluoridation has been ineffective at preventing widespread tooth decay in poor urban areas of the United States. Most of these areas have been fluoridated for 20 to 50 years, yet this is where we see the worst tooth decay occurring in the US. *(http://www.fluoridealert.org/health/teeth/caries/fluoridation.html#poverty)*

#4) When fluoridation has been halted in communities in Finland, former East Germany, Cuba and Canada, tooth decay did not go up, but instead continued to go down. *(Maupome et al, 2001; Kunzel and Fischer, 1997, 2000; Kunzel et al, 2000 and Seppa et al, 2000)*

Let us consider some reasons why this might be the case.

#5) Major dental researchers concede that fluoride is ineffective at preventing pit and fissure tooth decay, which is 85% of the tooth decay experienced by children. *(JADA 1984; Gray 1987; White 1993; Pinkham 1999) (http://www.fluoridealert.org/health/teeth/caries/pit-fissure.html)*

#6) As mentioned earlier with the lack of necessity to fluoridate, even the promoters of fluoridation *(CDC, 1999, 2001)* admit that the purported benefits are topical, not systemic. *(Fejerskov 1981; Carlos 1983; CDC 1999, 2001; Limeback 1999; Locker 1999; Featherstone 2000) (http://www.fluoridealert.org/health/teeth/caries/topical-systemic.html) (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5014a1.htm)* So any benefits that might occur from the use of fluoride come from the direct application of fluoride to the outside of teeth and not from ingestion. It is therefore an ineffective measure to expose all other bodily tissues to fluoride by swallowing it. It makes absolutely no sense to swallow a topical treatment. *(Fejerskov 1981; Carlos 1983; CDC 1999, 2001; Limeback 1999; Locker 1999; Featherstone 2000)*

In the words of Albert Schatz, Ph.D., co-discoverer of the 1st effective treatment of tuberculosis: *"Many individuals with impeccable credentials in science, dentistry, and medicine have published incontrovertible evidence that fluoridation is harmful and does not reduce the incidence of dental caries."* *(Letter to Calgary Councillors, 1997)*

In spite of that assessment, if one was to counter the assertion that fluoridation is ineffective and for whatever reason feel that it is an effective method to systemically apply fluoride to prevent tooth decay, then that still would change little in the end when it comes to the bigger picture of the debate over fluoridation. Remember, forced medication of fluoride through the water supply is ethically wrong, it will hurt people, and it is unnecessary.

HARM

So what of the risk involved? As mentioned earlier, there are instances where individuals have certainly been harmed as a result of public water fluoridation. That means that in a sense you could think of the risk factor as being virtually 100%. It is essentially 100% certain that *some* people are going to be hurt as a result of water fluoridation. The fact that a few people will certainly be injured should be enough, but what about the rest of us? Do most people receive some negative effect? Do all? The answers to these questions are likely going to be yes for the anti-fluoridationist and no for the pro-fluoridationist. So look to the evidence and decide for yourself.

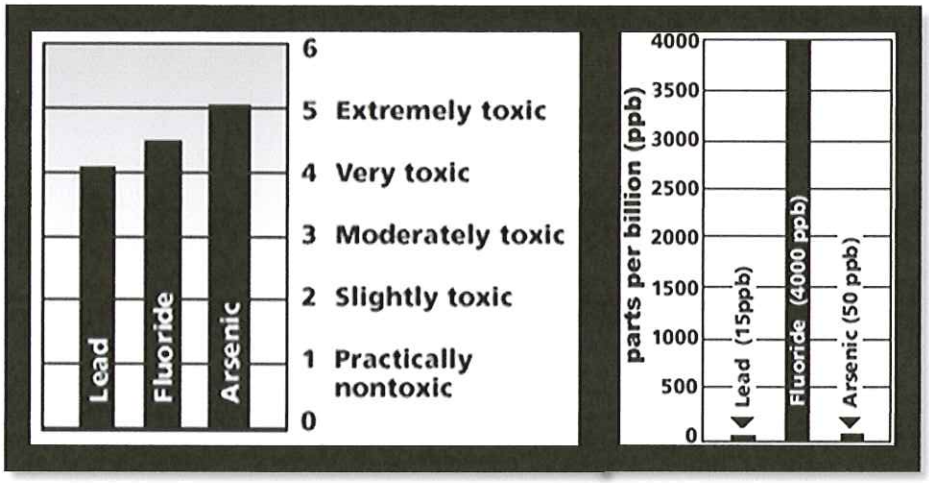
First, let us establish that there is no question fluoride is extremely harmful in any large quantity. This is widely accepted and is not at the crux of the argument over fluoridation, but it is relevant and should be acknowledged. According to NFPA 704 standards, fluoride has a health risk of 3 on a scale of 0 to 4. This means that short exposure can cause serious injury warranting first aid advice to "transport the victim immediately to a hospital." *(http://cameochemicals.noaa.gov/chemical/9070)* The element fluorine, which is released from its chemical bond to freely affect the body after fluoride is ingested, rates a full 4 on that same scale giving it the maximum value for health risk, where very short exposure to a sufficient amount could cause death or major residual injury. *(http://cameochemicals.noaa.gov/chemical/764)* It also maxes out the scale with a 4 in reactivity, which is why it is extremely corrosive to most materials, eats through aluminum, reacts with most combustible materials to the point that ignition occurs, and has been used as the key chemical in the production of atomic bombs. *(http://cameochemicals.noaa.gov/chemical/764)* *(http://www.fluoridealert.org/wastenot414.htm)* It should be no surprise fluoride can penetrate the hardest material in our bodies to become one with our teeth and bones.

On every tube of fluoridated toothpaste there is a warning label that advises, "If you accidentally swallow more than used for brushing, seek professional help or contact a poison control center immediately." If a young child were to swallow half a tube they could actually *die.* *(http://www.fluoridealert.org/toothpaste.html)*

To quote the National Library of Medicine, "It was reported that a dose of only 8 mg of fluoride/kg was responsible for the death of a 27-mo-old child." *(http://toxnet.nlm.nih.gov/cgi-bin/sis/search/r?dbs+hsdb:@term+@rn+7681-49-4) (Krieger, R. (ed.). Handbook of Pesticide Toxicology. Volume 2, 2nd ed. 2001. Academic Press, San Diego, California., p. 1409, Peer Reviewed)*

Let us consider the toxicity level at which fluoride is classified, relative to other toxic chemicals. To put things into perspective, take a look at the examples of lead and arsenic. Lead can cause irreversible neurological damage as well as renal disease, cardiovascular effects, and reproductive toxicity. Similarly,

drinking water with arsenic in it can lead to effects including changes in skin color, formation of hard patches on the skin, skin cancer, lung cancer, cancer of the kidney and bladder, and can lead to gangrene.



With that in mind, realize that fluoride is considered more toxic than lead and only slightly less toxic than arsenic. From a scale of 1 to 5, with 1 being "Practically nontoxic" and 5 being "Extremely toxic", arsenic is at 5, with fluoride and lead trailing just behind at level 4 where they are classified "Very toxic".

This has been concluded to be true by various members of our government and may be found in numerous toxicological publications. The Environmental Protection Agency Union stated these findings in an address to the U.S. Senate, where Dr. Hirzy, EPA Toxicologist and Vice President of the EPA Scientists' Union, called for an immediate moratorium on fluoridation. After citing numerous studies showing that fluoridation is harmful, he showed that fluoride is more toxic than lead and close in toxicity to arsenic. He then pointed out how little sense it makes to restrict the maximum contaminant level of lead and arsenic to 15 and 5 parts per billion, while fluoride is allowed at four thousand parts per billion. If you would like to see further verification of this extremely high level of fluoride toxicity comparable to lead and arsenic, look up the LD50 data from Robert E. Gosselin, et al, in *Clinical Toxicology of Commercial Products 5th Ed.*, 1984.

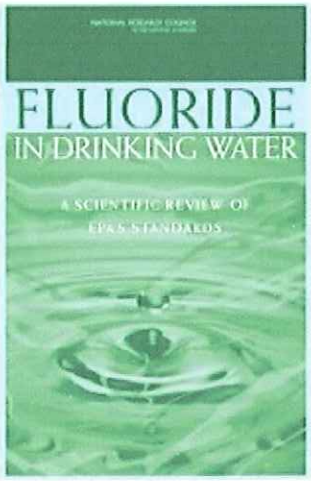
Now a pro-fluoridationist might respond to the above with dismissal on the belief that at small enough quantities, fluoride transforms into something like a nutrient. While that may or may not be the case, it is uncertain at what level that would occur. In beginning to consider that question, a common sense alarm should be raised over the discrepancy that fluoride in water is allowed by the government at levels as high as 4 parts per million (ppm), with target levels of .7 to 1 ppm, while lead and arsenic are regulated at .02 and .01 ppm. The amount an individual is exposed to can also increase greatly above expectation if they drink a lot of water or ingest fluoride from other sources. It seems apparent that the

quantities of fluoride currently added to public water do not reflect a reliable level of safety, as the following asessment would indicate.

NATIONAL ACADEMY OF SCIENCES

On March 22, 2006, a prestigious 12-member panel of the U.S. National Research Council (NRC), which functions under the auspices of the National Academy of Sciences (NAS), the National Academy of Engineering (NAE), and the Institute of Medicine (IOM), completed a three year review of the appropriateness of the EPA's safe drinking water standard for fluoride, which again lies between .7 and 4 ppm.

After one of the most thorough and objective reviews of the literature in 60 years, the NRC panel unanimously found that the allowable level of fluoride is too high and has asked the EPA to lower the standard in order to protect children against severe dental fluorosis and to protect all groups from bone fracture. *(http://www.fluoridealert.org/health/epa/nrc)*



In the words of Dr. Hardy Limeback, one of the NRC panel members: *"The evidence that fluoridation is more harmful than beneficial is now overwhelming and policy makers who avoid thoroughly reviewing recent data before introducing new fluoridation schemes do so at risk of future litigation."* – Dr. Hardy Limeback, NRC Panel Member. *(http://www.fluoridealert.org/news/2616.html)*

"The crucial message of this report is that the highest scientific authority in the US has determined that low levels of fluoride in drinking water may have serious adverse health effects." – Dr. Paul Connett

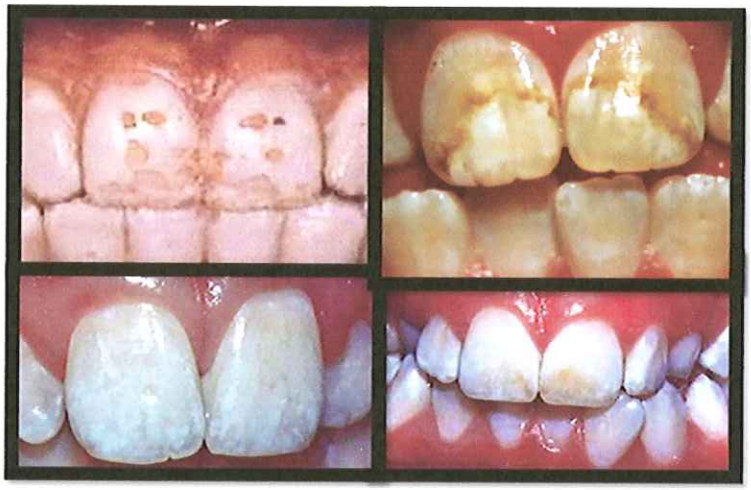
The extensive NRC report reviewed many animal and human studies where adverse effects on a variety of tissues and organs have been observed at relatively low levels of exposure to fluoride. Many of the effects were observed at lower water concentrations than 4 ppm. These included increased uptake of toxic aluminum into the brains of rats exposed to fluoride at 1 ppm; lowered IQ in children in Chinese studies at levels of 2.5-4.0 ppm; increased hip fracture rates in the elderly at levels between 1 and 4 ppm; and lowered thyroid function at dosages as low as .01 mg/kg/day (equivalent to .01 ppm).

So, to be clear, there are indeed adverse effects observed at very low exposure levels; specifically at levels allowed in our drinking water (1 to 4 ppm). Fluoride toxicity does not only occur in large doses.

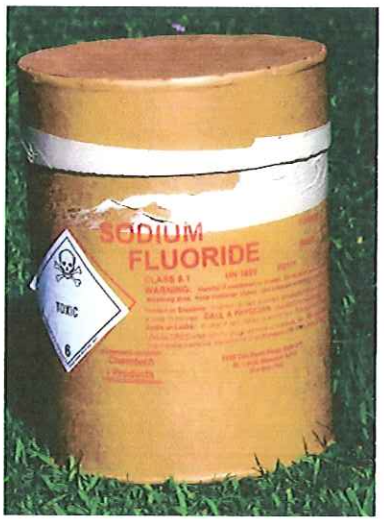
The margin of safety between the so-called therapeutic benefit of reducing dental decay and many dangerous end points is either nonexistent or precariously low.

To underscore the effects of this, the CDC now recognizes that 40.6% of children, ages 12-15, are afflicted with fluorosis. *(http://www.cdc.gov/nchs/data/databriefs/db53.pdf)* This disfiguring pathological condition, considered irreversible, can be seen in markings on the teeth and throughout the bones. If you run the numbers, this shows that about half a million (479,000) kids nationwide have ended up with moderate to severe fluorosis, thanks to fluoridated water.

Dental fluorosis:



It's worth noting that the chemicals used in fluoridation throughout the country are not natural fluorides found in nature. Natural fluorides such as calcium-fluoro-phosphate are organic compounds, found in small quantities in nature, which show up in food as an edible organic salt, insoluble in water and assimilable by the human body. *(Dr. E.H. Bronner in a letter printed in The Catholic Mirror, Springfield, MA, January 1952)*



By contrast, Sodium fluoride, used in fluoridation, is an inorganic chemical, soluble in water (as opposed to insoluble natural fluoride), and considered a pharmaceutical drug. What's more, about 90% of America's fluoridated drinking water is not actually treated with the chemical sodium fluoride, but rather fluorosilicate compounds such as fluorosilicic acid, hydrofluosilicic acid, and sodium silicofluoride. These forms of fluoride are not pharmaceutical-grade sodium fluoride and are not naturally-occurring calcium-fluoro-phosphate, but instead they are actually unpurified industrial chemicals. They are obtained as toxic waste industrial byproducts from aluminum factories and fertilizer manufacturing. The EPA forbids industries to dump these toxic fluoride chemicals into the environment and they are treated as hazardous waste, stored in special containers, requiring protective gear to handle. These fluorosilicate waste byproducts, scrubbed from the smokestacks of fertilizer plants, have even been found to be contaminated by carcinogenic heavy metals, the most common of which being arsenic, along with lead, beryllium, cadmium, mercury, and aluminum.
(http://www.fluoridealert.org/f-arsenic.htm) (Cancer Prevention Coalition, http://www.preventcancer.com/losing/nci/nci_epidemiological.htm) (Healthy and Harmful Halogens, 2006, Donald W. Miller, Jr., M.D., http://www.iodine4health.com/research/miller_2006_text_fluoride_talk.doc)
In response to questions from a Congressional subcommittee, federal agencies admitted that these fluorosilicate compounds have never been subjected to toxicological testing and have never received FDA approval for human ingestion. *(Fox, 1999; Hazan, 2000; Plaisier, 2000; Thurnau, 2000; http://fluoridealert.org/refs.html)* Yet this is what's being used for human ingestion.

The American Dental Association states "Community water fluoridation is simply the adjustment of the fluoride that occurs naturally in water to a level that helps prevent cavities." *(http://www.ada.org/public/topics/fluoride/infantsformula_faq.asp)* I hope you can see how that is a misleading, inaccurate statement. Natural fluoride does not equal industrial waste contaminated by heavy metals.

So to summarize the evidence of harm just reviewed, the chemicals used to fluoridate the water are not natural, but are industrial toxic waste chemicals which are acutely toxic in significant quantities, and most importantly are chronically toxic in small quantities, as in fluoridated water. The concern over toxic effects from continual ingestion of small but cumulative amounts of fluoride should be taken very seriously and is supported by enough scientific data to give significant indication of numerous harmful effects.

Adding fluoride to our water does much more than simply affect children's teeth. The ingested fluorides are dispersed throughout every person's body and accumulate in bones, joints, and the pineal gland. They may impact and harm the teeth, kidneys, thyroid gland, enzyme actions, neural tissue, and a host of other body systems, tissues, and chemical functions.

To quote Past President of the American Medical Association Dr. Charles Gordon Heyd, *"I am appalled at the prospect of using water as a vehicle for drugs. Fluoride is a corrosive poison that will produce serious effects on a long range basis. Any attempt to use water this way is deplorable."*

AMA
American Medical Assoc.

"The world is not flat, and fluoridation is not safe." –Daniel G. Stockin, M.P.H.
(http://www.fluoridealert.org/news/fluoridegate-fluoride-spots-on-teeth-the-tip-of-the-iceberg)

ETHICS

Now before we conclude this review of fluoridation, return your attention to the moral issue involved. Think for a moment to ask what is the fundamental purpose of a good government? To protect its citizens from egregious, immoral conduct, such as one person harming another against their will. It is to stop bad things from happening to good people. A simple example is that if someone is about to commit a murder, that is obviously considered morally wrong and on that basis the government takes action to stop them. Similarly, if someone were to knowingly add a poisonous dose of cyanide to your drinking water without your permission, that too would be morally wrong and the government ought to stop them. This last example of course relates to adding fluoride to the water, especially considering it is a protoplasmic poison in the same class as cyanide. The difference is that with fluoridation the intent is not to harm, but the actions result in harm nonetheless. Remember that some groups of people are definitely harmed and to what extent the rest of the public is harmed is not even a necessary factor to establish that fluoridation does harm people. It does so, while violating the individual's right to informed consent to medication.

To be fair, the government has priorities beyond just the protection of its people. It also functions in a practical way to provide useful services for the betterment of society. The important thing to remember

though is that the protection of basic morals, stopping bad things from happening to good people, must always come *first*. If the government is attempting to provide a service which stands against proper moral conduct in harming its citizens and involving other moral dilemmas then it must be recognized that this service may be unethical, and in such a case the moral and safety concern must take priority. If the service is *causing* bad things to happen to good people, rather than stopping such things, then it is not an acceptable thing for the government to do in that way. If we lose sight of this, we have lost sight of the fundamental purpose of government. It's a simple premise which should be easily understood. Don't have a government take action where there is considerable reason to believe that the action will do unnecessary harm. In such a case, find another way to provide the service. Simply deliver fluoride on an individual basis.

To reiterate one last time, forced medication of fluoride through the water supply is ethically wrong, it will hurt people, and it is unnecessary.

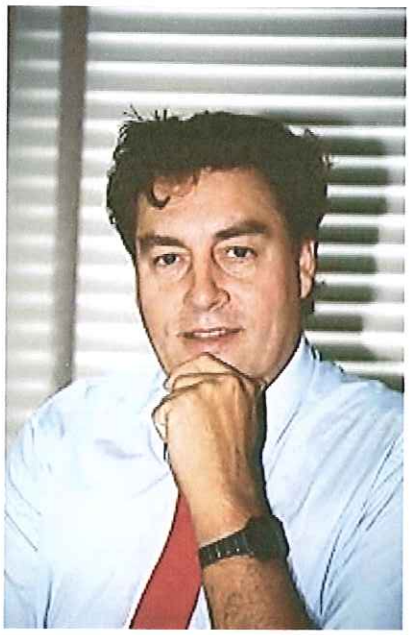
The U.S. Environmental Protection Agency Headquarters Union has stated, *"In summary, we hold that fluoridation is an unreasonable risk. That is, the toxicity of fluoride is so great and the purported benefits associated with it are so small –if there are any at all– that requiring every man, woman and child in America to ingest it borders on CRIMINAL BEHAVIOR on the part of governments."*

CONCLUSION

To conclude all of this, it is safe to say that there are many, many reasons not to fluoridate the water supply, while there is but one reason given *to* fluoridate; to deliver fluoride to the teeth of children in an attempt to combat tooth decay. This goal can be met by more appropriate means which do not involve all of the many, many reasons not to fluoridate. Given all of the information covered here, it should be apparent that public water fluoridation is not an acceptable practice and must end. Please understand this and take appropriate action. Thank you for your time and consideration.

The Absurdities of Water Fluoridation

http://fluoridealert.org/articles/absurdity/
Red Flags Weekly | November 28, 2002 | by Paul Connett, PhD



Water fluoridation is a peculiarly American phenomenon. It started at a time when Asbestos lined our pipes, lead was added to gasoline, PCBs filled our transformers and DDT was deemed so "safe and effective" that officials felt no qualms spraying kids in school classrooms and seated at picnic tables. One by one all these chemicals have been banned, but fluoridation remains untouched.

For over 50 years US government officials have confidently and enthusiastically claimed that fluoridation is "safe and effective." However, they are seldom prepared to defend the practice in open public debate. Actually, there are so many arguments against fluoridation that it can get overwhelming.

To simplify things it helps to separate the ethical from the scientific arguments.

For those for whom ethical concerns are paramount, the issue of fluoridation is very simple to resolve. It is simply not ethical; we simply shouldn't be forcing medication on people without their "informed consent". The bad news is that ethical arguments are not very influential in Washington, DC unless politicians are very conscious of millions of people watching them. The good news is that the ethical arguments are buttressed by solid common sense arguments and scientific studies which convincingly show that fluoridation is neither "safe and effective" nor necessary. I have summarized the arguments in several categories:

Fluoridation is UNETHICAL because:

1) It violates the individual's right to informed consent to medication.
2) The municipality cannot control the dose of the patient.
3) The municipality cannot track each individual's response.
4) It ignores the fact that some people are more vulnerable to fluoride's toxic effects than others. Some people will suffer while others may benefit.
5) It violates the Nuremberg code for human experimentation.

As stated by the recent recipient of the Nobel Prize for Medicine (2000), Dr. Arvid Carlsson:

"I am quite convinced that water fluoridation, in a not-too-distant future, will be consigned to medical history…Water fluoridation goes against leading principles of pharmacotherapy, which is progressing from a stereotyped medication – of the type 1 tablet 3 times a day – to a much more individualized therapy as regards both dosage and selection of drugs. The addition of drugs to the drinking water means exactly the opposite of an individualized therapy."

As stated by Dr. Peter Mansfield, a physician from the UK and advisory board member of the recent government review of fluoridation (*McDonagh et al 2000*):

"No physician in his right senses would prescribe for a person he has never met, whose medical history he does not know, a substance which is intended to create bodily change, with the advice: 'Take as much as you like, but you will take it for the rest of your life because some children suffer from tooth decay. ' It is a preposterous notion."

Fluoridation is UNNECESSARY because:

1) Children can have perfectly good teeth without being exposed to fluoride.
2) The promoters (*CDC, 1999, 2001*) admit that the benefits are topical not systemic, so fluoridated toothpaste, which is universally available, is a more rational approach to delivering fluoride to the target organ (teeth) while minimizing exposure to the rest of the body.
3) The vast majority of western Europe has rejected water fluoridation, but has been equally successful as the US, if not more so, in tackling tooth decay.
4) If fluoride was necessary for strong teeth one would expect to find it in breast milk, but the level there is 0.01 ppm , which is 100 times LESS than in fluoridated tap water (*IOM, 1997*).
5) Children in non-fluoridated communities are already getting the so-called "optimal" doses from other sources (*Heller et al, 1997*). In fact, many are already being over-exposed to fluoride.

Fluoridation is INEFFECTIVE because:

1) Major dental researchers concede that fluoride's benefits are topical not systemic (*Fejerskov 1981; Carlos 1983; CDC 1999, 2001; Limeback 1999; Locker 1999; Featherstone 2000*).
2) Major dental researchers also concede that fluoride is ineffective at preventing pit and fissure tooth decay, which is 85% of the tooth decay experienced by children (*JADA 1984; Gray 1987; White 1993; Pinkham 1999*).
3) Several studies indicate that dental decay is coming down just as fast, if not faster, in non-fluoridated industrialized countries as fluoridated ones (*Diesendorf, 1986; Colquhoun, 1994; World Health Organization, Online*).
4) The largest survey conducted in the US showed only a minute difference in tooth decay between children who had lived all their lives in fluoridated compared to non-fluoridated communities. The difference was not clinically significant nor shown to be statistically significant (*Brunelle & Carlos, 1990*).
5) The worst tooth decay in the United States occurs in the poor neighborhoods of our largest cities, the vast majority of which have been fluoridated for decades.
6) When fluoridation has been halted in communities in Finland, former East Germany, Cuba and Canada, tooth decay did not go up but continued to go down (*Maupome et al, 2001; Kunzel and Fischer, 1997, 2000; Kunzel et al, 2000 and Seppa et al, 2000*).

Fluoridation is UNSAFE because:

1) It accumulates in our bones and makes them more brittle and prone to fracture. The weight of evidence from animal studies, clinical studies and epidemiological studies on this is overwhelming. Lifetime exposure to fluoride will contribute to higher rates of hip fracture in the elderly.
2) It accumulates in our pineal gland, possibly lowering the production of melatonin a very important regulatory hormone (*Luke, 1997, 2001*).
3) It damages the enamel (dental fluorosis) of a high percentage of children. Between 30 and 50% of children have dental fluorosis on at least two teeth in optimally fluoridated communities (*Heller et al, 1997 and McDonagh et al, 2000*).
4) There are serious, but yet unproven, concerns about a connection between fluoridation and osteosarcoma in young men (*Cohn, 1992*), as well as fluoridation and the current epidemics of both arthritis and hypothyroidism.
5) In animal studies fluoride at 1 ppm in drinking water increases the uptake of aluminum into the brain (*Varner et al, 1998*).
6) Counties with 3 ppm or more of fluoride in their water have lower fertility rates (*Freni, 1994*).
7) In human studies the fluoridating agents most commonly used in the US not only increase the uptake of lead into children's blood (*Masters and Coplan, 1999, 2000*) but are also associated with an increase in violent behavior.
8) The margin of safety between the so-called therapeutic benefit of reducing dental decay and many of these end points is either nonexistent or precariously low.

Fluoridation is INEQUITABLE, because:

1) It will go to all households, and the poor cannot afford to avoid it, if they want to, because they will not be able to purchase bottled water or expensive removal equipment.
2) The poor are more likely to suffer poor nutrition which is known to make children more vulnerable to fluoride's toxic effects (*Massler & Schour 1952; Marier & Rose 1977; ATSDR 1993; Teotia et al, 1998*).
3) Very rarely, if ever, do governments offer to pay the costs of those who are unfortunate enough to get dental fluorosis severe enough to require expensive treatment.

plastics, pharmaceuticals and pesticides. Despite the fact that some of these compounds pose just as much a threat to our health and environment as their chlorinated and brominated counterparts (i.e. they are highly persistent and fat soluble and many accumulate in the food chains and our body fat), those organizations and agencies which have acted to limit the wide-scale dissemination of these other halogenated products, seem to have a blind spot for the dangers posed by organofluorine compounds.

So while fluoridation is neither effective nor safe, it continues to provide a convenient cover for many of the interests which stand to profit from the public being misinformed about fluoride.

Unfortunately, because government officials have put so much of their credibility on the line defending fluoridation, it will be very difficult for them to speak honestly and openly about the issue. As with the case of mercury amalgams, it is difficult for institutions such as the American Dental Association to concede health risks because of the liabilities waiting in the wings if they were to do so.

However, difficult as it may be, it is nonetheless essential – in order to protect millions of people from unnecessary harm – that the US Government begin to move away from its anachronistic, and increasingly absurd, status quo on this issue. There are precedents. They were able to do this with hormone replacement therapy.

But getting any honest action out of the US Government on this is going to be difficult. Effecting change is like driving a nail through wood – science can sharpen the nail but we need the weight of public opinion to drive it home. Thus, it is going to require a sustained effort to educate the American people and then recruiting their help to put sustained pressure on our political representatives. At the very least we need a moratorium on fluoridation (which simply means turning off the tap for a few months) until there has been a full Congressional hearing on the key issues with testimony offered by scientists on both sides. With the issue of education we are in better shape than ever before. Most of the key studies are available on the internet and there are videotaped interviews with many of the scientists and protagonists whose work has been so important to a modern re-evaluation of this issue.

With this new information, more and more communities are rejecting new fluoridation proposals at the local level. On the national level, there have been some hopeful developments as well, such as the EPA Headquarters Union coming out against fluoridation and the Sierra Club seeking to have the issue re-examined. However, there is still a huge need for other national groups to get involved in order to make this the national issue it desperately needs to be.

I hope that if there are RFW readers who disagree with me on this, they will rebut these arguments. If they can't than I hope they will get off the fence and help end one of the silliest policies ever inflicted on the citizens of the US. It is time to end this folly of water fluoridation without further delay. It is not going to be easy. Fluoridation represents a very powerful "belief system" backed up by special interests and by entrenched governmental power and influence.

All references cited can be found at http://www.fluoridealert.org/researchers/fan-bibliography/

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