Canadian Water Fluoridation Deputation - Text of Five Minute Video James S. Beck M.D., PhD., Calgary AB

(The numbers in square brackets refer to the notes in the accompanying document titled "Notes on the text of the video".)

Thank you for accepting this video. I'm sorry that I can't be with you in person.

I am professor emeritus of medical biophysics, University of Calgary, a physician and a scientist. And a co-author of a 2010 book on fluoridation. [1]

Let me state two disclaimers: I have no financial or material interest in fluoridation and my royalties on sales of the book I co-authored are donated to the Fluoride Action Network.

I urge care in evaluating what you are told by both promoters and opponents of fluoridation. You should insist that we have evidence and common sense to back what we tell you. For lack of time I refer you to the six brief notes I have made on these comments and to the more complete written submission and the scientific work cited in it. [2]

I have heard officials, dental and medical officers of health from Health Canada and from five different provinces, give false statements to city and town councils in their support of fluoridation. For the most part I don't think they were lying; they just didn't know much about the issues and the evidence. But it is difficult to understand how they can deny the existence the hundreds of peer-reviewed publications in credible scientific journals that indicate association of fluoridation with adverse effects on health.

Another falsehood often heard is that the City Council of Calgary made an uninformed and hasty decision in stopping fluoridation. That is not only false but also insulting to a group of councillors who educated themselves over a decade on the scientific arguments about efficacy and safety of fluoridation. In the course of their deliberations they rejected explicitly proposals of another expert panel and another plebiscite. They rejected the panel because they believed, correctly, that it would not be possible to have an unbiased panel and that it would be a waste of time. They rejected the plebiscite for the reason that it is absurd to decide whether to take a medicine by asking your neighbors to vote on it.

Another criticism came from promoters in your area, that Calgary's councillors were uninformed because there is no municipal public health department. Such a thing would be redundant because public health is a provincial responsibility. Also they received input extensively from Alberta Health Services which the majority of councillors came to distrust.

Along with many councillors in many towns and cities I have concluded that fluoridation of public water supplies is not substantially effective, not safe, and not ethical. The science may not be obvious, but it is clear. The ethics is both clear and obvious. [3]

The ethical failings are: hexafluorosilicic acid and fluoride are untested for human toxicity and are unapproved; there is no informed consent; the individual hasn't the option to stop it. The medical failings are: especially susceptible groups are not protected; the dose is not controlled; there is no monitoring of effects. [4]

Proponents propose that we fluoridate until there is absolute proof of harm (there is for some harms). Opponents propose that we don't fluoridate until there is strong evidence that it is not harmful to any component of the population. If there is doubt, then the latter is the acceptable procedure. [5]

Hexafluorosilicic acid is very different from calcium fluoride which is the form of fluoride in lakes and rivers. It dissociates in water but reassociates to some extent in the stomach and apparently causes harm to the stomach and intestines and is associated with higher levels of lead, a recognized neurotoxin, in the blood. [6]

It is now widely recognized, even among promoters of fluoridation that any benefit of fluoride in preventing cavities is topical, action directly on the tooth, not from ingestion. Furthermore, there are ways of getting this benefit—such as using fluoridated toothpaste, topical applications in dentist's offices, and sodium fluoride drops—which provide alternatives by choice for those who want it.

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