

Less than 1% of the water from our treatment plants is used by its citizens for drinking.

How can that be? What happens to the rest of it? Read the following analysis and see for yourself.

Just think about all of the uses we make of our drinking water.

Examples of what actually just goes

Down the drain at home:

- 1 Washing our clothes, water down the drain.
- 2 Dishwasher or dishes washed in a sink, water down the drain
- 3 Bath and shower, water down the drain.
- 4 Hand, face and other body part washing, water down the drain.
- 5 Every toilet flush, at least a dozen times a day, water down the drain.
- 6 Washing walls, floors, doors, windows inside and out, water down the drain.
- 7 Commercial building cleaners of all types, from interior and exterior windows, to floors, walls and building contents, down the drain.

Down storm drains:

- 1 Hand washing your car sends water goes down the city's street drains.
- 2 Some people thoughtlessly wash their driveways using tap water
- 3 Some of us are lucky enough to have pools on our properties or even in our houses, which uses millions of liters of water every year and when that water is drained for whatever reasons, that water ends up down the drain.
- 4 Firemen use millions of liters of water to put out fires of all types and all of that water ends up in the city's storm drains.
- 5 Most car washes use thousands of liters every week washing cars and that water ends up down the city's storm drains.
- 6 Street sweeping machines use thousands of liters of water during their daily runs, down city streets, water ends up down the city's storm drains.

Straight into the environment:

- 1 Watering the lawn with tap water puts it directly into the ground.
- 2 Watering the garden puts it directly into the ground.

Commercial and industrial uses:

- 1 Commercial and industrial applications that use city water in their processes and in their buildings; think of all of the toilets and sinks in hotels, motels, office buildings, etc, and in places like grocery stores that also use water to clean the fruits and vegetables, shelving, work surfaces in addition to sanitary uses, plus metal processing and other manufacturers that use water for their cooling and processing of all kinds in addition to sanitary uses, and the list goes on and on.

Now that you have this picture of municipal water usage you can appreciate what a great waste there can be of this most precious pure water resource.

This is not meant to disparage any of the uses listed above, but to point out that when you add a drug to the water supply, over 99% of it will be wasted in non drug uses. So, it is far from being the most economical and efficient way of deliberately distributing a fluoride drug substance, to ostensibly prevent tooth decay for those who supposedly need it.

In fact, it is also unethical to do so, since those who *do not need it* per the promoters' claims are also receiving that drug and the right to consent to refuse to be drugged is categorically and irresponsibly being denied for all recipients, not just those that may allegedly need it. However, that's another issue among many others regarding using the water supply as a drug delivery system.

Now you can see that over 99% of nearly half a million dollars is being wasted by putting this hydrofluorosilicic acid in the City of Ottawa water supply.

But that is not the end of it. It is now well documented that fluoridated substances are not useful to the teeth by swallowing but that even the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) have admitted in 1999, that the benefits of fluoride substance use is by topical application, "Its actions primarily are topical for both adults and children." that is, by putting it ON the teeth and NOT systemically, that is, not by being swallowed.

Numerous studies support that assertion. Here is a small sample of those studies.

"Fluoride is most effective when used topically, after the teeth have erupted."

SOURCE: Cheng KK, et al. (2007). Adding fluoride to water supplies. *British Medical Journal* 335(7622):699-702.

"it is now accepted that systemic fluoride plays a limited role in caries prevention."

SOURCE: Pizzo G, Piscopo MR, Pizzo I, Giuliana G. (2007). Community water fluoridation and caries prevention: a critical review. *Clinical Oral Investigations* 11(3):189-93.

"the major anticaries benefit of fluoride is topical and not systemic."

SOURCE: National Research Council. (2006). *Fluoride in Drinking Water: A Scientific Review of EPA's Standards*. National Academies Press, Washington D.C. p 13.

"Since the current scientific thought is that the cariostatic activity of fluoride is mainly due to its topical effects, the need to provide systemic fluoride supplementation for caries prevention is questionable."

SOURCE: European Commission. (2005). The Safety of Fluorine Compounds in Oral Hygiene Products for Children Under the Age of 6 Years. European Commission, Health & Consumer Protection Directorate-General, Scientific Committee on Consumer Products, September 20.

"The results of more recent epidemiological and laboratory studies can be summarized by stating that post-eruptive (topical) application of fluoride plays the dominant role in caries prevention."

SOURCE: Hellwig E, Lennon AM. (2004). Systemic versus topical fluoride. *Caries Research* 38: 258-62.

"The 'caries resistance' concept was shown to be erroneous 25 years ago, but the new paradigm is not yet fully adopted in public health dentistry, so we still await real breakthroughs in more effective use of fluorides for caries prevention."

SOURCE: Fejerskov O. (2004). Changing paradigms in concepts on dental caries: consequences for oral health care. *Caries Research* 38: 182-91.

"The case is essentially a risk-benefit issue - fluoride has little pre-eruptive impact on caries prevention, but presents a clear risk of fluorosis."

SOURCE: Burt BA. (1999). The case for eliminating the use of dietary fluoride supplements for young children. *Journal of Public Health Dentistry* 59: 260-274.

"Until recently the major caries-inhibitory effect of fluoride was thought to be due to its incorporation in tooth mineral during the development of the tooth prior to eruption...There is now overwhelming evidence that the primary caries-preventive mechanisms of action of fluoride are post-eruptive through 'topical' effects for both children and adults."

SOURCE: Featherstone JDB. (1999) Prevention and Reversal of Dental Caries: Role of Low Level Fluoride. *Community Dentistry & Oral Epidemiology* 27: 31-40.

"Recent research on the mechanism of action of fluoride in reducing the prevalence of dental caries (tooth decay) in humans shows that fluoride acts topically (at the surface of the teeth) and that there is negligible benefit in ingesting it."

SOURCE: Diesendorf, M. et al. (1997). New Evidence on Fluoridation. *Australian and New Zealand Journal of Public Health* 21 : 187-190.

To add fuel to this fire, there are now some reports, research and studies that indicate that even the topical paradigm of tooth decay prevention by topical application are questionable.

Note that most of the research the citations referred to are very cautious not to completely destroy the systemic approach (by swallowing), however they indicate clearly to intelligent people that they are onto something but wish to mollify any opposition to their findings. So then, that means that ALL, or 100%, of the tax dollars spent on fluoridation are totally wasted. So, what are we waiting for to end this dangerous, foolish and wasteful practice?

I think you can now begin to appreciate a bit more the enormity of what all of this means to the use of hydrofluorosilicic acid as a fluoridation product when combined with all other knowledge about this subject.