

Fluoride
is Poison



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

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

What we fail to acknowledge will only continue to get worse until we do so. Many of the downfalls of artificial fluoridation mentioned here tonight -> I'm going to be focusing on the waste of this expensive toxic chemical Sodium Fluorosilicate or H F S A. Are you ready??

We only drink 1% while 99% goes right down the drain - Flushing the toilet, washing dishes, laundry, showering, bathing, ice rinks, watering the lawns, filling our personal & community swimming pools, car washes, and think of all the industrial uses. While London spends approximately \$133,000/year on its fluoridation program, only \$1330 (1% of the total cost) is actually consumed - the rest is literally wasted and this toxic waste product goes directly into our environment or back into our waste water system where it is not being filtered out. There is a cumulative effect, and water which does escape the loop contaminates our surrounding watershed.

The fluoridation chemical, HFSA, contains traces of arsenic, lead, and neucleotides (radioactive material). It is ILLEGAL to dump even a capful of HFSA into our lakes, streams, and rivers. What the city is doing is just that - diluting the product does NOT make it right to dump it into our drinking water and the water that we bathe in. These toxic chemicals are absorbed into our skin when we swim or bathe. Because they are 'trace amounts' doesn't make it acceptable.

With determination and focus we WILL stop them from putting any more poison into our water.

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

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.

Street sweeping machines use thousands of liters of water during their daily runs, down city streets, water ends up recycled or released.

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 I mentioned. I'm pointing 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. This drug injection site is used to prevent tooth decay for those who supposedly need it.

In fact, it is unethical to medicate this way, since those who do not need the drug per the dental professionals' claims, are also receiving that drug. The right to consent, ... the right to refuse to be drugged... is categorically and irresponsibly being denied.

Human rights apply to all municipal water recipients, not just those that "may" need fluoride for their teeth.

Will we examine issues like this? Is it okay to question the use of London's City water supply as a drug delivery system?

Now you can see that over 99% of 133 thousand dollars is being wasted by putting this hydrofluorosilicic acid in the City of London 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. To add fuel to this fire, there are now some reports, research and studies that indicate that even the topical paradigm itself, is the only effective tooth decay prevention method.

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

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"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.

The sources are noted here, if you find these quotes questionable.

It became apparent that the researchers' citations which I refer to are very cautious not to completely destroy the systemic approach (by swallowing). They simply indicate clearly that they are on to something, and at the same time they hope to mollify any opposition to their findings. So then, that means that ALL, or 100%, of the tax dollars spent on fluoridation of the City of London's water supply are totally wasted. So, will we end this dangerous, foolish and wasteful practice?

Will we demand that our water be free from drugs?

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The enormity of failure our current government has exhibited is obvious. Refusing to move forward with procedures and practices is unwise. New policy must be written which will prevent the violation of the Nuremberg code of ethics. What all of this means to the use of a drug in our children,... combined with all other knowledge about this subject.

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

