Mercier, Betty

From:

Richard Hudon

Sent:

Sunday, April 22, 2012 3:49 PM

To:

Mercier, Betty

Cc:

Usher, Harold; Fontana, Joe; Baechler, Joni; Orser, Stephen; Van Meerbergen, Paul; White,

Sandy; Simon, John; Braam, John; Polhill, Bud; Armstrong, Bill; Swan, Joseph; Branscombe, Nancy; Brown, Matt; Hubert, Paul; Henderson, Dale; Brown, Denise; Bryant, Judy

Subject:

It's not only about teeth

Dear Betty Mercier,

Please include the following note to the agenda for the "Civic Works Committee" scheduled for this Monday, April. 23, 2012 for public record.

Thank you,

Richard Hudon

Science Research Specialist

Dear Committee Members and Councillors

Please note the extensive research at the end of this letter as valid and convincing proof that the weight of evidence shows that there exists adverse health effects from exposure to fluoride chemicals, contrary to claims by medical bureaucrats at all levels of government.

Councillors of Peel Region, Ontario essentially agreed with delegates that the fluoride chemical used is dispensed as a drug in the water and that the specific fluoride used is not approved as one. They decided to take the matter to a higher level: Health Canada.

A drug number allows a manufacturer to market products in Canada and serves as a tool to help in the follow-up on products on the market, recall of products, inspections, and quality monitoring. Hydrofluorosilicic acid is obviously used as a drug as any sensible person can see. Why does this acid not have such a drug approval number?

At Thursday's January 12, 2012 meeting, a motion was made that states that the classification of fluoride as a drug be based on at least one long-term toxicology study to determine health impacts on humans. (http://www.bramptonguardian.com/news/news/article/1278444, Jan 12, 2012). Please compare that to the slant put on the decision that was made in the Report

At least 17 studies have failed to show any significant benefit to teeth from fluoridation in the last few decades. Caries rates are at an all time low (don't let public health bureaucrats tell you otherwise - ask that written proof be submitted) and are falling whether a country is fluoridated or not; there's proof from the World Health Organization in this graph: http://ffo-olf.org/usefulFluorideUseCharts.html#2. More than half our kids are cavity free even in non-fluoridated areas! That means starting fluoridation or maintaining it will HAVE NO EFFECT AT ALL on the majority of kids, but will disfigure the teeth of 40% of them with dental fluorosis; see this official graph from the U.S. CDC/NCHS reproduced here: http://ffo-olf.org/usefulFluorideUseCharts.html#4. These are facts, not endorsements or vacuous claims.

You've heard this before, but I remind you of this again. Over 25 studies have clearly shown a reduction of IQ among children from high doses and long term low dose fluoride chemical ingestion and exposure. Do you care

that you are responsible for the lowering of our children's IQs by water fluoridation?

No one can avoid fluoridated water once this acid is put in the water supply. This is truly an overarching ethical and moral issue. How can any city implement this or continue to do this? And how dare any city use industrial waste as a drug product for mass medication? Why is THIS concern not being properly addressed?

The medical officers of health and their staff need to do due diligence and stop using hand-me-down statements to close the debate on this subject. You, as a concerned and dedicated citizen or Councillor can provide them with the science that supports what is claimed for cessation of fluoridation. Please take that responsibility that is yours.

Informed elected municipal representatives across Canada and in all fluoridating countries across the world are now learning more about fluoridation to make carefully considered decisions. Is it not time for this Council to do the same?

Do you not think that it is important that all Councillors have ALL the information needed to make the right decision, not just assurances, endorsements, and dubious and misleading marketing?

Here is my list of top 12 concerns that you and the public should know about.

- 1. As a direct result of fluoridation at least every 4 out of ten children have a permanent disfiguring, or esthetically objectionable tooth discoloration called dental fluorosis.
- 2. Treating dental fluorosis costs enormously more than the dental repair expenses that fluoridation is supposed to prevent.
- 3. Dental fluorosis affects Blacks and Hispanics more than whites and this has become a civil rights issue in the US.
- 4. Dental fluorosis has been found to be associated with other health problems, such as lowered IQ, Alzheimer's, dementia, thyroid dysfunction, arthritis, fertility problems, cancer, to name just a few (see extensive references on bone diseases below): this is evidently contrary to denials by health bureaucrats, but nonetheless very real and verifiable.
- 5. Using fluoridated tap water to make up infant formula and reconstituted foods dramatically increases dental fluorosis in children that are thus fed.
- 6. The chemicals used for fluoridation are fluorosilicates that have never been approved by Health Canada for use in foods, beverages or as a water additive.
- 7. Fluorosilicates contain dangerous cancer causing and neurotoxic contaminants because they are unpurified industrial waste products collected from the smoke stack scrubbers of super phosphate fertilizer plants. This was irrevocably confirmed in a and reconstituted foods meeting of the Windsor Utilities Commission. Video evidence of this is available here: http://youtube.com/watch?v=UKFuChX1Y18: 2 minutes 23 seconds. Is this not admissible evidence?
- 8. Fluorosilicates increase blood and tissue lead levels in growing children and has known neurotoxic effects.
- 9. Long term (chronic) ingestion of fluoride accumulates throughout life in bones, tendons and cartilage, increasing joint pain and bone fracture in the whole population: consider the health costs.
- 10. A minority of people in the population either retain too much fluoride or ingest too much fluoride and are negatively affected because of that.
- 11. Fluoride is absorbed through the skin when bathing, washing or showering and breathed into your lungs when showering, dramatically increasing exposure.
- 12. There are looming legal liability consequences for Councillors and the Mayor of Cities concerning water treatment looming due to legislation coming into force as of January 2013.

Million of people in North American communities will no longer be forcibly medicated with synthetic fluoride chemicals: 13 Canadian communities ended their water fluoridation programs in 2011:

- 1. Amherstburg (ON), Feb 6, 2012
- 2. Moncton, Riverview, Dieppe (NB), Dec 19, 2011
- 3. Williams Lake (BC), Nov 21, 2011
- 4. Lake Cowichan (BC), Nov 21, 2011
- 5. Lakeshore (ON), Oct 29, 2011
- 6. Churchill (MB), Oct 18 2011
- 7. Slave Lake (AB), voted out on Tue Sep 6, 2011, ended Oct 1, 2011
- 8. Taber (AB), Jul, 20, 2011
- 9. Meadow Lake (SK), voted out Jul 4, 2011 ended Jul 27, 2011
- 10. Flin Flon (MB), Jun 2011
- 11. Calgary (AB), voted out Feb 8, 2011, ended May 18, 2011
- 12. Verchères (QC), Feb 7, 2011
- 13. Airdrie, (AB), Feb 2011

SOURCE: (http://ffo-olf.org/ffo-olf.html#end).

From towns and cities in Canada and the U.S., for over 1.3 million residents, fluoridation has finally ended. The truth about fluoride is inexorably spreading.

It's time you looked at some way to bring an end to this barbaric, useless and wasteful practice as others are doing across the country. We need to improve the quality of out tap water by eliminating the addition of this highly hazardous, toxic fluoride chemical waste into an already purified water distribution system.

Respectfully yours,

Richard Hudon 1385 Matheson Rd Ottawa, K1J 8B5

We have the science, all they have is endorsements.

Evidence of Damage to Bones.

Please note that all of the research reported below was done using mainly Sodium Fluoride (NaF), very few using Calcium Fluoride (CaF), but never the extremely more deleterious hydrofluorosilicic acid (H_2SiF_6).

IV. FLUORIDE & BONE

Endemic fluorosis

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Livestock Fluorosis

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Fluoride & Bone Strength: Animal Studies

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Fluoride & Bone Fracture: Human Clinical Trials

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Fluoride & Bone Fracture: Epidemiological Studies

Studies reporting association between fluoridated water (< 1.2 ppm fluoride) & hip fracture. (back to top)

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a) Jacqmin-Gadda H, et al. (1995). Fluorine concentration in drinking water and fractures in the elderly. *Journal of the American Medical Association* 273: 775-776 (letter). (See letter)

b) Jacqmin-Gadda H, et al. (1998). Risk factors for fractures in the elderly. *Epidemiology* 9(4): 417-423. (An elaboration of the 1995 study referred to in the JAMA letter). (See abstract)

Keller C. (1991) Fluorides in drinking water. Unpublished results. Discussed in: Gordon SL, Corbin SB. (1992). Summary of Workshop on Drinking Water Fluoride Influence on Hip Fracture on Bone Health. *Osteoporosis International* 2: 109-117. (See excerpt)

Kurttio PN, et al. (1999). Exposure to natural fluoride in well water and hip fracture: A cohort analysis in Finland. *American Journal of Epidemiology* 150(8): 817-824. (See abstract)

May DS, Wilson MG. (1992). Hip fractures in relation to water fluoridation: an ecologic analysis. Unpublished results. Discussed in: Gordon SL, Corbin SB. (1992). Summary of Workshop on Drinking Water Fluoride Influence on Hip Fracture on Bone Health. Osteoporosis International 2: 109-117. (See excerpt)

Suarez-Almazor M, et al. (1993). The fluoridation of drinking water and hip fracture hospitalization rates in two Canadian communities. *American Journal of Public Health* 83: 689-693. (See abstract)

The authors of this study conclude there is no association between fluoridation and hip fracture. However, their own data reveals a significant increase in hip fracture for men living in the fluoridated area. According to the study, "although a statistically significant increase in the risk of hip fracture was observed among Edmonton men, this increase was relatively small (RR=1.12)."

b) Studies investigating association between water-fluoride levels higher than fluoridated water (2 to 5 ppm) & bone/hip fracture.

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Alarcon-Herrera MT, et al. (2001). Well Water Fluoride, Dental fluorosis, Bone Fractures in the Guadiana Valley of Mexico. Fluoride 34(2): 139-149. (See study)

Li Y, et al. (2001). Effect of long-term exposure to fluoride in drinking water on risks of bone fractures. *Journal of Bone and Mineral Research* 16(5):932-9. (See abstract)

Sowers MR, et al. (1986). The relationship of bone mass and fracture history to fluoride and calcium intake: a study of three communities. *American Journal of Clinical Nutrition* 44:889-98. (See abstract)

Sowers M, et al. (1991). A prospective study of bone mineral content and fracture in communities with differential fluoride exposure. American Journal of Epidemiology 133: 649-660. (See abstract)

Sowers M, et al.(2005) Elevated serum fluoride concentrations in women are not related to fractures and bone mineral density. *Journal of Nutrition* 135:2247-52. (See abstract)

c) Studies reporting no association, or a negative association, between fluoridated water & hip fracture. (back to top)
(Note that in 3 of these 9 studies, an association was found between fluoride and some form of fracture - i.e. distal forearm. See notes and quotes below.)

Arnala I, et al. (1986). Hip fracture incidence not affected by fluoridation. Osteofluorosis studied in Finland. *Acta Orthopaedica Scandinavica* 57: 344-348. (See abstract)

Cauley J. et al. (1995). Effects of fluoridated drinking water on bone mass and fractures: the study of osteoporotic fractures. *Journal of Bone and Mineral Research* 10(7): 1076-86. (See abstract)

Feskanich D, et al. (1998). Use of toenail fluoride levels as an indicator for the risk of hip and forearm fractures in women. *Epidemiology* 9(4): 412-6. (See abstract)

While this study didn't find an association between water fluoride and hip fracture, it did find an association - albeit non-significant 1.6 (0.8-3.1) - between fluoride exposure and elevated rates of forearm fracture.

Hillier S, et al. (2000). Fluoride in drinking water and risk of hip fracture in the UK: a case control study. *The Lancet* 335: 265-2690. (See abstract)

Jacobsen SJ, et al. (1993). Hip fracture incidence before and after the fluoridation of the public water supply, Rochester, Minnesota. *American Journal of Public Health* 83: 743-745. (See abstract)

Karagas MR, et al. (1996). Patterns of fracture among the United States elderly: Geographic and fluoride effects. *Annals of Epidemiology* 6 (3): 209-216. (See abstract | See critique of study)

As with Feskanich (1998) this study didn't find an association between fluoridation & hip fracture, but it did find an association between fluoridation and distal forearm fracture, as well as proximal humerus fracture. "Independent of geographic effects, men in fluoridated areas had modestly higher rates of fractures of the distal forearm and proximal humerus than did men in nonfluoridated areas."

Lehmann R, et al. (1998). Drinking water fluoridation: Bone mineral density and hip fracture incidence. *Bone* 22: 273-278. (See abstract)

Madans J, et al. (1983). The relationship between hip fracture and water fluoridation: an analysis of national data. *American Journal of Public Health* 73: 296-298. (See abstract)

Phipps KR, et al. (2000). Community water fluoridation, bone mineral density and fractures: prospective study of effects in older women. British Medical Journal 321: 860-4. (See abstract | See Study | See BMJ letter responding to study | See critique of study | This study reported a decreased incidence of hip fracture in fluoridated areas. However, as with Feskanich (1998) and Karagas (1996), the study also found an association between fluoridation and other types of fracture - in this case, wrist fracture. "There was a non-significant trend toward an increased risk of wrist fracture."

See also:

Bernstein DS, et al. (1966). Prevalence of osteoporosis in high- and low-fluoride areas in North Dakota. *Journal of the American Medical Association* 198: 499-504. (See abstract & critique)

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