

Jan 8, 2019

Dear Mayor Holder and Council members,

Windsor City Council failed to consider the core concern when they recently voted to resume artificial fluoridation: Might the delivery agent, hydrofluorosilicic acid, trigger unintended health consequences?

If the answer were known, one would think Health Canada would have it. But, no.

On May 26, 2014, the nation's leading health advocacy responded to an inquiry filed through the Access to Information Act. It was asked to identify all "reports, studies, toxicology and clinical tests relating to hydrofluorosilicic acid in Canadian tap water."

Health Canada's answer: "After a thorough search for the requested information, no records were located which respond to your request."

No "double-blind study done by Canada or any province showing dental efficacy and human safety." No such study from "anywhere in the world." (attached)

Nevertheless, having heard the Windsor-Essex County Health Unit vouch for its safety, we are on the verge of witnessing the reintroduction of this untested chemical agent to drinking water used by Windsor, LaSalle and Tecumseh.

Let those words sink in – untested chemical agent, and *drinking water*. So much for the Health Unit's celebrated adherence to scientific discipline.

Disturbingly, the Ontario Ministry of Health's Public Health Branch has known for 20 years that artificial fluoridation is an unnecessary risk. It commissioned a review on the benefits and risks of water fluoridation that states, "*Canadian studies do not provide systematic evidence that water fluoridation is effective in reducing decay in contemporary child populations. The few studies of communities where fluoridation has been withdrawn do not suggest significant increases in dental caries as a result.*"
<http://www.health.gov.on.ca/en/common/ministry/publications/reports/fluoridation/fluoridation.aspx>

There is no controversy that fluoride comes from a variety of sources and no one, in history has ever been diagnosed as having a fluoride deficiency.

And nobody disputes that fluoride's toxicity is rated higher than lead.

An obstetrician informed me decades ago that about half of all fluoride consumed is stored in the body and he advised me to avoid fluoridated products. But how do you avoid fluoridated water? And whose advice should I follow. A doctor who has assessed me and knows my family history or a doctor who incredibly, is willing to prescribe a hazardous waste product void of any regulated therapeutic nutrients?

Promoters of artificial fluoridation recklessly say dilution will somehow make it safe to ingest. Don't grains of sand eventually make a beach?

And what of the arsenic that is found in every batch of HFSA? A 2014 cost-benefit analysis in the journal Environmental Science & Policy concluded the U.S. would save \$1 billion to \$5 billion annually in cancer treatment costs if artificial fluoridation was achieved using a less toxic, sodium fluoride. https://hero.epa.gov/hero/index.cfm/reference/details/reference_id/1704093

The downside? Sodium fluoride is 12 times the cost of HFSA.

And don't forget, 98% of it all goes down the drain without ever passing over our teeth and gums. Meanwhile, arsenic, like fluoride is a developmental neurotoxin and several newly published studies are associating fluoridation with Alzheimer's, ADHD and autism (attached). All three of these issues are increasing at alarming rates. Is it sound public policy to ignore these trends and focus rather on the possible ½ a cavity difference that artificial fluoridation is supposed to save?

The Globe and Mail recently reported little difference between cavity rates in Ontario compared to Quebec where fluoridation is almost non-existent. <https://www.theglobeandmail.com/life/health-and-fitness/fluoridation-may-not-do-much-for-cavities/article4315206/> Health Canada however, down played the significance of the findings.

"While accurate," the data on the children are *"an incomplete picture of the tooth decay situation.... [and] cannot be used to form conclusions regarding the efficacy of fluoride use in water,"* Health Canada said. This is ironic given the fact it is exactly what our Windsor Health Unit is doing. They've chosen to ignore the fact that increasing trends of urgent care began before fluoridation stopped here. They ignore variables that have direct impact on oral health like our increasing rates of immigration, methamphetamine use and the fact that Windsor now has the highest rate of children living in low-income households. The 2018 Health Report provided no evidence at all that our fluoridation status had any effect on their data. (attached)

Cochran, a trusted global independent network of researchers, conducted a systematic review on artificial fluoridation in 2015. It concluded there was insufficient evidence to attribute caries levels to fluoridation, based on socioeconomic status. And the U.S. EPA Headquarters Union of Scientists (about 1500 of them) have declared fluoridation, a vehicle for disseminating a toxic and *"prophylactically useless"* substance, wrong at any rate of dilution.

Decision-makers need to remember, we aren't taking fluoride away from those who want it. Topical application of fluoride is the most effective means of delivering fluoride. But for those who still believe they require fluoride in their saliva, drinking tea, non-organic grape juice or brushing with dollar-store fluoridated toothpaste are all cheap ways to increase salivary fluoride levels.
<https://www.myfooddata.com/articles/high-fluoride-foods-and-drinks.php>

For those who believe artificial fluoridation is a social justice issue, they could not be more wrong. Artificial fluoridation poses risk to those who are most vulnerable – the developing fetus, infants fed reconstituted formula, residents with compromised immune systems, or impaired thyroid and kidney function.

Currently, there are 22 million Canadians – about 70% – that have rejected artificial water fluoridation. Advocates for safe water are clearly not the minority.

Now more than ever, stopping fluoridation is the most fiscally, ethically and scientifically responsible thing to do.

Respectfully,

Donna Jean Mayne

Fluoride-Free Windsor Essex



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Our file: A-2014-00168 / na

May 26, 2014

Joanne David
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EDMONTON AB T6R 0B4

Dear Ms. David:

This is in response to your request under the *Access to Information Act* (the *Act*) for: **Clarified Request Text:**

Reports, studies, toxicology and clinical tests relating to hydrofluosilicic acid in Canadian tap water

Original Request Text:

Documents pertaining specifically to hydrofluosilicic acid in Alberta and Canadian tap water:

- Studies from 1940 showing dental efficacy and human safety.
- Studies from 1950s showing dental efficacy and human safety.
- Any double blind study done by Canada or any province showing dental efficacy and human safety, of any date.
- Any double blind study done by anywhere in the world that was considered.
- Any toxicity study, of any date, done by Canada or the world that was considered.
- Evidence of any kind (not opinion) that shows statistical viability of water fluoridation in terms of efficacy, and margin of error calculations.
- Evidence of any kind (not opinion) that shows statistical viability of water fluoridation in terms of human safety over a life-time, and margin of error calculations.
- Evidence of any kind (not opinion) that shows statistical viability of water fluoridation in terms of human safety, and margin of error calculations, for infants, young children, elderly, or any adult with disability, diabetes, bone disease, autism, thyroid ailments, kidney disease, etc.
- Evidence of any kind of consideration of human rights and medical ethics, namely our human right to opt out of the forced water fluoridation program, and if that consideration exists, why the overriding of these well-established medical standards are breached.

After a thorough search for the requested information, no records were located which respond to your request.

If you have any questions or concerns about the processing of your request, please do not hesitate to contact Nancy Armstrong, the analyst responsible for this request, either by phone at (613) 960-4457, or by fax at (613) 941-4541, or by e-mail at nancy.armstrong@hc-sc.gc.ca with reference to the file number cited above.

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Study: Fluoride levels in pregnant women in Canada show drinking water is primary source of exposure to fluoride

October 10, 2018 Faculty of Health, fluoride, media news release



TORONTO, October 10, 2018 – A new study shows that fluoride levels in urine are twice as high in pregnant women living in fluoridated communities in Canada compared to those in non-fluoridated communities. The levels of fluoride among pregnant women living in fluoridated communities in Canada were similar with levels reported in a prior study of pregnant women living in Mexico City where fluoride is added to table salt. “This finding is concerning because prenatal exposure to fluoride in the Mexican sample has been associated with lower IQ in children. New evidence published today in *Environment International* also reported an association between higher levels of fluoride in pregnancy and inattentive behaviours among children in the same Mexican sample,” said Till. The study was conducted by the National Institute of Environmental Health Sciences (NIEHS) and the National Institute of Environmental Health (NIH) investigating whether early life exposure to fluoride

“We found that fluoride in drinking water was the major source of exposure for pregnant women living in Canada. Women living in fluoridated communities have two times the amount of fluoride in their urine as women living in non-fluoridated communities,” said Christine Till, an associate professor of Psychology in York’s Faculty of Health and lead author on the study.

The Maternal Infant Research on Environmental Chemicals (MIREC) study recruited 2,001 pregnant women between 2008 and 2011. The women lived in 10 large cities across Canada. Seven of the cities (Toronto, Hamilton, Ottawa, Sudbury, Halifax, Edmonton and Winnipeg) added fluoride to municipal water while three (Vancouver, Montreal and Kingston) did not.



Neurological Impact of Fluoride samples of 2018 studies



Children	Adults
<p>DOSE RESPONSE: Further validation that prenatal doses consistent with doses in 'optimal' fluoridation practice lowers IQ up to 6 points on a dose-response trend line. "Our findings add to our team's recently published report on prenatal fluoride and cognition at ages 4 and 6–12 years by suggesting that higher in utero exposure to F has an adverse impact on offspring cognitive development that can be detected earlier, in the first three years of life." http://oem.bmj.com/content/75/Suppl_1/A10.1</p> <ul style="list-style-type: none"> Thomas D, Sanchez B, Peterson K, et al. OP V – 2 Prenatal fluoride exposure and neurobehavior among children 1–3 years of age in Mexico. <i>Occup Environ Med.</i> 2018;75:A10. <p>FLUORIDE & CNS INFLAMMATION: Fluorides impact on immune system and CNS causes excitotoxicity and microglial priming for the childhood emergence of neurological diseases. https://www.ncbi.nlm.nih.gov/pubmed/29721353</p> <ul style="list-style-type: none"> Strunecka A, Blaylock RL, Patocka J, Strunecky O. (2018) <i>Immunoexcitotoxicity as the central mechanism of etiopathology and treatment of autism spectrum disorders: A possible role of fluoride and aluminum.</i> <i>Surg Neurol Int.</i> 2018 Apr 9;9:74. <p>LEARNING DISABILITIES: Study found attention deficit disorder in 200 individually tested children consistent with their prenatal exposure to fluoride on dose-response trend line with a ceiling effect. Excluded those with history of mental illness or complicating conditions such as diabetes and renal disease. https://www.sciencedirect.com/science/article/pii/S0160412018311814</p> <ul style="list-style-type: none"> Morteza Bashash, Maelle Marchand, Howard Hu, Christine Till, Angeles Martinez-Mier, et al. <i>Prenatal fluoride exposure and attention deficit hyperactivity disorder (ADHD) symptoms in children at 6–12 years of age in Mexico City.</i> <i>Environment International.</i> Volume 121, Part 1, December 2018, Pages 658–666. 	<p>ADULT BRAINS: First long term NaF animal study (10 weeks) using moderate levels of fluoride finds a number of histological changes including in parts of the brain associated with memory and learning, as well as chemical changes affecting brain function. https://www.sciencedirect.com/science/article/pii/S0045653518317508</p> <ul style="list-style-type: none"> Pei Jiang, Gongying Li, Xueyuan Zhou, Changshui Wang, Yi Qiao, Dehua Liao, Dongmei Shi. <i>Chronic fluoride exposure induces neuronal apoptosis and impairs neurogenesis and synaptic plasticity: Role of GSK-3β/b-catenin pathway.</i> <i>Chemosphere.</i> Volume 214, January 2019, Pages 430–435. [Online ahead of print] <p>ALZHEIMER'S DISEASE: Describes impact of fluoride-induced stress and inflammation in the development of Alzheimer's disease and demonstrates the mechanism for cell death in the progressive worsening of the disease over time. https://www.mdpi.com/1422-0067/19/12/3965</p> <ul style="list-style-type: none"> Goschorska M, et al. <i>Potential Role of Fluoride in the Etiopathogenesis of Alzheimer's Disease.</i> <i>Int. J. Mol. Sci.</i> 2018, 19 (12), 3965. <p>DEMENTIA: Describes the chemical mechanism by which the effectiveness of the two most popular drugs used to treat Alzheimer's & other neurodegenerative dementia disease is reduced or blocked by fluoride induced oxidative stress. https://www.mdpi.com/1660-4601/16/1/10/htm</p> <ul style="list-style-type: none"> Marta Goschorska, Izabela Gutowska, Irena Baranowska-Bosiacka, et al. <i>Influence of Acetylcholinesterase Inhibitors Used in Alzheimer's Disease Treatment on the Activity of Antioxidant Enzymes and the Concentration of Glutathione in THP-1 Macrophages under Fluoride-Induced Oxidative Stress.</i> <i>Int. J. Environ. Res. Public Health.</i> 2019, 16(1), 10. [Online ahead of print]

Dec 26, 2018

"The Windsor-Essex County Health Unit rose to infamy in 2006 when its inspectors poured bleach on egg salad sandwiches sold by little old ladies at Art in the Park. The sandwiches violated regulations because the women – raising money for Willistead Manor – boiled the eggs at home....Five months later, inspectors went after the Downtown Smoke Shop because it had a carving of an Indian holding what "appears to be" cigars, which promotes tobacco use. The public health body banned kibbeh, the traditional Lebanese dish made from raw ground beef, in restaurants here in 2012 – even though there had been no documented problem with the popular food in Ontario and the government hadn't banned it."

<https://windsorstar.com/columnists/rein-in-these-people>

But they refuse to acknowledge thousands of studies demonstrating potential harm caused by fluoride's bio-accumulative and neurotoxic effects?

Windsor has highest rate in Canada of children living in low-income households

SHARON HILL, WINDSOR STAR Updated: September 20, 2017



The Windsor area has the highest rate of children growing up in low-income families in Canada.

Almost one in four children under age 17 — or 24 per cent — are living in a low-income household in the Windsor census metropolitan area which includes Tecumseh, Lakeshore, LaSalle and Amherstburg.

The Windsor area had previously been in the top 10 but jumped to the No. 1 spot, the worst in the country, when compared to other urban areas in 2015 data released by Statistics Canada last week.

"I think we should be appalled," United Way/Centraide Windsor-Essex County CEO Lorraine Goddard said Monday. "It just should not happen in our country. We should not accept that it's happening in our community."

Canadian cities with highest rates of children living in low-income households in 2015

1. Windsor: 24 %
 2. Saint John, N.B.: 23.1 %
 3. London, Ont.: 22.2 %
 4. Winnipeg: 21.5 %
 5. St. Catharines–Niagara: 20.6 %
 6. Belleville: 20.5 %
 7. Moncton, N.B.: 20.3 %
 8. Thunder Bay: 19.9 %
 9. Toronto: 19.7 %
 10. Peterborough: 19.4 %
- Source: Statistics Canada

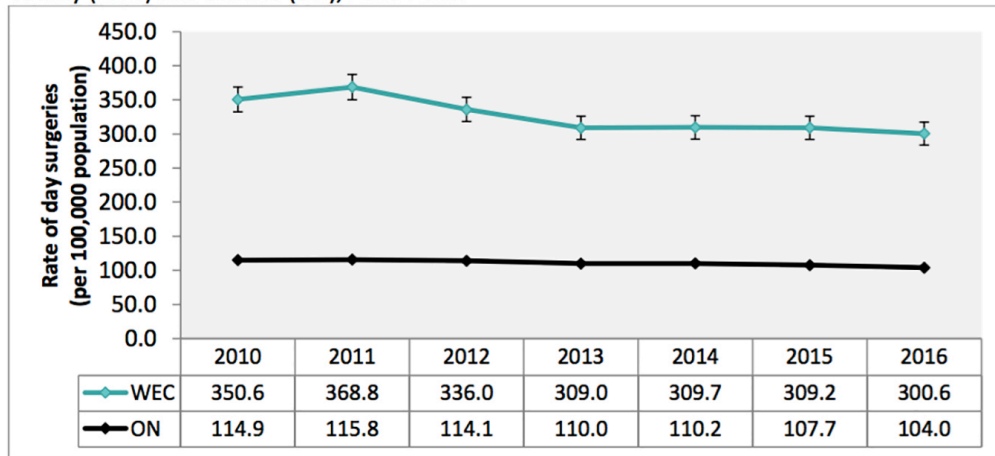
It goes along with last week's bad news that showed Windsor had the largest drop, at 6.4 per cent, in the last decade in median income among Ontario metropolitan areas.

WECHU 2018 Oral Health report failed to account for co-founding variables effecting oral health such as:

- Income status
- Immigration status
- Substance abuse
- Aging population

This is NOT "evidence based science."

Figure 8. The rate of day surgeries for oral health (caries-related) issues in Windsor-Essex County (WEC) and Ontario (ON), 2010-2016.



Source: Ambulatory Emergency External Cause [2010-2016], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [March 19, 2018].

Health advisors made alarmist claims that Windsor has three times the average rate of day surgeries than the province....but we have **always** had higher rates and according to their own 2018 Oral Health report, the highest rates of decay-related surgeries occurred during fluoridation, prior to cessation in 2013.

Disturbingly, data previously reported in their 2016 report (blue) was altered in their 2018 report (red) so it appears there is an increasing trend in urgent care.

A	B	C	D	E	F	G	H	I	J	K	L
	2011/2012	2012/13	2013/14	2014/15	2015/16	2016/17					
2016	16.2	13.7	15.3	17.8							
2018	9.9	9.7	11.8	15.1	14.1	14.9					

