

## Major reasons why First Nations people are more vulnerable to fluorides:

1. Native adults and children often consume high fluoride grocery products such as tea which contribute significantly to cumulative body burden.
2. Incidence of **Type II diabetes** and related **kidney disease** is significantly higher in native people: the result is that **urinary excretion of fluoride is reduced** while thirst and **consumption of water is increased**.
3. **Lactose, casein and gluten intolerance** are more common among native people - inability to digest milk and wheat: these conditions **reduce calcium and protein absorption reducing the ability of the body to offset fluoride's toxicity**. Additionally, modern grocery foods are mineral deficient while supplying more fluoride. The trend **away from traditional foods** has also resulted in **nutrient deficiency with calorie excess**.
4. Consumption of fresh foods with high antioxidant value that offset fluoride toxicity is often not possible in **winter in the far north or in conditions of poverty** with poor kitchen and storage facilities.
5. First Nations people are **biologically vulnerable to thyroid diseases** such as Hashimoto's caused by fluoride and perchlorate exposure, and are less likely to be properly diagnosed and treated.
6. First Nations people are **more likely to be iodine-deficient** thus increasing the risk of fluoride poisoning.
7. The **widespread use of aluminium cooking pots** with fluoride-containing foods and liquids results in the formation of aluminium-fluoride complexes which are far more toxic to health at lower concentrations than either element separately.
8. The incidence of **premature birth is significantly higher** in the First Nations people than in the rest of the population. It is more difficult to successfully breast feed a premature baby so therefore mothers often resort to formula feedings. Baby formula contains up to 300 times more fluoride than human milk when made with current allowable concentrations in water.
9. In circumstances of high acid challenge to the enamel of children's teeth due to pooling of sugary fluids in the mouth for prolonged periods, called **Baby Bottle Tooth Decay (BBTD)**, all surfaces of the tooth are vulnerable and water fluoridation is not effective.

## Artificial water fluoridation

Hydrofluorosilicic acid (HFSA) is unrefined waste from the rock phosphate fertilizer industry. HFSA is contaminated with lead, arsenic, cadmium, mercury and radionuclides. HFSA degrades treated drinking water quality.

Natural calcium fluoride (CaF) and topical, dental, sodium fluoride (NaF) are not HFSA. Systemic ingestion of HFSA has no effect on dental caries prevention. Dental decay rates have declined equally as well in both fluoridated and non fluoridated communities. HFSA safety or efficacy has never been established by any independent, double blind, peer reviewed study.

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Ingested fluoride enters every cell and tissue of the body – not just teeth – with known and unknown consequences.

## Quotes:

"According to the National Institute of Dental Research, also part of NIH, fluoride levels in water are set according to normal consumption of water. If an individual is consuming abnormally large quantities of water, drink bottled water." Letter from National Institute of Diabetes and Digestive and Kidney Diseases, Dept. of Health & Human Services, 1991

"The conclusion from the available studies is that sufficient fluoride exposure appears to bring about increases in blood glucose or impaired glucose tolerance in some individuals and to increase the severity of some types of diabetes. In general, impaired glucose metabolism appears to be associated with serum or plasma fluoride concentrations of about 0.1 mg/L or greater in both animals and humans (Rigalli et al. 1990, 1995; Trivedi et al. 1993; de al Sota et al. 1997). In addition, diabetic individuals will often have higher than normal water intake, and consequently, will have higher than normal fluoride intake for a given concentration of fluoride in drinking water. An estimated 16-20 million people in the United States have diabetes mellitus [5%] (Brownlee et al. 2002; Buse et al. 2002; American Diabetes Association 2004; Chapter 2); therefore, any role of fluoride exposure in the development of impaired glucose metabolism or diabetes is potentially significant." National Research Council Report on Fluorides in Drinking Water p260

## World Council of Elders letter

John Davis, CEO  
National Kidney Foundation  
30 East 33rd Street  
New York NY 10016

February 8, 2008

Dear Mr. Davis,

It has been brought to our attention that the National Research Council has designated diabetics and kidney patients as "susceptible subpopulations" that are particularly vulnerable to harm from fluoride ingestion. The NRC study can be found online at [www.nap.edu](http://www.nap.edu) under the title "Fluoride in Drinking Water: A Scientific Review of EPA's Standards (2006)"

As an educational organization dedicated in part to maintaining the health and well-being of indigenous elders, we are alarmed that the National Kidney Foundation has not publicized the findings of the NRC.

Native Americans are at a high risk of developing diabetes, a disease that often leads to kidney problems. Diabetics are thirsty, and therefore, ingest large amounts of potentially-fluoridated water. In places where the water supply is not pure, the drink of choice is soda, which frequently contains fluoride. The accumulation of this toxic substance can lead to further damage to the kidneys and to the bones. Yet the health problems of the populations that we serve are already immense, complicated by poverty, indifference, and a lack of political power.

As far as we know, neither the Indian Health Service nor the CDC have alerted the Native American tribes in this country to this critical health information. Because the NKF is presumably independent of any political or governmental pressures, you must advocate on behalf of our Native elders and openly oppose water fluoridation.

We respectfully request your assistance on this matter.  
Sincerely,

Woody Vaspra, President, World Council of Elders

For more information contact: [www.fluoridealert.org](http://www.fluoridealert.org)