

**Petition under the Auditor General Act, section 22 requesting the  
discontinuation of artificial water fluoridation**

**Misrepresentation and Omissions of Material Fact  
by Federal Government Agencies**

H<sub>2</sub>SiF<sub>6</sub> and NaSiF<sub>6</sub> are "Hazardous Waste", "Toxic Substances", Unregulated and Uncontrolled Drugs which are causing harm to humans, aquatic life and the environment, in violation of the Fisheries Act,

section 34(1), which describe the provisions to conserve and protect fish habitat that sustain Canada's fisheries resources,

section 35(1), which prohibits the harmful alteration, disruption or destruction (HADD) of fish habitat, and

sections 36-42 which control the deposition of any deleterious substance to water frequented by fish

by  
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## **Artificial Water Fluoridation is not Environmentally Sustainable**

The addition of toxic substances, as defined by CEPA, and Hazardous Waste, as defined by Environment Canada and the Basel Convention, into our drinking water and source water is in violation of the Fisheries Act. These violations are not sustainable.

### **Admission of error by Health Canada has not been corrected on Auditor General Website**

Health Canada admitted to this petitioner and the Auditor General of Canada petitions office that incorrect information was provided to petition #221.<sup>1</sup> For example, the Clark et al 2006<sup>2</sup> paper cited by Health Canada in their petition response does not support the claims made by Health Canada. This paper demonstrates the opposite to the Health Canada claim. The petitioner asked; "Does Health Canada have another Clark et al 2006 study which supports their claims?"

Health Canada replies: "The statement was erroneously assigned to Clark et al in a past response."

This admission of error did not provide a citation, as requested by this petitioner, to support this claim. The recent Canadian Drinking Water secretariat review actually refutes this claim made by Health Canada in the petition.

This incorrect information has been posted on the Auditor General petitions website for more than a year. Health Canada has not yet given permission to post corrections to this admitted error.

Health Canada's position as reflected in petition responses is quoted and cited by many individuals and groups, including a recent paper by 2 researchers from the University of Toronto.<sup>3</sup> It is therefore important that these Health Canada responses to petitioners be accurate.

### **Absence of citations to support claims is scientifically unacceptable**

A scientific review should always provide scientific evidence to support any claims made, based on the basic tenets of scientific procedure. An analysis of the Canadian Drinking Water secretariat (CDW secretariat) 2009 review<sup>4</sup> available for public comment from September to November 27, 2009<sup>5</sup> describes claims made by the CDW without citations. For example:

- "since 1996 there has been an overall decreasing trend of dental fluorosis in Canada."
- "Des données indiquent que dans certains cas – dans la région de Niagara, par exemple – la prévalence **a augmenté** de façon spectaculaire entre 1994 et 1998""  
NOTE: the English translation stated that there was an DECREASE in prevalence.
- "The literature suggests that there are no health consequences associated with mild fluorosis, other than a lower number of caries experienced."

## **Health Canada review done by unqualified citizens with known bias and conflicts of interest?**

One of the commitments made in the Federal Accountability Act is to: “Make qualified government appointments”. One would expect qualified individuals to have expertise in areas of science and medicine that are relevant to the material facts of the issue.

The CDW secretariat appointed 6 individuals to review the research literature on artificial water fluoridation and prepare the 2009 review. None of these individuals selected for this review appear qualified to do so. The review panel consisted of 4 dentists who would seem unqualified to assess health outside the oral cavity, and 2 individuals with no demonstrated expertise in this subject (a medical doctor and a PhD who have never published an article in a peer-reviewed journal on the subject of fluoride toxicity or artificial water fluoridation chemicals and their chemical interactions in drinking water or physiological systems). One would expect that qualified individuals would be objective and without predetermined positions on the matters at issue, however, the review panel of 6 individuals are known to promote artificial water fluoridation.

As stated by Dr. Philip Michael, Vice-President, Europe, of the International Society of Doctors for the Environment:<sup>6</sup>

“Proper risk assessment of the physiological effects would require the addition of extensive expertise in fluorosis (dental & skeletal) in developmental toxicity, in neuroscience including brain and IQ effects , in endocrinology including pineal gland effects , in thyroid function, in osteopathology including bone cancer , in nephrology, and in effects on the gastrointestinal tract, immune system, reproduction, respiratory function and include allergic/hypersensitive effects.”

It is interesting to note that Health Canada did not consult with Canada's leading expert on fluoride toxicity and efficacy – Dr. Hardy Limeback, DDS, PhD, Head of Preventive Dentistry at the University of Toronto, committee member of the NRC 2006 Review and internationally respected author and researcher on fluorides. His international expertise in this area would have provided much-needed credibility to this panel, apart from the problem of being out-voted if his was the only truly scientific voice on the panel.

If fluoridation has been extensively studied, many experts should exist in Canada and should be used for this review. If many experts on fluoride do not exist, it can be assumed that artificial water fluoridation is not a well evaluated and studied health policy in Canada, and any claims to the contrary are without merit:

Freeze and Lehr in their recent book<sup>7</sup> describe how international panels set up over the years to assess artificial water fluoridation are “stacked in favor of fluoridation”. Their review of the membership of various panels are “rife with the names of well-known medical and dental researchers who actively campaigned on behalf of fluoridation”. They go on to say that membership of these review panels “was interlocking and incestuous.”

Until an unbiased panel with no conflicts of interest, and demonstrated expertise in the subject of fluoride toxicity can be assembled, it is incomprehensible that any government agency can reasonably regard the findings of such a panel as valid or even relevant.

## Pattern of repeating false and misleading information

The propensity of politically motivated organizations to make false and misleading statements regarding artificial water fluoridation seems to be a world-wide problem. The Chairman of the York Review states:<sup>8</sup> “It is particularly worrying then that statements which mislead the public about the review’s findings have been made in press releases and briefings by the British Dental Association, British Medical Association, the National Alliance for Equity in Dental Health and the British Fluoridation Society.”

The Chief Dental Officer for Health Canada is alleged by this petitioner<sup>9</sup> to have provided incorrect information to government agencies, media and Canadian citizens. This misinformation can be verified by public records and has never been refuted. Four examples are provided:

- The chief dental officer for Health Canada repeatedly claims that artificial water fluoridation is safe, yet the Carcinogen Identification Committee of the California Environmental Protection Agency’s Office of Environmental Health Hazard Assessment (OEHHA)<sup>10</sup> considered a priority ranking of 38 chemicals and has now selected fluoride as one of five chemicals for the possible listing for cancer hazard identification. The research evidence available seems to satisfy the US EPA 2005 Guidelines as “Likely to be Carcinogenic to Humans” or Category 2.<sup>4c,11</sup>

**Table 1. Chemicals Selected for Preparation of Cancer Hazard Identification Materials and Review for Possible Listing by the Carcinogen Identification Committee**

Chemical	CAS No.
3-Monochloropropane-1,2-diol	96-24-2
1,3-Dichloro-2-propanol	96-23-1
Fluoride and its salts	---
Diisononyl phthalate (DINP)	---
Perfluorooctanoic acid (PFOA) and its salts and transformation and degradation precursors	---

- The chief dental officer for Health Canada assured Halton Regional councillors on November 13, 2008 that the inorganic fluorides used in artificial water fluoridation are “not toxic substances” yet all inorganic fluorides are “toxic substances” according to the Canadian Environmental Protection Act.
- According to the minutes of the Corporation of the Municipality of Red Lake, the chief dental officer for Health Canada stated that “fluorosis is not caused by water fluoridation” yet the research literature describes a clear, unambiguous association

between fluoride intake, and fluorosis diseases that is not refuted. "Clearly the simplest way of reducing the prevalence of fluorosis in child populations is to cease to fluoridate community water supplies." <sup>12</sup>

- Health Canada in petition #221 states: "Fluoride used in drinking water fluoridation is therefore, not considered a drug under the Food and Drugs Act."

Fluoride and its salts are considered to be drugs in Canada. The government of Canada does not regulate this drug when used in artificial water fluoridation, in accordance with Federal Legislation. Under the Federal Pharmacy Act drugs are listed and published by NAPRA (National Association of Pharmacy Regulatory Authorities). Drugs are regulated by Health Canada and sodium fluoride is listed as Schedule I for more than 1 mg of fluoride/day and schedule III for less than 1 mg of fluoride/day. (See [www.napra.org](http://www.napra.org) and search for sodium fluoride.)

**Schedule I** drugs requires a doctor's prescription for his/her patient record.

**Schedule III** drugs (must be purchased in a pharmacy only, but is available for patient self-selection) The only time a drug can be given to a person without their consent is due to age (minor) or mental incapacitation.

**Please Note:** At 0.7 mg/L of fluoride in drinking water, consuming 6 glasses of water (1.5L) would appear to place drinking water into Schedule I drugs which require a prescription.

Also of concern is a commissioned project by the head of the Dental Public Health department in Toronto (Azarpazhooch A, Stewart H. Oral Health Consequences of the Cessation of Water Fluoridation in Toronto 2006 August). The Public Health Department has thus far been unwilling to release this document, paid for by taxpayers. The research does not support the hypothesis that discontinuing artificial water fluoridation will affect cavity rates.

## QUESTIONS

**Question #1:** Will Health Canada correct the information that they provided on the auditor general petitions website which they themselves admitted is incorrect? If so, will they provide a citation for this information from peer-reviewed research – not from their own website material?

**Question #2:** Should it not be standard practise for the Auditor General petitions office to automatically correct erroneous information when it is detected on the Auditor General's website, so that misinformation does not continue to be disseminated to the public, the media, politicians and researchers?

**Question #3:** Health Canada only looked at five studies of the available 23 human studies and the 50 animal studies showing an association between fluoride and lowered intelligence. A scientifically rigorous "weight of evidence" assessment presents all of the available evidence both supporting and opposing an hypothesis. Health Canada cites no studies which did not find an association between fluoride exposure and lowered IQs and they omitted most

of the available research literature that supports this association. Since Health Canada does not appear to follow the scientifically acceptable procedures for “weight of evidence” assessment, why does Health Canada believe that their assessment is a valid “weight of evidence”?

**Question #4:** A translation error was made in the CDW secretariat document whereby the opposite information is provided in French and English. No citation is provided for this claim, making it impossible for Canadian citizens to confirm which version is correct. Does Health Canada believe that the omission of research to support claims is acceptable in a scientific review document?

**Question #5:** Is the failure of the CDW secretariat to provide citations or any kind of supporting documentation for various claims, an attempt to block transparency and accountability to the Canadian taxpayer who funds these reviews?

**Question #6:** Is the Canadian Drinking Water secretariat willing to make available on their website the unpublished Clark 2006 document frequently cited in their review, which is paid for taxpayers, so that citizens may analyze the document for accuracy, in an open and transparent manner, consistent with the Accountability Act?

**Question #7:** Will Health Canada now assemble; a) an unbiased committee with no conflicts of interest; b) that is qualified to do a review of fluoridation research literature? If not, why not?

**Question #8:** I am concerned that there are still important errors that are being made by Health Canada representatives. I have on numerous occasions tried to correct incorrect information that is being provided to Canadian citizens and Canadian politicians. Despite my best efforts to provide factual information, I see misinformation being repeated in cities and towns across Canada by the Chief Dental Officer for Health Canada. Do Health Canada representatives have a duty to perform due diligence and act to correct all misrepresentations and omissions of material fact? If so, would Health Canada please respond to the four alleged false and misleading statements mentioned in this petition on pages 3 and 4 above?

**Question #9:** Is there any onus on Health Canada to be accountable for misrepresentations and omissions of material fact and to ensure that they provide information to other government agencies which is accurate?

**Question #10:** Is Health Canada aware that the Carcinogen Identification Committee of the California Environmental Protection Agency’s Office of Environmental Health Hazard Assessment (OEHHA) has now selected fluoride for the possible listing for cancer hazard identification. Is Health Canada aware that fluoride satisfies the US EPA 2005 Guidelines as “Likely to be Carcinogenic to Humans” or Category 2? If not, why not?

**Question #11:** On April 1, 2008 during a public presentation in Dryden, Ontario, the Chief Dental Officer of Health Canada stated; “I walked down your high street today and I didn't see anybody growing horns - and Dryden has been fluoridated for 40 years!” Is it an official policy position for Health Canada that fluorosis disease involves the “growing of horns”? If so, please provide scientific evidence.

**Question #12:** The Chief Dental Officer for Health Canada in a presentation to Thunder Bay city council on December 3, 2008 stated; “In, for example, British Columbia you tend to have a lot of what we call tree-huggers or environmentalist folks. They tend to feel that they are not

comfortable with fluoride in the water." Is it official policy for Health Canada to describe anyone who is concerned about the environment as "tree-huggers"?

**Question #13:** Should Health Canada regulate the fluoride drugs added to drinking water?

**Question #14:** Would the Public Health Agency of Canada demand that the Azarpazhooh & Stewart 2006 meta-analysis commissioned by the Public Health Dental department of Toronto, demonstrating that the cessation of artificial water fluoridation does not lead to an increase in cavities, paid for by taxpayers, be released to the public? If not, why not?

### **Concluding Remarks**

The Scientific Method underpinning research presupposes a willingness to continually re-examine scientific evidence and assumptions. Science is not a collection of facts but a process of weeding out misinformation and testing preliminary results with care and diligence. Scientific discourse attempts to refute what has been found, not to gather supporting evidence for the status quo. It is failure to refute a theory despite diligent, well constructed attempts, that strengthens a theory. The public relies on the scientific community to do this.

There is currently no means for holding scientists accountable for things they may say in the public forum by either self-regulation or government legislation. Therefore, any individual(s) who distort(s) or misrepresent(s) scientific evidence and known facts for reasons of ignorance, political expedience, financial gain, or self-interest imperil(s) the integrity of scientific discourse and leads to an erosion of public trust in our government institutions where policy decisions regarding public health are deemed to be made, based on scientific evidence.

These issues are important enough for the Auditor General's office to become engaged. I would recommend:

- a) an audit on this subject and the Health Canada 2009 Review process on this subject by the Auditor General of Canada;
- b) a Judicial or Parliamentary Review on the Health Canada Review process for artificial water fluoridation.

### **Government Agencies**

Health Canada

Environment Canada

Public Health Agency of Canada

and any other responsible departments

### **Citations**

1. Clinch CA. 2008 Health and environmental concerns regarding the fluoridation of drinking water. Petition 221: [http://www.oag-bvg.gc.ca/internet/English/pet\\_221\\_e\\_30308.html](http://www.oag-bvg.gc.ca/internet/English/pet_221_e_30308.html)

2. Clark DC, Shulman JD, Maupome G, Levy SM. 2006 Changes in Dental Fluorosis Following Cessation of Water Fluoridation. Community of Dental and Oral Epidemiology Jun;34(3):197-204.

“When fluoride was removed from the water supply in 1992, the prevalence and severity of TFI scores decreased significantly-” [http://www.ncbi.nlm.nih.gov/pubmed/16674751?ordinalpos=3&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed\\_ResultsPanel.Pubmed\\_DefaultReportPanel.Pubmed\\_RVDocSum](http://www.ncbi.nlm.nih.gov/pubmed/16674751?ordinalpos=3&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum)

3. Quinonez CR, Locker D. 2009 Public Opinions on Community Water Fluoridation. Can J Pub Health 100(2):96-100.

4. Clinch CA. 2009 (a) Letter to CDW: <http://fluoridealert.org/re/canada.report.letter.clinch.pdf>

(b) Response to CDW: <http://fluoridealert.org/re/canada.report.response.clinch.pdf>

(c) Omissions by CDW: <http://fluoridealert.org/re/canada.report.omissions.clinch.pdf>

Connett P. 2009 <http://fluoridealert.org/re/connett.canada.11-11.09.pdf>

5. CDW secretariat. [http://www.hc-sc.gc.ca/ewh-semt/consult/\\_2009/fluoride-fluorure/index-eng.php](http://www.hc-sc.gc.ca/ewh-semt/consult/_2009/fluoride-fluorure/index-eng.php) & [http://www.hc-sc.gc.ca/ewh-semt/consult/\\_2009/fluoride-fluorure/index-fra.php](http://www.hc-sc.gc.ca/ewh-semt/consult/_2009/fluoride-fluorure/index-fra.php)

6. Dr. Phillip Michael's June 2, 2009, comments on behalf of the International Society of Doctors for the Environment to: European Union Scientific Committee on Health and Environmental Risks (SCHER): Fluoridation - Call for Information. <http://fluoridealert.org/michael-2009.html>

7. Freeze RA, Lehr JH. 2009 The Fluoride Wars: How a Modest Public Health Measure Became America's Longest Running Political Melodrama. Wiley ISBN: 978-0-470-44833-5, p156.

8. Sheldon T, chair of the York Review 2000. Chewing over the facts about fluoride and our dental health. <http://www.yorkshirepost.co.uk/letters-to-the-editor/Chewing-over-the-facts-about.1651774.jp>

9. Clinch CA 2009 False and Misleading Statements. Available at:

[http://www.newmediaexplorer.org/chris/2009/10/26/people\\_for\\_safe\\_drinking\\_water.htm](http://www.newmediaexplorer.org/chris/2009/10/26/people_for_safe_drinking_water.htm)

10. Announcement of Chemicals Selected by OEHHA for Consideration for Listing by the Carcinogen Identification Committee and Request for Relevant Information on the Carcinogenic Hazards of These Chemicals under Proposition 65.

[http://www.oehha.ca.gov/prop65/CRNR\\_notices/state\\_listing/data\\_callin/sqe101509.html](http://www.oehha.ca.gov/prop65/CRNR_notices/state_listing/data_callin/sqe101509.html)

11. The 2005 United States Environmental Protection Agency guidelines for carcinogenicity are available at: <http://cfpub.epa.gov/ncea/cfm/recordisplay.cfm?deid=116283> Discussion of available evidence supporting these guidelines is available in document 4 (c) above.

12. Affidavit submission by Michele Giddings, Manager of the Water Quality and Science Division in the Water Quality and Health Bureau in Millership vs British Columbia and Canada (Attorney General) Oct 10, 2001, BC Supreme Court 82, Exhibit 15, pg.151, citing the Locker Report. An update of the 1996 Federal-Provincial subcommittee report. Prepared for Public Health branch, Ontario Ministry of Health, First Nation and Intuit Health Branch, Health Canada by Community Health Services Research Unit. Faculty of Dentistry, University of Toronto, November 15, 1999.