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November 27, 2009

Water, Air and Climate Change Bureau, Health Canada
3rd Floor, 269 Laurier Avenue West
Address Locator. 4903D
Ottawa, Ontario
K1A 0K9.

Re: Response to the Health Canada (2009) report on Fluoride in Drinking Water

Dear CDW Secretariat,

The following pages are my expressed concerns, opinions, and or comments, intended as my response to the HEALTH CANADA report: "Fluoride in Drinking Water"
http://www.hc-sc.gc.ca/ewh-semt/consult/_2009/fluoride-fluorure/index-eng.php

My overall dislikes and, disagreements with the said report: "Fluoride in Drinking Water - Guidelines for Canadian Drinking Water" was predicated on the basis of its preparation.

In particular, I make specific references to the design of the expert panel used. I have based my opinions on certain criteria; conflict of interest being one of my biggest concerns, and in my view, it pertaining to two of the panel EXPERTS. And, the obvious lack of scientific evidence, or a means by which, HEALTH CANADA et al., can currently, or scientifically and, accurately determine; "***total daily fluoride intake from all sources***"...especially where these six panel experts are concerned, and or, relative to the said report, and it's "new" suggested levels of fluoride added to our drinking water supplies.

I am therefore contending, that the six experts chosen to recommend "safe levels of fluoride intake" have, in some cases, unfairly influenced the outcome of the said report, and in some cases, their findings support my reasons to discontinue the "practice of fluoridating the public drinking water supplies"...this is based on my detailed response to follow:

"Findings and Recommendations of the Fluoride Expert Panel (January 2007)."

<http://www.hc-sc.gc.ca/ewh-semt/pubs/water-eau/2008-fluoride-fluorure/index-eng.php>

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Expert #1

Steven M. Levy - Iowa College of Dentistry

*Karger Basel (Switzerland) Publishers of Medical and Scientific Reports
Caries Research - Vol. 40, No. 6, 2006*

Fluoride Intake Levels in Relation to Fluorosis.

Original Paper by - Steven M. Levy, Iowa College of Dentistry, et al.

The following are abstracts from the study:

Significant positive associations between fluorosis prevalence, and levels of fluoride intake. Average daily intake of .04 - .06 mg F/kg BW (F=female and BW=body weight) showed a significantly elevated risk for fluorosis (23.0% for maxillary central incisors, 14.5% for first molars). Fluorosis risk was even higher for average intake above .06 mg F/kg BW (38.0% for maxillary central incisors, 32.4% for first molars).

The Canadian Dental Association (CDA) recommends: total daily fluoride intake from all sources should not exceed 0.05-0.07 mg F / kg body weight.

The CDA themselves have conceded, and thus informing us, that they and their dentists, can only “try to estimate” the “total daily fluoride intake from all sources”...why?

That is easily answered; its because the CDA, the CDC, the FDA, the ADA, HEALTH CANADA and the WORLD HEALTH ORGANIZATION (WHO), have NOTHING to rely on, for this important information. Other than the typical, reckless, un-professional and haphazard propaganda estimates they have been repeating for the past sixty years... there are no available meters, by which a means of testing or measuring “total daily fluoride intake from all sources” can be accomplished...is there?

There are no current and or credible methods that any human being in Canada, or in this world, can now use to accurately track this “total daily fluoride intake from all sources” ...even in the U.S., where they already have in place, better (higher) labeling standards than does Canada, and many other countries, as well.

Expert #2

Christopher Clark - University of British Columbia

BioInfoBank Library – Publishers of Scientific Research Literature

Community Dent Oral Epidemiol. 2006 Jun: 34 (3): 197-204 16674751 (P,S,E,B)

Changes in dental fluorosis following the cessation of water fluoridation.

Original Paper by - Christopher Clark, U. of British Columbia, Steven M. Levy et al.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Objectives: To determine changes in the prevalence of dental fluorosis, and in perceptions of aesthetic concerns due to dental fluorosis.

Here, once again, it is clearly evident, that HEALTH CANADA has a blurred focus on their mandate, and responsibilities of protecting the health of all Canadians.

Perhaps your name should be changed, and should thus be referred to as: AESTHETICS & COSMETICS CANADA. It is not so much our main worry, although it remains a serious concern that children's teeth are being mottled with SPOTS, appearing upon the tooth enamel, and will remain with them for life...unless they were to undergo a very costly dental restorative procedure to improve the aesthetic\$.

But more seriously, we are concerned about the underlying effects, that not even David Butler-Jones or Peter Cooney, can see with their trained naked eyes...Skeletal Fluorosis is not on the surface to be seen, like horns growing out from their heads, other than being deduced via the indications presented on the tooth surfaces. This particular expert (#2) appears to be preoccupied with surface beauty, through the objective of his research.

There is a huge industry in white teeth technology, and the appealing smile for aesthetic reasons...who would not want those brilliant white teeth we see advertised every day, several times per day, on the mainstream media television services.

It should be lawfully punishable, for looked upon, and having for so long too, *dental fluorosis*, as merely an aesthetic concern...something else to be embarrassed about...but don't despair, give your confidence a boost...not with one of the many little blue pills advertised on television today, but more easily and safely...fixed with a band-aid solution...*"dental veneer\$"*.

Dental Fluorosis should be sufficient enough evidence to question...what else is probably taking place, on the inside?

Most educated and constructive logical thinking persons, including scientist, medical doctors, and even dentists, should be assuming the obvious, worst case scenario...is *dental fluorosis* a "sign post," of what might be taking place throughout the entire body?

A clear, or rather "spotted" indication of an obvious reaction to the chemicals, or element (F) "fluoride".

Perhaps this is precisely why it (fluoride) is only naturally present, un-influenced by industry, in limited amounts, and found in naturally occurring sources.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Expert #3

Robert Tardif - Université de Montréal

An Overlooked Route for Toxins Entering Our Bodies – by Robert Tardif et al. - Université de Montréal - News Digest, from the January 10th 2005 edition of Forum

Robert Tardif holds a Ph.D., in Public Health (Environmental Toxicology) from the University of Montréal. He has investigated the toxicity of various compounds and authored numerous papers and book chapters on toxicological subjects.

I hope that Tardif maintains his integrity, and above all else, his sincerity. Given his professional training and expertise...surely it would be Tardif who would have had the necessary foresight to educate, and inform our HEALTH CANADA, that FLUORIDE is a very toxic compound. And, therefore, to contaminate our drinking water supply, on a pre-meditated basis, or any water at all (ground), with an industrial pollutant such as *Hydrofluorosilicic Acid (HFA)*, is nothing short of poisoning everyone, who should drink it, and the environment that should come in contact with it...why?...because it (*HFA*) and other fluoride compounds are toxic...this should have been blatantly obvious to Tardif, the expert on *toxicological subjects*.

Please be advised, that the American Food and Drug Association (FDA), have classified it (fluoride), as a poison.

Toothpaste labels in the United States of America clearly admit to this warning, and make provisions for remedy, over this serious concern.

Robert Tardif, Sami Haddad and Ginette Charest-Tardif report; certain toxic substances are susceptible to being absorbed by the skin and inhaled through bathing and swimming. They used computer models to show; that while 50 per cent of the chemical would be absorbed through drinking, a 10-minute shower would cause a 40 per cent absorption rate. Inhalation was high as well, and confirmed through physical tests.

Robert Tardif's study on toxic substances, also include; *Trihalomethanes (THMs)*, which are also serious environmental pollutants, and many are considered carcinogenic (causing cancer).

THMs are created through the reaction of Chlorine with organic matter (water) during the treatment of drinking water. Chlorine by-products negatively affect reproduction and foetal development.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Trifluoromethane; as it's known to the International Union of Pure and Applied Chemistry (IUPAC), with the formula CHF_3 , is a potent greenhouse gas and its usage has been regulated since December 1997.

Trifluoromethane is also commonly referred to as Fluoroform (Halogen/Freon family) and bears the greatest molecular weight of the most common Trihalomethanes.

Fluorine's element symbol is "F" and its atomic number is 9. It is the most reactive element in existence, it even attacks otherwise inert materials, such as glass. It is a corrosive, and highly toxic gas. Fluoride is the reduced form of Fluorine.

Chlorine, like Fluorine, is a member of the halogen family, and is associated with group 17 of the periodic table.

Remaining fixed on the 60 year old question regarding the effects of fluoride on human and animal health, and our environment, in whole--I have to consider these other (above) factors as well: Trifluoromethanes, of the Trihalomethane family, other wise known as Fluoroform, or Freons, and also Trichloroethylenes, are all composed of the Fluorine element.

So once again...how exactly will HEALTH CANADA, the WHO, the ADA, the CDC, the FDA, PHAC and, the CDA, let alone approximately 34 million Canadians; accomplish accurate accounting for the total consumption; *drinking, eating, playing in and, eating dirt, absorbing through the skin, and inhaling through bathing and or swimming...* in the words of HEALTH CANADA et al., to determine the "total daily fluoride intake," in order to minimize HEALTH RISKS?

Expert #4

Michael Levy - Institut National de Santé Publique du Québec

The mission of the Institut National de Santé Publique du Québec is to provide support to the MINISTER of HEALTH and SOCIAL SERVICES - Collaborating with research organizations and funding bodies...the MINISTER may issue directives to the institute concerning its objectives and policy.

Without a shadow of doubt, I view the above excerpt to be a definitive indication of "conflict of interest" and, would therefore consider this to be ample grounds, for official objection to HEALTH CANADA. It was this, their poor choice, for electing Michael Levy as one of their EXPERTS.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Albeit my expressed concerns regarding my beliefs of conflict of interest, and their relationship to this particular expert, I thought it best nonetheless, to document my findings during some research on Levy.

The focus of my searches remained on any possible connections with his studies, and of that course...FLUORIDE. I was also looking for any correlation in his work, and further referencing to “*total daily intakes of fluoride*”, and its measure of toxicity upon health to humans, and or animals.

The only study that was evident to me, is as follows: The subject was co-authored by **expert #3** and, while it did not pertain to fluoride directly, it was however linked to dentistry.

Childhood Urine Mercury Excretion: Dental Amalgam and Fish Consumption as Exposure Factors – by Michael Levy, Robert Tardif et al.
Published in Environmental Research Volume 94, Issue 3, March 2004, Pages 283-290

Two words in the above title stood out quite clearly from past research however:
Mercury and Amalgam.

I was convinced that there would be another correlation to fluoride somewhere. So with painstaking efforts, I struggled through the quantum chemistry, and tried putting it all together in a simplified format, thereby making it easier for me to follow, and hopefully others as well.

This relationship between mercury and fluoride is left for the end of my dissertation, if you will, on Levy...following some abstracts from various newspaper articles.

My intention for including these excerpts were to show some comparative view points, of individuals engaged for quite some time, in this debate...is the lack of fluoride in the drinking water supplies of Dorval, in the province of Quebec, Canada, really responsible for the rise in dental caries?

The Gazette (Montreal) August 31, 2005
By Aaron Derfel – Look again, Ma. Plenty of Cavities;
Montreal dentist report sharp increases of cavities in children, including those still in diapers. Dentists blame the increase on growing availability of sugary snacks, soda pop, drinks and simply a lack of dental-hygiene.

Sugar is not the only source for the promotion of caries (tooth decay)...foods like potato chips, are responsible for elevating the acidity levels in the mouth, creating a perfect environment for cavities.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Stephane Schwartz - *Director of the Montreal Children's Hospital-Dental Clinic; blames the increased cavities on the rise in poverty in the Southwest sector. She also blames the Soda Pop companies, for installing vending machines in hospitals and schools.*

Jack Cottrell - *President of the Canadian Dental Association stated; many households have both parents working, and their children no longer get homemade lunches, so they buy their lunches and soda pop drinks at fast food stores, conveniently located to the schools.*

David Shapiro - *A dentist who practices in Cote des Neiges noted; with parents neglecting to provide proper dental-hygiene examples for their children, and coupled with the incredible amounts of sugar consumed in the province...it's causing a really bad situation.*

North American Doctors are observing a huge increase in the numbers of obese children, and seem to believe that the surge in cavities is coincidental with this obesity epidemic.

By Jason Magder, The Suburban.Com – November 9, 2005

Dorval's water has been hailed as a model by a Montreal group of dentists and other health professionals that have been campaigning for the city to add fluoride into all its water plants. The coalition is asking that the city add fluoride to increase the amount to 0.7 percent. The group is pushing for fluoride; others say it could be harmful to add the substance, pointing to research that suggests it causes bone cancer in children.

Dr. Michael Levy, a dentist with Montreal's public health department said; "We started to notice that tooth cavities are up in Dorval."

Montreal executive Alan DeSousa said; "fluoride is not the answer... You have a greater impact with education, hygiene and diet...my two sons are cavity-free, despite St. Laurent not having fluoride in its water supply".

DeSousa added; "Of all the water we produce, just one percent is consumed by people. Ninety-nine percent is used for industries and washing machines. Do we fluoridate for that one percent? Fluoride is also a health risks for municipal workers as well as residential neighbours of water filtration plants. Fluoride is a highly corrosive acid and, there could be problems with the health and safety of workers, as well as nearby residences if there is a spill in the plant."

Dr. Michael Levy downplayed such research, and said fluoride would not pose additional dangers to city workers.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Levy says there has not been any scientific evidence to show that fluoride has negative health effects. He said the use of fluoride has been endorsed by the National Cancer Institute, which evaluated 33 million cases and found no increased incidence of cancer among those drinking fluoridated drinking water.

Lexington Herald-Leader (KY)

By Zach Ahmad - March 23, 2006

Water Study: High Fluoride Levels Harming Teeth

The National Research Council of the National Academies found that people exposed to the maximum level of fluoride allowed for tap water may be at a greater risk for tooth decay and bone fractures. Excess fluoride often enters water supplies from water run-off and industrial discharges. It also found that people exposed to the highest levels of fluoride over a lifetime are more prone to bone fractures than those receiving the minimum amounts, and recommended more studies to evaluate the possible effects of fluoride on IQ levels. More than 160 million people live in communities with artificially fluoridated water.

The Gazette (Montreal) July 06, 2006

By Kate Lunau and Alycia Ambroziak

Action urged on fluoride - Cavities in children double after additive is removed from water:

Until recently, Dorval children generally had healthier teeth than their Montreal peers, said Michael Levy-dental consultant to the Quebec National Institute of Public Health. "No population factor can explain the rise in cavities in Dorval. The only explanation is halting the fluoride. Montrealers have among the worst teeth in North America."

Levy noted that the World Health Organization advocates the use of fluoride in drinking water as the most effective preventive measure for cavities, and said, there are "no known dangers" from water fluoridation.

I honestly believe that Levy is being extremely shortsighted...talk about not seeing the forest...North American Doctors are observing a huge increase in the numbers of obese children, and seem to believe that the surge in cavities is coincidental with this obesity epidemic.

The associations, which I found to exist between fluoride and Mercury:

Mercury (Dental Amalgam) – Dental amalgam comprises powdered metals and, metal compounds; consisting of silver, copper, tin, and zinc, and mixed with approximately an equal weight of elemental mercury (Hg).

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Exposure to mercury from amalgam occurs through several avenues; inhalation of air containing elemental mercury vapours (gas) released from the amalgam through friction, e.g., chewing or grinding teeth...ingestion of amalgam particles abraded (worn off) from restored (filled) surfaces and, via the saliva, into which both elemental and corrosion produced inorganic mercury products have dissolved...ingestion of amalgam particles generated during dental restorative procedures (placement, restoration, or removal). Another source of exposure to elemental and inorganic mercury is "tattooing," which could occur during the removal amalgam, whereby, amalgam particles are physically embedded into the soft tissue adjacent to the restoration area.

Dental amalgam is made up of approximately 50 percent elemental mercury by weight, when it is mixed. Atoms of elemental mercury are continuously diffusing from the amalgams used in dental fillings. This molecular diffusion from the amalgam is as a result of the oxidation process of the amalgam, and is transported via the saliva, and the air boundary layers, into air flowing through the mouth. Chewing, brushing and other abrasive stresses on exposed surfaces of dental amalgam, can alter the protective characteristics of its oxide layer. This oxide layer is formed through oxidation of the amalgam, simply while air is introduced to it.

Elemental mercury dissolves in lipids and readily diffuses across cell membranes. Once within the cell, it is oxidized to inorganic mercury by catalase enzymes present in red blood cells, brain, liver, lung, and probably the cells of all other tissues.

Numerous investigators have demonstrated; increases of intra-oral mercury vapor (gas) concentration especially after occlusal surfaces were stressed by chewing or tooth brushing. Evidence suggests that the neurological effects produced by exposure to mercury vapor results from its oxidation.

"Mercury Is a Transition Metal: The First Experimental Evidence for Hg^{F4}."

Angew. Chem. Int. Ed. **46** (44): 8371–8375

Speculation about higher oxidation states for mercury had been around since the '70s and, theoretical calculations in the '90s predicted, that it should be stable in the gas phase.

Prior to 2007 it was believed that the highest oxidation state mercury could normally attain was II, and for this reason, it was generally considered a post-transition metal instead of a transition metal.

Reduction and Oxidation (aka) Redox, is a chemical reaction in which atoms have their oxidation number (oxidation state) changed. This can be accomplished through a simple

process, such as the oxidation of carbon (burning coal), will yield carbon dioxide. Or, the reduction of carbon by hydrogen, yielding methane (CH₄).

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Experimental studies in 2007, proved for a new and exciting discovery, when Mercury (IV) fluoride HgF₄ was discovered to be the first mercury compound with the metal in the *oxidation state*. The redox was performed using solid neon and argon for matrix isolation, at a temperature of 4 K (Kelvin) or -269° C.

This process led to the suggestion; mercury should be considered a transition metal after all.

Theoretical studies suggest that mercury is unique among the natural elements of group 12 in forming a tetrafluoride (a fluoride containing four atoms of fluorine).

I am not a scientist, and hold no university degrees, so I fully concede; my explanations and reasoning here may be flawed. I do however see connections to fluoride in many circumstances...above and beyond the obvious sources which HEALTH CANADA alludes to.

My concerns remain: How delinquent or negligent, and I'd like to assure everyone, that by no means does my comment contain any malice aforethought...can you honestly be satisfied, with no remaining doubts, that you have all the correct evidence, or an absolute means exists, especially from your chosen "health authorities" or "experts," have you perhaps overlooked some otherwise, obscure sources of fluoride, which only serves to, again question your determination of; "***total daily fluoride intake from all sources***"?

Expert #5

Jayanth Kumar - New York State Department of Health

I did not wish to waste any more of my time, nor yours, with too many opinions or findings on Jayanth Kumar, other than the obvious; he is obviously a representative of the NEW YORK (U.S.) DEPARTMENT of HEALTH and, the second expert of your choice with ties, or roots to the UNITED STATES.

I view the appointment of **Expert #5** other than being American number two; to be nothing short of a blatant insult to Canada's resident experts, e.g., Dr. Hardy Limeback. Limeback's qualifications include; BSc PhD DDS--Association Professor and Head, Preventive Dentistry Faculty, obtained his doctorate in biochemistry, and was former president of the Canadian Association for Dental Research.

I find it extremely difficult to imagine why...for what reason, other than perhaps am assumptive one; *stacking the deck, tilting the table, or just rigging the game.*

Why did HEALTH CANADA elect to forego the appointment of Limeback to their panel of experts?...it makes absolutely no common sense what so ever...but then again.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

If it is, that HEALTH CANADA felt compelled to look to our most Southern neighbours for EXPERT advise, then what were the valid reasons, used by HEALTH CANADA to not consider or elect Dr. Paul Connett.

Connett earned his Baccalaureate in 1962, and with Honours in Natural Sciences from Cambridge University. In 1983, his Ph.D., in Chemistry from Dartmouth College, NH. (USA). And, since 1983, he has been teaching in the chemistry department at St. Lawrence University, Canton, NY and, had tenured as full professor there. He is currently, Professor Emeritus, of Environmental Chemistry for St. Lawrence University.

Paul Connett is not just another scientist, but one who extensively understands the study and, relation of fluoride in our environments. He is one of the founding members of “The Fluoride Action Network”--An international coalition, comprising: Nurses (RN, MSN, BSN, ARNP, APRN, LNC, RGON), PhD's - includes DSc (Doctor of Science); EdD (Doctor of Education); DrPH (Doctor of Public Health), DC's (Doctor of Chiropractic, includes M Chiro), MD's (includes MBBS), Dentists (DDS, DMD, BDS), ND's (Doctor of Naturopathic Medicine) and Lawyers (JD, LLB, Avvocato)...all seeking to broaden public awareness about the toxicity of fluoride compounds and the health impacts of current fluoride exposures.

In other words...your one stop selection location when looking for experienced personnel, on the topic of fluoride.

Expert #6

Albert Nantel - Institut National de Santé Publique du Québec

Albert Nantel is a toxicologist with the department of biological, environmental and occupational risks...associated with the Quebec public health institute.

As with **Expert #4** (Michael Levy) – Nantel should have been seen as having similar and definite conflicts of interest, by association. And, should therefore not have been considered for a study such as this either.

Nantel and Levy both; are sharing a similar “*mission; to provide support to the MINISTER of HEALTH and, SOCIAL SERVICES, to which the said MINISTER may issue directives, to the institute, concerning its objectives and policies. They are also to collaborate with research organizations, and funding bodies*”.

After all, aren't these individuals usually put in place (appointed), to head their (GOVERNMENT) various DEPARTMENTS, so they function in a particular manner?

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

A particular study, and in which an acknowledgement of thanks was given to Dr. Nantel (**Expert #6**) for his comments, were based on a preliminary version of the said report... a Quebec study which was actually authored by **Expert #4** (Michael Levy). And, Levy and **Expert #3** (Robert Tardif) both served on the editorial committee for the same report:

“Water Fluoridation: An Analysis of the Health Benefits and Risks”.

In the FOREWORD of this study, there is the typical citations, or acknowledgements for the benefits of water fluoridation: “*A public health measure that has been used for approximately sixty years*” (just because something has been carried on for 60 years, does not mean it's the right thing to do, or has been the right thing to have done... remember cigarette smoking?...doctors and dentist were actually endorsing it, for many years).

“*This preventive measure is recognized by the scientific community as being safe, economical and effective*” (don't you realize; there are almost 2,700 professionals, including many more scientist than HEALTH CANADA, or any of its 6 EXPERTS could produce, who are against water fluoridation...for obvious reasons)?

“*Despite concerns over the environmental impact of fluoridation, studies conducted to date have not demonstrated any harmful effects on the environment*” (I have issues with the obvious nonchalant view regarding the environmental impact from fluoridation, especially when thousands are dying prematurely every year, just in the city of Toronto, and from poor air quality...does this poor air quality, that is killing thousands, have not connections to fluoride at all)?

“*The public regularly expresses concern over the addition of fluoride to water and the potential health risks of this practice*” (thanks God, that we do have a more educated public today, who continue to regularly challenge all of you, especially on this issue... you may very well have to thank us all one day too, for being the driving force that was concerned for the children's future).

“*Many international health organizations, including the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) in the United States, recommend water fluoridation as a means of preventing tooth decay*” (well...isn't this the same old international so-called health organizations, who have been recommending water fluoridation for 60 odd years...this is the very mind set which we the people...the public...is determined to educate you on, and have you change, for us...because so very many of us a demanding it of you....HEALTH CANADA).

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

“According to the CDC, water fluoridation is one of the 10 most important public health achievements of the 20th century, alongside vaccination” (now this one just about worries me the most. Especially since the recent recall of the so-called H1N1 PANDEMIC VACCINES in Manitoba, for having caused “severe adverse reactions” (SAR) and, deaths. The pandemic, of course, having induced by the very source that HEALTH CANADA chooses to align with...the World Health Organization, in June of 2009, through their unique and, new definition of pandemic. I want to be clear, and make sure to mention; the members of this fluoridation study have chosen now, to correlate water fluoridation, with the most questionable and controversial issue today...vaccination Quite frankly, it leaves much to be questioned, because of a lack of transparency on the part of HEALTH CANADA, as to exactly how many Canadians suffer a SAR event or die, every year from experimental DRUGS...VACCINATIONS)

“The WHO has identified fluoride as one of 14 minerals considered essential to good health” (now this has got to be the biggest crock of HOG WASH that I’ve ever come across. I challenge the WHO, to point to one brand of vitamins or minerals, being sanctioned or sold today, that contains FLUORIDE. I can only presume that they will of course, recommend getting it through the contamination of our drinking water...my personal opinion of the WHO now, more than ever, is that they are the WORST HEALTH ORGANIZATION...let the WHO and HEALTH CANADA, point to any human being who suffers from a deficiency of FLUORIDE...come on!!!).

The use of the following words in this Quebec study, and as in many others as well, also bring up some other valid reasons, for grave concerns; **“health measure, preventive measure and, preventing tooth decay,”** are all indicative of specific terms which are associated with the legal definition of, DRUGS. This is in accordance with the FOOD and DRUG ACT of CANADA.

Therefore, the public can has to conclude that HEALTH CANADA, is willfully administering DRUGS to them, without their informed consent...do you not agree?

The study makes mention of being recognized by the “*scientific community*” as being (*safe*), and on top of that, is being preposterous, to mention the notion, or opinion of being (*economical*)...it’s TAX PAYER dollars funding it anyway.

I too can be counted, as another member of “*the public, (who) regularly expresses concern over the addition of fluoride to water, and the potential health risks of this practice.*”

There is far too much controversy in your “*practice*” and, it’s a concern shared by millions of people around this world...this outlandish idea that you and others share... prevent caries by polluting the world’s drinking water supplies...how asinine and malicious.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

I am but one in several million who has, and continues to seriously doubt the so-called (*effective*) outcome, other than a negative one, of the deliberate contamination of the public’s drinking water, albeit causing serious harm through the premeditated act of poisoning our drinking water supplies, especially for the children, and theirs’.

Unlike the typical supporters (FOREWORD) of the hydrofluosilicic acid industry, as the number one medium for artificially fluoridating drinking water, and our environments, I know where to find thousands of professionals, Scientist, Dentists and Medical Doctors who all oppose water fluoridation...I can point you in a much better, and credible direction, than you persistently seem to choose.

I will close with using some of your very own words, which have been put to print at the expense of the public of Canada.

Health Canada: Fluoride and Human Health – It’s Your Health – July 2008

Most Canadians are exposed to fluorides on a daily basis, through trace amounts that are found in almost all foods and (DRINKS) through those that are added to some drinking water supplies.

Excessive intakes of fluoride can cause damage to tooth enamel, resulting in tooth pain and some problems with chewing.

High levels of fluorides consumed for a very long (VERY LONG – perhaps you have no real credible idea, of just how long...hence very long) period of time may lead to skeletal fluorosis. These levels (do you choose to argue that there is a cumulative effect, that must be considered) are much higher than those to which the average Canadian is exposed daily (you have no current means of determining the levels to which Canadians are exposed to daily...do you...so cease and desist, in using such ambiguous phrases...it is mis-leading to the public) Skeletal fluorosis is a progressive but not life threatening (for a lack of a better assessment, of HEALTH CANADA, I’d have to conclude, that who ever wrote this was a total idiot. How can anyone not consider; bones becoming brittle, living in pain on a daily basis, having stiff joints every day, or difficulty moving due to deformed bones, and being at a greater risk of bone fractures as not a threat to life...well then, I wish this on every one of you at HEALTH CANADA...those who did and ever do, have anything to do with this whacko science.) disease in which bones increase in density and become more brittle. In mild cases, the symptoms may include pain and stiff

joints. In more severe cases, the symptoms may include difficulty in moving, deformed bones and a greater risk of bone fractures.

Maingot: Nov 27, 2009--Response to Health Canada report: Fluoride in Drinking Water.

Given that HEALTH CANADA has aligned with three particular individuals, represented as experts, and who obviously all subscribe to the above (FOREWORD) utter nonsense, and propaganda, gives me even more reason for objection, beyond that of a “conflict of interest,” viz their appointment to HEALTH CANADA’S “expert panel.”

Like my fellow members of the public here in Canada, and in America too, I concur; until a new panel can be found, and appointed, with the intention of providing a scientifically defensible MAC standard, I am seriously requesting that HEALTH CANADA and all other public service authorities of the various GOVERNMENTS, currently involved in the “*practice*” of drinking water management, put in place immediately, a moratorium on artificial water fluoridation.

Sincerely, without malice aforethought, ill will vexation or frivolity,

Christopher-Peter: Maingot
Freeman-on-the-Land
All Rights Reserved, Exercised at Will and Fully Defended By The Grace of God

Society Against Artificially Fluoridated Environments.
SAAFE – November 27, 2009