

Nov. 27, 2009

32 Inniswood Drive
Toronto M1R 1E5

To: Secretariat, Federal-Provincial-Territorial Committee on Drinking Water

Re: **Commentary on Draft Report: Fluoride in Drinking Water**, by the Federal-Provincial-Territorial Committee on Drinking Water, Health Canada

As a fluoride-poisoned premature infant born in America's first fluoridated city; as a cavity-ridden child stricken, along with hundreds of other children, from the test results of the great Grand Rapids Fluoridation Experiment That Did Not Work; as a teenager living in one of the areas of Southern Ontario with drinking water that exceeded the MAC of 1.5 who had a goiter; as a young woman with chronic hypothyroid illness from drinking fluoridated water and not having enough dietary iodine and selenium; as the mother of a child born extremely premature due to increased fluoride intake from Toronto water; as a mature adult having lost seven permanent teeth and a lot of bone mass that contained too much fluoride and lead; and as a middle aged woman on borrowed time due to cancer, I hardly know where to begin.

I have helped write other submissions today for non profit organizations but this time I am writing for myself.

How are we, the public already harmed by a guideline allowing and then promoting excessive amounts – five, ten, twenty or perhaps fifty times more than Nature would have provided – of a toxin that has been added to our bodies by our own government since we were conceived, to comment on a risk assessment process performed by a group of dentists stating that we were never harmed and are merely politically agitated? How do we comment on a risk assessment process for protecting our infants and children from developmental neurotoxicity of fluoride in water when we are given a stack of false premises and logical fallacies that deny the science showing fluoride is a developmental neurotoxin? How do we comment on risk assessment for a cumulative toxin performed by an expert panel whose members do not understand that fluoride is excreted in urine and estimated intake must be corroborated by measurement of excretion? How do we cope with the reality that the expert panel of dentists can not do basic arithmetic to figure out how much fluoride a breastfed baby gets compared to a formula fed baby, yet insists that formula fed babies are not at risk of fluoride poisoning from the MAC or from artificial water fluoridation? If a government agency uses our taxes to hire expert panels to write endless reports setting a health guideline for a toxin based entirely on the lie that it is not a toxin, what does that say about the integrity of our democracy? Does it indicate contempt for the public – people like me – and our rights to a quality of life without being forcibly fluoride poisoned by our own government?

I have collected the most obvious logical fallacies put forth by the expert panel in their various reports and public statements:

- Ingested ambient fluoride in water at 1.5 ppm causes dental damage to children but is safe, and ingested industrial waste fluoride in water at 0.7 ppm causes lesser dental damage to children and is safer yet; therefore the severity of dental damage is proof of safety of fluoridation;
- Fluoride that benefits dental health is now received from many sources including air pollution with industrial source fluoride, so Health Canada is acting responsibly to reduce deliberate pollution of water with industrial source fluoride from 0.8 to 0.7 mg/L so that anthropogenic fluoride in air pollution can make up the difference;
- Canadians who object to water fluoridation because they claim to experience suffering and illness from it are politically motivated and therefore do not deserve respectful medical care;
- Infants suffering symptoms of chronic fluoride poisoning due to fluoridated water in formula are just spoiled and seeking attention.
- Children who develop dental fluorosis have slack caregivers allowing them to swallow toothpaste; fluoridated water is not to blame;
- If cavity rates go down after fluoridation ceases, it's because of better nutrition or better dental hygiene or increased fluoride from other sources;
- If cavity rates go up after fluoridation begins or despite fluoridation being in place for years, it's a) parents' fault for not providing home cooked meals; b) schools' fault for selling sugary sodas on campus; c) children's fault for drinking bottled water instead of school fountain water; or d) the government's fault for not subsidizing dentists to provide free care for the poor;
- Sugary drinks, snacks and prepared grocery lunch foods are loaded with fluoride, therefore cavities are caused by drinking bottled water;
- If children's blood lead levels rise after introduction of fluoridation, it's because slack caregivers let them eat old paint and crawl on dirty floors, not because silicofluorides are known lead solvents;
- If children's blood lead levels fall after fluoridation ceases, it's a coincidence;
- If fluoridated tap water has too much lead in it, you should run your tap water for five minutes every four hours to flush the lines at your own metered expense – fluoridation is not a factor and anyway lead in drinking water is just a nuisance harmless to older children and adults;
- Fluoride in water is harmless to health and environment because Health Canada has rewritten the laws of chemistry and toxicology to say that fluoride is a) not toxic, and b) not cumulative;
- Dentists shall decide whether any Canadians are systemically fluoride poisoned, and whether physical suffering and illness are credible, despite dentists having no training, scope of practice or experience in the diagnosis or treatment of fluoride poisoning;
- Dentists, not parents, guardians and informed and consenting adults and voters, shall decide how much fluoride toxicity and fluoride accumulation the child, adult, public and environment must bear;

- Dentists, not pregnant women, shall decide whether increased risk of premature delivery from increased fluoride intake from fluoridated water consumed during pregnancy is justified;
- Dentists, not cancer patients or families, shall decide whether increased cancer incidence and shorter survival after diagnosis in fluoridated cities is justified;
- Dentists, not parents or teachers, shall decide whether increased lead in blood of school children drinking fluoridated water is justified;
- Dentists, not municipal water quality personnel, shall decide whether to allow testing of tap water for lead and comparing lead content between fluoridated and unfluoridated periods;
- All ingested fluorides are the same. All are beneficial to teeth at all increased intakes;
- All science showing non dental health harm from ingested fluoridation chemicals can be dismissed as anti-fluoridation opinion but all dental trade association propaganda and editorial opinion praising fluoridation policy is valid science;
- Fluoride poisoning of endocrine function is not an adverse health effect. Therefore, fluoride poisoned Canadians with refractory hypothyroid function and increased cancer risk are of no consequence to Health Canada;
- Fluoride pollution of air, soil and water is desirable due to providing ambient fluoride intake for Canadians;
- Ingested industrial silicofluorides in water at 0.7 ppm are beneficial to teeth at all levels of intake and are therefore recommended but purified sodium fluoride toothpaste providing equivalent doses should not be consumed;
- Fluoride acid in air pollution, acid rain and snow is acknowledged to be environmentally harmful and corrosive to the northern ecosystem at less than 0.05 mg/M3 but fluoride acid in drinking water is environmentally benign at 0.7 mg/L regardless of source water quality, infrastructure lead, sewage effluent volume, calcium buffering capacity and dilution capacity of the receiving waters;
- Health Canada presumes authority to cause Canadian children to develop dental fluorosis and impaired intelligence but avoids accountability; infant formula is to blame, rather than the fluoride in the water used to reconstitute it;
- The environmental commons actually belongs to dentists;
- The environmental commons must be sacrificed for harder tooth enamel;
- French speaking and English speaking Canadians are given opposite statements about dental fluorosis and neither group deserves a reference or citation to verify the statements;
- The Canadian Water Quality Guideline for fluoride of 0.12 mg/L is irrelevant to the MAC of 1.5 for drinking water even though fluoride in drinking water at 1.5 mg/L is discharged to the environment in exceedence of the Guideline.

Please, fire the current expert panel. Start over. Select scientists capable of understanding fluoride toxicity and human rights, like Kathleen Thiessen and Hardy Limeback.

Sincerely,
Alice Terpstra