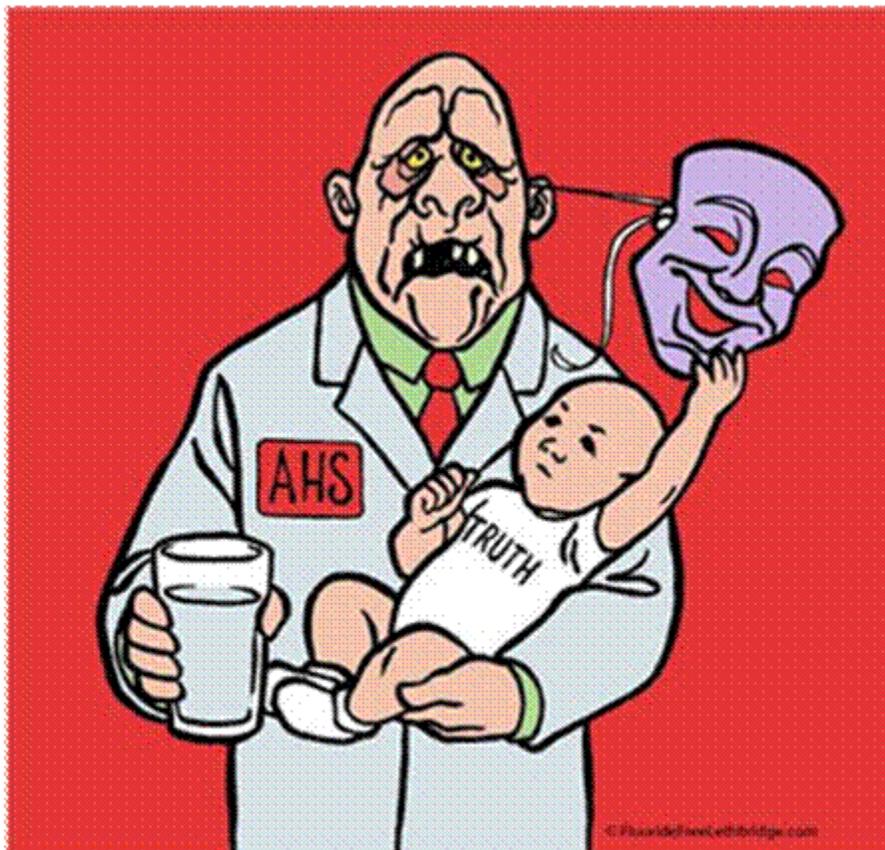




Fluoride Free Lethbridge Newsletter

May 1, 2015

People will generally accept facts as truth only if the facts agree with what they already believe. - Andy Rooney



Alberta Health Services Unmasked

In March, 2014 **Fluoride Free Lethbridge** responded to a memo that Alberta Health Services sent to their frontline staff. [The Fallacies of](#)

Alberta Health Services Position on Artificial Water Fluoridation Exposed was written to refute, with facts and science, the outrageous arguments used by fluoride proponents everywhere.

We appreciate Dr. Paul Connett's endorsement of this document:

Dear Marilyn,

This is a rebuttal of heroic and comprehensive proportions. I congratulate all those who put it together.

Paul Connett

Please feel free to use this information when discussing fluoridation. It addresses the most foolish of arguments used by dentists, health professionals, and know-it-alls supporting artificial water fluoridation.

Important Information

The following is from **Fluoride Action Network** concerning the announcement this week that **the U.S. Department of Health & Human Services (HHS) recommends lowering the water fluoride levels to 0.7 mg/L.**

On Monday, the U.S. Department of Health & Human Services (HHS) admitted that the fluoride levels, which they promoted and encouraged as safe, has damaged children's teeth. Because of the huge increase in dental fluorosis (white spotted, yellow, brown and/or pitted teeth) on the teeth of 41% of young teenagers, HHS says that water fluoride levels should be lowered to 0.7 mg/L (formerly most communities used 1 mg/L while the guideline was 0.7 – 1.2 mg/L) and in ten years they'll check children's teeth to see if they were right about this new level.

In January 2011 when the HSS first announced this recommendation, the U.S. Environmental Protection Agency's Office of Water released documents to substantiate the safety of continuing water fluoridation. However, the EPA has not yet responded to the many substantive comments they received (eg, FAN's submissions: **Dose-Response Analysis for Non-Cancer Effects** and **Exposure and Relative Source Contribution Analysis**). So while HSS has finalized the guideline for the level of fluoride in fluoridation schemes, the safety of the

issue has not yet been responded to. The HSS response to these concerns was to whitewash them.

HHS ignored hundreds of animal studies that reported adverse health effects from fluoride and the 43 studies linking fluoride to children's lowered IQ. When fluoridation began, officials had no idea that fluoride could affect cognitive functions.

Nor did HHS comment on two well-publicized studies released this year linking fluoridation with [ADHD](#) (attention deficit hyperactivity disorder) and [underactive thyroid](#).

HSS did not address the fact that infants who receive formula made with fluoridated water at the new guideline level will receive 175 times more fluoride than the breast-fed infant.

David Kennedy DDS, a member of FAN's Board of Directors, noted: "The HHS continues its long term support for a policy that grossly overdoses bottle-fed infants and others in our communities with fluoride."

HSS also stated in its press release that a report on the toxicology of fluoride by the National Research Council of the National Academies ([NRC, 2006](#)) "found no evidence substantial enough to support effects other than severe dental fluorosis at these levels." What HSS failed to state is that the NRC report of 2006 [stated for the first time](#) that fluoride is an "**endocrine disruptor**", which means it has the potential to play havoc with the biology and fate of humans. This is far more significant than severe dental fluorosis.

Severe dental fluorosis is the only endpoint of concern that HSS considers as an adverse effect of fluoride exposure.

Incredibly, HSS resorted to deceit to discuss the IQ issue with the American public when they stated:

A recent meta-analysis of studies conducted in rural China, including those considered by the NRC report, identified an association between high fluoride exposure (i.e., drinking water concentrations ranging up to **11.5 mg/L**) and lower IQ scores; study authors noted the low quality of included studies and the inability to rule out other explanations.

While there are now 43 studies reporting a relationship between fluoride exposure and reduced IQ in children, HSS cites the meta-analysis by [Choi et.](#)

[al.](#) (2012) which reviewed 27 of these studies (the NRC report looked at only 5 studies). In toxicology it is the **lowest level that causes harm that is of concern** when using such results to protect a whole population, not the highest level. In this case the lowest level at which IQ was lowered was **0.88 mg/L**. If we take 20 studies where IQ was lowered, and the source of fluoride was in water and be compiled from all sources. In the case of the Chinese children in rural villages in these studies they did not have two sources that US children commonly have: typically they are not bottle-fed and they do not use fluoridated toothpaste. So it is likely that some American children are getting higher doses than some of the Chinese children who had their IQ lowered.

This is elementary stuff and one can only assume that whoever used the figure 11.5 mg/L knew exactly what they were doing and that was to deceive the casual reader that not from coal, the **mean value was 3.52 mg/L**, and this is lower than the EPA's current "safe" drinking water standard for fluoride (4 mg/L).

In addition, in toxicology it is not the concentration of fluoride (mg/liter) that is the relevant parameter but the dose in mg/day (how much you drink), and such a dose has to there was nothing to worry about, when the opposite is the case.

As to the "low quality" of the IQ studies. We agree that many are low quality. However, [43 out of 49 studies](#) found a correlation that links fluoride exposure to lowered IQ in children. Some of the studies were quite elegant, measuring blood and urine levels for fluoride; others tested for confounders like lead, arsenic and iodine. **The Achilles heel for fluoridation-promoting agencies is that they have to denigrate every study that reports an adverse effect from fluoride.** Why? Because if fluoride is not "safe" the experiment will have to end.

Dr Philippe Grandjean a well known epidemiologist at the Harvard T.H. Chan School of Public Health, and author of [Chemical Brain Drain](#), was quoted by several publications on the new guideline:

“Due to the importance of having the best possible brains in the future, I think that that would suggest that we be careful about the amount of fluoride that we deliver to the population in drinking water,” says Dr. Philippe Grandjean ...” [National Public Radio](#) (April 27):

“I'd say it's a reasonable concern that fluoride can affect brain development," Grandjean says. “Lowering the recommended fluoridation

level to 0.7 mg per liter is very well-justified. I would in fact recommend that the level be reduced even further.” [Newsweek](#) (April 27):

Michael Connett of FAN was quoted on [National Public Radio](#) (April 27):

“In our view it’s high time for the United States to start following the approach taken by most of the Western world and stop fluoridating its water,” says Michael Connett of the group Fluoride Action Network.

“It makes far more sense for those people who want to use fluoride to brush it on their teeth, spit it out and that way you apply fluoride to the only tissue in the body that stands to benefit,” he says. “And you don’t expose every other tissue in the body.”

Because fluoride is an endocrine disruptor and has the potential to lower IQ in children, FAN urges HSS to adopt the Precautionary Principle and end fluoridation now.

HSS noted that the Environmental Protection Agency (EPA) “uses the 90th percentile of drinking water intake for all age groups to calculate the relative contribution for each fluoride source.” This means that individuals who consume greater amounts of water than the 90th percentile are not protected by the new rule. These individuals include, infants, nursing mothers, outdoor laborers who work in hot climates, athletes, diabetics, and more.

According to the HSS, the good news is that “the new recommendation will lead to a reduction of approximately 25% (range: 12%–42%) in fluoride intake from drinking water alone and a reduction of approximately 14% (range: 5%–29%) in total fluoride intake.”

HSS said that at least 96% of the 19,300 comments that they received were opposed to adding fluoride to drinking water. They mentioned Fluoride Action Network indirectly when they said that 18,500 comments came from “an organization opposing community water fluoridation.”

None of the concerns that Fluoride Action Network [submitted to HSS](#) in 2011 were adequately responded to in HSS documents released on Monday (see below). These concerns included:

- Using the water supply to mass medicate the population is unethical.

- The benefit and safety of ingested fluoride has never been proved by accepted medical standards.
- Any benefits of fluoride are primarily topical, not systemic.
- Americans will still be over-exposed to fluoride at 0.7 ppm.
- Infants will not be protected.
- African-American children and low-income children will not be protected.
- HHS has failed to consider fluoride as an endocrine disruptor.
- HHS has failed to consider or investigate current rates of skeletal fluorosis in the U.S.

The key documents for the Guideline:

April 27, 2015: **HSS Press release:** [Final recommendation for community water fluoridation](#)

April 27, 2015: **HSS Final Guideline:** [U.S. Public Health Service Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries](#)

April 27, 2015: **HSS releases this with Guideline:** [Community Water Fluoridation: One of CDC's "10 Great Public Health Achievements of the 20th Century"](#)

January 7, 2011: **EPA & HSS Press Release:**

[EPA and HHS Announce New Scientific Assessments and Actions on Fluoride](#)

January 13, 2011: **Federal Register Notice:**

[Proposed HHS Recommendation for Fluoride Concentration in Drinking Water for Prevention of Dental Caries](#)

February 4, 2011: **FAN's first response to HSS:** [The Time Has Come to End Fluoridation](#)

April 19, 2011: FAN's comments on EPA's [Dose-response Analysis for Non-Cancer effects](#)

April 19, 2011: FAN's comments on EPA's [Exposure and Relative Source Contribution Analysis](#)

Sincerely,

Ellen Connett
Manager,
[Fluoride Action Network](#)

Other Communities

This letter was published in the [Sherwood Park News, Opinion](#) Thursday, April 30, 2015.

Banish fluoride ¹⁶

Thursday, April 30, 2015 11:00:00 MDT PM

As a neurological learning specialist (retired), I have been acutely aware for many years that the fluoridation of drinking water supplies interferes with our children's learning capacity. Modern scientific studies have now corroborated this clinical finding.

Scientifically well-documented studies presented by numerous credible scientists all over the world, as reported by Paul Connett, PhD, and our very own Alberta expert in Calgary, James Beck, MD, PhD, in *The Case Against Fluoride: How Hazardous Waste Ended Up in Our Drinking Water and the Bad Science and Powerful Politics That Keep it There*.

Thankfully, the City of Calgary has now removed fluoride from their drinking water supplies because it has been documented to damage infants severely, and also to provide measurable damage to the brains and other organs of children and adults.

Given this modern knowledge of the health hazards caused by fluoridation, I read with alarm the data presented by the Alberta Dental Association and College, in

the Sherwood Park-Strathcona County News, April 21, 2015, page 27 (“Use fluoride to prevent cavities”).

I don’t know whether the Alberta Dental Association put this article in as a paid advertisement or whether it is a “community service” article. (It was a community service article — Editor)

Their article shows their reliance on old data that has been repeated for decades, to the detriment of the health of our children. They appear not to know that modern studies demonstrate that tooth cavities have declined in countries that have not fluoridated their drinking water supplies.

Attributing tooth decay decline to added fluoridation is just another example of false correlation studies.

J Collins Meek

Sherwood Park

Our Community

Do you have anything to report?

Take Action

You may not see much happening here in Lethbridge concerning the battle to end fluoridation, but there are rumblings of discontent about being “medicated” without our consent.

Write [City Council](#). That’s easy to do by clicking on the link and writing your disapproval to having fluoride in your water.

Speak out with your [Lawn signs](#). Call **Sean at 403-329-9157** to order yours.

Wear your [FFL T-shirts](#) (go to photos to see the design). It’s T-shirt weather.



Dena and Sean

Join Us

Like Fluoride Free Lethbridge on [Facebook](#) and keep abreast of the latest news.

Follow us on Twitter: [Fluoride Free YQL](#).

Visit our site: [Fluoride Free Lethbridge](#). A new look coming soon!

If you don't see something getting done, then do something to be seen that others may see something getting done!