

PROFESSIONALS STATEMENT TO END WATER FLUORIDATION

This has been signed by over 4,000 medical, dental, scientific, and environmental professionals.

We, the undersigned professionals, come from a variety of disciplines but all have an abiding interest in ensuring that government public health and environmental policies be determined honestly, with full attention paid to the latest scientific research and to ethical principles.

EIGHT recent events make action to end water fluoridation urgent.

1. The publication in 2006 of a 500-page review of fluoride's toxicology by a distinguished panel appointed by the National Research Council of the National Academies (NRC, 2006). The NRC report concluded that the US Environmental Protection Agency's (EPA) safe drinking water standard for fluoride (i.e. maximum contaminant level goal or MCLG) of 4 parts per million (ppm) is unsafe and should be lowered. Despite over 60 years of fluoridation, the report listed many basic research questions that have not been addressed. Still, the panel reviewed a large body of literature in which fluoride has a statistically significant association with a wide range of adverse effects. These include an increased risk of bone fractures, decreased thyroid function, lowered IQ, arthritic-like conditions, dental fluorosis and, possibly, osteosarcoma.

The average fluoride daily intakes (*) associated with many of these adverse effects are reached by some people consuming water at the concentration levels now used for fluoridation — especially small children, above average water drinkers, diabetics, people with poor kidney function and other vulnerable sub-groups. For example, the average fluoride daily intake associated with impaired thyroid function in people with iodine deficiency (about 12% of the US population) is reached by small children with average consumption of fluoridated water at 1 ppm and by people of any age or weight with moderate to high fluoridated water consumption. Of special note among the animal studies is one in which rats fed water containing 1 ppm fluoride had an increased uptake of aluminum into the brain, with formation of beta-amyloid plaques, which is a classic marker of Alzheimer's disease pathology in humans. Considering the substantial variation in individual water intake, exposure to fluoride from many other sources, its accumulation in the bone and other calcifying tissues and the wide range of human sensitivity to any toxic substance, fluoridation provides NO margin of safety for many adverse effects, especially lowered thyroid function.

* Note: "Daily intake" takes into account the exposed individual's bodyweight and is measured in mg. of fluoride per kilogram bodyweight.

2. The evidence provided by the US Centers for Disease Control and Prevention (CDC) in 2005 that 32% of American children have dental fluorosis – an abnormal discoloration and mottling of the enamel. This irreversible and sometimes disfiguring condition is caused by fluoride. Children are now being overdosed with fluoride, even in non-fluoridated areas, from water, swallowed toothpaste, foods and beverages processed with fluoridated water, and other sources. Fluoridated water is the easiest source to eliminate.

3. The American Dental Association's policy change, in November 2006, recommending that only the following types of water be used for preparing infant formula during the first 12 months of life: "purified, distilled, deionized, demineralized, or produced through reverse osmosis." This new policy, which was implemented to prevent the ingestion of too much fluoride by babies and to lower the risk of dental fluorosis, clearly excludes the use of fluoridated tap water. The burden of following this recommendation, especially for low income families, is reason alone for fluoridation to be halted immediately. Formula made with fluoridated water contains 250 times more fluoride than the average 0.004 ppm concentration found in human breast milk in non-fluoridated areas (Table 2-6, NRC, 2006).

4. The CDC's concession, in 1999 and 2001, that the predominant benefit of fluoride in reducing tooth decay is TOPICAL and not SYSTEMIC. To the extent fluoride works to reduce tooth decay, it works from the outside of the tooth, not from inside the body. It makes no sense to drink it and expose the rest of the body to the long term risks of fluoride ingestion when fluoridated toothpaste is readily available.

Fluoride's topical mechanism probably explains the fact that, since the 1980s, there have been many research reports indicating little difference in tooth decay between fluoridated and non-fluoridated communities (Leverett, 1982; Colquhoun, 1984; 1985 and 1987; Diesendorf, 1986; Gray, 1987; Brunelle and Carlos, 1990; Spencer, 1996; deLiefde, 1998; Locker, 1999; Armfield and Spencer, 2004; and Pizzo 2007 - see citations). Poverty is the clearest factor associated with tooth decay, not lack of ingested fluoride. According to the World Health Organization, dental health in 12-year olds in non-fluoridated industrialized countries is as good, if not better, than those in fluoridated countries (Neurath, 2005).

5. In 2000, the publication of the UK government sponsored "York Review," the first systematic scientific review of fluoridation, found that NONE of the studies purporting to demonstrate the effectiveness of fluoridation to reduce tooth decay were of grade A status, i.e. "high quality, bias unlikely" (McDonagh et al., 2000).

6. The publication in May 2006 of a peer-reviewed, case-controlled study from Harvard University which found a 5-7 fold increase in osteosarcoma (a frequently fatal bone cancer) in young men associated with exposure to fluoridated

water during their 6th, 7th and 8th years (Bassin et al., 2006). This study was surrounded by scandal as Elise Bassin's PhD thesis adviser, Professor Chester Douglass, was accused by the watchdog Environmental Working Group of attempting to suppress these findings for several years (see video). While this study does not prove a relationship between fluoridation and osteosarcoma beyond any doubt, the weight of evidence and the importance of the risk call for serious consideration.

7. The admission by federal agencies, in response to questions from a Congressional subcommittee in 1999-2000, that the industrial grade waste products used to fluoridate over 90% of America's drinking water supplies (fluorosilicate compounds) have never been subjected to toxicological testing nor received FDA approval for human ingestion (Fox, 1999; Hazan, 2000; Plaisier, 2000; Thurnau, 2000).

8. The publication in 2004 of "The Fluoride Deception" by Christopher Bryson. This meticulously researched book showed that industrial interests, concerned about liabilities from fluoride pollution and health effects on workers, played a significant role in the early promotion of fluoridation. Bryson also details the harassment of scientists who expressed concerns about the safety and/or efficacy of fluoridation (see Bryson interview).

We call upon Members of Congress (and legislators in other fluoridating countries) to sponsor a new Congressional (or Parliamentary) Hearing on Fluoridation so that those in government agencies who continue to support the procedure, particularly the Oral Health Division of the CDC, be compelled to provide the scientific basis for their ongoing promotion of fluoridation. They must be cross-examined under oath if the public is ever to fully learn the truth about this outdated and harmful practice.

We call upon all medical and dental professionals, members of water departments, local officials, public health organizations, environmental groups and the media to examine for themselves the new documentation that fluoridated water is ineffective and poses serious health risks. It is no longer acceptable to simply rely on endorsements from agencies that continue to ignore the large body of scientific evidence on this matter — especially the extensive citations in the NRC (2006) report discussed above.

The untold millions of dollars that are now spent on equipment, chemicals, monitoring, and promotion of fluoridation could be much better invested in nutrition education and targeted dental care for children from low income families. The vast majority of enlightened nations have done this (see statements).

It is time for the US, and the few remaining fluoridating countries, to recognize that fluoridation is outdated, has serious risks that far outweigh any minor benefits, violates sound medical ethics and denies freedom of choice. Fluoridation must be ended now.

The 4,293 Signers by-degree as of November 16, 2012 include:

538 MD's (includes MBBS)

343 Dentists (DDS, DMD, BDS)

502 PhD's – includes DSc, Doctor of Science; EdD (Doctor of Education); DrPH (Doctor of Public Health)

737 Nurses (RN, MSN, BSN, ARNP, APRN, LNC, RGON)

92 Pharmacists (Pharm.D, B. Pharm, DPh, RPH)

108 RDHs (Registered Dental Hygienist); also DH, RDHAP, EFDA, RDAEF, and RDN

28 Veterinarians (DMV, VMD, BVMS)

Signatories Include:

Doug Everingham, former Federal Health Minister, Australia

Magda Aelvoet, MD, Former Minister of Public Health, Belgium

William Marcus, PhD, Former chief toxicologist of the EPA Water Division, Boyds, MD

Arvid Carlsson, Nobel Laureate for Physiology or Medicine, 2000.

Theo Colborn, PhD, co-author, Our Stolen Future

Ken Cook, President, Environmental Working Group (EWG)

Stephen Lester, Science Director, Center for Health, Environment, and Justice

At least 13 Nobel Prize winners in Chemistry and Medicine have either opposed fluoridation or expressed reservations about it. (www.fluoridealert.org/content/nobel_winners)

SOURCE+FOOTNOTES: <http://www.fluoridealert.org/researchers/professionals-statement/text/>

NOTE: Internal bolding and underlines of text added by Patricia Dines to highlight key points.