

**To:** American Thyroid Association  
6066 Leesburg Pike  
Suite 550  
Falls Church, VA 22041

Antonio C. Bianco, President  
Victor J. Bernet, COO  
David H. Sarne, Treasurer  
John C. Morris, III, President Elect  
Barbara R. Smith, Exec Director

Andrew J. Bauer  
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M. Regina Castro  
James V. Hennessey  
Anthony N. Hollenberg

Jacqueline Jonklaas  
Rebecca E. Schweppe  
Susan A. Sherman  
Julie Ann Sosa  
Christine Spitzweg

**Registered Agents of American Thyroid Association**

Vivian Cody  
Hauptman-Woodward Medical  
Research Institute  
700 Ellicott Street  
Buffalo, NY 14203-1102

Warren S Oliveri Jr  
King & Nordlinger, LLP  
3030 Clarendon Blvd.  
Suite 300  
Arlington, VA 22201

**From:**

Dr. Richard L. Shames, MD  
4340 Redwood Highway  
Building A, Suite 22  
San Rafael, CA 94903

Dr. William J. Rea, MD  
8345 Walnut Hill Lane  
Suite 220  
Dallas, Texas 75231

Dr. Nathan Becker, MD, FACE, FACP  
350 Parnassus Ave  
Suite 707  
San Francisco, CA 94117

Heather Gingerich, MSc.  
172 Albert Street  
Ingersoll, ON N5C 2Y4  
Canada

Dr. Ellie Phillips, DDS  
4301 W. William Cannon Dr  
Suite B-150  
Austin, Texas 78749

Marcus L. Scott, Esq.  
Scott Collins Law, LLP  
30 Massachusetts Ave. #102  
North Andover, MA 01845

**February 11, 2016**

Dear Vivian Cody and Warren Oliveri as Registered Agents and ATA Leadership,

We recognize the American Thyroid Association (ATA) as the world's leading organization '**devoted to thyroid biology and to the prevention and treatment of thyroid disease through excellence in research, clinical care, education, and public health.**' We appreciate the ATA values that include, '**scientific inquiry, public service patient advocacy, education, and ethical conduct.**' We are writing because it is time for the ATA, in keeping with its mission and values, to openly advise the American public of what many physicians have been privately advising patients behind closed doors for decades, that drinking fluoridated water is harmful to thyroid health.

We suggest that February 2016 is the time to step forward for several reasons:

1. We believe it is unconscionable for this professional association to stand by silently while fluoridation advocates in the American Dental Association, American Medical Association and the American Academy of Pediatrics continue to aggressively market fluoridation as a dental panacea by distorting medical facts and denying recent scientific studies regarding endocrine disruption.
2. We believe that the political lobbying of fluoridationists who are increasingly attempting to mandate fluoridation at the state level, as they have done successfully in over a dozen states already, including California, Connecticut and Arkansas, will invariably increase the burden on those already ill with thyroid and other endocrine disorders, as well as increase their numbers substantially.

3. We believe that the examination by the National Toxicology Program (NTP) into the science indicating fluoridated waters are neurotoxic to fetuses and young children, although commendable, may be too limited. We know that exposure to fluoride lowers thyroid function, and that even subclinical hypothyroidism during pregnancy and childhood can and does result in lowered IQ, learning disabilities, and other psychomotor deficits, whether or not fluoride is characterized as “neurotoxic.” We suggest the ATA go on record with this medical fact sooner rather than later. Although the public comment period to the NTP on this topic closed January 8, 2016, we suspect the ATA will be able to provide a comment past that date.
4. We believe that the science published in 2014 and 2015 is sufficient on its own to recast artificial fluoridation as a public harm rather than as a public good. Consistent with science dating back a hundred years, recent science confirms that community water fluoridation is medically inadvisable for thyroid patients and most, if not all, of the population. We are attaching supporting resources to the end of this letter for your convenience.

We suggest that the cornerstone for an ATA public stand can be found in the 2015 report out of England that documents a significant increase in diagnosed cases of hypothyroidism in artificially fluoridated communities with a .7 ppm water concentration as compared to communities with .3 ppm naturally occurring fluoride (Peckham 2015) This finding is no surprise to us. Our medical community has known since the early 20th century that fluoride lowers thyroid function, and even prescribed fluoride tablets and baths as an effective treatment for hyperthyroidism. We also labeled a malaise seen in the 1950s during the early years of community fluoridation as “fluoride fatigue.” That term was subsequently replaced with the diagnosis of fibromyalgia or ME/CFS, conditions with no known etiology often accompanied by thyroid disorders as well as autoimmune and inflammatory diseases that are also linked to fluoride poisoning. (Galetti 1958; Laylander 1999a, 1999b; PFPC 1996; Waldbott 1978, 1998)

We find it very telling that, in stark contrast to our colleagues from the 1930s and 1940s, instead of regularly prescribing fluoride to lower thyroid function, modern endocrinologists regularly prescribe *Synthroid* to increase thyroid hormone levels. As you know, *Synthroid* is now one of the most common prescriptions in the United States. American fluoridation began in 1945.

The 2006 National Research Council (NRC) panelists who evaluated EPA fluoride contaminant levels (MCL/MCLG) in drinking water reviewed dozens of endocrine studies. They found the evidence of adverse thyroid impact to be among the most compelling (NRC, Chapter 8 and Appendix E). NRC panelist Dr. Kathleen Thiessen, who authored much of the endocrine disruption section of NRC report, filed a comment with the US EPA in 2011 and submitted an affidavit in 2014 for a pending lawsuit in Ontario, Canada that details the risk posed by artificial community water fluoridation to susceptible populations such as diabetics, cancer patients and those with low iodine levels.

“Thyroid dysfunction and Type II diabetes presently pose substantial health concerns in the U.S. (NRC 2006). Of particular concern is an inverse correlation between maternal subclinical hypothyroidism and the IQ of the offspring. In addition, maternal subclinical hypothyroidism has been proposed as a cause of or contributor to development of autism in the child (Román 2007; Sullivan 2009). Calcium deficiency induced or exacerbated by fluoride exposure may contribute to a variety of other health effects (NRC 2006).”  
 - Dr. Kathleen Thiessen (2011 p 8)

Dr. Thiessen also has reminded the EPA and the Ontario courts that the 2006 NRC wrote, “Fluoride appears to have the potential to initiate or promote cancers, particularly of the bone.” (NRC, p 336) Additionally, the NRC reported that fluoride’s interference with calcium metabolism and in the presence of calcium deficiency has direct and indirect impacts on the functioning of the parathyroid, which in turn has an impact on the bones (NRC, 236-251). This should not be surprising, since Table 9 of a ten years later study of the first fluoridation trial revealed a number of notable differences on X-rays, such as children growing up in fluoridated Newburgh, NY had the twice cortical bone defects and twice the

exostoses compared to those found in the control population of un-fluoridated Kingston. Since we know that dental fluorosis is a poisoning of ameloblast mitochondria that results in a structural change to the composition of the tooth, it is not unreasonable to suspect a similar fluoride mediated etiology is at play in bones. We also know that the increased fluoride levels in tooth and bone may increase hardness and density, but reduce elasticity resulting in more brittleness. Some studies, as well as clinical reports, demonstrate that the 41% of children with dental fluorosis have more non-traumatic bone fractures than children without dental fluorosis correlated with the severity of their visible dental fluorosis. (Schlesinger 1956, Thiessen 2011, Beltran 2010, Alarcón-Herrera 2001)

Most disconcerting, the 2006 study by Bassin et al. published in *Cancer Causes & Control* identified an age-specific increased risk of osteosarcoma in boys drinking artificially fluoridated water in the US. This also should not be surprising, given our increasing awareness of the impact of environmental toxins on the genesis of cancers. In addition to being an endocrine disruptor, fluoride is a poison, an adjuvant and an inflammatory drug with an affinity for bone. What is surprising is that none of our professional organizations have clamored for follow-up on these alarming anomalies that suggest fluoride contributes to pediatric cancer, or called for a fluoridation moratorium as evidence of harm continues to mount.

The one other attempt to seriously investigate the connection between cancer and fluoride resulted in allegations of data tampering, harassment, and intimidation. In that instance, the accidental whistle blower, Senior Science Advisor Wm. Marcus of the EPA, was vindicated, reinstated and awarded back pay and legal fees. However, the falsified report that downgraded multiple cancerous tumors in thyroid, liver, kidney and bone to benign was allowed to stand. The matter of fluoridated water and cancer was dropped. Incredibly, the ADA partnering with the Centers for Disease Control (CDC) and American Academy of Pediatrics (AAP) returned to their mantra of “safe and effective” in their promotion of artificial water fluoridation that casts fluoride as an optimization of community water supplies with a naturally occurring mineral necessary to dental health. Municipal water fluoridation products are the contaminated waste products of industry, harvested from toxic slurry. (Marcus 1990, Dearen 2015, Mullenix 2014)

**Expert in Chemical Research:** "Fluoride is an enzyme poison, in the same class as cyanide, oxalate, or azide ... it is capable of a very wide variety of harmful effects, even at low doses. It is a scientific disgrace that a well organized lobby of the American Dental Association ever managed to stampede American legislators into ignoring the highly technical but very cogent objection to fluoridation." - James B. Patrick, Ph.D., *National Institute of Health statement to Congress (1982)*

The ATA would not be the first medical association to break ranks with the ADA's, AAP's and AMA's unequivocal support of fluoridation as a safe practice implemented for the public good. The National Kidney Foundation (NKF) removed their name from the list of fluoridation endorsers in 2008. As you know, inadequate kidney function results in a higher percentage of ingested fluoride being sequestered in the body where it can build up in soft tissues as well as bone, even causing calcification (Martín 2014, Waldbott 1978). The NKF took a neutral stand on the topic of fluoridation rather than opposing fluoridation, while officially recommending that those with Stage 4 kidney disease be advised to avoid fluoridated water and foods. It hasn't been made clear whose responsibility it is to do the advising.

The NKF also advised that it would be “prudent” for children, those with renal impairment, and those with prolonged health conditions to “monitor” their fluoride intake, while acknowledging that they knew no way to do so since once fluoride is in the water it becomes ubiquitous in our diets and individual dosage is dependent on a myriad of factors. The NKF also implied that those who drink a lot of water should be concerned about their fluoride intake and its impact on their health. We can only assume that this weak stand was made in an effort to avoid angering the dental lobby who loudly insisted, then as now, that fluoridation prevents cavities and is perfectly safe for the general population. We suggest that the science since 2008 makes it easier for the ATA to take a stronger stand with firm footing in 2016.

In 2015, a US study found that even after adjusting for confounding factors such as socioeconomic status, fluoridated regions have between 67,000 and 131,000 more diagnosed cases of hyperactivity among school children than non fluoridated regions (Malin et al.) This is consistent with twenty years of science that include animal studies, ecologic studies, and studies that evaluated individuals that found exposure to fluoridated water as a fetus or during youth results in cognitive and emotional deficits correlated with severity of dental fluorosis in those individuals. Put more simply, in fluoridated communities, there are more tired moms and hyperactive special needs children, both explainable by fluoride's impact on thyroid hormones. (See Resources)

Consistent with these findings is the presentation at 27th Conference of the International Society for Environmental Epidemiology (Aug 30- Sept 3, 2015) entitled "Evaluation of thyroid hormones (TSH and T4) in pregnant women exposed to fluoride (F-) in drinking water" by Rocha Amador D, et al. Using ATA guidelines, the team demonstrated F- toxicity on CNS during human pregnancy.

Several other 2015 studies, although not as specific to thyroid function, should also be of interest to the ATA. One found that even the low concentration of fluoride in "optimally" fluoridated drinking water causes inflammation of the immune system. Another found that the central nervous system has lymphatic/immune structures vulnerable to inflammation. A third identified a gene that predicts who will have a lower tolerance to fluoride and therefore exhibit both dental fluorosis and measurable neuro-developmental deficits if exposed to fluoridated water in utero or during early childhood. (Resources)

Also in 2015, the Cochrane Review panel agreed with the 2000 York Review panel that the dental proclamations regarding fluoridation were overstated. Both international reviews of fluoridation literature found the low quality studies to be of high risk of bias with limited evidence of reduction in childhood cavities amounting to a lifetime benefit of perhaps one or two fewer cavities. The expert panels could not confirm that fluoridation reduced socioeconomic inequities among children or provided any benefit to adults in their reviews of the evidence.

Moreover, both reviews confirmed that 12% of the general population living in artificially fluoridated communities would consider their fluoridation caused dental fluorosis 'aesthetically displeasing.' Finally, both reviews found there was neither any serious attempt to prove whole health safety nor evidence of safety. (Iheozor-Ejiofor et al. 2015, McDonagh et al. 2000)

*UNESCO on Bioethics and Human Rights*  
"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned." (2005)

"In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent." (2010)

For your convenience, we have included references to the York and Cochrane dental reviews together with a selection of relevant studies and reports in the Resources section of this communication. We suggest the ATA also carefully consider the three recent aggregate documents we've attached which include significant scientific citations:

- i. The 2014 analysis by Prof. Rita Barnett-Rose JD on the legal and ethical implications of the current municipal water fluoridation practice
- ii. The 2014 legal memo with attached scientific affidavit of NAS/NRC panelist Dr. Kathleen Thiessen prepared by Nader R. Hasan, Esq. in the Peel, Ontario lawsuit based on disproportionate harm
- iii. The 2015 letter to the Institute of Medicine (IOM) signed by safe water consumer advocate Erin Brockovich, Dr. Wm. Ingram as president of the American Academy of Environmental Medicine on its behalf, "super lawyer" David P. Matthews of Matthews & Associates, and others regarding the failure of the IOM to update age specific fluoride dietary intake references published by the IOM in 1997 in light of 21st century science.

Moreover, corrosive fluoridation chemicals increase blood lead levels. (Coplan 2007, Maas 2007, Masters 2000)

The weight of the evidence is undeniable. We know fluoridation is unsafe. We've hundreds of studies and reports attesting to that fact. We know that thyroid and parathyroid diseases cause misery. We see that in our clinical practices. We know that fluoridation is mass medication without medical consent, and consequently an immoral act. We owe it to our patients, to the general public, and to ATA membership to exemplify medical integrity and scientific courage. The American Thyroid Association should be the spokesmen on thyroid health, not dentists or marketeers funded by the fluoride industry.

"It is reckless to assume that when fluoride is damaging the baby's growing tooth cells, it is not damaging other delicate tissues like the bone, brain and endocrine system."  
~ Dr. Paul Connett, Professor Emeritus of Chemistry (2015)

"Long-continued ingestion of minute quantities of fluorine causes disease of the thyroid gland." - Douglas D. Styne, MD


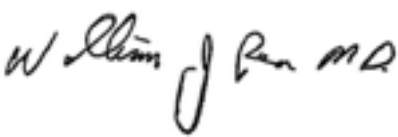
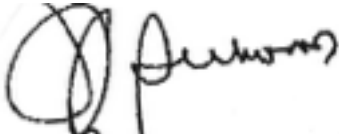



"There's no doubt that the intake of fluoridated water is going to interrupt basic functions of nerve cells in the brain, and this is certainly not going to be [for] the benefit of anybody." Dr. Robert Isaacson, 2006 NRC

We are petitioning the American Thyroid Association to:

1. Publish a position statement opposing the practice of community water fluoridation (CWF) based on its impact on thyroid hormones, interference with glucose and calcium metabolism in susceptible populations, and general capacity for endocrine disruption.
2. Send a copy of that position statement to the National Toxicology Program in North Carolina with a cover letter that reminds them that the impact of hypothyroidism on the developing brain might not be scientifically categorized as neurotoxic but that medical fact is a distinction without a difference.

In closing, given the fluoridation lawsuit pending in Peel, Ontario based on the principle of disproportionate harm, i.e. an action that may have small benefit to some is not justified when that action poses a risk of great harm to others, and other anticipated American lawsuits yet to be filed, we suggest that the ATA leadership and directors should be prepared to demonstrate their scientific integrity and professional ethics. We suggest the ATA speak for themselves, as physicians and endocrinologists with specialities that range from nutrition to cancer, as to the interpretation of relevant scientific studies and testify on behalf of their patients as to the impact of fluoridation and endocrine disruption on thyroid health.

Respectfully,

 Richard L. Shames, MD Thyroid Physician, Health Author	 William J. Rea, MD Surgeon, Founder EHC-D, Author	 Nathan Becker, MD, FACE, FACP Endocrinologist, member AACE
 Heather Dawn Gingerich, MSc. Medical Geologist, AAAS, UNESCO	 Eleanor V. Phillips, DDS former ADA & AAPD, Health Author	 Marcus L. Scott, Esq. Attorney at Law

CC: Dr. Sanjay Gupta at CNN, Dr. Stephen Peckham, Moms Against Fluoridation, Fluoride Action Network  
 Prepared by: KSpencer



## RESOURCES

### 2014-2015 Aggregations:

1. Rita Barnett-Rose. Compulsory Water Fluoridation: Justifiable Public Health Benefit or Human Experimental Research Without Informed Consent?, 39 Wm. & Mary Envtl. L. & Pol'y Rev. 201 (2014). [http://works.bepress.com/rita\\_barnett/3/](http://works.bepress.com/rita_barnett/3/)
  - **Excerpt:** The cessation of all compulsory water fluoridation schemes should be the goal of all public health agencies, ethical lawmakers, and informed citizens.
2. Nader R. Hasan. Memorandum: Legal Arguments Against Artificial Water Fluoridation with Affidavit of Dr. Kathleen Thiessen. Ruby, Shiller, Chan, & Hasan Barristers. Ontario, Canada. 23 June 2014. <http://momsagainstfluoridation.org/sites/default/files/Fluoridation-Legal-Opinion-June-24-14.pdf>
  - **Excerpt:** Marginal benefit in exchange for significant risk is the *sine qua non* of gross disproportionality... the stronger the scientific evidence of risk of harm, the greater the gross disproportionality.
3. Letter to Institute of Medicine from Erin Brockovich, American Academy of Environmental Medicine, Matthews & Associates, et al. 27 April 2015. [https://www.aaemonline.org/pdf/LetterIOM\\_2015.04.27.pdf](https://www.aaemonline.org/pdf/LetterIOM_2015.04.27.pdf)
  - 19 Dec 2015 petition: <http://petitions.moveon.org/sign/dietary-fluoride-and.fb48>

**Summary:**

    - Fluoride is an enzyme poison and an endocrine disruptor
    - Fluoride is a potent adjuvant... causing or worsening allergies
    - Fluoride is a proliferative agent... causing or worsening inflammation
    - Fluoride accumulates in bones and tissue... causing or worsening arthritis and other ailments
    - Fluoride impacts thyroid hormones... resulting in both hypo and hyper disorders
    - Fluoride interferes with glucose metabolism... a concern for diabetics
    - Fluoride causes dental fluorosis... disproportionately by race and social economic status
    - Fluoride is neurotoxic to fetuses, infants and young children... resulting in permanent deficits
    - Fluoride is a burden to kidneys... resulting in increased fluoride retention and possible renal damage in those with kidney disease.

### Selected 2014-2015 Studies and Reports:

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## **Earlier References & Resources:**

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