

**Official Complaint**  
**to**  
**The College of Physicians and Surgeons of Ontario**  
**Regarding a Physician's Presentation**  
**to the**  
**City of Windsor Council**  
**on**  
**Monday, December 17, 2018**

Completed for submitting to the College on September 30, 2019

Presented by some and on behalf of the citizens of Windsor, Tecumseh and LaSalle.

*“Where is the physician who will impose a lifelong prescription for an untested potentially toxic substance, without proven clinical benefit, on a patient he/she has never met, interviewed or examined? Such dubious behavior would extract appropriate censure from the licensing authority of the physician involved, on the basis that it is unscientific, unscrupulous, unethical, and therefore unacceptable.”*

~Dr. Neville Wilson, GP, Neurosurgeon. Graduate of the prestigious Rhodes University, University of Cape Town Medical School, The College of Medicine, S.A., and the Pretoria Medical School. Diplomate of the College of Obstetricians and Gynaecologists of South Africa and holds a Diploma as a Natural Health Consultant.

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*“No physician in his right senses would prescribe for a person he has never met, whose medical history he does not know, a substance which is intended to create bodily change, with the advice: 'Take as much as you like, but you will take it for the rest of your life because some children suffer from tooth decay.' It is a preposterous notion”*

Dr. Peter Mansfield, MD, UK, Board member, UK Government Review of fluoridation, McDonagh et al, 2000.

## Introduction

From all of the following, it should become obvious that there is a serious matter amiss with the presentation made by Dr. Wajid S. Ahmed (Dr. Ahmed) to Windsor City Council, on Monday, December 17, 2018, regarding his recommendation to deliberately inject a noxious substance into the community water supply of the City of Windsor and other communities receiving that water from the City of Windsor with the purpose of preventing tooth decay for some children, regardless of its ineffectiveness for doing so among all others.

As citizens of Ontario, and more precisely for some of us, as residents of the Windsor-Essex community, we expect that a medical physician, member of the CPSO, particularly as a Medical Officer of Public Health, presenting himself as a knowledgeable expert and as an authority, should act in full accordance with the medical code of ethics, in keeping with the Ontario Medical Act, the CMA Code Of Ethics and Professionalism, and the Food and Drug Act.

We also expect that such a Medical Officer presents all facts with integrity, honesty and respect in promoting a public health measure while in possession of all relevant facts for dissemination.

However, we cannot accept, in the name of science, when expected to be following principles of integrity, honesty and respect, that a member of the CPSO and presenting as a Medical Officer, whether deliberately or by incompetence or by ignorance, makes representations that are:

- inexact
- erroneous
- false, or,
- deceptive

using such faulty information to manipulate members of a municipal Council to manifest their decision to adopt a policy, whether this policy is to be good or bad.

Members of the Windsor-Essex community that are to be the target with an expected treatment for tooth decay by way of adding a noxious substance to the community water supply (tap water), apply to the College for *redress* by way of this complaint, for egregious errors and omissions by the current Medical Officer of Health, to wit, Dr. Wajid S. Ahmed, in a presentation made to the Windsor Council on Monday, December 17, 2018, then as acting Medical Officer of Health (MOH), with effect that said Council decided to act on inexact, inaccurate, incomplete and incorrect facts presented by Dr. Ahmed on a subject for decision-making by the Windsor Council.

Dr. Ahmed specifically implies that he is *the treating physician* for the whole community during his introductory statement, as heard in the video of that meeting.

It is with a heavy heart that we find ourselves having to submit this serious and voluminous document to the College regarding a most egregious performance by the Windsor-Essex Medical Officer of Health:

Dr. Ahmed, Syed Wajid, CPSO #: 88238;  
Current Status: Active Member as of 17 Jul 2015;  
CPSO Registration Class: Independent Practice as of 17 Jul 2015;  
Currently the Medical Officer of Health for Windsor-Essex.

We trust that you will see fit to thoroughly review the full content of this complaint and supporting documents without prejudice to those representative complainants, the complaint's co-authors,

supporters and the community they represent.

Honesty, integrity, prudence and transparency should hold or should have held to assure the protection of individuals and the public about the use of a noxious substance; Dr. Ahmed laid claim to hold to these values by stating his personal qualifications as follows:

1. *“My name is Dr. Wajid Ahmed and the acting Medical Officer of Health for the Essex County Health Unit*
2. *I'm also an adjunct Professor at the University of Western Ontario, and,*
3. *I also support preventive medicine at the Royal College of Physicians and Surgeons of Canada*
4. *As a physician I specialize in public health and preventive medicine and*
5. *I have the credentials to make recommendations that promotes and protects the health of the ... health community.”*

(NOTA: three dots, ..., are generally inserted in the text, where not meant to leave out text not relevant to this submission, to eliminate hesitations of the presenter, out of respect to his position, and to make the text more readable: attached transcripts make no such concessions.)

By his admission in point number 4. above, Dr. Ahmed admits to being a specialist treating physician for the community with the dual role of being the acting MOH, at that time.

The presentation of correct information is needed for Windsor City Councillors to be able to make a judicious choice relative to tooth decay prevention recommendations.

An assessment of the ethics of Dr. Ahmed's recommendations must also take into account the moral issues surrounding scientific inquiry in order for health professionals to be justified in advising or compelling others how to act: since adding a noxious substance to tap water uses an unregulated, unapproved, water treatment chemical (Health Canada definition) as a drug, it thereby falls under the classification of an experimental treatment and is therefore subject to the restrictions of the Declaration of Helsinki.<sup>(1)</sup>

It is therefore our intention to conclusively show that this was not the case regarding Dr. Ahmed's recommendation to Windsor City Council to have a noxious substance added to the City's tap water.

On his Monday, December 17, 2018, presentation to Windsor City Council, Dr. Ahmed claimed that he serves the whole community of Windsor-Essex as a professional, a board certified medical doctor.

In his opening remarks Dr. Ahmed states: *“I have the credentials to make recommendations that promotes and protects the health of the ... health community.”*

Dr. Ahmed, through a “direct doctor-patient meeting” with Mayor and Council advised his patient, by a strong recommendation to The Corporation of the City of Windsor, and therefore all “citizens,” in favour of the use of a noxious substance for the illicit treatment of tooth decay via tap water.

His advice and recommendation to the Municipality, is the result of a “direct Doctor-patient meeting” with Mayor and Council of the Corporation of the City of Windsor, representing the whole community.

The Corporation of the City of Windsor is a legal person in accordance with the Municipal Act, 2001, S.O. 2001, c. 25 and is “composed of the citizens of that Corporation.”

We hereby submit a complaint in the manner of a “class action complaint” on our behalf and that of all members of the community whom Dr. Ahmed claims he wants to treat, directly and by inference:

*“there are all these unmet dental services that are needed in the community and we need to take action”*

using a medical intervention, among other recommendations, known as fluoridation, which is the addition of a toxic, fluoride, industrial, waste chemical to the community water supply for the prevention of tooth decay:

*“that is the reason that point 7<sup>(2)</sup> is chosen as an optimum level of ... fluoride in the water that is shown to be beneficial in and effective for the oral health of the individuals.”*

In support of his bid to have the Windsor Council take action, Dr. Ahmed unequivocally and authoritatively claimed, during his presentation to Windsor City Council,

*“We know fluoride is protective”*

without providing any scientific proof whatsoever in support of his claim, while the knowledge he purports to have is contrary to current science based facts.

Throughout this document, remember that Dr. Ahmed is not known to have any expertise in either Dentistry, or Toxicology, or Pharmacology, or Water Treatment: he is a health care manager.

A further indication of contraindication of his recommendation is the very nature of the Fluorine element that is assumed to have therapeutic value, especially in the form supplied for the process of fluoridation (see *Fluorine Chemistry* in the appendix).

The conclusion that fluoridation is *contraindicated* and *inadmissible* in oral health interventions will be exposed throughout this document, *supported by references and documentation*.

We expected Dr. Ahmed, as the representative of the Windsor-Essex Health Unit, to do his best to support a fluoridation scheme, since that is their policy, but we did not expect

- 1) the breadth of deceit and
- 2) the depth of disregard for
  - a) public health,
  - b) existing science,
  - c) known, growing risks of adverse health effects and
  - d) growing evidence of grave concerns regarding fluoridation.

Our observation of the extensive and lengthy performance by Dr. Ahmed at the Windsor Council meeting of Monday, December 17, 2018, as seen in the recorded video, has left us both dejected and heartily repulsed.

This complaint is about misrepresentations and unethical behaviour by Dr. Ahmed and is submitted to the College in the hope that further misrepresentations and inadvisability of adding a noxious substance to the community water supply such as presented by him will cease in Windsor and adjoining communities, and will not be emulated by all other Medical Officers of Health throughout Ontario.

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## PREFACE

Before elaborating on the complaint against Dr. Ahmed, it is important for the CPSO to be informed of some facts that have not been circulating about the legal nature of the fluoridation chemical agents added to drinking water. This essential information is certain to completely modify the perception of the ethics and legality of fluoridation. The assertions presented are the result of long investigations into Federal, provincial and municipal governments,

- a) after numerous attempts by petitions and FOI requests to obtain specific precisions often without success,
- b) after consulting laws and regulations, and,
- c) confronting authorities with these assertions.

While being confronted with those facts, higher authorities were redirecting our requests to lower governments or municipalities that were in turn redirecting them back to higher authorities in a vicious circle without responses or non-responsive replies being given to our requests.

### THE PROBLEMATIC ETHICAL AND LEGAL ASPECTS OF FLUORIDATION AGENTS

Since the launch of the first experimental trial of fluoridation in 1945, legal and ethical issues have been continuously raised. Considering the ethics of medical research, a committee of ethics would never have given its approval for such trials as:

1. The administered dose was not controlled – concentration control is not dose control;
2. **The optimum efficient intake in mg/kg/day of fluoride was neither determined then nor is it still determined today;**
3. The evaluation of the *fluoride* intake from other sources was not evaluated before and during the experiment;
4. The active ingredient, *fluoride*, had not been properly studied for its safety and efficacy on animals prior the experiment on humans;
5. The *fluoride* used was not of pharmaceutical or food grade while intended for human consumption;
6. The research exclusively studied the effects on teeth without any evaluation on possible side effects on other tissues;
7. Evaluation of the overall health of the subjects was done neither prior the experimentation nor after, except for side effects on teeth;
8. The experimental subjects or those in charge of the experiment were not informed of the experimental nature of the trial that was imposed on them;
9. There was never a effort to obtain an informed consent from either the subject or those in charge of the experiment before or during the experiment.

### THE MAJOR ETHICAL AND LEGAL PROBLEMS OF FLUORIDATION THAT HAVE NOT BEEN ADDRESSED PROPERLY SINCE 1945?

The major ethical and legal problems have to do with the improper use of substances in the process of fluoridation that aren't legally classified for the purpose of preventing dental decay. Nevertheless, in a letter from the Ontario Ministry of Health and Long-Term Care, dated March 23, 2018, Mrs Roselle Martino, then the assistant Deputy Minister, wrote to Mr Frank Dale, Regional Chair and Chief Executive Officer of the Regional Municipality of Peel to encourage the region not to end fluoridation:

*"The ministry urges all municipalities to continue to protect their communities from avoidable health issues by maintaining fluoride in their drinking water, to promote the health of all residents".*

This statement implies that the Ontario Health Ministry considers fluoride as a mineral nutrient that, at the established and recommended levels, is proven as having a beneficial effect on health, without specifying dental

health. According to the Ministry's clear statements, fluoride strengthens tooth enamel making the teeth more resistant to decay. The Ministry thus indicates that the addition of the fluoridation chemical has a well defined therapeutic purpose with an equally well defined therapeutic claim with no exclusions for residents with kidney disease, endocrine disease, or other conditions for which uncontrollable doses of fluoride are medically contraindicated.

### Investigation for a clarification of the Legal Classification of the Fluoridation Chemicals.

In the response to an environmental petition no. 299 C of December 22, 2010, presented by Pierre Jean Morin, Ph. D. in experimental medicine, former research director at Laval Hospital, Quebec City, and former advisor at the Quebec Ministry of Environment, and Gilles Parent, both coauthors of «Fluoridation: Autopsy of a Scientific Error» addressed to Mr. Scott Vaughan, the Commissioner of the Environment and Sustainable Development (CESD) of the Office of the Auditor General and directed to Health Canada to obtain the legal classification of the fluoridation chemicals; Health Canada responded on April, 21, 2011 as follows to the specific questions:

(3)

(Bold are from us)

1. "Fluoride is considered **a drug** when it is offered for sale in a final dosage form, used in large concentration and with a drug delivery system, **and is labelled for therapeutic use (or makes therapeutic claims)**.  
**When added to water**, at levels in accordance with recommendations of expert advisory bodies such as the Institute of Medicine, National Academies of Science, **to meet a nutritional requirement**, it is considered a **mineral nutrient**.
2. The National Sanitation Foundation (NSF) International is a standard-setting organization; certification bodies (rather than the standard-writing organization) certify products as meeting the requirements of a specific standard.  
Standards need to be referenced in legislation or regulation to make them enforceable.  
They are tools available to regulatory agencies to help ensure the quality of drinking water.
3. Drinking water is regulated at the provincial and territorial level.  
The adoption and enforcement of applicable statutes/regulations would fall within the mandate of the individual provinces and territories.  
For further information, the individual provincial and territorial government should be contacted directly.
4. Fluoride is added to drinking water as a public health measure **to protect dental health by preventing or reducing tooth decay**.  
Fluoride added to water in the concentrations available in Canada is considered **nutritive as opposed to therapeutic**.  
Fluoridating drinking water is intended to provide **a dietary source of fluoride, a mineral nutrient**.  
**Products used to fluoridate drinking water do not fall under the regulatory framework of the Food and Drugs Act (FDA)**.  
Health Canada does recommend that these products be certified to the appropriate American National Standards Institute (ANSI)/NSF standard, to ensure the treated water would present no health risk to consumers from either the fluoride or any impurity under the recommended conditions of use.
5. **Fluoride used in drinking water fluoridation is not considered a drug [by Health Canada] and therefore is not captured under the FDA**.  
Fluoride preparations, such as a dental rinse or toothpaste, **that includes a therapeutic claim** and are represented for sale in Canada, are classified as Natural Health Products (NHPs) and are regulated under the *Natural Health Products Regulations* (NHPR).
6. **The suppliers of vitamins, minerals and amino acids used to fortify food or water products (bottled water and prepackaged ice) that are subject to the Food and Drug Regulations (FDR)** do not require a licence to manufacture or distribute NHPs or drugs from Health Canada.  
The NHPR and *Natural Health Products (Unprocessed Product Licence Applications) Regulations*

(NHP-UPLAR) apply only to NHPs, not foods.

Fluoride has not been added as a medicinal ingredient to any NHPs other than toothpastes and gel, rinse and tablet dental health products subject to the NHPR.

Each of these products has been through a premarket assessment of

- a) safety,
- b) efficacy and
- c) quality

and received a product licence authorizing its sale in Canada."

"As with all other oral mineral supplements (e.g. Calcium, Magnesium, Iron) **intended for the prevention of symptoms of deficiency or for therapeutic purposes, these finished products in dosage form have long been regulated in Canada as health products and not as foods, first as drugs under the *Food and Drug Regulations* (FDR) and then, since the coming into force of the *Natural Health Products Regulations* (NHPR) in 2004, as Natural Health Products.**"

"In accordance with the NHPR, each fluoride supplement must undergo a pre-market assessment of its

- a) quality,
- b) safety, and
- c) efficacy

under the recommended conditions of use, before it can receive a product licence authorizing its sale in Canada.

All importers, manufacturers, packagers and labellers **must also obtain a Site Licence, the issuance of which is based on evidence of compliance with Good Manufacturing Practices (GMPs).**"

"Through this mandatory pre-market assessment of each product's ongoing quality, efficacy and safety, Canadians have ready access to licensed fluoride health products."<sup>(3)</sup>

## In summary - Definitions

Health Canada refuses to consider fluoridation chemicals as being of the **legal classification of**

- a) **"drugs" or of**
- b) **"natural health products"**

even if there are therapeutic allegations and therapeutic claims strongly associated with these fluoridation chemicals by medical authorities and that the only objective for their addition to tap water is to **mitigate and prevent**, supposedly effectively, what they adamantly claim is an endemic and rampant **disease: dental decay**.

Health Canada has failed to show proof that the fluoride chemical added to drinking water is or is not a drug.

Even if the fluoridation chemicals are not regulated as drugs by Health Canada, it fulfills all the requirements of the definition of a drug as describe in the Food and Drug Act.

Health Canada may stipulate that when the chemical is added to water, at levels in accordance with recommendations to meet a nutritional requirement, it is considered a mineral nutrient; it does not escape the reality of the therapeutic claims made by medico-dental authorities.

The amount in a glass of 250 ml of water is equivalent to the recommended dose of a fluoride supplement for a young child.

Health Canada also rejects the legal classification of **sources of a nutrient for food fortification** for the fluoridation chemicals as those sources are strictly subject to the *Food and Drug Regulations* (FDR).

It is clear from the foregoing that Health Canada does not regulate the fluoridation chemicals.

Products used to fluoridate drinking water do not fall under the regulatory framework of the *Food and Drugs Act* (FDA).

Health Canada clearly and incorrectly affirms that fluoridation chemicals are in the classification of **"water treatment chemicals"** which they clearly are not.

Municipal water treatment plants do not agree with Health Canada's statement but clearly state that fluoride chemicals used as additives to the water supply are for treatment of tooth decay, clearly, again, a therapeutic use.

The Food and Drug Act defines what is a drug (now including Natural Health Products in a distinct subdivision) and specifies prohibited acts related to the use of therapeutic allegations and claims.

Reference: Interpretation and Application, Definitions, 2 In this Act, <sup>(4)</sup>

"drug"

"drug" includes **any substance or mixture of substances** manufactured, sold or represented for use in

1. (a) the diagnosis,  
treatment,  
**mitigation or  
prevention  
of a  
disease,  
disorder or  
abnormal physical state,**  
or its symptoms,  
in human beings or animals,  
(b) **restoring,  
correcting or  
modifying organic functions**  
in human beings or animals, or  
(c) disinfection in premises in which food is  
manufactured,  
prepared or  
kept;"  
"Prohibited advertising
2. (1) **No person shall advertise any food, drug, cosmetic or device to the general public as a  
treatment,  
preventative, or,  
cure  
for any of the  
diseases,  
disorders, or,  
abnormal physical states referred to in  
Schedule A."**

"Prohibited label or advertisement where sale made

- (2) No person shall sell any food, drug, cosmetic or device
  - (a) that is represented by label, or,
  - (b) that the person advertises to the general publicas a treatment, preventative or cure for any of the diseases, disorders or abnormal physical states referred to in Schedule A."

## **Other definitions:**

### **Drug Claims**

Claims that suggest that the product has the properties of a drug

(e.g. the treatment,  
mitigation or  
prevention of a  
disease,  
disorder or  
abnormal  
physical state or  
its symptoms)

or that the product has an effect on the body that is beyond that which is normally associated with a food (e.g. Restoring, correcting or modifying organic functions in the body).

### **Therapeutic Claims**

Claims that refer to the treatment or mitigation of a disease or health-related condition, or about restoring, correcting or modifying body functions. For example, "[Name of a food or food constituent] lowers blood cholesterol".

### **General Health Claims**

Broad claims that promote health through healthy eating or that provide dietary guidance.

These claims do not refer to a specific or general

- a) health effect,
- b) disease, or
- (5)
- c) health condition

In 1957, the Supreme Court of Canada heard the case of Metropolitan Toronto v. Forest Hill (Village), S.C.R. 569 (Date: 1957-06-26).

Judges Present: Kerwin C.J., Taschereau, Rand, Locke, Cartwright, Fauteux and Abbott JJ.

During the presentation to the judges by the expert of Health Canada, he erroneously stated that fluoridation of drinking water was the equivalent to the iodization of salt; it was a form of food fortification.

The affidavit of Dr. Andrew L. Chute, Pediatrician-in-Chief of the Hospital for Sick Children, Toronto, and Professor of Pediatrics at the University of Toronto, at point 6 erroneously states:

"Such treatment renders the water more wholesome as it **is effective in reducing tooth decay to the extent of approximately 60%** where consumption of such water begins at an early age and continues during childhood and adolescence.  
The benefits extend into adult life."

However the Honorable Judge J. Cartwright came to the conclusion that the added fluoride to water was **a compulsory preventive medication**.

"But it is not to promote the ordinary use of water as a physical requisite for the body that fluoridation is proposed.

That process has a distinct and different purpose; it is not a means to an end of wholesome water for water's function **but to an end of a special health purpose for which a water supply is made use of as a means.**"

"Its purpose and effect are to cause the inhabitants of the metropolitan area, whether or not they wish to do so, to ingest daily small quantities of fluoride, in the expectation which appears to be supported by the evidence that this will render great numbers of them less susceptible to tooth decay.

The water supply is made use of as a convenient means of affecting this purpose.

**In pith and substance the by-law relates not to the provision of a water supply but to the compulsory preventive medication of the inhabitants of the area.** In my opinion the words of the statutory provisions on which the appellant relies do not confer upon the council the power to make by-laws in relation to matters of this sort."



Mrs Leona Aglukkaq, former Minister of Health Canada, addressed a letter to Ms. Colleen O'Neill on April, 4<sup>th</sup>, 2012. In her reply, she was answering a question relative to drinking water fluoridation. She took the position that the act of fluoridating water is a health measure **aiming to prevent dental decay**:

"The use of fluoride in the prevention of dental cavities continues to be endorsed by more than 90 national and international professional health organizations, including Health Canada. As dental disease is the number one chronic disease among children and adolescents in North America, water fluoridation is an important public health measure. The Department promotes and endorses the use of water fluoridation as a means of achieving good dental health through the prevention of cavities. Water fluoridation benefits all residents in a community, regardless of age, socioeconomic status, education, or employment or dental insurance status. I would like to clarify that the purpose of adding fluoride to water supplies is not to treat dental decay, which requires the intervention of a dentist, but to reduce the incidence of dental cavities."

## **Wrigley VS Health Canada**

Wrigley was forced to obtain a Drug Identifying Number (DIN) because its sugar free chewing gum had a health claim of helping to reduce dental decay while containing about 1 mg of a natural sugar xylitol:

Health Claim

"Chewing sugar-free gum, three times per day after eating/meals, helps reduce/lower the risk of dental caries/tooth decay/cavities."

SUGAR-FREE CHEWING GUM IN ORAL HEALTH A CLINICAL OVERVIEW *Published by the Wrigley Oral Healthcare Program. April 2015.*

It is strange that one litre of fluoridated water furnished by a fluoridated municipality would supply about 0.7 mg per litre of water of a presumably active ingredient, fluoride, that has a clear therapeutic and health claim of efficiently reducing dental decay but would not need a DIN. It is clear that Health Canada is illogically not using the same standards for two health products with therapeutic effects, without supporting evidence or explanation.

**In short, according to Health Canada, fluoridation chemicals are not:**

1. **"Drugs"** while attributing a drug claim;
2. **"Natural Health products"** while attributing a drug claim;
3. **"Nutrient sources for food fortification"** while stating fluoridation is the addition of a nutrient to a food to prevent a deficiency that contributes to dental cavities;
4. **"Food"** while stating that it is a nutrient.

They are, according to Health Canada:

**"Water treatment chemicals,"** while these chemicals do not treat the water but treat the people that swallow the treated water containing the added chemicals.

It must be kept in mind that a **"legal classification"** of a substance is attributed according

- a) to the purpose,
- b) to the use,
- c) to the function, and,
- d) to the claims

related to the substance. In many trials, the Court has given Health Canada the right to classify even natural substances as

"drugs" or

"natural health products"

because there were

therapeutic claims or

allegations

related to the designated products.

At the very least, we can say that Health Canada is not even one contradiction close. The Health Canada exclusions of fluoridation chemicals

- as drugs,
- as natural health products,
- as sources for food fortification and
- as a food,

while relegating them to simple "water treatment chemicals" produces serious legal and ethical concerns relatively to their addition to drinking water for the objective of preventing dental decay.

*Food and Drug Regulations* (C.R.C., c. 870) of Health Canada, permits the use of fluoride as a nutrient for food fortification only with 3 concomitant conditions:

1. If the source of fluoride is sodium fluoride of pharmaceutical grade;
2. If it is added only to bottled water or ice;
3. If no therapeutic claim is associated to it since only general health claims are then permitted.<sup>(6)</sup>

*Food and Drug Regulations* defines fluoride as a mineral nutrient only when the mineral is designated to be used in human diet not as a «water treatment chemical». The *Food and Drug Act* states that a food is any article that may serve as a beverage which includes water. (*Food and Drug Regulations* L.R.C. 1985, c. F-27, art. 2).

Reference: Interpretation and Application, Definitions, 2 In this Act.<sup>(7)</sup>

This is the definition of a food by the Food and Drug Act: "food" - "*aliment*"

"food" includes any article  
manufactured,  
sold or  
represented for use as  
food or  
drink  
for human beings,  
chewing gum, and  
any ingredient

(8)

that may be mixed with food for any purpose whatever;

Only uncontaminated and certified sodium fluoride is of pharmaceutical grade (USP or equivalent), produced in a Health Canada approved Good Manufacturing Practice (GMP) site and can be exclusively used for the fortification of bottled water or ice.

It should be noted that the regulations establish that for the labelling or the publicity of a food containing an added nutritive ingredient, it is forbidden to point out any information other than the fact that the nutrient contributes to the maintenance of a good health or is recognized as helping in maintaining the body functions required for the maintenance of health, including, for example, the maintenance of good teeth.

These claims cannot refer to a specific or general

- a) health effect,
- b) disease, or,
- c) health condition.<sup>(9)</sup>

Consequently, the fluoridation chemicals do not fulfill any of the legal requirements to be considered a source of a nutrient all the more so as the legal classification of "water treatment chemicals" by Health Canada does not permit the attribution of any nutritional function or property to fluoridation chemicals.

## RED FLAG ON FLUORIDATION

The real nature and legal classification of the fluoridation agents should have already raised serious and problematic legal and ethical concerns for any health profession that would give its support for such use for the prevention of a disease by the administration to human beings, particularly without their informed consent.

Which organization would rely on the prescription of a "water treatment chemical" that is not regulated by Health Canada to treat a patient, much worse to a population?

The facts exposed below are so disturbing that it is difficult to believe the claims of benefits are even plausible.

Fluoridation chemicals, whether HFSA, sodium fluorosilicate or sodium fluoride, cannot be considered as either

- a) sources of a nutrient or
- b) for food fortification or
- c) as a simple food because:
  1. They are not of pharmaceutical grade;
  2. They are not of food grade;
  3. They are not  
manufactured,  
packaged,  
transported and  
stored in a Health Canada approved Good Manufacturing Practice (GMP) site;
  4. They are not  
manufactured,  
packaged,  
transported and  
stored in proper sanitary conditions for human consumption;
  5. Their containers and data sheets are labelled  
**"For industrial use only"**  
**"Shall not be used for food;"**
  6. They are contaminated with heavy metal like  
Arsenic,  
Mercury,  
Lead,  
Aluminum,  
Barium,  
Beryllium  
radioactive elements  
etc.
  7. The required toxicological tests essential to assure their safety; these tests have not been done by:  
Health Canada,  
all provincial Health Ministries,  
all Public Health organizations in Canada,  
Environmental Ministries,  
municipalities,  
the National Sanitation Foundation and  
the chemical suppliers  
are not able to or can not provide the required toxicological studies to assure their safety;
  8. Their data sheets illustrate that the required toxicological data are not available;
  9. Their containers and data sheets are labelled "TOXIC" and "POISON;"

10. They are classified in more than 13 federal and provincial laws and regulations as "toxic and hazardous substances" and contaminants when
  - produced,
  - stored,
  - transported or
  - released or
  - spilled in the environment.
11. They are **Hazardous Products Act (R.S.C., 1985, c. H-3)**
12. As explained in law here: <https://laws-lois.justice.gc.ca/eng/acts/h-3/>
13. Of the **Toxic substances list: schedule 1**
14. As explained in the schedule here: <https://www.canada.ca/en/environment-climate-change/services/canadian-environmental-protection-act-registry/substances-list/toxic/schedule-1.html>
15. Of the **Canadian Environmental Protection Act: priority substances list** explained here: <http://www.ec.gc.ca/ese-ees/default.asp?lang=En> HYPERLINK "http://www.ec.gc.ca/ese-ees/default.asp?lang=En&n=95D719C5-1" & HYPERLINK "http://www.ec.gc.ca/ese-ees/default.asp?lang=En&n=95D719C5-1"n=95D719C5-1
16. Of the **Canadian Environmental Protection Act, 1999 (S.C. 1999, c. 33)** as explained in law here: <https://laws-lois.justice.gc.ca/eng/acts/c-15.31/page-49.html>
17. Of the **Transportation of Dangerous Goods Act, 1992 (S.C. 1992, c. 34)** as explained in law here: <https://laws-lois.justice.gc.ca/eng/acts/T-19.01/>
18. Of the **Transportation of Dangerous Goods Regulations** as explained in regulations here: <http://www.tc.gc.ca/eng/tdg/clear-tofc-211.htm>
19. Of the **Export and Import of Hazardous Waste and Hazardous Recyclable Material Regulations (SOR/2005-149) (EIHWHRMR)** as explained in regulations here: <https://pollution-waste.canada.ca/environmental-protection-registry/regulations/view?id=64>
20. Of the **Interprovincial Movement of Hazardous Waste Regulations SOR/2002-301 CANADIAN ENVIRONMENTAL PROTECTION ACT, 1999** as explained in regulations here: <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2002-301/page-1.html>
21. Of the **Consumer Chemicals and Containers Regulations, 2001 (SOR/2001-269)** as explained in regulations here: <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2001-269/index.html>
22. Of the **Transportation of Dangerous Substances Regulation, CQLR c C-24.2, r 43**, found here: <http://canlii.ca/t/525wt>
23. Of the **Dangerous Goods Transportation Act, RSY 2002, c 50 (Yukon)** found here: <http://canlii.ca/t/8j73>
24. Of the **Q-2, r. 32 - Regulation respecting hazardous materials (Quebec)** explained here: <http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/Q-2,%20r.%2032>
25. Of the **hazardous materials information review act (r.s.c., 1985, c. 24 (3rd supp.), Part III)** as explained in law here: <https://laws-lois.justice.gc.ca/eng/acts/H-2.7/>
26. Of the **Basel convention on the control of transboundary movements of hazardous wastes and their disposal**: <https://www.canada.ca/en/environment-climate-change/services/managing-reducing-waste/international-commitments/basel-convention-control-transboundary-movements.html>
27. There is no established nutritional need for fluoride in any form as it is not an essential nutrient, non-essential nutrient or micro nutrient.  
Therefore, all fluoride compounds containing the fluoride ion can only be classified as poisonous substances used as drugs.

NB: All hyperlinks above were accessed and available directly and indirectly on 2019-05-06.



[http://www.alibaba.com/product-gs/362191042/h2sif6\\_40\\_water\\_treatment\\_grade.html](http://www.alibaba.com/product-gs/362191042/h2sif6_40_water_treatment_grade.html)

**H<sub>2</sub>SiF<sub>6</sub> 40% water treatment grade**  
**«USED ONLY FOR INDUSTRIAL PURPOSES»**  
**«SHALL NOT BE USED FOR FOOD»**



**Labels from a bag of sodium fluoride used as a fluoridation chemical agent**  
**Courtesy of the City of Becancour QC**

This is exactly what the labels display. Labels for Hydrofluorosilicic acid (HFSA) are almost identical and indicate toxicity based on the MSDS for HFSA.<sup>(10)</sup>

It is astonishing that health organizations such as

- a) Health Canada,
- b) the Ontario Ministry of Health,
- c) Public Health Officers, and,
- d) professional health boards

recommend these types of substances to be used in our water, clearly declaring therapeutic and nutritional

objectives while they are labelled as

- a) “**poison**,”
- b) “**unfit for human consumption**,” and,
- c) “**for industrial use only**.”

**It is obvious that the fluoridation chemicals used for fluoridation are neither of pharmaceutical nor of nutritional grade, but for “industrial use only.”**

Please recall that **we are “human” persons...** and not waste processing machines.

## **THE NATIONAL SANITATION FOUNDATION, (NSF) A CERTIFICATION ORGANIZATION, HAS A DECEPTIVE “ROLE AND ACCOUNTABILITY” FOR FLUORIDATION AGENTS IN THE PROTECTION OF PUBLIC HEALTH**

The National Sanitation Foundation (NSF) is a non governmental certification organization for water treatment chemicals or hygiene products: it is not under the control or supervision of any government.

It is under the *governing authority of a consortium of suppliers and manufacturers* of those chemicals: the implications of this statement are dire.

It is not an independent body; representatives of the industries sit on its board of directors: *is this not a conflict of interest?*

The National Sanitation Foundation (NSF) holds the responsibility to declare norms of quality and provide the certification of the products of its industrial members.

It is not accountable to any government or to any surveillance or control organization, neither in Canada nor in the United States, nor anywhere in the world.

It *should be* reassuring to know that the National Sanitation Foundation certification norm “Standard 60” that applies to the water treatment chemicals used for water fluoridation requires a complete review of the scientific literature on the toxicology of those products.

At first glance, this certification *gives the impression* that the NSF takes into account the health effects implications of the chemicals that it certifies.

It implies that the certification that it delivers, gives an assurance of safety for the fluoridation chemicals.

The *impression* of the safety of the fluoridation agents that anyone would draw from NSF promotional statements is not met in reality.

Are we not we facing a serious case of deception?

Let us look at an extract from the official NSF web site:

"NSF/ANSI Standard 60, first adopted by the NSF Board of Trustees on October 7, 1988, covers corrosion and scale control chemicals; pH adjustment, softening, precipitation, and sequestering chemicals; coagulation and flocculation chemicals; well-drilling products; disinfection and oxidation chemicals; and miscellaneous and specialty chemicals for treatment of drinking water.

The standard addresses the health effects implications of treatment chemicals and related impurities.

Both the treatment chemical and the related impurities are considered contaminants for evaluation purposes.

The two principal questions addressed are:

1. Is the chemical safe at the maximum dose? and,
2. Are impurities below the maximum acceptable levels?"<sup>(11)</sup>

Also:

3. “Standard 60 was developed to establish minimum requirements for the control of potential adverse human health effects from products added directly to water during its *treatment, storage and distribution*.

The standard requires a *full formulation disclosure* of each chemical ingredient in a product.



It also ***requires a toxicology review*** to determine that the product is safe at its maximum use level and to evaluate potential contaminants in the product.

The ***standard requires testing of the treatment chemical products***, typically by dosing these in water at 10 times the maximum use level, so that trace levels of contaminants can be detected.

A toxicology evaluation of test results is required to determine if any contaminant concentrations have

(12)

the potential to cause adverse human health effects.”

The last above paragraph is from the NSF Fact Sheet on Fluoridation Chemicals, February 2008: it has not changed since that year.

In Canada, 9 out of the 10 provinces, including Ontario and Quebec, and 43 states in the United States require in their regulations on drinking water that the chemicals used for potable water treatment be compliant with ANSI/NSF certification “Standard 60” norms: ***Ontario Drinking Water Quality Standards*** (O. Reg. 169/03) under the ***Safe Drinking Water Act***, therefore has this requirement.

The compliance to “Standard 60” requires absolutely a complete review of the toxicological tests on a chronic exposure that demonstrates that, at the recommended concentration for fluoridation, the chemicals would not present any risk, even in the long term, either for health or for the environment.

Therefore to respect the NSF primary objective to assure that the product is safe for the health of the population and the norms regulatory requirements, all certification of a fluoridation chemical cannot be delivered without supplying a scientific review of the toxicology of the substance.

This is demonstrably not done for fluoridation chemicals.

The National Sanitation Foundation delivers hundreds of certificates for chemicals used for fluoridation in

- a) Canada,
- b) the United States and
- c) the world.

Should it not be of serious concern to learn that the National Sanitation Foundation does not carry out any toxicological testing on the fluoridation chemicals?

Should it not be of serious concern to learn that there are no organization that carry out any toxicological testing on the fluoridation chemicals?

The worrying problem here is that NSF does not have in its possession any toxicological review and, more so, it grants certification “Standard 60” for those products to various suppliers while these suppliers do not fulfill the compliance requirements relative to the needed toxicological tests.

Contrary to its pretence on its own site, obviously, NSF doesn’t assume the protection of the population.

Furthermore, relative to the use of its “Standard 60” norm, NSF has a disclaimer clause that rejects any responsibility toward the attribution or the reliability of the certifications that it delivers.

In other words, NSF declares not being accountable for the efficacy or the safety of the products it certifies.

This raises serious doubts on the validity and the reliability of the certification, in spite of the long history of reliance upon such “fraudulent” certifications.

## **NSF OFFICIAL DISCLAIMERS**

**The NSF officially has disclaimers relative to its responsibilities and accountability on the safety of the fluoridation chemicals.**

See the document of NSF International “Drinking water treatment chemicals – Health effects” may 2009

1

*“Disclaimers*

*NSF International (NSF), in performing its functions in accordance with its objectives, does not assure or undertake to discharge any responsibility of the manufacturer or any party.*

*The opinion and findings of NSF represent its professional judgement.*

*NSF shall **not be responsible** to anyone for the use of or reliance upon this Standard by anyone.*

*NSF shall not incur any obligations or liability for damages including consequential damages, arising out of or in connection with the use, interpretation of, or reliance upon this Standard.”*

*“Participation in NSF’s Standards development activities by a representative of a regulatory agency (federal, state, or local) shall not be construed as the agency’s endorsement of NSF, its policies, or any of its Standards.”*

*“NSF Standards provide basic criteria to promote and protect public health. Provisions for safety have not been included in this Standard because governmental agencies or other national standards-setting organizations provide safety requirements.” (Underline by us – note the words *provide basic criteria*)*

#### NSF International Standard/American National Standard for Drinking Water Additives

##### **Drinking water treatment chemicals — Health effects.**

Disclaimers, page iii.

In its disclaimer, NSF discharges itself from any legal responsibilities relative to the safety of the fluoridation chemicals because governmental agencies would supposedly have discharged those responsibilities.

In the same manner therefore, NSF pretends that it supplies the criteria to promote and protect the public health.

Legislators, when they require the compliance of products in a regulation to its certification, expect truthfulness and reliability of the certification without any dispensation, with respect of the requirements of the certification.

When a certification organization frees itself from its responsibilities relative to the value and the truthfulness of the certifications that it delivers with a disclaimer clause, it is because it doesn’t intend to be held legally liable of the product that it certifies.

Would such a certification for which the value, the reliability and the truthfulness not comprise any guarantee as a result of its disclaimer clause be considered as a misrepresentation or even a scam or a fraud?

Considering this disclaimer of discharge of responsibility, it is strange and astonishing that governmental authorities grant to the NSF, despite that, the surveillance of the quality of water treatment chemicals without any legal framework and without requiring any accountability.

So, essentially, the role of the NSF is to certify that the product is what it says that it is.

Why then, are the government health authorities giving blind faith to the certification “Standard 60” to the NSF relative to the safety of the fluoridation chemicals if they can not rely on the reliability of this norm since the NSF does not include the performance of any required toxicology tests by themselves.

Let us face it, governments and health organizations have chosen to rely on a “Standard 60” norm for which the reliability is more than doubtful as the NSF itself admits that we should rely on it because it does not take the moral or legal accountability by its discharge:

*“NSF shall not incur any obligations or liability for damages including consequential damages, arising out of or in connection with the use, interpretation of, or reliance upon this Standard.”*

#### NSF International Standard/ American National Standard for Drinking Water Additives

##### **Drinking water treatment chemicals — Health effects**

Disclaimers, page iii.

1. NSF,
2. Health Canada,
3. the Ontario Ministry of Health and Long-Term Care and
4. the Public Health offices

**have not fully taken on their due duty of insuring the protection of the health of the population of Ontario with respect to the use of fluoridation chemicals.**

In its discharge of responsibility, NSF pretends that the legal responsibility relative to the safety of the fluoridation chemicals have been taken by governmental agencies.

*“Provisions for safety have not been included in this Standard because governmental agencies or other*



*national standards-setting organizations provide safety requirements.”*

NSF International Standard/ American National Standard for Drinking Water Additives

**Drinking water treatment chemicals — Health effects**

Disclaimers, page iii.

Which agencies of which government, and, in which country, have taken the legal responsibilities? None.

Which ministry of which government is accountable for fluoridation chemicals? None.

If NSF perpetrates the confusion about its responsibility in the establishment of the safety of the fluoridation chemicals,

1. Health Canada,
3. the Ontario Ministry of Health and Long-Term Care and
4. the Public Health offices

are adding more to the muddle by pretending that the responsibility belongs to NSF, that this is well established, while NSF states, to the contrary, that governments are the ones responsible.

Therefore, in point of fact, the NSF certification is issued on the stipulation that the receiving organization will be doing the necessary testing for health and environmental consequences while the receiving organizations assumes that the NSF is responsible for and performs the required testing: this is an intractable and perverse circular argument that does not serve the public interest.

## **WHO IS RESPONSIBLE**

We understand correctly: it is neither the NSF, nor any governmental agency, that have done the required toxicology tests that would prove the safety of fluoridation chemicals.

**Consequently, it must be concluded that no one fulfills this responsibility.**

One thing is certain: the proof of safety of fluoridation chemicals is still not available.

There is a major, systemic failure in the due duty of protection of the health of the population regarding fluoridation chemicals.

It appears evident that health authorities, whether federal or provincial, or municipal, offer a misinformed and misleading representation about the safety of fluoridation chemicals:

*“Health Canada does recommend that these products be certified to the appropriate American National Standards Institute (ANSI)/NSF standard, to ensure the treated water would present no health risk to consumers from either the fluoride or any impurity under the recommended conditions of use.”*

*Health Canada's response, Petition 299c, Commissioner of the Environment and Sustainable*  
(3)

Development (CESD) of the Office of the Auditor General and directed to Health Canada.

Yet the NSF lets everyone officially believe that its Standard 60 norm regarding the chemicals added to drinking water, as also the impurities that it may contain, are certified by some toxicology evaluations.

This NSF rule has been clearly shown in a letter from Mr Stan Hazan, the general manager of the Certification Program of Drinking water Additives to Drinking Water of NSF International, dated April 24, 2000, to Mr Juan (Pepe) Menedez, of the State of Florida Department of Public Health, Tallahassee FL:

*“The program has yielded many benefits, including elimination of many redundancies and the increased public health protection that results from implementing a “preventive measure” such as certification requirement. NSF's comprehensive formulation review, plant audit and sample collection, product testing and toxicology evaluation has resulted in a high degree of confidence in the NSF certification program and Mark.*

*On the issue of fluoride, there are three basic chemicals that NSF certifies in this category.*

1. *Hydrofluosilicic and Fluosilicic acid*
2. *Sodium Fluoride,*
3. *Sodium Silicofluoride*

*These products are addressed in Section 7 of ANSI/NSF Standard 60. These products are listed by NSF (hard copy and at [www.nsf.org](http://www.nsf.org)) to result in a minimum use level of 1.2 mg/L fluoride ion in water. The NSF standard requires that the chemicals added to drinking water, as well as any impurities in the chemicals, be supported by toxicological evaluation. This review explains the rationale for 1) fluoride, and 2) Contaminants.”*

## **Fluoride**

*“The rationale that follows is a brief summary of the body of toxicology data that supports human exposure to fluoride.”*

Copy of this letter is available at:

<https://www.fluoride-class-action.com/wp-content/uploads/nsf-hazan-letter-to-mendez-april-4-2000-nsf-fact-sheet-fluoride-2000-corrected-version1.pdf>

The same assertion can be found on the NSF’s own Fact Sheet:

*“Standard 60” requires a toxicology review to determine that the product is safe at its maximum use level and to evaluate potential contaminants in the product. A toxicology evaluation of test results is required to determine if any contaminant concentrations have the potential to cause adverse human health effects. NSF also requires annual testing and toxicological evaluation. The NSF standard requires “toxicological evaluation.”*

Source: NSF 2008 Fact Sheet on fluoridation products.

Information is available at:

<http://fluoride-class-action.com/wp-content/uploads/NSF-fact-sheet-on-fluoride-2008.pdf>

*“Basically, all available data on all aspects of toxicity are required to be included in the review e.g.: Acute toxicity (1-14 day exposure), subacute, subchronic, chronic, reproductive toxicity, developmental toxicity, immunotoxicity, neurotoxicity, genetic toxicity and human data.”*

Source: The National Health and Medical Research Council of Australia Review, Y 2003

Drew R, Frangor J., 2003 Overview of National and International Guidelines and Recommendations on the Assessment and Approval of Chemicals used in the Treatment of Drinking Water. A report prepared for the National Health and Medical Research Council's Drinking Water Treatment Chemicals Working Part, Commonwealth of Australia, by Toxikos Pty Ltd. Section 7.5.4 Risk Assessment, page 44.

However, let's look at Mr Stan Hazan's deposition in Court :

*“NSF failed to follow its own Standard 60 procedures.*

*I would say that the HFSA submissions have not come with the tox studies referenced.”*

**QUESTION BY ATTORNEY:**

*“Does NSF International do any testing to establish the efficacy of the fluoride-bearing compound for purposes of treating dental health or dental caries?”*

*“Not that I am aware of.”*

The deposition of Mr Hazan of the NSF International was taken in 2004 as part of the MACY, COSHOW, et al. vs. CITY OF ESCONDIDO AND CA DEPARTMENT OF HEALTH SERVICES heard in San Diego, CA, Superior Court and the appellate court (the case began as Macy, but she died during the 4 year process, with the case then becoming Coshow), which focused on the Arsenic harm contributed by Hydrofluosilicic acid. FOURTH DISTRICT COURT OF APPEAL NO. D045382, San Diego County Superior Court Case No. GIN015280.

The full deposition of Stan Hazan is available as of April 2019, at:

<http://fluoride-class-action.com/wp-content/uploads/appendix-e-stan-hazen-deposition1.pdf>

In spite of its certifying HFSA, and being directed by industry, the NSF is described everywhere as follows:

*“NSF International is an **independent**, not-for-profit, **public health and safety** organization based in Ann Arbor, Michigan.”*

Here is what can be found in the document of National Institute of Environmental Health Sciences entitled “Sodium Hexafluorosilicate [CASRN 16893-85-9] And Fluorosilicic Acid [CASRN 16961-83-4] Review of Toxicological Literature” on the missing data for a review of the toxicology tests that would be required:

#### **“9.1.4 Short-term and Subchronic Exposure**

No data were available.

#### **9.1.5 Chronic Exposure**

No data were available.

#### **9.1.6 Synergistic/Antagonistic Effects**

Fluoride, administered in the form of sodium hexafluorosilicate, had a strong affinity for calcium and magnesium. When orally given to sheep via a stomach tube at doses of 25, 50, 200, 1500, and 2000 mg/kg, increased changes in serum calcium and magnesium levels were observed at the two highest doses within 30 minutes after dose administration. At 200 mg/kg, recovery of both levels occurred after five days. With the 1500 mg/kg dose group, changes in phosphorus and sugar levels in whole blood were also significantly increased (16% [of pretreatment levels] at 1.5 hours to 146% at 2.5 hours for phosphorus; 300% to 374%, respectively, for sugar levels) (Egyed and Shlosberg, 1975).

#### **9.1.7 Cytotoxicity**

No data were available.

#### **9.2 Reproductive and Teratological Effects**

No data were available.

#### **9.3 Carcinogenicity**

No studies with sodium hexafluorosilicate or fluorosilicic acid were available.

IARC (1987) concluded that there was inadequate evidence for carcinogenicity to humans and to animals for inorganic fluorides used in drinking water.

#### **9.4 Initiation/Promotion Studies**

No data were available.

#### **9.5 Anticarcinogenicity**

No data were available.

#### **9.6 Genotoxicity**

Sodium hexafluorosilicate was negative in the Salmonella/microsome test (concentrations up to 3600 g/plate, – S9) and the micronucleus test on mouse bone marrow (37.2 mg/kg; 0.198 mmol/kg) (Gocke et al., 1981). The compound (0.25 mM; 47 g/mL) did not induce sex-linked recessive lethal mutations in *Drosophila* (Gocke et al., 1981; IARC, 1987). In the *Bacillus subtilis* rec-assay system, sodium hexafluorosilicate (0.001-10 M; 188 g/mL-1.9 g/mL) also gave negative results (Kada et al., 1980; Kanematsu et al., 1980).

[https://ntp.niehs.nih.gov/ntp/htdocs/chem\\_background/exsumpdf/fluorosilicates\\_508.pdf](https://ntp.niehs.nih.gov/ntp/htdocs/chem_background/exsumpdf/fluorosilicates_508.pdf)

#### **9.7 Cogenotoxicity**

No data were available.

#### **9.8 Antigenotoxicity**

No data were available.

#### **9.9 Other Data**

Within one week after beginning work in a foam rubber plant, a 23-year-old man exhibited skin lesions consisting of “diffuse, poorly delineated, erythematous plaques with lichenoid papules and large pustules” on his arms, wrists, thighs, and trunk. Although scratch and patch tests with sodium hexafluorosilicate (2% aqueous) were negative, animal testing showed the compound to be a pustulogen.

When rabbits received topical application of a 1, 5, 10, and 25% solution of sodium hexafluorosilicate in petroleum, pustules occurred on normal skin only with the high concentration, while all concentrations produced pustules on stabbed skin (Dooms-Goossens et al., 1985).»

National Institute of Environmental Health Sciences “Sodium Hexafluorosilicate [CASRN 16893-85-9] And Fluorosilicic Acid [CASRN 16961-83-4] Review of Toxicological Literature.”

**Be advised that, when it says in the above text that: “No data were available” neither means nor implies that safety exists, but only that no tests exist, therefore, no proof of either safety or adverse effects: if there is no proof of safety, then extreme caution is warranted.**

**With all the facts that have been so easily available for so many years, it is difficult to understand how almost all health professional organizations, boards, and association could have been fooled to believe by these misleading assertions that the safety of fluoridation agents/chemicals exists when not even a basic review of the toxicology tests is available.**

## **FITNESS FOR HUMAN CONSUMPTION**

**In short, fluoridation chemicals are unfit for human consumption:**

1. Because they are not sources of a nutrient;
2. Because they are not a sources of food;
3. Due to their legal classification of “water treatment chemicals;”
4. Due to unsanitary industrial conditions of
  - a) production,
  - b) packaging,
  - c) transportation and
  - d) storage;
5. Due to their labelling as
  - a) “**For industrial use only**” and
  - b) “**Shall not be used for food;**”
6. Due to their contamination with heavy metal such as:
  - a) Arsenic,
  - b) Mercury,
  - c) Lead,
  - d) Aluminum,
  - e) Barium,
  - f) Beryllium
  - g) radioactive elements
  - h) etc.;
7. Due to the absence of the required toxicology tests to assure their safety;
8. Due to their labelling as  
“TOXIC” and  
“POISON”  
substances;
9. Due to their classification as  
“**toxic and hazardous substances**” and  
“contaminants”  
in more than 13 federal and provincial laws and regulations including those of Environment Canada;
10. It is comparable to adding de-icing road salt to food, even if road salt would be a good source of sodium, it would still be inappropriate and unfit for human consumption due to its contaminants and unsanitary conditions of production;
11. Due to the fact that the required toxicology review to assure their safety has not been done;
12. Due to the fact that the NSF has misinformed governments about their (NSF) lack of performing of toxicology reviews.

## **THE ETHICAL ASPECT OF THE DUMPING OF MUNICIPALITY EFFLUENT CONTAMINATED BY FLUORIDE IN RIVERS AND LAKES**

Since the aspect of the environmental impact of fluoridation on soft water aquatic life have been mentioned during Dr. Ahmed's presentation, we also feel it is important to underline the ethical aspect of the dumping of municipal effluent contaminated by fluoride in rivers and lakes at a concentration that will definitely have a chronic negative impact on aquatic flora and the fauna.

Not all species are affected at the concentration of the effluent that is normally around 0.4 to 0.6 ppm but some are affected at much lower levels.

As species are interdependent in an ecological food chain, an affected species at the bottom of the list may have serious impact at the other end of the food chain.

As fluoride is cumulative in a similar way to Mercury or Lead, the chronic exposure at low concentration may lead to unpredictable toxic bioaccumulation upward along the food chain.

Little is known yet on the long term exposure to fluoride on the flora and fauna in soft water.

We know already enough to conclude that at a concentration of 4 or 5 times lower than the concentration of the municipal effluent some aquatic species may be affected.

The capacity of dilution of a lake or a river depends on many factors like the flow or current, the volume of the effluents, temperature, dissolved solids, the season and many other factors.

Samples taken in the Great Lakes have shown that concentrations are often much higher than the recommended guideline to be protective of aquatic wild life.

Environment Canada has published in the past a good summary of the impact of fluoride on aquatic life and has fixed a guideline of only 0.12 ppm, about 6 times less than the concentration fixed for fluoridation.

**Canadian water quality guidelines for protection of aquatic life : inorganic fluorides : scientific supporting document / Prepared and published by National Guidelines and Standards Office, Environmental**

<http://esdat.net/Environmental%20Standards/Canada/Fed/Canadian%20Drinking%20Water.pdf>

### **Canadian Water Quality Guideline - Guidelines at a Glance - Inorganic Fluorides**

"This fact sheet describes the Canadian water quality guideline for inorganic fluorides to protect freshwater life. It is part of the series Guidelines at a Glance, which summarizes information for the Canadian public on toxic substances and other parameters for which there are Canadian Environmental Quality Guidelines."

"The Canadian Water Quality Guideline (CWQG) to protect freshwater life is 0.12 milligrams of inorganic fluoride per litre of water. The guideline is based on a number of scientific studies that examined the impacts inorganic fluorides have on the plants and animals that live in our lakes and rivers. If the level of inorganic fluorides measured in a lake or river is less than the guideline, one would not expect to see adverse health effects in even the most sensitive species."

#### **In short, fluoridation chemicals containing noxious elements:**

1. Are ejected into the aquatic environment at concentration of about 4 to 5 times higher than the Environment Canada Guideline to be protective for the aquatic life in soft water,
2. May have a more serious effect than expected as little is known about the toxicity these compounds that are part of the HFSA,
3. When we add up all the added fluoride of all fluoridated municipalities, thousand of tonnes of fluoride are added to the already existing environmental pollution from Ontario industries.

## THE PROBLEMATIC ETHICAL AND LEGAL USE OF FLUORIDATION AGENTS

We have consulted most of the published documents on the issue of water fluoridation produced

- a) by Health Canada,
- b) by provincial ministries of health, and,
- c) by most organizations that have taken a stand in favour of fluoridation in Canada and the

USA,

and none have addressed

- a) the exact legal classification and
- b) the legal and ethical implications

of the actual fluoridation agents that are used for fluoridation.

For example, the ethical analysis given by the Ethics Committee of the "Institut de la Santé publique du Québec," entitled "Avis sur un projet de fluoration" has not raised the ethical and the legal problem of the use of a toxic, hazardous, unregulated, contaminated substance for the prevention of dental decay, administered to millions of individuals without their properly informed consent and usually without any open, public consultation.

It is the same with the "Nuffield Public Health: ethical issues," chapter 7, *Case study: fluoridation of water*, page 121-139.

It is a fairly good and balanced document but the analysis hasn't taken into account the legal and ethical implications of the use of "*co-products of the manufacture of phosphate fertilisers*" that are neither regulated nor suitable as sources of fluoride for human consumption by any legal classification.

*7.11 Where fluoridation schemes are in operation in the UK, fluoridation is performed at water treatment works, using hexafluorosilicic acid or its sodium salt, disodium hexafluorosilicate, as the source of fluoride. These chemicals are produced from co-products of the manufacture of phosphate fertilisers and are specifically manufactured to required standards.*

The fluoridation chemicals may however satisfy most of their required standards as a water treatment chemical, they absolutely do not satisfy any of the legal requirements to be used either as a drug to prevent a disease or as sources of a nutrient for human consumption.

If all information would have been transparently given or available to the Nuffield Council of Bioethics, it would not have arrived at such a dismal and incomplete conclusion.

Governments and health authorities have a moral and legal duty, as inscribed in laws, to supply all the required information to cause transparency of decision-making processes and an involvement of individuals and stakeholder groups, including the CPSO, in decision-making processes, with opportunities to challenge such interventions.

### **Summary**

*«7.51 Evidence, and information materials conveying that evidence, are important in any policy decisions, but particularly so when scientific knowledge is complex and a procedural justice approach involving the public is to be taken. We noted that the evidence base for fluoridation is not strong, and that as such ongoing monitoring and further research, particularly on risks, are recommended. Policy makers and the public need to have access to clear and accurate information, and uncertainties and the strength or weakness of the evidence should be explicitly recognised».*

<http://nuffieldbioethics.org/wp-content/uploads/2014/07/Public-health-Chapter-7-Fluoridation-of-water.pdf>

As the Nuffield Council on Bioethics states, policy makers and the public need to have access to clear and accurate information without erroneous, false or misleading statements and without major omissions of facts, particularly on the legal nature of the fluoridation chemicals; it becomes reprehensible and inexcusable to say that it is acceptable to use a

- a) toxic,
- b) hazardous,
- c) contaminated, and,

d) unregulated  
substance for the prevention of dental decay.

**Definitions and articles of the Food and Drug Act should apply to fluoridation chemicals.**

If by the act of fluoridating, by the use of a substance aimed to be considered as a food, fluoride is said to be a nutrient, it must respect each article of the Food and Drug Act. Any contravention, even partial to these articles should render the act illegal and unethical.

The fluoridation chemicals are

1. produced,
2. packaged,
3. transported and
4. stored

in an industrial environment where no control of the sanitary conditions as required for food production as specified in the Good Manufacturing Practice (GMP) if, as stated, fluoride is being added for a nutritional purpose.

**It would consequently be difficult to believe that the act of fluoridating the water would not be in contravention of this next definition of the Food and Drug Act.**

"unsanitary conditions" - "*conditions non hygienic*"

"unsanitary conditions" means such conditions or circumstances as might contaminate with dirt or filth, or render injurious to health, a food, drug or cosmetic.

R.S., 1985, c. F-27, s. 2; R.S., 1985, c. 27 (1st Supp.), s. 191; 1992, c. 1, s. 145(F); 1993, c. 34, s. 71; 1994, c. 26, s. 32(F), c. 38, s. 18; 1995, c. 1, s. 63; 1996, c. 8, ss. 23.1, 32, 34; 1997, c. 6, s. 62.

There is no question that fluoridation is presented as a preventive treatment to mitigate dental decay by health authorities.

**It would be consequently difficult to believe that the act of fluoridating the water would not to be in contravention of these two next articles of the Food and Drug Act.**

Prohibited advertising

3. (1) No person shall advertise any food, drug, cosmetic or device to the general public as a treatment, preventative or cure for any of the diseases, disorders or abnormal physical states referred to in Schedule A.

Prohibited label or advertisement where sale made

(2) No person shall sell any food, drug, cosmetic or device

(a) that is represented by label, or

(b) that the person advertises to the general public as a treatment, preventative or cure for any of the diseases, disorders or abnormal physical states referred to in Schedule A.

Fluoridation chemicals are unfit for human consumption as they do not respect the Food and Drug Act article that prohibit the distribution of an article of food (or nutrient) that is produced in industrial conditions that are unsanitary during,

packaging,  
transportation and  
storage,

labelled as

**"For industrial use only"**

**"Shall not be used for food,"** and finally,

contaminated with heavy metals such as

Arsenic,  
Mercury,  
Lead,

Aluminum,  
Barium,  
Beryllium  
radioactive elements  
etc.

**It would be consequently difficult to believe that the act of fluoridating the water would not be in contravention of this next article of the Food and Drug Act.**

Prohibited sales of food

- 4. (1) No person shall sell an article of food that**  
**(a) has in or on it any poisonous or harmful substance;**  
**(b) is unfit for human consumption;**  
**(c) consists in whole or in part of any**  
    filthy,  
    putrid,  
    disgusting,  
    rotten,  
    decomposed or  
    diseased  
        animal or  
        vegetable  
    substance;  
**(d) is adulterated; or**  
**(e) was manufactured,**  
    **prepared,**  
    **preserved,**  
    **packaged or**  
    **stored**  
    **under unsanitary conditions.**

The foregoing clearly indicates, and it needs to be said that fluoridation chemicals are promoted in a false, misleading or deceptive way or are likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety?

**It would be consequently difficult to believe that the act of fluoridating the water would not be in contravention of this next article of the Food and Drug Act.**

- 5. (1) No person shall**  
    label,  
    package,  
    treat,



process,  
sell or  
advertise  
any food in a manner that is  
**false,**  
**misleading or**  
**deceptive**  
**or is likely to create an erroneous impression regarding its**  
**character,**  
**value,**  
**quantity,**  
**composition,**  
**merit or**  
**safety.**

Fluoridation chemicals are promoted in a way that anyone would believe that they are an approved nutrient for food fortification as they are compared to the enrichment of salt with pharmaceutical grade iodine or milk with vitamin D, which is contrary to science on the matter.

**It would be consequently difficult to believe that the act of fluoridating the water would not be in contravention of this next article of the Food and Drug Act.**

Where a standard or portion thereof is identified

(2) Where a standard or any portion of a standard prescribed for a food is identified by the Governor in Council pursuant to subsection

(1) no person shall

label,  
package,  
sell or  
advertise

any article in **such a manner that it is likely to be mistaken for that food** unless the article complies with the standard or portion of a standard so identified. R.S., 1985, c. 27 (3rd Supp.), s. 1.

7. No person shall

manufacture,  
prepare,  
preserve,  
package or  
store

for sale any food under unsanitary conditions.

The way fluoridation is promoted comes in conflict with these next articles of the Medicine Act.

**It would be consequently difficult to believe that the act of fluoridating the water would not be in contravention of these next 5 articles of the Medicine Act.**

**The Medicine Act, 1991**  
**under Medicine Act, 1991, S.O. 1991, c. 30**  
**ONTARIO REGULATION 856/93**

**PROFESSIONAL MISCONDUCT**

- 9. Performing a professional service, for which consent is required by law, without consent.
- 12. Failing to reveal the exact nature of a secret remedy or treatment used by the member following a proper request to do so.
- 13. Making a misrepresentation respecting a remedy, treatment or device.
- 14. Making a claim respecting the utility of a remedy, treatment, device or procedure other than a claim which can be supported as reasonable professional opinion.
- 28. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a public hospital if,
  - i. the purpose of the law, by-law or rule is **to protect public health**.

**CONSTITUTIONAL RIGHTS**

This next last point is relative to the constitutional rights of an individual to refuse his consent to any medical treatment.

Based on statements from medical authorities, it is difficult to believe that fluoridation is not aimed to administer a substance to members of a community to modify the composition of a tissue to render it allegedly more resistant to a disease, namely, dental decay.

Health Canada may be eager to say that fluoridation chemicals are not drugs, yet these chemicals satisfy all the criteria of the legal definition of a drug.

Health Canada and public health authorities may have tried to pretend that the fluoridation agents are nutrients for food fortification like iodide added to salt, but Health Canada dismisses this attribution to that legal classification in its answer to the Petition 299C to the Auditor General of Canada.<sup>(3)</sup>

## **The right of a state to fortify food is conditional on specific rules.**

A state would have the right to fortify a food with a nutrient but at certain conditions:

1. If the nutrient would be essential:  
However, fluoride is not an essential nutrient;
  - a) it has no physiologic requirement,
  - b) it is not required for health,
  - c) it is not even “required” for preventing or alleviating dental decay: it is optional.
2. If there is a risk of deficiency of a nutrient, in a part or at least for a whole population, but this element is:
  - a) not essential, and consequently,
  - b) not required, and,
  - c) it is abundant in the diet, and,
  - d) it is easily available in numerous dental hygiene products.
3. If the nutrient added to food or water is of pharmaceutical grade (USP), however, in the case of the fluoridation chemical, it is not of pharmaceutical grade USP.
4. If the nutrient added to food or water is legally approved by Health Canada, however, in the case of the fluoridation chemical, it is not “legally approved by Health Canada.”
5. If the nutrient added to food or water is manufactured in a Health Canada approved GMP site, however, in the case of the fluoridation chemical, it is not “manufactured in a Health Canada approved GMP site.”
6. If the nutrient added to food or water is manufactured, packaged, transported and stored in sanitary condition according to Health Canada Food and Drug Regulations, however, in the case of the fluoridation chemical, it is not “manufactured, packaged, transported and stored in sanitary condition.”
7. If the nutrient added to food or water is exempt of contaminants, however, in the case of the fluoridation chemical, it is not “exempt of contaminants.”
8. If the sources of the presumed nutrient added to food or water has been proven safe with all the toxicology tests required to prove its safety, however, in the case of the fluoridation chemical, it is not proved to be “safe with all the toxicology tests required to prove its safety.”
9. If the sources of the presumed nutrient added to food is not classified as a “water treatment chemical,” however, in the case of the fluoridation chemical, it is classified as a “water treatment chemical” by Health Canada.”
10. If the sources of the presumed nutrient added to food is not classified as a “toxic and hazardous substance” by Environment Canada, however, in the case of the fluoridation chemical, it is a “toxic and hazardous substance.”

The problem which we are facing here is that Dr. Ahmed appears to be as unaware of the above requirements that are the determinants of a nutrient that can be used to fortify a food as he is of the fact that no fluoride compound meets the definition of a “nutrient.”

## THE HEALTH PROFESSIONS PROCEDURAL CODE OF CONDUCT

1. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

**article 2.** Failing to maintain the standard of practice of the profession.

Dr. Ahmed has failed in maintaining the standard of practice of medicine by:

1. Recommending the use of an unfit substance, to wit: HFSA, for the prevention of a disease while claiming a therapeutic objective, with therapeutic claim, while the substance is
  - a) neither an approved
  - b) nor a regulatedsubstance by Health Canada while being used for a therapeutic purpose;
2. Recommending the use of an unfit substance, HFSA, for the prevention of a disease with a therapeutic objective and a therapeutic claim while the substance is
  - a) neither an approved
  - b) nor a regulatedsubstance by Health Canada while being used for a nutritional purpose;
3. Recommending the use of an unfit substance, HFSA, for the prevention of a disease with a therapeutic objective and a therapeutic claim while the substance
  - a) is unfit for human consumption, and,
  - b) is being 1) manufactured, 2) packaged, 3) transported and 4) stored in unsanitary conditions,while the substance is an industrial grade substance produced in non GMP approved sites as forbidden by Health Canada when used for human or animal consumption.

**article 6.** Prescribing, dispensing or selling drugs for an improper purpose.

Dr. Ahmed has effectively prescribed the use of a drug, HFSA, for the prevention of dental caries without the requisite Health Canada approval; it has *neither* a DIN *nor* NPN, *nor* Toxicology Tests and Clinical trials for the therapeutic purpose of preventing dental caries.

**article 9.** Performing without consent of patients, a professional service for which consent is required by law.

Dr. Ahmed has recommended a treatment for which the consent of each individual is required for receiving treatment for dental caries while there is no overbearing emergency for prescribing mass medication of the community.

Dr. Ahmed has recommended a treatment for the whole community while not everyone in the community requires such medication.

**Article 12.** Failing to reveal the exact nature of a secret remedy or treatment used by the member following a proper request to do so.

**Article 13.** Making a misrepresentation respecting a remedy, treatment or device.

**Article 14.** Making a claim respecting the utility of a remedy, treatment, device or procedure other than a claim which can be supported as reasonable professional opinion.

**Article 18.** Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know is false or misleading.

**Article 28.** Contravening a *federal*, provincial or territorial *law*, ...

**Article 33.** An act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

**CONSTITUTION ACT, 1982**  
**PART I**  
**CANADIAN CHARTER OF RIGHTS AND FREEDOMS**

Whereas Canada is founded upon principles that recognize the supremacy of God and the rule of law:

**Guarantee of Rights and Freedoms**

**Legal Rights**

Marginal note: Life, liberty and security of person.

**SECTION 7**

7. Everyone has the right to life, liberty and *security of the person* and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

**Considering all of the preceding review of legal aspects, it would consequently be difficult to believe that the act of fluoridating of tap water would NOT be in contravention with the fundamental legal right to**

- a) life,**
- b) liberty and**
- c) *security of the person***

**as attributed by the Canadian Charter of Rights and Freedoms.**

**It becomes patently obvious that fluoridation infringes upon the security of the person. Therefore, fluoridation policy can constitute medical assault and battery.**

## CONCLUSION – LEGAL CONSIDERATIONS

Relative to the extremely important role that has been given to the medical profession as a scientific and protecting organization in the field of health and its due duty so assume that role, has the College of Physicians and Surgeons of Ontario taken the needed time and efforts to evaluate properly the ethical and legal issues of fluoridation?

Has the College of Physicians and Surgeons of Ontario taken into consideration the real and legal nature of the chemicals used for fluoridation before giving its support to this presumably public health measure?

Has the College of Physicians and Surgeons of Ontario checked which governmental agency has taken the responsibility and the accountability for the efficacy and safety of the measure?

What is the legal accountability of the College of Physicians and Surgeons of Ontario relatively to fluoridation?

Has the College of Physicians and Surgeons of Ontario evaluated the impact on the environment of the total injections of fluoride originating from the addition to fluoride to drinking water?

Has the College of Physicians and Surgeons of Ontario analyzed the aspects of the needed **consent** and the freedom of choice and the right of individuals regarding the real legal nature of the fluoridation agents?

Has the College of Physicians and Surgeons of Ontario exercised a proper control on how its members have honestly promoted this measure or not?

Has the College of Physicians and Surgeons of Ontario evaluated the competence and knowledge of its members that are promoting this measure?

**We think that we have brought more than the required serious concerns on the ethical and legal aspects of fluoridation for the College of Physicians and Surgeons of Ontario to consider corrective action against this Medical Professional, especially as he has the responsibility of the Medical Officer of Health for the Windsor-Essex community.**

**The substance of the our complaint is exposed on the next pages for the College to consider specific grievous insults to Dr. Ahmed's professional conduct and consider such corrective actions that is deemed appropriate.**

## BODY OF COMPLAINT

Allow us to elaborate by way of a well thought out and thoroughly developed formal complaint with respect of Dr. Ahmed's presentation to the Windsor City Council.

Three dots “...” are generally used to suppress Dr. Ahmed's hesitations throughout the text taken from the video of the meeting to allow for a better readability and out of respect for the Office.

**During his presentation, Dr. Ahmed made numerous false statements, exaggerations, misleading statements, deceptive statements, incorrect inferences, displayed unethical behaviour, altogether worthy of professional misconduct.**

A) Dr. Ahmed clearly states

*“the health unit staff looked at every mouth of every child attending public and private school”*

In actual fact, this contradicts the information given in the report and later confirmed by Dr. Ahmed in the Q&A session, without mentioning that his first statement was incorrect and misleading:

*“assessments are done at JK, SK, and grade 2 only”*

This reprehensible behaviour is unacceptable, unprofessional and unethical.

B) Dr. Ahmed clearly states near the beginning of his presentation that community level intervention by *“adding fluoride in the community drinking water system ... protects everyone, rich or poor, old and young equally”* - this is a direct quote from the video transcript attached.

1) The type of fluoride used is never specified anywhere by Dr. Ahmed.

It is in fact HFSA, which is not a USP pharmaceutical grade drug.

HFSA is a phosphate fertilizer industry, toxic, fluoride waste chemical removed by the wet scrubbers in their smoke stacks that is illegal to release into the environment.

See the MSDS<sup>(12)</sup> & Certificate of Analysis<sup>(13)</sup> description and attached copies.

2) The CDC has stated that **ingestion of fluoride** is only useful during tooth development, therefore in children, and is not protective for adults and the elderly.

The Center for Disease Control and Prevention (CDC) statement, 1999.<sup>(14)(15)</sup>

The CDC repeated this position in 2001, affirming that “fluoride’s predominant effect is post eruptive and topical.”<sup>(16)</sup>

3) The IADR also affirms, with some caveats, that: “*Fluoride’s predominant effect in caries prevention and management is post-eruptive and topical.*”<sup>(17)</sup>

4) Numerous research studies have shown that the

a) poor,<sup>(18)</sup>

b) people of colour,<sup>(19)</sup>

c) children in the womb,<sup>(20a, 20b, 20c, 20d, 20e, 20f, 20g)</sup>

d) suffer adverse health effects<sup>(21a, 21b, 21c, 21d)</sup>

as a result of fluoride ingestion.

C) “*Community water fluoridation is supported by more than 90 agencies worldwide*”

- 1) Most of the supportive agencies listed that support fluoridation are related to dentistry, deal with teeth, as would be expected, and none deal with the health of the rest of the body.
- 2) Many former supportive organizations no longer have a position statement on fluoridation and many have disavowed support or endorsement for or do not or no longer support fluoridation; here is a verified short list of these:
  1. The Canadian Agency for Drugs and Technologies in Health (CADTH),
  2. The International Academy of Oral Medicine and Toxicology (IAOMT),
  3. The American Cancer Society,
  4. The Center for Science in the Public Interest,
  5. The Consumers Union (Consumer Reports),
  6. The National Kidney Foundation,
  7. The National Down Syndrome Congress,
  8. The New York Academy of Medicine,
  9. The National Cancer Institute,
  10. The American Association for the Advancement of Science
  11. The American Alzheimer’s Association
  12. WHO: they simply state that they suggest an upper limit of 1.5 ppm fluoride's
  13. National Association of Social Workers
  14. Ontario Renal Network.<sup>(22)</sup>
  15. American Academy of Allergy, Asthma and Immunology

there are more: this is just an indication of lagging support for fluoridation outside the medico-dental community.

These groups, organizations and NGOs have understood the incongruity of contaminating the community water supply with unfiltered, untreated, toxic, fluoride, wet scrubber waste after that water has been purified for drinking.

Many non dental related organizations had in the past listed their names as supporting fluoride and fluoridation based on nothing more than professional courtesy, supporting what dental and health agencies and groups told them, rather than on the basis of any research; having realized that shaky support, they have opted to remove their names as endorsers or supporters.

Professional opinion on fluoridation is evolving based on growing scientific evidence of harm:

- ◆ 2019 Children’s Health Defense: <https://childrenshealthdefense.org/news/u-s-water-fluoridation-a-forced-experiment-that-needs-to-end/>. Dozens of studies and reviews, including in top-tier journals such as The Lancet, have shown that fluoride is neurotoxic and lowers children’s IQ.
- ◆ 2018 Open Letter to Professionals, Politicians & Public:  
Empirical data and scientific studies from the 21st century have proved beyond doubt that not only does fluoride have no place in the human diet but also that fluoridation policy is a public harm policy. <http://www.multibriefs.com/briefs/icim/nutrition.pdf>.
- ◆ 2017 IAOMT Position Paper: Exposure to fluoride is suspected of impacting nearly every part of the human body, and the potential for harm has been clearly established in scientific research. <https://iaomt.org/resources/fluoride-facts/>.

D) To a question from Councillor Kusmierczyk, regarding research studies on ADHD and reduction in IQ in robust studies by Bashash et al,<sup>(20)</sup> published in late 2017 and late 2018, regarding higher levels of urinary fluoride in pregnant mothers associated with ADHD and intelligence in children as a result of fluoride exposure, Dr. Ahmed claimed that he was holding a report that disproves those



studies:

*“As I mentioned in this document is recently prepared by Public Health Ontario, our scientific body, it [the document by the scientific body] touches on specifically on those studies”*

The PHO did not, at the time of the presentation, contain any references to the Bashash research<sup>(20)</sup> that raised most serious concerns about brain effects and exposure to fluoride.

The report that he held as refuting the studies contained no such refutation, whether specifically or generally regarding the Bashash research<sup>(20)</sup> on fluoride and adverse effects on the brain.

E) During the question and answer session, Dr. Ahmed states that:

*“Based on ... 73 years of drinking water fluoridation you would have seen ... many more health issues ... that people talk about.”*

Yet Dr. Ahmed does not provide a shred of evidence for this statement.

Contrary to his denial, it has been a known fact for some time that fluorine causes many adverse health effects as reported in this report titled:

*“The Impact of Toxins on the Developing Brain”*<sup>(23) & (20a-20g)</sup>

“The impact of toxins on the developing brain is usually subtle for an individual child, but the damage can be substantial at the population level.”

“The data are sparse..., but a flurry of new studies suggests that organophosphate pesticides, mercury, PBDEs, PCBs, **perfluorinated** compounds (PFCs), phthalates, bisphenol A, and airborne pollutants *may be risk factors* for ADHD or ADHD-related behaviors”

There has not been any research by the Medical Community into any possible adverse health effects from fluoridation; there has been no investigation of possible side effects from ingestion of fluoridated water using the actual chemical in actual treated water, however, they are aware of deaths due to Fluoridation overdoses and overfeeds.

Absence of research does not indicate either absence of harm to health or absence of health issues adverse health effects: if one does not look, one does not find: ignorance is not science.

In point of fact, there is a large body of science based research on both human and animal subjects that is either routinely ignored, or discounted and ridiculed, by the medical profession and by fluoridation proponents.

Ignoring, ridiculing and discounting such research is not an indication either of absence of health issues or absence of harm to health and is reprehensible; it is immoral and anti-science.

Furthermore, if fluoridation really did “prevent tooth decay” as declared when it was first promoted over 70 years ago and continues to be so promoted, very few practicing dentists would be in business in our modern society, *because tooth decay would have been long ago prevented*; only a few rare dental specialists treating teeth broken from accidents and sports injuries would be needed.

F) **Dr. Ahmed says:**

*“The results are advised to be interpreted with great caution due to the high risk of ecological fallacy.”*

Dr. Ahmed further conflates his error by stating that:

*“This study was critiqued by other researchers for methodological limitations including measurement error and no consideration for other potential explanatory variables (such as pre-term birth or exposure to tobacco, alcohol, Arsenic or lead) apart from SES. The results are advised ... to be interpreted with great caution due to the high risk of ecological fallacy.”*

and,

*“And as you know ... Councillor ... any time when you are looking at any study, confounding and bias is one of the most important thing...”*

and,

*“... based on ... the methodology, if those questions are raised ... it raises doubt in terms of what the conclusions how the conclusions are being drawn and whether it can be applicable to other communities or other ... individuals...”*

Dr. Ahmed clearly alluded that the PHO report that he was using was discussing the Bashash research<sup>(20)</sup> which the Councillor referenced.

Dr. Ahmed was in fact misrepresenting several older and more limited studies examining the relationship between fluoride and IQ prior to 2017 which were ecological in nature and did not specifically refute the Bashash research<sup>(20)</sup>: the latter were not part of any of the content of the PHO report since Bashash only came out in 2018, after the PHO report referred to by Dr. Ahmed.

This is a clear case of fraudulent presentation of information done to mislead Councillors into approving an unregulated medical treatment of mass medication using the water supply.

The Bashash research<sup>(20)</sup> is one of the most robust studies ever performed on dietary ingested fluoride and its impact of brain development.

The Bashash research study<sup>(20)</sup> actually accounted for all possible confounding factors in the population of concern, was done in co-operation with the Dalla Lana School of Public Health, University of Toronto and others, and funded by the U.S. National Institutes of Health.

The PHO is not a Scientific body, but an independent data acquisition and distribution agency set up to inform politicians and public health agencies about science in many fields of medical<sup>(24)</sup> and other scientific, non-medical research.

Dr. Ahmed incorrectly calls Public Health Ontario a scientific body when it is clearly stated on their web site that a quick internet search reveals:

- a) "Public Health Ontario (PHO) is an Ontario Crown Corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health."
- b) so, clearly, the PHO is not a “scientific body.”<sup>(24)</sup>  
the PHO is an organization that gathers data for distribution to promote health.
- c) This is a very serious misrepresentation of the PHO's function that clearly misled the Windsor Council in their decision.

G) Dr. Ahmed lays claim to the Health Office making an oral health assessment which he qualifies and more or less characterizes of a disastrous situation in Windsor.

*“We recently conducted the oral health assessment of our community and let me tell you, the results are not good”*

It is **unethical** to load a factual statement with an emotional one that prequalifies a statement

regarding a health assessment with a judgment meant to influence the listener before the facts are presented.

To compound his misrepresented assessment, he claims that:

*“the health unit staff looked at every mouth of every child attending public and private school”*

However, he later contradicts this information by saying, in the Q&A session,

*“assessments are done at JK, SK, and grade 2 only”*

This is clearly done to confuse the facts in front of Windsor Council.

To compound his misrepresented assessment further, Dr. Ahmed surprisingly misrepresents oral health data when it can be so easily found that he is not making a truthful statement.

In their oral health update, WECHU inappropriately eliminated residents who had responded "I do not know" (n = 229) from the denominator and calculated a more fluoridation-friendly response rate  $63.8 / (63.8 + 18.4) = 63.8/82.2 = 0.7705$ , thus incorrectly reported as 77.6%.

The correct value of support should be: 63,8% or rounded up, 64%, as previously reported in its first publication of their report, still a majority, but with the flaw noted above, the data becomes patently deceptive because it is biased up toward an answer in support of the desired answer.

It is completely unethical to use biased statistics to obtain a desired result from elected officials.

Furthermore, Dr. Ahmed misrepresents oral health hospital Emergency Department visits to indicate that a crisis is in progress with respect to dental decay and oral health whereas there is contradictory evidence to that effect in the very same report that he misuses to make a case for fluoridation where none actually exists.

It should also be noted that the assessment methodology was flawed and should be investigated.

H) Dr. Ahmed says that:

*“community level intervention” such as “implementing policies that's helps to remove the socioeconomic barriers, for example adding fluoride in the community drinking water system”*

This is a gross misrepresentation by Dr. Ahmed.

1. Firstly, it is deceptive to not specify the type of “fluoride” used for releasing the Fluoride ion into the water supply. (See the attached MSDS<sup>(and 10,12)</sup>, the attached Specification page and the introduction section on the legal nature of the fluoridation agents, on pages 12 through 18 of this submission)
2. Treating everyone (community level intervention) who drinks such water with added unfiltered, untreated, toxic, fluoride industrial waste is:
  - i) immoral,
  - ii) unethical
  - iii) illegal and
  - iv) harmful to the health of all those drinking the water containing the additive declared by proponents to prevent tooth decay.
3. Dr. Ahmed can not scientifically support the view that implementing the addition of fluoride in the community drinking water system will help remove the socioeconomic barriers, while complete systematic reviews like the York review (2000)<sup>(25)</sup> and the Cochrane Collaboration review (2015)<sup>(26)</sup> did not arrive at any such conclusion of socioeconomic barrier removal.
4. There is no removal of socioeconomic barriers with the implementation of fluoridation because, as numerous research reports have shown that:

a) the unborn,<sup>(20a-20g)</sup>

b) babies,<sup>(27)</sup>

c) young children,<sup>(28) (29)</sup>

d) people of colour (blacks, hispanic, aboriginals),<sup>(30)(31)(32)</sup>

e) the elderly and,<sup>(33)(34a, 34b, 34c, 34d)</sup>

f) those with any form of compromised health,<sup>(35)</sup>

are all more susceptible to suffer adverse health outcomes from ingestion of fluoridated water even at the low levels proposed.<sup>(36)</sup>

5. Dr. Ahmed's proposal to use the drinking water supply to treat everyone for tooth decay by artificial water fluoridation is simply defective.

I) During his presentation, Dr. Ahmed says that:

*“in Windsor and Essex every 4 out of 5 resident support community water fluoridation and this is based on 2 different study conducted with almost 1400 residents”* (sic)

Dr. Ahmed misrepresents the data and its results.

- 1) The actual report shows 63.8%:

- a) to say that 4 out of 5 is an false representation of the facts, implying 80% support,  
1. since it includes those that answered “not sure”  
2. then 80% is shown to be manipulative  
3. regardless of the fact that the question used was manipulative, and therefore;  
4. the actual support using the biased question gives a rounded value of 64%.

- b) Dr. Ahmed states that “*almost 1400 residents*” were polled: this is not a valid representation, when he is supposed to have the exact figure of the survey results: what IS the exact figure?

- 2) The survey question was not asked in an objective way and is therefore unreliable.

The question was qualified with a foregone conclusion, to wit:

“Do you support adding fluoride to public drinking water *to help prevent tooth decay?*”

That question is clearly unethical due to its biased wording.

This type of biased question invalidates any semblance of impartiality and invalidates the reported results due to the bias imposed on the responders: after all, who does not want “*to help prevent tooth decay*” by whatever means even without truthful explanations?

The bias that expresses tooth decay prevention is a conjecture that has yet to be proven by independent, objective science based research; the bias is based on opinions, faulty studies, and unsubstantiated endorsements in support of belief that fluoridation of tap water gives an expected result when scientific research has yet to prove that these opinions, studies and endorsements are in any way substantiated: on that basis, the question is unethical at best, at worse, fraudulent.

See page 120 of WECHU’s full needs assessment report, for the unreliable, biased survey wording that they ***do not make available on their website!***...

It is a known fact that telephone surveys are relentlessly inaccurate in obtaining an accurate pulse of the people on any given question; this has therefore been a waste of taxpayer money and an exercise done for the promotion of an agenda to medicate a community with a substance passed off as a drug to prevent tooth decay.

This type of promotion has no place in a civilized society, especially since the drug used is classified as a water treatment chemical by Health Canada, and an environmental contaminant in a chemical solution that contains other known neurotoxic and carcinogenic co-contaminants.

J) During the question period, Dr. Ahmed clearly states:

*“The harmful effects are only seen at much higher levels 10 to 15 times of the level that is in our community for water fluoridation, and, ah, that is the reason that point seven is chosen as an optimum level of, ah, water, fluoride in the water that is shown to be beneficial in and effective for the oral health of the individuals.”*

Although Dr. Ahmed thereby admits that there are possible side effects, but only at the high levels that he stated, it is now well known that the statement of high level effects is totally false.

There are now enough anecdotal evidence<sup>(37)</sup> as well as science based evidence<sup>(38)</sup> to the contrary of the statement that fluoride is not harmful and there is also much science based research that proves that numerous people are adversely affected by the particular chemical injected into the water supply by fluoridation. See the appendix on references to health harms from fluoridation.

Furthermore, Dr. Ahmed says:

*“fluoride in the water that is shown to be beneficial in, and effective for, the oral health of the individuals”*

Dr. Ahmed also clearly states in the question and answer period:

*“We know fluoride is protective, and that is why it is there...”*

Dr. Ahmed's statement is not supported by any evidence presented by him, so is merely an opinion which he does not support with facts, and is very much contradicted by reams of scientific research<sup>(39)(40)(41)(42)</sup> which he has chosen to ignore, based on this statement.

Research was performed by a dentist in 2003 that showed:

*“... water fluoridation status of the children's area of residence did not have a significant effect on Early Childhood Caries...”* - the report has been suppressed, and is no longer available, but was once at the URL reference<sup>(43)</sup>

In 1992, a population study reported by the U.S. Public Health Service said that ethnicity, location, age, affected fluoridation factors related to baby bottle tooth decay and caries prevalence; Public Health Rep. 1992 Mar-Apr; 107(2): 167-73.

In a 1980 Journal of Dental Research Abstract authored by Forsyth staff members titled *“Changes in Caries Prevalence of Massachusetts Children Over Thirty Years”* while investigating two non-fluoridated Boston suburbs versus fluoridated Boston it was clearly stated that:

*“A comparison of the present preliminary findings to those of nearly 30 years ago suggest a decline in caries prevalence of 40-50%. The decline cannot be attributed to water fluoridation and seems too large to be explained trivially, e.g. because of differences in diagnostic standards.”*<sup>(44)</sup>

K) Dr. Ahmed erroneously states that:

*“...in terms of the level of intervention and their effectiveness, community water fluoridation*

*provides the best protection in the community that we are living in, and, it gives an equal chance, fighting chance to everyone who is dealing with these dental health issues.”*

This is an opinion statement based on hearsay, endorsements, faulty studies, the opinion of other like minded people and it lacks any proof presented at this Council meeting.

There is no proof extant that can be found anywhere in the literature that proves that:  
*“community water fluoridation ... gives an equal chance, fighting chance to everyone who is dealing with these dental health issues.”*

To further complicate the predicament that Dr. Ahmed puts himself in, he says that:  
*“the data **clearly** shows that our community in particular has much more dental health issue concerns compared to the comparable communities such as London, **Niagara** and Hamilton.”*

Dr. Ahmed is clearly not aware that the Niagara health community is not fluoridated; Dr. Ahmed is also clearly not aware that they do not have comparable dental health issues.

L) Dr. Ahmed again erroneously states that:

*“... there are ... guidelines that Health Canada sets up in terms of the maximum acceptable concentration of fluoride in the water, ... set to an optimal level that is shown to be beneficial for the health of oral health of today individual and it all depends on the concentration.”*

By misinterpreting Health Canada's recommendation about concentration Dr. Ahmed misconstrues concentration for dosage: Dr. Ahmed should know and should have avoided this statement because the concentration of fluoride in the water does not equate to the dosage that each individual water drinker gets from drinking fluoridated water.

One can drink as much as one needs, wants or desires: one may consume too much fluoride according to the maximum allowable for the erroneously expected tooth decay benefits.

Upon drinking 5.8 litres of water, one exceeds the poison level of 4 ppm of daily intake.

M) To Councillor Bortolin's question about harm to health from overfeeds, Dr. Ahmed replies:

*“... **definitely not**. The levels are set intentionally to provide, ah, to provide that cushion that if for any reason the concentration is increased, there is no harmful effects to the health.”*

and Dr. Ahmed continues:

*“The harmful effects are only seen at much higher levels 10 to 15 times of the level that is in our community for water fluoridation”*

Consider the most recent overfeed in the water treatment plant, in Sandy City, Utah,<sup>(45)</sup> and a more recent one in Newport,<sup>(46)</sup> as well as many previously reported overfeeds in the U.S. (see Appendix on overfeeds) and Canada show the lie to both of those statements: Dr. Ahmed is grossly misinformed on that point when he should have been properly briefed on the matter; if he was informed, then he lied about it.

Harmful effects have been known to occur at levels used in fluoridation. See Overfeeds in the Appendix and an abridged version of **Harm to Health** from fluoridation.

Dr. Ahmed is also obviously unaware of the acute fluoride poisoning from a public water



system. This report described an accident that occurred in Hooper Bay, Alaska, in 1992, in which 296 residents suffered acute poisoning and a 41-year-old man died.<sup>(47)</sup>

Dr. Ahmed is also obviously unaware of the community health effects of municipal water supply hyperfluoridation accidents. This report described an overfeed incident in a residential Connecticut community in 1986. The fluoride caused gastroenteritis in 33% of those who drank the water and itching and skin rashes in those with dermal contact; the acidity leached copper from domestic plumbing.<sup>(48)</sup>

The above overfeed reports are just two of dozens of such incidents related to the dangers of implementing community water fluoridation.

Furthermore, a statement in this report clearly indicates that fluoride is harmful:  
*“Treatment with the F causes an increase in lipid peroxidation (LPO) and also increase in the neurodegenerative cells in the hippocampal sub-regions.”*<sup>(49)</sup>

N) During the second part of the video of the question period, Dr. Ahmed states:  
*“there are 72% of the communities in Ontario that receive fluoridated water.”*

However, that does not mean that everyone who lives in those communities is actually drinking that water, so this statement is not simply made to impress the Council about his use of useless knowledge on fluoridation, and the actual figure is 71.6%.<sup>(50)</sup>

Many people opt for drinking bottled water, juices and other beverages in deference to tap water, but there are no statistics anywhere or analysis therefrom to show the impact of this option on tooth decay, oral health or other health concerns, which makes this a relatively useless fact used to impress Councillors and sway them to accept his misguided recommendation; furthermore, this does not reveal the *percentage of the population* poisoned by fluoridation.

O) Near the end of the question and answer session, Dr. Ahmed makes a rather peculiar statement regarding a question by a Councillor related to ADHD and lowered IQ as reported in recent NIH sponsored studies.

*“I would just say that the studies I'm quoting and were (bidden?) they study the critique by other researchers for methodological limitations, including measurement error and no consideration for other potential explanatory variables such as preterm birth, exposure to tobacco, alcohol, Arsenic or Lead, apart from socioeconomic status.”*

This is completely false as pointed out differently above, however, Dr. Ahmed compounds this by adding a closing statement following more misinformation:

*“They also said exactly the same thing that their fluoride in the drinking water at levels permitted does not impair children's **neural** development.”*

The Bashash research<sup>(20)</sup> said no such thing, in addition to the fact that Dr. Ahmed uses the word “**neural**” - he probably misconstrued that word with, “neurological,” which is in large part what the studies were about: this would be comical if it were not such a serious error of scientific fact.

See also reference 49. a) & b), page 72, this document, on the “neural development” comment, but as a different aspect: “Fluoride is known to cross the blood-brain barrier and alter the

structure and function of neural tissue. There are a significant number of authoritative reports on neurodegenerative changes in hippocampus, neocortex, cerebellum, spinal cord and sciatic nerve in fluoride intoxication.”

There is one particular area of importance that Dr. Ahmed has failed to mention: the implementation of a most important Protocol regarding water safety: he does not mention this most important aspect of his duty with respect to the artificial water fluoridation of the community water supply, as recommended by Ontario Public Health, that is:

### **The Safe Drinking Water and *Fluoride* Monitoring Protocol 2018.**

Requirement 1: The board of health shall:

- a) Conduct surveillance of drinking water systems and associated
  - a) illnesses,
  - b) risk factors, and,
  - c) emerging trends.
- b) Conduct epidemiological analysis of surveillance data, including monitoring of
  - a) trends over time,
  - b) emerging trends, and,
  - c) priority populations.

If the Windsor-Essex health office has implemented this Protocol, Dr. Ahmed should have mentioned this and advised that the implementation of fluoridation be delayed until this protocol has been implemented, for the sake of the health of the community if not to satisfy the Precautionary Principle.

If Dr. Ahmed and his staff are not aware of this Protocol, then they are misinformed: they should have been informed, and the implementation of fluoridation should be delayed until this protocol has been implemented, for the sake of the health of the community if not to satisfy the Precautionary Principle.

Of particular interest to the CPSO is the curious and peculiar veiled disavowal by Dr. Ahmed that he does not personally favour fluoridation.

He affirms his apparent lack of conviction that fluoridation works *during his presentation* and the *question and answer session*; here are two direct quotes from the video of that meeting.

At approximately 2 minutes and 53 seconds into his presentation, Dr. Ahmed says:  
“We as a community need to take the responsibility of this problem and act in the best interest of the community, and ***not based on my personal opinion of this issue.***”  
Does that mean that his personal opinion is different from policy on “this problem?”

At approximately 4 minutes and 16 seconds into his presentation, he clearly states:  
“***what I am presenting today to you does not reflect the view of Dr. Wajid Ahmed...***”  
This gives the impression that his view is different from what he is presenting.

At about 4 minutes and 27 seconds, Dr. Ahmed says:  
“***...for the benefit of the whole community without any personal bias.***”  
Why would he want to emphasize that he does not have a personal bias on this matter? Does he not believe in what he is about to recommend?

At approximately seven minutes into the first question period, Dr. Ahmed declares:  
“***Some of the recommendations that we are putting forward, ... are not based on my personal opinion or how I feel about it...***”



Whether Dr. Ahmed set out to deceive his audience or not, during his presentation and in answering the questions posed to him, the fact remains that most of his presentation and answers to questions were deceitful and caused Windsor Council to make a decision based on deceitful, inaccurate, false and erroneous information, regardless of the subject of his recommendation.

For Windsor Council to decide as they did in favour of fluoridation based on deceitful information is unacceptable, immoral and cause for grave concern because the chemical used is known to cause deleterious effects to a significant number of people from both short term and chronic ingestion of the Hydrofluorosilicic acid contaminant and its co-contaminants. See “Other References Consulted” at the end of this document.

Dr. Ahmed should have known that the information he was presenting was deceitful and erroneous and should have refrained from presenting such information without the attendant warnings of the known side effects of drugging a whole population with toxic chemicals; the warnings are mentioned or inferred in the omissions listed below.

Dr. Ahmed should have known to inform Windsor Council of all of the facts of which he omitted to inform them as detailed below.

The foregoing information and the list of omissions detailed below should be sufficient to convince the CPSO to seriously examine the competence of Dr. Whajid J. Ahmed in his function as a practicing physician and as a qualified representative of the Medical Office of the Windsor-Essex Health Unit and bring about redress regarding accurate presentation of data to decision-makers.

The authors of this complaint firmly believe that Dr. Wajid J. Ahmed should be the subject of a serious form of censure for behaviour unbecoming of a physician in the medical profession, and, as a Medical Officer of Health: *the censure must indicate clearly that he is to acquire and propagate accurate data.*

However, there is more to consider before the CPSO makes any determination on the fate of Dr. Wajid J. Ahmed as can be seen by the next section of this document, to wit, the serious omissions left out of his presentation and answers to questions.

Had these omissions been revealed to Windsor Council, it becomes entirely evident that their decision would have been contrary to the one reached on the day of the vote to reinstate fluoridation that had been previously discontinued by a prior Council vote.

**To drive home the point of this complaint: Dr. Ahmed caused Windsor Council to make a decision, implementation of fluoridation, based on deceitful, inaccurate, unsubstantiated and incomplete information which he presented to the Council in support of fluoridation.**

**Furthermore, Dr. Ahmed expressed a lack of personal support for the measure, in spite of quoting opinions, faulty studies, endorsements, improper opinions, and making an authoritative, strong, but scientifically unsupported case in favour of the measure that he recommended.**

Please read the introduction to the list of omissions and follow that with the list of omissions to further inform yourselves of the seriousness of the matter.

Please also see the **Conclusion** of this complaint for our assessment and recommendations based on the content of this complaint.

## OMISSIONS - INTRODUCTION

To clearly understand most of the omissions below, one must know the following:

- a) The type of Hydrofluorosilicic acid (HFSA) as used in artificial community water fluoridation is not in pure form; the chemical formula for pure HFSA is  $\text{H}_2\text{SiF}_6$ .
- b) The HFSA is not a USP pharmaceutical grade product as would be expected for a water additive, if that additive is aimed to be a source of a nutrient.
- c) The HFSA as used is the liquid chemical mixture produced by the wet scrubbers of the smoke stacks of the phosphate fertilizer industry usually held in large ponds near the phosphate producing factories.
- d) The source of the HFSA explains why there are so many impurities and co-contaminants in the HFSA used.
- e) The HFSA is mining waste or residue, tailings, slag: it is unfiltered, untreated, toxic.
- f) The HFSA used is a banned US EPA environmental contaminant.

However, because there can be a buyer for that contaminant, it becomes a marketable product without regard for its end use.

See the HFSA MSDS (Manufacturer's Safety Data Sheet) attached that can also be verified as authentic by asking your WTP management or operator.

HFSA chemicals are untested industrial waste by-products of the phosphate fertilizer industry contaminated with cancer causing and neurotoxic elements that are NOT removed before or during the dilution process.

HFSA chemical contaminants are still hazardous even when diluted when used in fluoridation.

The fact that the HFSA as used is not a pure form  $\text{H}_2\text{SiF}_6$  is important to consider when evaluating this complaint and even pure, the compound is not **approved** by Health Canada as a drug or as a source of a nutrient for food or water fortification and not **approved** as a water treatment chemical by any authority.

Dr. William J. Hirzy, Ph.D, retired scientist, U.S. EPA

*"[I]f this stuff gets out into the air, it's a pollutant; if it gets into the river, it's a pollutant; if it gets into the lake, it's a pollutant; but if it goes right straight into your drinking water system, it's not a pollutant. That's amazing!"*

Dr. Hirzy also said that there is

*"lack of benefit to dental health from ingestion of fluoride"*

and exposed

*"fluoride's interference with the function of the brain's pineal gland"<sup>(51)</sup>*

A Public Health officer should not promote **the use of a product** to attempt to prevent a disease, **that is**

1. an unregulated substance neither as a drug nor as a nutrient for food fortification;
2. unfit for human consumption;
3.
  - a) manufactured,
  - b) packaged,
  - c) transported and
  - d) stored in unsanitary conditions,whereas food or drink for human consumption should be;
4. contaminated with toxic heavy metals such as Lead, Mercury, Arsenic, Beryllium, radioactive elements, and very often with many other toxic elements;
5. administered without a control of dose, even if concentration is determined, no one controls the quantity of water consumed in which it is dissolved at the specified concentration;

6. administered without the informed consent of each citizen to whom it is administered;
7. administered without knowing if there is a need of the substance for each of those citizens,
8. administered without knowing the health condition of each of those patients,
9. administered without any monitoring of their health during the treatment;
10. administered while attributing to the substance a therapeutic purpose of preventing the disease of dental decay, a clear therapeutic claim, while the substance is not in a legal classification to be approved and regulated by Health Canada for the purpose of preventing a disease nor as a source of fluoride for food fortification;
11. administered while giving an assurance of its safety and efficacy, whereas no toxicology test or clinical trials have been done on the actual compound used in the actual treated water, which is grossly misrepresented by medical professionals;
12. administered
  - a) under the undeclared expectation that a Public Health physician is accountable for the product
  - b) while
    - i) no governmental agencies have regulated the substance for the purpose of preventing dental decay and
    - ii) no governmental agencies are
      - a) either accountable
      - b) or responsiblefor the fluoridation chemicals which by consequence, is
  - a) erroneous,
  - b) false, and,
  - c) misleading;
13. an unregulated substance for a therapeutic purpose with scientifically
  - a) unfounded,
  - b) erroneous,
  - c) false, and,
  - d) misleadingstatements while *omitting* to warn of the facts listed below.

## LIST OF OMISSIONS OF FACTS

Dr. Ahmed, in his presentation was so focused on marketing fluoridation to promote its use that he failed in his duty to inform Windsor Council of numerous facts as follows:

1. On the legal nature of HFSA (Hydrofluorosilicic acid) being a water treatment chemical.
2. HFSA is an
  - 1) unfiltered,
  - 2) untreated,
  - 3) toxic and
  - 4) hazardous substanceas defined by Environment Canada.
3. Neither the two legal classifications, whether
  - 1) a drug labelled for therapeutic use, or,
  - 2) a mineral nutrient to meet a nutritional requirement,permit the use of this type of fluoride for the prevention of dental decay.
4. Neither of the two legal classifications permit the use of this type of fluoride as a source of fluoride for food or water fortification.
5. Water additive chemicals are, by definition, only aimed to make water drinkable and palatable and not for any other purpose.
6. Water additive chemicals, even if the additive has a certification,
  - a) the additive doesn't satisfy the requirement for its certification,
  - b) because the toxicology tests that prove the safety of the product have not been performed.
7.
  - a) The HFSA used in fluoridation is produced from the wet scrubbing of the smoke stacks of the phosphate fertilizer mining industry,
  - b) The HFSA used is contaminated with many toxic elements:  
it is essentially a smoke stack waste chemical, similar to the slag of other mining industries.
8. The CPSO has no idea of the toxicity of fluoride.
9. HFSA is most often contaminated with heavy metals such as Lead, Mercury, Arsenic, Beryllium, radioactive elements and many other raw, toxic elements.
10. There are no safe levels for the heavy metals Lead, Mercury and Arsenic.
11. HFSA is not approved and regulated by Health Canada for the use as a drug for the prevention of dental decay.
12. HFSA is not approved and regulated by Health Canada for the use as a source of a nutrient for food or water fortification in the prevention of dental decay.
13. Only pharmaceutical grade fluoride can be used
  - a) for food fortification or
  - b) in the production of supplements or
  - c) dental hygiene products,with the application of all the rules of Good Manufacture Practices (GMP) and in sites with GMP approved by Health Canada.
14. HFSA is an industrial grade product.
15. The industrial grade fluoride used for fluoridation is not guaranteed for safety for food consumption due to unsanitary conditions of
  - a) production,
  - b) packaging,
  - c) transportation and
  - d) storage.
16. The industrial grade fluoride is not intended for human consumption because its unsanitary conditions are incompatible with Good Manufacturing Practices.
17. HFSA, being an industrial grade fluoride, is not produced in respect of Health Canada Good

Manufacturing Practice.

18. HFSA, being an industrial grade fluoride is not produced in a Health Canada Good Manufacturing Practice sites.
19. HFSA hasn't been proven safe by Health Canada for any purpose relative to its human consumption whether as
  - a) a drug,
  - b) a natural health product,
  - c) a source of a nutrition,
  - d) a food additive, or,
  - e) a water treatment chemical.
20. Health Canada claims not being accountable for
  - a) the efficacy or
  - b) the safety of HFSA.
21. The Ontario Ministry of Health claims not being accountable for
  - a) the efficacy or
  - b) the safety of HFSA.
22. The CPSO has not taken any official responsibility and accountability for HFSA as an agent for the prevention of dental decay.
23. The Royal College of Dental Surgeons of Ontario has not taken any official responsibility or accountability for HFSA as an agent for the purification of water.
24. The National Sanitation Foundation (NSF) has not taken any responsibility or accountability for HFSA as an agent for the prevention of dental decay.
25. The NSF has not taken any responsibility or accountability for HFSA as an agent for the purification of water.
26. Manufacturers have not taken any responsibility or accountability for HFSA as an agent for the prevention of dental decay.
27. The NSF has not done any toxicology studies nor is able to supply such toxicology studies to prove the safety of HFSA.
28. Municipalities are
  - a) entirely responsible and accountable for the use of HFSA as an agent for the prevention of dental decay
  - b) the ones who have taken the decision to add HFSA to the community drinking water supply.
29. Municipalities are entirely responsible or accountable for the use of HFSA in case of any detrimental effect on health.
30. Municipalities are entirely responsible or accountable for the use of HFSA in case of any detrimental effect on the environment.
31. Environment Canada's Canadian Water Quality Guidelines for the Protection of Aquatic Life in soft water has been determined at 0.12 ppm.
32. Canada's Canadian Water Quality Guidelines for the Protection of Aquatic Life in soft water and that, at the effluent concentration, some species are susceptible to be seriously affected.
33. The concentrations of fluoride in the lakes and rivers around Windsor have already reached and are often quite superior to the concentration of 0.12 ppm fixed by Environment Canada for the Protection of Aquatic Life in soft water;
  - a) the possible capacity to dilute the concentration of fluoride of the municipal water under the protective guideline is overridden and those excessive concentrations are susceptible to seriously affect some species;
  - b) since susceptible aquatic species are at the root of the food chain, the deleterious implication in the flora and fauna should be seriously considered.
34. Fluoride is bio-accumulative:
  - a) up to 87% may be retained in bone and teeth of young children, and,

- b) about 50% in adults:  
young children's bone and teeth in the building stages accumulate more fluoride.
35. The Fluorine element in all fluorides is not an essential nutrient for human health:
    - a) there is no such thing as a deficiency of the Fluorine element in the human body;
    - b) Fluorine has no useful biological function in human anatomy.
  36. Fluoride being bio-accumulative, the toxic effect increases as the length of the exposure increases.
  37. Dental and bone fluorosis are permanent effects and when damages appear on teeth or bones, it is permanent for life.
  38. Dental fluorosis is not simply cosmetic: it is a biochemical and physiological perturbation of the formation process of the dental enamel and permanent in its nature.
  39. Dental fluorosis is a bio-marker for fluoride poisoning
  40. The administered dose cannot be controlled because it will vary according to the quantity of water drunk or the quantity used in food preparation.
  41. There is no explanation of the process by which dental fluorosis occurs.
  42. Someone can have perfect teeth while having been exposed to infinitesimal amounts of fluoride, amounts greatly below the recommended levels.
  43. There are no determined concentrations of fluoride in the tooth enamel that will assure protection against dental decay.
  44. There are no ideal concentrations of fluoride in the tooth enamel that have ever been scientifically determined.
  45. There is no correlation between the concentration of fluoride in the tooth enamel and the number of teeth affected by dental decay.
  46. Fluoride is so ubiquitous in
    - a) our food,
    - b) our beverages,
    - c) our dental hygiene products and
    - d) our environmentthat a state of deficiency of fluoride is impossible.
  47. There is no known symptom of fluoride deficiency.
  48. Some individuals (more or less about 1% of the population) have some degree of allergy or intolerance to fluoride.
  49. No one evaluates the need of fluoride for each citizen in the community.
  50. No one in the community has given his informed consent for the preventive treatment that fluoridation is presumed to consist of.
  51. The given daily dosage has not been adjusted according to the
    - 1) age,
    - 2) sex,
    - 3) weight,
    - 4) physical activity,
    - 5) total intake of fluoride, and,
    - 6) the environment of each patient.
  52. "Concentration" (mg/L) is a systems operations term and that it is not the equivalent to the health-related or legal definition of "exposure" which is expressed as "dose" in mg/kg of body weight.
- N.B.:
- a) It is impossible to claim the effectiveness and the safety of the entire range of doses of fluoride that are administered through a vehicle such as tap water.
  - b) It makes no logical sense as neither a drug nor a nutrient would have an effectiveness and a safety at any dose delivered as a concentration in the water.

53. The Fluoride anion (F-) concentration is only a fraction of total biological F- exposure and does not account for dissolved complexes and compounds that are bio-available via water that are not regulated.
54. The Ontario Ministry of Health and Long Term Care does not list fluorosis including
  - a) non-skeletal fluorosis,
  - b) dental fluorosis and
  - c) skeletal fluorosis
 in their Resource Manual for Physicians, Chapter 4 Claims Submission.  
[http://www.health.gov.on.ca/english/providers/pub/ohip/physmanual/physmanual\\_mn.html](http://www.health.gov.on.ca/english/providers/pub/ohip/physmanual/physmanual_mn.html).
55. The fact that the Canadian Medical Association
  - a) does not guarantee the safety of fluoridated water,
  - b) does not assume the responsibility of any possible damages to persons, and,
  - c) does not thoroughly investigate complaints by individuals who believe they are suffering from artificially fluoridated water.
56. Long term fluoride consumption is associated with
  - a) increased rates of diabetes and
  - b) kidney disease;
 diabetics drink more water which naturally more than doubles their fluoride intake, such that Windsor-Essex Public Health failed or omitted
  - a) precautionary information to prevent the development of co-morbid conditions in this population,
  - b) most specifically,
    - 1) measures, or at the very least,
    - 2) information to prevent diabetes and kidney disease
 fostered by fluoride ingestion.
57. More than 98% of the HFSA injected into the water supply is
  - a) not used for drinking but is otherwise used for
    1. household,
    2. hygiene,
    2. commercial, and,
    3. industrial
 purposes,
  - b) ending up in the environment where it has been originally banned as an environmental  
 (#)  
 contaminant by the U.S. EPA.
58. The Canadian Drug Product Database does not include fluoride in its list of drugs authorized for sale in Canada. <http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php>.
59. Health Canada required toxicology reviews on Hydrofluorosilicic acid (HFSA) have not been done as revealed here: “*Health Canada has not conducted toxicology studies on fluorosilicates.*” (Environmental Petition No. 221B, submitted by Carole Clinch under Section 22 of the Auditor General Act - see copy attached.)
60. No Canadian or American governmental agency has ever provided safety toxicology studies on the actual HFSA as used in actual treated water.
61. The U.S. Food and Drug Administration (FDA) has never approved fluoride supplements as safe and effective in preventing tooth decay.
62. In 1957, the Supreme Court of Canada, ruled that water fluoridation is a medication  
 “compulsory preventive medication of the inhabitants of the area.” *Metropolitan Toronto v. Forest Hill (Village)*, [1957] S.C.R. 569, dated 1957-06-26.
63. No one has the authority to force medication on competent people without their consent.
64. Section 7 of the Charter of Rights and Freedoms protects Canadians from forced medication.

65. The Centers for Disease Control and Prevention (CDC) states that fluoride is mainly effective in reducing cavities when applied topically.
66. The World Health Organization (WHO) has a report that cavity rates in non fluoridated countries are similar to fluoridated countries.
67. The above report shows that cavity rates are declining the same in all industrialized countries.
68. A large percent of Canadian towns and cities have discontinued water fluoridation.
69. Fluoride has been classified as a neurotoxin by the U.S. Environmental Protection Agency (EPA) similar in toxicity to Lead and Arsenic.
70. No one is responsible for conducting the Health Canada Toxicology reviews on HFSA to ensure it is safe for human consumption.
71. No one ever has conducted, is currently conducting, or is planning to conduct the Health Canada Toxicology reviews on HFSA to ensure it is safe for human consumption.
72. The fluoride (HFSA) used in water fluoridation is incorrectly not considered by Health Canada
  - a) as a natural health product and
  - b) is therefore not captured under the Natural Health Products Regulations.
73. The fluoride (HFSA) used in water fluoridation is incorrectly not considered by Health Canada
  - a) as a drug product and
  - b) is therefore not regulated under Federal Drug Regulations.
74. Health Canada misinterprets the Certification of fluoride by the NSF.
75. Health Canada makes
  - a) inconsistent,
  - b) confusing, and,
  - c) contradictory statementson the use of the fluoride chemical (HFSA) used in community water supply.
76. The NSF certification body does not ensure safety and efficacy of fluoridation chemicals.
77. The NSF
  - a) is not a governmental agency, and
  - b) has no legal and constitutional authority whatsoever to evaluate
    - i) the safety and
    - ii) efficacyof fluoridation chemicals.
78. The NSF is only a trade regulatory agency; it is not a governmental regulatory agency that has the legitimate role and responsibility to regulate and approve a substance that would have a preventive action on a disease.
79. Health Canada misclassifies fluoridation chemicals as water treatment chemicals: however, fluoride chemicals added to the drinking water supply
  - a) do not treat the water to make it more drinkable, but
  - b) are added to treat a disease, to wit, dental caries;Nota Bene - NSF official Statement, verbatim:  
the NSF does not evaluate the safety of the chemicals added to water *for the purpose of the*
  - a) treatment or
  - b) mitigation ofdisease in humans;  
the NSF does not evaluate the product added to water but only the impurities within the product.
80. No government agency in Canada regulates fluoridation chemicals such that
  - a) long term toxicology studies have not been conducted,
  - b) then safety cannot be demonstrated and
  - d) therefore the NSF Standard 60 requirement is not satisfied for the use of HFSA.
81. There is something obviously



- a) illegal and
  - b) unethical
- in the practice of fluoridation.
82. Health Canada says that:
- “fluoride is an unregulated drug and a natural health product that has not yet been licensed under the Food and Drugs Act.”
- “The U.S. FDA has never approved fluoride compounds for ingestion in the U.S. The FDA has written that fluoride is not a mineral nutrient and has labeled fluoride in water an uncontrolled use of an unapproved drug (Lovering [7]).”
- <https://www.hindawi.com/journals/jeph/2013/439490/>
83. Fluoridation chemicals are
- a) unregulated, unlicensed, uncontrolled and unethical products
  - b) that also contravene a number of
    - 1. Health Canada regulations and
    - 2. the provincial pharmacy acts.
84. All products used to fortify food or water have to be of pharmaceutical grade, which is clearly not the case for the fluoride chemical used in fluoridation.
85. At no time has the certification process of the NSF ensured the
- a) efficacy,
  - b) safety, or,
  - c) pharmaceutical quality
- of the fluorides used for water fluoridation.
86. Numerous medical authorities choose to let everyone erroneously believe that the fluoride used in fluoridation of the community water supply is similar to iodine used in iodization in salt whereas this is misleading and deceptive:
- a) fluoride as used in fluoridation is
    - i) an unfiltered, untreated, toxic, fluoride, industrial waste,
    - ii) definitely not pharmaceutical USP grade, and,
    - iii) certainly not needed for good health,
  - b) iodine in salt is a pharmaceutical USP grade elemental substance needed for good health.
87. No upper level Ministry at every level above the municipality is accountable for
- a) prescribing,
  - b) recommending or
  - c) support of
- the fluoride chemical used in fluoridation
88. The Public Health office is not accountable for the use of the actual fluoride chemical that is used in fluoridation.
89. Only the municipal government is fully accountable for the use of the fluoride chemical used in fluoridation.
90. Most members of municipal council do not have
- a) the knowledge,
  - b) the competency, and,
  - c) the qualification
- to evaluate
- a) all the scientific,
  - b) all the legal,
  - c) all the ethical, and,
  - d) all the environmental aspects
- of the implementation of fluoridation to make an informed decision on fluoridation.
91. Most members of the provincial government do not have

- a) the knowledge,
  - b) the competency, and,
  - c) the qualification
- to evaluate
- a) all the scientific,
  - b) all the legal,
  - c) all the ethical, and,
  - d) all the environmental aspects
- to be able to make an informed decision to incite municipalities to implement fluoridation.
92. Medical authorities of the Public Health do not have
- a) the knowledge,
  - b) the competency, and,
  - c) the qualification
- to evaluate
- a) all the scientific,
  - b) all the legal,
  - c) all the ethical, and,
  - d) all the environmental aspects
- of fluoridation as demonstrated by all the missing information given here to be able to promote fluoridation as an effective and safe health measure.
93. The Ontario Ministry of Health and Long Term Care classifies fluoridation chemicals as water treatment chemicals whereas the chemical is not used for making the water more drinkable.
94. Most people are unable to see the difference between marketing and opinions to differentiate them from the claims that supporters of fluoridation are presenting as science based information.
95. The actual daily dose of fluoride that is known to hurt kidneys
- a) has yet to be determined, whereas,
  - b) references keep being made only about excessive doses
- without regard for research that is needed for liver effects from chronic ingestion and exposure to fluorides.
96. The Precautionary Principle
- a) has never been applied to fluoridation,
  - b) there is no willingness to consider that Principle in the case of fluoridation,
- in spite of the nature of the element, Fluorine, being touted as beneficial for teeth when it is in fact one of the most problematic, powerful and dangerous element in the table of elements.
97. The correct dose used in animal studies continues to be misrepresented to justify fluoridation.
98. Any fluoride ingestion, no matter how small, damages teeth by ‘poisoning’ the cells that develop them, occurring when the teeth start to grow in the mouth.
99. Any fluoride ingestion, no matter how small, damages tissues other than teeth; we just can’t see any immediate effects and we have to rely on well done, long term, drug trials that have yet to be done even after over 60 years of fluoridation.
100. Only long term ingestion of low doses of fluoride
- a) will usually produce noticeable effects
  - b) can not always be associated directly with the ingestion of fluoride
- since all adverse health effects are
- a) diffuse,
  - b) pervasive,
  - c) personal and
  - d) individual.
101. Most people are not able to recognize the flaws in the presentations made by “experts” that

support fluoridation.

102. HFSA both adds and leaches elemental Lead into tap water by the time it reaches the water consumers' tap.
103. Dental fluorosis is more than just a cosmetic effect in spite of authoritative opinion statements to the contrary: such statements are not science based - opinions can not be substituted for science.
104. The fluoride chemical used in fluoridation actually contaminates the community water supply after the water has been purified for drinking.
105. Dental fluorosis resulting from fluoridation and other exposure to fluoride is
  - a) very expensive to remediate, ranging from \$5,000 to \$250,000 for every 100 teens over a lifetime and
  - b) costing much more than youth remediation with treatments lasting into adulthood for those affected during their adolescence.
106. Those recommending fluoride in tap water are not as thoroughly informed about the impact of fluoridation on human health since they are to only fluoride's impact on teeth.
107. Rebecca Hanmer, U.S. EPA Deputy Assistant Administrator for Water, an ill informed bureaucrat, said in 1983: *"By recovering by-product fluosilicic acid [aka Hydrofluorosilicic acid, HFSA] from fertilizer manufacturing, water and air pollution are minimized, and water utilities have a low-cost source of fluoride available to them."*  
Her solution to the fluoride polluting industry's disposal problem, thereby polluting and contaminating the water supply and poisoning you and me by dilution of their unfiltered, untreated, toxic, fluoride, industrial waste in tap water!
108. An article in the Journal of the American Dental Association, Volume 23, page 568, April, 1936, titled "Fluorine in relation to bone and tooth development" Floyd DeEds, Phd., said *"Fluorine is a general protoplasmic poison, but the most important symptoms of chronic fluorine poisoning known at present are mottling of the teeth and interference with bone formation."* - the nature of Fluorine has not changed since that time.
109. The Journal of the American Medical Association, Sept 18, 1943, in their editorial, said: *"Fluorides are general protoplasmic poisons, probably because of their capacity to modify the metabolism of cells by changing the permeability of the cell membrane and by inhibiting certain enzyme systems."* - the nature of fluoride has not changed since that time.
110. Dr. P. Mullenix, Ph.D., Harvard research scientist said, in 1997: "The 'fifty years' of studies about fluoride safety, do not exist." - her statement has never been truthfully refuted.
111. Supreme Court Justice J.P. Flaherty, former Chairman of the Pennsylvania Academy of Sciences said in 1979 *"the evidence is quite convincing that the addition of sodium fluoride to the public water supply at one part per million (ppm) is extremely deleterious to the human body"* - so, much more so HFSA containing many toxic contaminants.  
The reduction to 0.7 ppm or a lesser amount is little guarantee that it is any less deleterious.
112. The Chief Dental Officer, British Ministry of Health and Social Security, said on December 11, 1980. *"...no laboratory test has ever shown that 1 part per million fluoride in the drinking water reduces tooth decay."*  
The same may apply for any level of fluoride, whether from 0.05 ppm or more, especially as concerns the actual fluoride chemical used to release the Fluoride anion in fluoridation.
113. Dr. Robert Carton, Ph.D, retired EPA Scientist, said in *Food & Water Journal*, summer 1998: *"The level of fluoride the government allows the public is based on scientifically fraudulent information and altered reports."* He should know, he worked for the EPA.
114. Fluoride is not necessary for any body function.
115. It is highly unethical to mass medicate without control of dose or dosage,
  - a) without informed consent, and
  - b) with no follow up or monitoring for side effects.

116. It is time for the medical community to cut their losses by ending their support for fluoridation.
117. All citizens have the right to
  - a) safe,
  - b) clean,
  - c) non medicated water:
 it is a human right - fluoridation precludes the exercise of that right.
118. The earliest signs of fluorine toxicity
  - a) are chalky-white, irregularly distributed patches on the surface of the enamel,
  - b) these white patches become stained yellow or brown, producing a characteristic mottled appearance, and
  - b) the white patches are easily distinguished by untrained lay people looking directly at teeth.
119. There are no tests available to diagnose the toxicity of fluoride even after over 60 years.
120. Dr. Dean Burk [former American Cancer Institute Director and one of its founders] said regarding Fluoride:
 

“In point of fact, fluoride causes more human cancer deaths than any other chemical. When you have power you do not have to tell the truth. That’s a rule that has been working in this world for generations. And there are a great many people who do not tell the truth when they are in power in administrative positions. It is some of the most conclusive scientific and biological evidence that I have come across in my 50 years in the field of cancer research.”

and furthermore

“More people have died in the last 30 years from cancer connected with fluoridation than all the military deaths in the entire history of the United States.”

—Dr. Dean Burk, Congressional Record, 21 July 1976.

His data and statements have never been truly refuted, are still available for anyone to verify.
121. Babies get a much higher dose for their body weight of the toxic Fluorine element when formula is made from fluoridated water.
122. The most recent and well executed and highly well documented Bashash study said; “Our findings are consistent with a growing body of evidence suggesting that the growing fetal nervous system may be negatively affected by higher levels of fluoride exposure” - think of "higher" as what is normally available in nature.<sup>(20a, 20b)</sup>
123. The NCI does not endorse water fluoridation.
124. The following:
  - a) babies,
  - b) children,
  - c) the elderly,
  - d) the poor and
  - e) people of colour
 are most susceptible to side effects of fluoridation.
125. The definition of Drugs in Canada includes
  - a) any substance, or,
  - b) combination of substances
    1. manufactured,
    2. sold, or,
    3. represented
 as being for use in
  1. “the diagnosis,
  2. treatment,

- 3. mitigation, or,
  - 4. prevention
- of a
- a. disease,
  - b. disorder, or,
  - c. abnormal physical state, or,
  - d. its symptoms,
- in humans or animals,” as described earlier in this document.
126. The Fluorine element
    - a) is the most dangerous naturally occurring element in the periodic table of the elements and,
    - b) when the Fluorine element is released in water it becomes a deadly Fluoride ion that damages human cells on contact.
  127. It is illegal to dump HFSA anywhere in our environment; there is thus no way to justify deliberately injecting it into our drinking water supply.
  128. Lead, Arsenic, Mercury, Beryllium, and radioactive elements like Radium, Polonium<sup>(13e)</sup>, and others found in HFSA pose a threat when diluted in the environment. How do they not pose a threat when diluted in our tap water?<sup>(13e)</sup>
  129. Water fluoridation falls directly into the category of a failed medical practice.
  130. Claimed savings of fluoridation are clearly a huge exaggeration as confirmed in some references in the appendix.
  131. The U.S. NRC Committee reviewed all literature and recommended to the EPA to markedly lower the 4.0 ppm MCL limit due to all documentation indicating a distinct possibility of adverse health effects.
  132. Dozens of peer-reviewed studies show that fluoridation produces dental fluorosis that is objectionable and often damaging.
  133. Prevalence of dental fluorosis has recently been shown to be much higher than previously predicted in a study of American children, increasing by 30% over the past 10 years.
  134. The NHANES Population study in 2018 predicted an alarming 61 per cent of future fluorosis in American teens.
  135. There has never been a single randomized double-blinded Clinical trial for the actual fluoridation chemical in actual municipal treated water.
  136. Only five per cent of the world is artificially fluoridated.
  137. It is absurdly unethical to use tap water to drug a whole community for whatever purpose.
  138. Calling fluoridation tolerable does not mean that it is either safe or ethical.
  139. The propensity of politically sensitive organizations to make false and misleading statements regarding artificial water fluoridation seems to be a world-wide problem.
  140. The certifying body called the American Water Works Association AWWA B703-06 standard for Fluoride shows clearly that radioactive<sup>(13e)</sup> materials are in these [HFSA] chemicals, therefore added to drinking water.<sup>(13e)</sup>
  141. A recent petition to the EPA documented that 112 out of 115 animal studies showed fluoride is neurotoxic.
  142. There are now proven, serious, documented health risks from fluoridation, including:
    - a) bone cancer,
    - b) bone fracture,
    - c) endocrine system effects, especially to the thyroid gland, and
    - d) adverse neurological effects such as lowered IQ, under specific conditions or circumstances.
  143. It has been conclusively shown that there are no significant differences in cavities between communities with and without fluoridation.
  144. It has been conclusively shown that insignificant differences in cavities between communities

- with and without fluoridation have been misrepresented to favour fluoridation.
145. B.C and the province of Québec have the lowest rate of fluoridation and the lowest rate of tooth decay in the country.
  146. Actual rates of fluoridation and the actual rates of decay of the above provinces are being downplayed to favour fluoridation.
  147. Fluoridation is a womb-to-tomb poisoning of people via tap water.
  148. The biochemistry of fluoride in the body causes epigenetic changes to DNA that can increase the incidence of bone disease and cancer in future generations.
  149. 97% of Western Europe has rejected water fluoridation.
  150. Fluoridated salt or milk in some European countries is a dismal failure.
  151. In 1979 the FDA published in the Federal Register that all references to fluoride as a nutrient or probable nutrient should be removed from government documents as should all language describing fluoride.
  152. Research has shown that no health deficiencies could be caused by withholding Fluoride from human or animal diets.
  153. In 2012 and 2013, the European Food Safety Authority, in consideration of dietary reference values (DRV) wrote:
    - a) "Fluoride has no known essential function in human growth and development and no signs of fluoride deficiency have been identified,"<sup>(52)</sup>
    - and,
    - b) "Overall, there was a lack of high quality evidence upon which DRVs may potentially be based for fluoride."<sup>(53,54)</sup>
  154. The U.S. congress has for years had four big studies clearly linking cancer deaths to Fluoride, the most significant being the undisputed, validated fluoride cancer link study by Dr. Dean Burk's Fountain congressional investigation.
  155. In 2009 the Iowa longitudinal Fluoride Study researchers wrote:

"These findings suggest that achieving a caries-free status may have relatively little to do with fluoride intake, while fluorosis is clearly more dependent on fluoride intake."<sup>(54)</sup>
  156. The absence of any type of fluoride in tap water does not constitute a health hazard.
  157. Though the addition of any type of fluoride to tap water might be beneficial to a small minority of people, its addition, if not harmful, is of no benefit to the vast majority of tap water consumers.
  158. The decision to promote fluoridation were initiated based on "*fluoridation trials*" which were hopelessly flawed; in the words of Dr. Hubert Arnold, statistician, the UC Davis, they "are especially rich in
    - a) fallacies,
    - b) improper design,
    - c) invalid use of statistical methods,
    - d) omissions of contrary data, and,
    - e) just plain muddleheadedness and hebetude."
  159. Using HFSA as a tooth remedy via the water supply causes tap water to be a hazardous waste disposal system for this chemical.
  160. Fluoridating the water supply removes everyone's freedom of choice as to whether or not to be medicated for a disease
    - a) which they may or may not have, or,
    - b) for which they may choose another treatment method.
  161. NIDR's 1986-1987 study of nearly 40,000 U.S. children in 80 communities found no significant statistical difference in tooth decay of permanent teeth of children living in
    - a) fluoridated,
    - b) partially fluoridated, and,

- c) non-fluoridated communities,  
adjusted for numerous confounding factors.

Should the CPSO prove that *all of the above* claims of facts to be false, the complainants agree to withdraw their complaint against Dr. Ahmed.

Based on all of the above claimed omissions of facts, no reasonable person should allow themselves to be convinced

- a) of the safety and
- b) of the efficacy

of any fluoride chemical for use as an additive in treated water for the medical purpose of treating tooth decay of any community, be they:

- a) medical doctors,
- b) naturopaths,
- c) dentists,
- d) Councillors,
- e) bureaucrats,
- f) lawyers,
- g) nutritionists,
- h) marketing executives,
- i) corporate executives, or
- j) any other person in a position considered to be one of authority.

Based on the above omissions of facts, and the knowledge of the nature of the fluoride chemical used in community water fluoridation, Dr. Ahmed has not acted in a professional and ethical manner in promoting such a substance to be used in a prophylactic way against tooth decay.

Especially as Dr. Ahmed categorically states during his presentation that:

*“At the agency, we have the legislative responsibility to ... protect and promote the health of the community.”*

Dr. Ahmed should have known all of the above facts as the expert that he claims to be, as expressed in his superlative introduction to his presentation:

*“My name is Dr. Wajid Ahmed and I'm the acting Medical Officer of health for the' Essex "County Health Unit.”*

*“I'm also an adjunct Professor at the University of Western Ontario and I also support preventive medicine at the Royal College of Physicians and Surgeons of Canada.”*

*“As a physician I specialize in public health and preventive medicine and I have the credentials to make recommendations that promotes and protects the health of the ... health community.”*

(The two plural s's are part of the video record, Dr. Ahmed's errors, not ours: see the transcript.)

It can not be difficult to understand the incongruity and unacceptability of any statement that affirms directly or indirectly: prevent pollution of the environment at the factory but allow it to happen in, and via, the community drinking water supply, even on the assumption that it may reduce tooth decay in some children, no matter how many endorsements and studies can be mustered to support fluoridation.

For any decision by

- any person or
- any organization, be they
- any municipal,

provincial, or  
federal authority  
to decide to add any contaminant to the community drinking water supply, aka, tap water, via artificial  
water fluoridation, on the specious claim of preventing tooth decay, especially by deceptive means, is  
unacceptable,  
unlawful,  
illegal and even  
criminal, unless  
some legislative body decides to overrule such a crime in spite of its obvious criminality: this is still  
untenable and remains criminal.

It therefore behooves the CPSO, the MOH and other competent medical authorities to categorically  
disprove all of the above facts prior to assessing the relevance of this complaint and if not, to otherwise  
cause Dr. Ahmed's recommendation to fluoridate the community water supply to be rescinded.



## Conclusion

**From all of the foregoing, it appears obvious that there is a serious matter amiss with the presentation made by Dr. Wajid Syed Ahmed to Windsor City Council, Monday, December 17, 2018, on the subject of artificial fluoridation of the community water supply of the City of Windsor and other communities receiving that water from the City of Windsor with the purpose of preventing tooth decay among some children, regardless of its ineffectiveness for doing so among all others.**

It is clearly stated by the CPSO in:

***The Role Of The College Of Physicians And Surgeons Of Ontario,***  
that,

*“Incorporating ethical principles of practice and existing legislation into College policies is one way for the College to fulfill its mandate of ensuring quality care for the people of Ontario. The College and, through the College, the professions, expect compliance with these policies.”*

In keeping with the College's motto,

*“The best quality care for the people of Ontario by the doctors of Ontario”*  
it is clear that Dr. Ahmed has failed to live up to the standard of that motto.

Dr. Ahmed has breached the code of ethics of the profession by:

1. Advocating by force of recommendation for the addition of a toxic waste chemical known as Hydrofluorosilicic acid to the water supply after that water has been purified for drinking, while the contaminant used is:

- a) manufactured,
- b) packaged,
- c) transported and
- d) stored in unsanitary conditions,

whereas food or drink for human consumption should be,  
and,

the fluoridation chemical used is contaminated with toxic heavy metals such as Lead, Mercury, Arsenic, Beryllium, and very often with many other toxic elements, Dr. Ahmed therefore fails the test of that motto and is in serious breach of professional ethics.

2. Not providing Windsor City Council with even a few of the contraindications indicated in the omissions list, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

3. Using inaccurate surveys, opinions, inaccurate references, endorsements, misleading data, an inappropriate report, and improper dental examinations of children, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

4. Refuting information about a robust study of damage to the brain of children with unsupported information, fails the test of that motto and is in serious breach of professional ethics.

5. Dr. Ahmed's support for the untenable practice of fluoridation for which there is neither Toxicological studies nor Clinical trials and, no DIN, is tantamount to the most egregious breach of professional ethics, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

6. Dr. Ahmed's support for the unsupportable practice of fluoridation is a breach of legislation on

maintaining a level of knowledge on the subject of which he is forcefully making a recommendation, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

[Duty of M.O.H. re. Occupational and Environmental Health.

12 (1) Every medical officer of health shall keep himself or herself informed in respect of matters related to occupational and environmental health. R.S.O. 1990, c. H.7, s. 12 (1).]

7. While Dr. Ahmed presents himself as a medical expert upon whom the Windsor City Council should be confident that they are receiving complete and accurate information when this has proven not to be the case, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

8. While Dr. Ahmed presents himself as a medical expert with knowledge of the subject of his recommendation, while neither knowing the classification nor the legal status of the chemical to be used for artificial water fluoridation, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

9. While Dr. Ahmed perpetrates grave omissions as detailed above of a most serious nature that should not have been omitted to the Windsor City Council and the communities served by Windsor, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

10. Advocating by force of recommendation for the addition of a chemical to the community water supply that is neither regulated nor approved nor tested by or for health Canada for such use, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

11. By falsely presenting the chemical additive used in fluoridation as a nutrient for food and water fortification, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

12. Having induced the City of Windsor Council into error by his deceitful and manipulative presentation, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

13. By conflating the problem of tooth decay in a small but significant portion of the community, as a medical crisis that it is not, in order to promote a measure by force of recommendation from his authority, Dr. Ahmed fails the test of that motto and is in serious breach of professional ethics.

*The character or beliefs of the scientist [or professional] are irrelevant; all that matters is whether the evidence supports his [/her] contention. Arguments from authority simply do not count; too many authorities have been mistaken too often.*

Carl Sagan.

Just because a misinformed authority and titular expert at the top of his profession opines that something is a good idea does not make it so, no matter how many endorsements, studies and surveys are presented or how many opinions are stated.

The recommendation to implement fluoridation is fast becoming recognized as an error that should have long ago been recognized by Dr. Ahmed and his staff and rejected as a viable recommendation for an all too common but not critical and not universal medical emergency in the target community.

Whereas Dr. Ahmed has failed to promote the expected highest standard of care to the people of Windsor and other communities entrusted to him by his position as the then acting Medical Officer of Health, it behooves the College to indict him with, at the very least, a breach of ethics, and of further finding against him for:

- a) deliberately deceitful and deliberately misleading presentation of information,
- b) lack of knowledge that he should have had and should have presented,
- c) deliberately using opinions, endorsements, inaccurate studies, and an inaccurate survey obtained while deliberately using a leading comment,
- d) deliberately not using science based information,
- e) deliberately giving inaccurate information,
- f) deliberately giving incomplete information,
- g) deliberately making unsubstantiated claims,
- h) deliberate failure to provide cautionary information;

**be it therefore resolved that the College formally and severely censure Dr. Ahmed and take action in keeping with the power of the College to do so and in keeping with the seriousness of his offences as detailed in the above points of contention and throughout this detailed, formal complaint, insuring that**

- 1. **he refrain from using deceitful information, and**
- 2. **that he educate himself on any matter to which he makes a presentation that may affect decision-makers.**

## **RECOMMENDATION**

In Summary, we strongly recommend that the CPSO resolve as above in light of:

- a) deceitful presentation of information,
- b) misleading presentation of information,
- c) lack of knowledge that he should have had,
- d) using
  - 1. opinions,
  - 2. endorsements and
  - 3. faulty studies instead of reliable and independent science based information,
- e) giving inaccurate information,
- f) giving incomplete information,
- g) making unsubstantiated claims,
- h) failure to provide cautionary information.

Thank you.

## Endnotes

1. The Declaration of Helsinki: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>.  
One of the fundamental principles of the Declaration is that concern for the individual must always take precedence over the interests of science and society.
2. point 7, meaning, 0.07 parts of fluoride per million parts of water, or, ppm.
3. [http://www.oag-bvg.gc.ca/internet/English/pet\\_299C\\_e\\_35212.html](http://www.oag-bvg.gc.ca/internet/English/pet_299C_e_35212.html) - *no longer accessible; link has been deleted* – copie obtained, attached: “Pétitions 299, 299B et 299C et réponses Fr et Ang.doc” (Petition 299, 299B and 299C with answers in French and English).
4. <https://laws-lois.justice.gc.ca/eng/acts/F-27/FullText.html>.
5. (<http://www.inspection.gc.ca/food/general-food-requirements-and-guidance/labelling/for-industry/health-claims/eng/1392834838383/1392834887794?chap=18#s49c1>).
6. [https://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,\\_c.\\_870/](https://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._870/).
7. <https://laws-lois.justice.gc.ca/eng/acts/F-27/FullText.html>.
8. <https://laws-lois.justice.gc.ca/eng/acts/F-27/FullText.html>.
9. Food and Drug Regulations L.R.C. 1985, note 23, art. D.02.004.).
10. [http://www.mosaicco.com/documents/Hydrofluosilicic\\_Acid\\_MSDS\\_03Jan14.pdf](http://www.mosaicco.com/documents/Hydrofluosilicic_Acid_MSDS_03Jan14.pdf).
11. <http://www.nsf.org/services/by-industry/water-wastewater/water-treatment-chemicals/nsf-ansi-can-standard-60>.
12. Mosaic Company Material Safety Data Sheet (MSDS) for Hydrofluorosilicic acid states the following:  
PRIMARY USE: Industrial Chemical [it is not natural, it is man made].  
“Prolonged or repeated overexposure to fluoride compounds may cause fluorosis.  
Fluorosis is characterized by skeletal changes, consisting of osteosclerosis (hardening or abnormal density of bone) and osteomalacia (softening of bones) and by mottled discoloration of the enamel of teeth (if exposure occurs during enamel formation). Symptoms may include bone and joint pain and limited range of motion. Conditions aggravated by exposure may include skin and respiratory (asthma like) disorders.”  
Chronic exposure may entail dental or skeletal fluorosis.  
Ecotoxicological Information: Acute Toxicity.  
Item 16. ADDITIONAL INFORMATION - Hydrite Rating System: Health: 3; Chronic Health Hazard.  
Under: ACCIDENTAL RELEASE MEASURES  
**Small spills:** Contain spill and stop leak if it can be done without risk.  
Neutralize acid spill using sodium carbonate or a mixture of soda ash and slaked lime. Absorb material with sand or vermiculite or inert absorbent material. Place in DOT-approved poly container and dispose of properly.  
**Large spills:** Isolate spill area and deny entry. Prevent discharge into waterways and sewers. If possible transfer material to appropriate containers for reclamation or disposal. Remaining spill may be neutralized with sodium carbonate or a mixture of soda ash and slaked lime. Contact proper local, state, or federal regulatory agencies to ascertain proper disposal techniques and procedures. All waste to be collected in a DOT-approved poly drum for disposal.  
Under: STABILITY AND REACTIVITY  
Incompatible Materials: Avoid contact with metals, stoneware, strong acids and alkalies, explosives, toxicants, readily oxidizable materials, alkali metals, combustible solids, and organic peroxides.
13. a) A certificate of analysis (CoA) is a document indicating that the product meets its product specifications.  
b) The CoA includes test results for each individual batch of a product that are obtained using standard quality control procedures.  
c) For some unexplained reasons, the modern certificate of analysis for fluoridation chemicals is an abridged version of the complete contents of the chemical solution, copy attached. See the attached CoA now in common usage.  
d) A copy of a typical acid's contents used in fluoridation is attached along with a characterization of its contents, minus any radioactive elements that might be present in the resulting chemicals normally found in mining slag.  
e) There is an AWWA B703-06 report that clearly states that many radioactive elements such as Radium (Ra), Radon (Rn), Uranium-238 (U-238), Plutonium (Pu), Polonium (Po), and others are often present in some

fluoridation chemical samples – explanation: they are found in the products of mining operations.

14. “laboratory and epidemiologic research suggests that fluoride prevents dental caries predominately after eruption of the tooth into the mouth, and its actions primarily are topical for both adults and children”.
15. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4841a1.htm> under Biologic Mechanism.
16. Centers for Disease Control and Prevention. (2001). Recommendations for using fluoride to prevent and control dental caries in the United States. *Mortality and Morbidity Weekly Review* 50(RR14):1-42.
17. <http://www.iadr.org/AADR/About-Us/Policy-Statements/Science-Policy/Topical-Fluorides>.
18. Dr. Durley why our government agencies haven't told the black community openly that fluorides disproportionately harm black Americans; The dose of fluoride associated with disturbed endocrine function (Lin et al., 1991).
19. Atlanta Civil Rights leaders Andrew Young and Reverend Dr. Gerald Durley recently requested that Georgia legislators repeal the state's mandatory water fluoridation law, based on the fact that fluoride can disproportionately harm poor citizens and black families.
20. More recent US-government funded mother-offspring studies from Mexico City (Bashash et al., 2017 and 2018). These latter studies, which controlled for confounders, found a very strong association between fluoride levels in the pregnant mothers' urine and lowered IQ in their offspring.  
The 12-year Bashash study reported an astonishing loss of 5 to 6 IQ points which correlated with fluoride urine levels ranging from 0.5 and 1.5 mg/L in pregnant mothers. These are the same levels in adults reported in U.S. communities with fluoridated drinking water (0.6 and 1.5 mg/L).
  - a) Prenatal Fluoride Exposure and Cognitive Outcomes in Children at 4 and 6–12 Years of Age in Mexico. <https://ehp.niehs.nih.gov/doi/10.1289/ehp655>. **Bashash** M, Thomas D, Hu, H, Martinez-Mier EA, Sanchez BN, Basu N, Peterson KE, Ettinger AS, Wright R, Zhang Z, Liu Y, Schnaas L, Mercado-García A, Téllez-Rojo MM, Hernández-Avila M. *Jrnl Environmental Health Perspectives*. 19 Sep 2018  
In this study, higher prenatal fluoride exposure, in the general range of exposures reported for other general population samples of pregnant women and non pregnant adults, was associated with lower scores on tests of cognitive function in the offspring at age 4 and 6–12 years.
  - b) OP V – 2 Prenatal fluoride exposure and neurobehavior among children 1–3 years of age in Mexico. Thomas D, Sanchez B, Peterson K, Basu N, Martinez-Mier EA, Mercado-Garcia A, Hernandez-Avila M, Till C, Bashash M, Hu H, Tellez-Rojo MM. *Jrnl Occupational & Environmental Medicine*. 03-18-2018.
  - c) Community Water Fluoridation and Urinary Fluoride Concentrations in a National Sample of Pregnant Women in Canada. 20. Till C, Green R, Grundy JG, Hornung R, Neufeld R, Martinez-Mier A, Ayotte P, Muckle G, Lanphear. *Jrnl Environmental Health Perspectives*. Oct. 2018.
  - d) In utero exposure to fluoride and cognitive development delay in infants. Valdez JL; López G, OD; Cervantes FM; Costilla-Salazar R; Calderón HJ; Alcaraz CY; Rocha-Amador DO.
  - e) Association of Higher Maternal Serum Fluoride with Adverse Fetal Outcomes. Gurumurthy SM, Shruti M, Aparna VB, Mishra 20. AK, Pragna R. <http://fluoridealert.org/wp-content/uploads/gurumurthy-2011.pdf>. 2011.
  - f) Anaemia in pregnancy and low birth weight babies. Susheela AK, Mondal NK, Gupta R, Ganesh I K, Shashikant Brahmkar I, Shammi Bhasin 2 and G. Gupta. 2010.
  - g) Relationship between municipal water fluoridation and preterm birth in Upstate New York. Hart R, Feelemyer J, Gray C, Lodise T, Patel N, Wymer S, McNutt LA. Abstract presented at American Public Health Association. Nov. 7-9, 2009.
21. a) Skeletal fluorosis:  
Pandit et al., 1940;  
Marier et al., 1963;  
Fisher et al., 1989;  
Teotia et al., 1984;  
Littleton et al., 1999.
- b) Accumulation of skeletal fluoride and its implications. Marier JR, Rose D, Boulet M. *Arch Environ Health*. 1963 May;6:664-71. *Arch Environ Health*. 1963 May;6:664-71.
- c) “...osteosclerosis is only one of many skeletal abnormalities that can be induced by fluoride.” Marier JR, Rose D. (1971). *Environmental fluoride*. National Research Council of Canada, Publication No. 12,226, Ottawa.
- d) Accumulation of Skeletal Fluoride and Its Implications. Marier JR. Rose D, Boulet M. 2 Oct 1961, Published online: 30 Apr 2013. <https://www.tandfonline.com/doi/abs/10.1080/00039896.1963.10663458>.

- e) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3433161/>. Dental fluorosis.  
Excess fluoride ingestion results in dental fluorosis. The mechanisms affected by long term chronic exposure to low levels of fluoride are likely to differ from those affected by acute exposures to high levels of fluoride. Some mechanisms affected by lower chronic fluoride levels, resulting in enamel fluorosis, are likely to be specific to this uniquely mineralizing tissue, *while others may also affect other cells and tissues*.
22. Email from: CCO, ORN. Sent: April 30, 2019: The Ontario Renal Network has not completed any studies to determine the safety of water fluoridation in individuals with chronic kidney disease. Kind regards. The Ontario Renal Network. [information@renalnetwork.on.ca](mailto:information@renalnetwork.on.ca), contact us. 1-33GXHEG.
23. <https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-031912-114413>
24. Public Health Ontario (PHO): definition, from their LinkedIn URL:  
<https://www.linkedin.com/company/public-health-ontario>  
**About us**  
Public Health Ontario is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. PHO links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.  
PHO provides expert scientific and technical advice and support relating to:  
- infectious diseases,  
- infection prevention and control,  
- surveillance and epidemiology,  
- health promotion, chronic disease and injury prevention,  
- environmental and occupational health,  
- emergency preparedness and incident response.  
PHO operates the public health laboratories.  
PHO's work also includes research, professional development and knowledge services.  
Our main clients are local public health units, government and health care providers and institutions.
25. Even most pro-fluoride dental organizations now publicly recognize the following problems with exposing infants to fluoride.  
1) Fluoride is nearly completely excluded from breast milk.  
2) Fluoride is NOT a nutrient, certainly not an essential one.  
3) Ingested fluoride provides no pre-eruptive *benefit* to teeth.  
4) Formula made with fluoridated water provides unsafe doses.  
5) Infant consumption of fluoridated water causes dental fluorosis: which is more than a simple cosmetic effect.
26. An association with water fluoride and other adverse effects such as cancer, bone fracture and Down's syndrome was not found.  
However, we felt that not enough was known because the quality of the evidence was poor.  
The evidence about reducing inequalities in dental health was of poor quality, contradictory and unreliable.  
<https://www.york.ac.uk/media/crd/crdreport18.pdf>
27. The Cochrane Collaboration determined that the large of evidence they were able to access and review neither supported beneficial effects nor adverse effects of water fluoridation due to the poor quality of the available evidence.  
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010856.pub2/abstract>
28. <https://ehp.niehs.nih.gov/doi/full/10.1289/ehp.7077>. Erdal S, Buchanan SN. Pub.1 Jan.2005.
29. One of the most recent studies, for example, found a trend towards higher TSH in children based on the severity of their dental fluorosis, but without a significant effect on either T3 or T4. (Hosur 2012). These and other findings indicate that fluoride can contribute to a subclinical, if not clinical, hypothyroid condition. It remains difficult to predict the toxic dose, however, as it appears to depend, in part, on the nutritional and health status of the individual, particularly the adequacy of iodine intake. (NRC 2006).
30. "Water fluoridation falls directly into this category of failed medical practices, supported by professional unions and associations for decades with weak or nonexistent evidence, buried and manipulated science, and blinded and passionate fervour to "help those poor kids." Unfortunately, the deleterious effects of fluoride mostly affect babies, children, the poor, chronically ill, elderly and *people of colour*." Jan. 26, 2019, Drs Limeback & Dickson  
<https://calgaryherald.com/opinion/columnists/opinion-calgarians-better-off-without-toxic-fluoridation>.

31. Letter from Dr. Gerald Durley to Senator Chip Rogers, Senate Majority Leader, Georgia State Capitol, March 9, 2011. (National Research Council info on kidney patients and others as fluoride-susceptible groups at page 350: [http://www.nap.edu/openbook.php?record\\_id=11571&page=349](http://www.nap.edu/openbook.php?record_id=11571&page=349) (bottom) to page 350 (top) preamble: [http://www.nap.edu/openbook.php?record\\_id=11571&page=350](http://www.nap.edu/openbook.php?record_id=11571&page=350) (bottom) to page 351.
32. Extract of letter from Andrew Young to Chip Rogers, Senate Majority Leader, Georgia State Capitol, March 29, 2011. “now we know that the primary, limited cavity fighting effects of fluoride are topical, when fluorides touch teeth in the mouth. We know that fluorides do little to stop cavities where they occur most often, in the pits and fissures of the back molars where food packs down into the grooves. ... We also have a cavity epidemic today in our inner cities that have been fluoridated for decades.”
33. Water fluoridation and osteoporotic fracture [which mainly affects seniors and those with bone degeneration]. <https://www.ncbi.nlm.nih.gov/pubmed/8897754>, and, according to reports that have been submitted to and accepted by the World Health Organization, excess fluoride intake causes a condition known as skeletal fluorosis, which has symptoms that are difficult to distinguish from arthritis in its early stages.
34. a) “Spontaneous fractures are fairly frequent.” Roholm K. (1937). Fluoride intoxication: a clinical-hygienic study with a review of the literature and some experimental investigations. London: H.K. Lewis Ltd.  
 b) “All fractures were spontaneous in onset. The peripheral fracture rate during treatment was three times that in untreated osteoporosis.” Schnitzler CM, et al. (1990). Bone fragility of the peripheral skeleton during fluoride therapy for osteoporosis. *Clinical Orthopedics* (261):268-75.  
 c) [https://www.who.int/water\\_sanitation\\_health/diseases-risks/diseases/fluorosis/en/](https://www.who.int/water_sanitation_health/diseases-risks/diseases/fluorosis/en/); Water-related diseases.  
 d) <https://www.ncbi.nlm.nih.gov/pubmed/18515990>; Effects of long-term fluoride in drinking water on risks of hip fracture of the elderly.
35. Physiologic Conditions Affect Toxicity of Ingested Industrial Fluoride. chronic effects of fluoride involve alterations in the chemical activity of calcium by the fluoride ion.  
 Natural calcium fluoride with low solubility and toxicity from ingestion is distinct from fully soluble toxic industrial fluorides.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3690253/>.
36. This paper provides a reasoned assessment on the magnitude of the main positive impact of fluoride ingestion on human health (i.e., prevention of dental caries) compared with the established and potential adverse impacts. In particular, it raises questions about what an acceptable safety margin should be for ingested fluoride and questions why normal rules of safety normally applied to assessments of harm and benefit are not applied to water fluoridation.  
 The paper concludes that given the questionable evidence of benefit and increasing evidence of harm the policy of water fluoridation for the prevention of dental caries should be abandoned...  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3956646/>.
37. True Fluoride toxicosis can be reproduced by re-exposure to fluorides from whatever source. Fluoridation the Great Dilemma, Burghstahler, McKinney, Waldbott, Jan. 1979.
38. Waldbott G. Incipient chronic fluoride intoxication from drinking water. II. Distinction between allergic reactions and drug intolerance. *International Archives of Allergy and Applied Immunology*. 1956;9(5):241–249.
39. <https://slweb.org/bibliography.html>.
40. <https://fluoridealert.org/issues/health/>.
41. <https://fluoridealert.org/studytracker/>.
42. <http://fluoridealert.org/researchers/authors01/>.
43. <http://www.nidcr.nih.gov/NewsAndReports/ReportsPresentation/DirectorsReportCouncil092003.htm>
44. Changes in Caries Prevalence of Massachusetts Children Over Thirty Years. DePaola PF, Soparkar P, Allukian M, DeVelis R, and Resker M.
45. <https://www.ksl.com/article/46536380/report-shows-239-people-sickened-in-utah-fluoride-overfeed-investigation-continuing> Sandy, Utah, report, Apr 21st, 2019.
46. Jun 5, 2019. “Elevated fluoride levels were observed at one of the city’s (Newport RI) water treatment plants in May, according to a press release from the Department of Public Utilities. ... the maximum fluoride level found in

the city's Station 1 Water Treatment Plant reached 2.16 mg/l. ... this fluoride violation is a Tier 3 violation of the drinking water regulations. <https://www.newportri.com/news/20190605/elevated-fluoride-levels-found-in-newport-water-treatment-plant-in-may>.

47. Gessner BD, et al.; Engl J Med. Jan 13, 1994; 330(2):95-9).
48. Petersen et al.; Am J Public Health. Jun 1988; 78(6):711-3.
49. a) Sharma C, Suhalka P, Sukhwal P, Jaiswal N, and Bhatnagar M, published by the NCBI, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3969660/#ref1>.  
b) Association of lifetime exposure to fluoride and cognitive functions in Chinese children: a pilot study. Choi AL, Zhang Y, Sun G, et al. Nov 2014. <https://www.sciencedirect.com/science/article/pii/S0892036214001809>. This pilot study in a community with stable lifetime fluoride exposures supports the notion that fluoride in drinking water may produce developmental neurotoxicity, and that the dose-dependence underlying this relationship needs to be characterized in detail.
50. <https://www.canada.ca/en/services/health/publications/healthy-living/community-water-fluoridation-across-canada-2017.html>.
51. Hirzy. Dr. William J. Hirzy, retired Senior Chemist at the U.S. Environmental Protection Agency (EPA) Headquarters and former Senior Vice-President, chapter 280, National Treasury Employees Union representing the approximately 1500 scientists, lawyers, engineers and other professional employees at EPA Headquarters, speaking before The Subcommittee on Wildlife, Fisheries and Drinking Water, United States Senate, May 1, 1999 (on my computer, I have a copy of the letter from which he read).
52. <http://www.efsa.europa.eu/en/search/doc/283e.pdf>.
53. <https://www.efsa.europa.eu/en/efsajournal/pub/3332>.
54. a) <https://www.dentistry.uiowa.edu/preventive-fluoride-study>.  
b) <https://www.desmoinesregister.com/story/news/health/2019/03/22/ida-grove-iowa-halts-treating-water-fluoride-amid-concerns/3246249002/>

### ***Special Notes On The Bashash Research:***

**Public Health Ontario's review of the 2017 Bashash et al IQ study entitled Article Review on “Prenatal Fluoride Exposure and Cognitive Outcomes in Children at 4 and 6–12 Years of Age in Mexico”** (<https://www.publichealthontario.ca/-/media/documents/fluroide-iq-mexico.pdf?la=en>) stated that:

" Previous research in the area of fluoride exposure and neurological outcomes during childhood has often been limited by small sample sizes and/or ecological study designs. The study by Bashash et al. is a considerable improvement over previous research given the large population size and the availability of individual level data to assess both exposure and outcome."

"...a 0.5mg/L increase in maternal urinary fluoride was associated with a decrease in GCI of 3.15 points (95% CI: -5.42,-0.87), and a decrease in IQ of 2.50 points (95%CI: -4.12, -0.59)."

"The authors used linear regression, adjusting for a number of potential confounders..."

"Another strength of the study design is that exposure was measured during what is perhaps the most vulnerable window of neurological development in children, the prenatal period..."

### **October 10, 2018 Press Release from Dalla Lana School of Public Health, University of Toronto:**

Higher levels of urinary fluoride associated with ADHD in children:

"Our findings are consistent with a growing body of evidence suggesting that the growing fetal nervous system may be negatively affected by higher levels of fluoride exposure," said Dr. Morteza Bashash, the study's lead author and researcher at the Dalla Lana School of Public Health...

... The research team — including experts from the University of Toronto, York University, the National Institute of Public Health of Mexico, University of Michigan, Indiana University, the University of Washington and Harvard School of Public Health...

... This work builds off of previous research the team published on this population demonstrating that higher levels of urine fluoride during pregnancy are associated with lower scores on tests of IQ and cognition in the school-age



children.’

<http://www.dlsph.utoronto.ca/2018/10/higher-levels-of-urinary-fluoride-associated-with-attention-deficit-hyperactivity-disorder-adhd-in-children/>

## ATTACHMENTS

1. MSDS – Hydrofluorosilicic acid.
2. Certificate of Analysis (CoA) – Hydrofluorosilicic acid: old version.
3. Characterization of the above Certificate of Analysis.
4. Current Certificate of Analysis – Hydrofluorosilicic acid: new version.
5. Video transcript of Dr. Ahmed's presentation and the question and answer session.
6. Pétitions 299, 299B et 299C et réponses Fr et Ang.doc.
7. Laboratory analysis of trace impurities in bulk chemical shipments Jan 2011.doc

Chemicals no longer shown on the newer version of the CoA, item 4 above, were deemed not significant to contamination due to their very small quantity once diluted into the water supply; however, when one looks at the actual amount delivered and used in fluoridation, item 3 above, based on the older version, a very different and alarming picture emerges.

### Countries that Fluoridate Their Water – as of 2012

1. Most developed nations do not fluoridate their water. In western Europe, for example, only 3% of the population consumes fluoridated water.
2. While 25 countries have water fluoridation programs, 11 of these countries have less than 20% of their population consuming fluoridated water
  - 1) Argentina, 3,100,000, (19%),
  - 2) Guatemala, 1,800,000, (13%),
  - 3) Panama, 510,000, (15%),
  - 4) Papua New Guinea, 102,000, (6%),
  - 5) Peru, 500,000, (2%),
  - 6) Serbia, 300,000, (3%),
  - 7) Spain, 4,250,000, (11%),
  - 8) South Korea, 2,820,000, (6%),
  - 9) the United Kingdom, 5,797,000, (11%), and
  - 10) Vietnam, 3,500,000, (4%).
3. Only 11 countries in the world have more than 50% of their population drinking fluoridated water:
  - 1) Australia, 17,600,000, (80%),
  - 2) Brunei, 375,000, (95%);
  - 3) Chile, 11,800,000, (70%),
  - 4) Guyana, 45,000, (62%),
  - 5) Hong Kong, 6,968,000, (100%),
  - 6) the Irish Republic, 3,250,000, (73%),
  - 7) Israel, 5,270,000, (70%), has currently halted fluoridation (2019-06-30)
  - 8) Malaysia, 20,700,000, (75%),
  - 9) New Zealand, 2,330,000, (62%),
  - 10) Singapore, 5,080,000, (100%), and
  - 11) the United States, 194,206,000, (64%).
4. The others are:
  - 1) Brazil, 73,200,000, (41%),
  - 2) Canada, 14,260,000, (44%), currently at less than 38% (2019-06-30)
  - 3) Fiji, 300,000, (36%).
5. In total, 377,655,000 million people worldwide drink artificially fluoridated water. This represents 5% of the world's population.
6. There are **more people** drinking fluoridated water in the United States than the rest of the world combined. USA: 194,206,000; population of all fluoridating countries 369,656,000, including the USA.
7. There is no [overall] difference in tooth decay between western nations that fluoridate their water and those that do not.

SOURCE: <https://fluoridealert.org/content/bfs-2012/>

## APPENDIX

### (A) FLUORINE CHEMISTRY

1. Fluorine is the thirteenth (13<sup>th</sup>) most abundant element on earth at about 0.06 percent in the earth.
2. The atomic number of Fluorine is 9 and it has an atomic weight of 18.9984.
3. It was first isolated, i.e., discovered, by Henri Moissan in 1886.
4. It only exists very briefly as a free element of two atoms, F<sub>2</sub>, in nature.
5. It can only be isolated in highly controlled conditions engineered to prevent accidental release.
6. It very quickly becomes bound to another element or some compound or material when released.
7. Fluorine is the lightest member of the Halogen family of elements, in Group 17 of the periodic table.
8. It is listed there at the top of the Halogens column.
9. It is described as an univalent poisonous gaseous halogen.
10. It is very pale yellow-green, and known as a dangerously reactive gas.
11. It is so reactive that glass, metals, and even water, as well as other substances, burn with a bright flame in a jet of fluorine gas.
12. It is the most reactive of all the elements and quickly attacks all metals as the most electronegative of all the elements.
13. Steel wool bursts into flames when exposed to fluorine.
14. Fluorine is commonly found in nature mostly bound to Calcium as Calcium fluoride, and is commonly found in the minerals fluorspar (CaF<sub>2</sub>), fluorapatite (Ca<sub>5</sub>(PO<sub>4</sub>)<sub>3</sub>F, aka, Calcium fluorophosphate) and cryolite (Na<sub>3</sub>AlF<sub>6</sub>).
15. Fluorine will bond with every element in the periodic table even the noble gases with a little bit of persuasion, more persuasion needed for helium and neon.
16. Fluorine has a strong and characteristic odour that can be detected in very small amounts, as low as 20 parts per billion.
17. In aqueous solution, fluorine commonly occurs as the fluoride ion (F<sup>-</sup>)
18. When fluorine is attached to *very small particles* it can remain in the air for a long period of time.
19. If fluorine is absorbed too frequently or chronically, it can cause teeth to decay, osteoporosis and cause harm to kidneys, bones, nerves, muscles, the endocrine and other bodily systems mainly because of its destruction of proteins and DNA; it has been observed to cause low birth weight in mammals: the adverse health effects are entirely dependent in individual metabolic reactions to it.

#### Fluorination:

The process of adding the element Fluorine to another element, chemical or substance, is called fluorination, and the result is called a fluoride chemical, or, a fluoride compound.

#### Fluoride

1. A fluoride is a compound composed of one or more elements of fluorine with some other chemical(s) – not to be confused with that word when used for the ion.
2. A compound is the bonding of two or more elements, or an element and a compound, or, of two or

more compounds.

20. Sodium fluoride (NaF), Aluminium fluoride (AlF<sub>3</sub>) and Stannous fluoride (SnF<sub>2</sub>) are simple examples of fluorides: these ones are termed *anthropomorphic* because they are man made.

### Fluoridation:

Fluoridation is the process of adding a fluoride chemical compound to elements, other chemical compounds or any other material or any aqueous solution.

Fluoridation of municipal tap water supplies is a commonly used practice in some Western countries performed to unsuccessfully attempt to prevent, reduce or alleviate dental decay (a.k.a. dental caries, tooth decay).

The word **fluoride**, if properly used, is the name used for the Fluoride ion which is, chemically speaking, an anion, that is, a negative ion, as opposed to a cation, which would be a positive ion.

### References:

1. <http://www.chemistryexplained.com/elements/C-K/Fluorine.html>
2. Encyclopaedia Britannica
3. <http://www.rsc.org/periodic-table/element/9/fluorine>
4. Periodic table of elements: <http://www.rsc.org/periodic-table/>
5. <https://www.lenntech.com/periodic/elements/f.htm>
6. <https://fluoridealert.org>

For a table of the elements, an internet search on “periodic table of the elements” will allow one to assess the “scientific statements” on the fluorine element, noting the inconsistencies with unscientific statements that it is used as a prophylaxis for tooth decay.

In the final analysis, instead of paying dearly to dispose of this unfiltered, untreated, toxic, mining waste by-product, fluoride pollution is now sold to municipalities to dispose of in our water supply.

Fluoridated water therefore ends up in our bodies, or flows unchecked *into the environment* after washing our cars, driveways, windows, buildings, flushing our toilets, etc, and after being used in commercial and industrial settings.

This environmental pollutant is still not allowed to be dumped in the environment by strict law, yet it is allowed to be disposed of in our water supply after that water has been purified for drinking.

Fluoridation falls into a well documented class of a *medical error*, supported only by unscientific endorsements, opinions and biased studies by government and medical authorities on:

smoking,  
asbestos,  
lead,  
BPA,  
mercury,  
thalidomide,  
Vioxx,  
refrigerants,  
DDT,

and many other dangerous products and chemicals.

## **(B) OVERFEEDS**

- February 5, 2019. Sandy City, Utah. A snowstorm led to a fluoridation overfeed that resulted in high fluoride concentrations dissolving piping leading to elevated levels of Manganese, Aluminum, Iron, Arsenic, Copper, & Lead. Babies & pregnant women among those sickened as reported in news which estimates 3,000 homes and several schools affected. Slow city response. As reported by David Wells in the FOX13 news affiliate: <https://fox13now.com/2019/02/20/sandy-public-utility-director-placed-on-paid-administrative-leave-during-investigation-of-tainted-water/> and at <https://www.ksl.com/article/46536380/report-shows-239-people-sickened-in-utah-fluoride-overfeed-investigation-continuing>.
- April 25, 2018. New Hanover County, North Carolina. Fluoridation injection equipment malfunctioned and staff didn't respond properly, causing massive overfeed in to the public's drinking water system. In at least one location, a water sample tested at 8 milligrams per liter. As reported in the Port City Daily, April 25th, 2018, by Olivia Parr and Johanna Ferebee. <https://portcitydaily.com/local-news/2018/04/25/fluoride-detected-at-double-federal-limit-in-new-hanover-county-water-supply-cfpua-cant-explain-why/>
- April 26, 2018. NEW HANOVER COUNTY, NC (WWAY) — The Cape Fear Public Utility Authority is investigating after they issued an alert for nearly 30,000 people in New Hanover County to not drink their water due to high levels of fluoride.
- February 1, 2018. Franklin, Pennsylvania. A fluoride overfeed occurred in Feb 2018. It is still unclear what the levels of fluoride were in the water and for how long the overfeed lasted. In April 2019, the city paid \$25,000 in penalties for the violations surrounding the overfeed.
2017. Orange County, North Carolina. A water treatment operator error and an equipment malfunction caused an overfeed of fluoridation chemicals into the drinking water for nearly 4 hours, causing levels to increase to 6mg/L, and contributing to a water shortage for several major municipalities in the region.
2016. Mohawk Valley, New York. 4,000 gallons of fluoridation chemical leaked out of its storage tank into a holding tank causing thousands of dollars in damage, endangering water employees and first responders.
2016. Patton Borough, Pennsylvania. According to Borough water engineer David Cunningham, of Keller Engineers, "because Patton has older water lines, the added fluorosilicic acid seemed to be loosening sediment and causing corrosion. 'The fear is that you're going to raise lead and copper levels,' he said. The notice added that the fluoride also seemed to be increasing the water's iron content."
2016. Parsons City, Kansas. Fluoridation chemical caused equipment failure and \$50,000 worth of damage to water treatment infrastructure due to corrosiveness.
2016. Attica, Indiana. Fluoridation was discontinued after the Water Superintendent found the fluoride chemical completely ate through a large concrete and steel "T" pipe at the injection point, causing a pipe break in the water distribution system.
2015. Marysville, Michiga. 1,400 gallons of fluoridation chemical leaked from its storage tank and ate through the secondary containment tank, destroying the treatment plant's concrete floor, pipes, and costing \$150,000 in repairs and upgrades.
2014. Danville, Virginia. Eleven people, including first responders, were hospitalized after water treatment employees accidentally mixed fluoridation chemicals with hydrochloric acid, causing a toxic vapor. Nearby residents and businesses were evacuated.
2014. Dungog, Australia. Fluoridation chemical leaked into the ecosystem surrounding water treatment plant for 5 months, costing community \$187,000 in fines and \$3.6 million in upgrades to facilities.
2012. North Salt Lake City, Utah. Water treatment employee hospitalized after accidentally mixing fluoridation chemical with another treatment chemical, causing a chemical reaction that created toxic fumes.
2012. West Hartford, Connecticut. A mechanical failure caused 10 gallons of fluoridation chemicals to spill at the water treatment plant.
2012. Kalamazoo, Michigan. An overfeed of fluoridation chemicals to the drinking water occurred and residents were not notified for 6 months. Representatives of the water facility say a fluoridation overfeed also occurred in 2006.
2011. Mount Airy, North Carolina. A valve malfunction caused an overfeed of fluoridation chemicals into the drinking water for residents and three schools.

- June 2010. Asheboro, North Carolina. A mechanical error at the water treatment plant caused a tank malfunction overfeed of fluoridation chemicals into the drinking water system of over 220 households. 60 gallons of the chemical was released at once, rather than over a 24-hour period as expected.
2009. Brisbane, Australia. Equipment malfunction at water treatment plant caused massive overfeed of fluoridation chemicals, increasing the levels to 30ppm. 4000 households were impacted as the chemical seeped into the water supply for at least 4 hours.
2008. Germania Springs, Alabama. A fluoride tank at the pumping station emptied its entire contents into the drinking water supply increasing fluoride levels to a reported 20 mg/L. Several residents reported feeling ill.
- March 8-9, 2007. Nashville, TN. Valve malfunctions caused a fluoride overfeed in Harpeth Valley Utilities District. The Incident Event Log showed that an operator noted abnormal measurements starting at 12:40 a.m. 9 March 2007. Plant workers went through the facility shutting off equipment, conducted frequent water samplings and measurements, performed aggressive and continuous flushing, and contacted authorities.
2007. Parleys Creek, Utah. 2,000 gallons of fluoridation chemicals leaked from an overflowing containment tank at the Mountain Dell water treatment plant into Parley's Creek, causing first responders to evacuate a nearby dog park. Fire authority spokesperson said it likely killed fish and sickened deer that drank from the creek.
- October 12, 2005. Fairview Township, PA.(6) Fluoride overfeed at Pennsylvania American Water Co. contaminates water supply for 34,000 homes and businesses in York and Cumberland Counties.
2005. York County, Pennsylvania. 600 gallons of fluoridation chemicals overfed into the public's drinking water, increasing levels to at least 24ppm for several large municipalities in York and Cumberland Counties.
2005. Melbourne, Australia. A ton of liquid fluoridation chemicals leaked from a containment tank at a water treatment plant into the nearby Cardinia Creek.
- October 2003. Marlboro, Massachusetts. A valve mechanical malfunction caused an accidental overfeed of fluoride that went undetected for at least two hours into the drinking water, causing a fluoride level of 24 ppm, a significant change to the PH making it more acidic, and causing state environmental officials to warn residents to not use drinking water without flushing their system first.
- June 2002. Dublin, California. Malfunction with fluoridation equipment produces fluoride levels as high as 200 ppm at local business. 23 people are poisoned. The primary symptoms are stomach pain and vomiting. Contra Costa Times. June 5th, 2002. by Kiley Russell.
2002. Macomb County, Michigan. Homes had to be evacuated after 3,000 gallons of fluoridation chemicals spilled.
- February 2001. Fort Wayne, Indiana. A valve malfunction caused 6,000 gallons of corrosive fluoridation chemicals to spill out of it's tank and into a sewer drain for two hours before first responders could stop it, sending four water employees to the hospital with headaches, chest pains, sore eyes, and respiratory problems from the fumes.
- August 2000. Charleston, South Carolina. Water treatment employee instructed truck driver to unload the fluoridation chemical into the wrong storage tank, causing a reaction that melted the tank, causing 20,000 gallons of the caustic mix to spill and eat through the containment berm into the nearby ecosystem and causing \$200,000 dollars damage to the treatment plant.
- October 2000. Coos Bay, Oregon. Water treatment workers allowed a tank holding fluoridation chemicals to overflow, causing 400 gallons of the highly acidic additive to flow onto the floor and into a drain that led to the sewer and eventually the sewage treatment plant several blocks away. Once in the sewage system, it caused 3.5 million gallons of partially treated sewage to spew into Coos Bay for four days. Making matters worse, the high concentrations of fluoride killed the bacteria-munching organisms in the sewage prior to it leaking into the bay, making it more toxic.
- August 2000. Norfolk and Wakefield, Massachusetts. An overdose of fluoride seeped into the town water supply after an error with fluoridation equipment leads to fluoride levels as high as 23 ppm. Local health officials claim no one is affected, however news reports interview at least one resident with diarrhea and dizziness.
- There are literally hundreds more such overfeeds and accidents before the year 2000 that have been thoroughly documented by independent researchers.

For more data on **fluoridation accidents and overfeeds** see the following resources:

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4457131/#ap03>, Accidents, overfeeds and damages from

fluoridation.

2. <http://fluoridealert.org/articles/fluoridation-accidents/>. Acute Poisoning from Water Fluoridation.
3. <https://fluoridealert.org/content/recent-fluoridation-related-accidents/>. Recent Fluoridation Related Accidents.
4. <http://fluoridealert.org/content/leaks-spills/>. Fluoridation Accidents: 1972-1981.
5. <https://www.actionpa.org/fluoride/chemicals/accidents-us.html>. Fluoridation Chemical Accidents. 120 listed.
6. <https://www.actionpa.org/fluoride/chemicals/accidents.html>.

### **(C) COMMENTARY ON SAFETY**

Salient examples of chemicals and products that have been determined as no longer safe.

- a) Thalidomide (re. the scandal of taking it during pregnancy),
- b) Cigarettes,
- c) Lead in gasoline,
- d) Asbestos in buildings,
- e) Mercury thermometers,
- f) BPA in baby bottles,
- g) PCBs in transformers,
- h) Freon in refrigeration,
- i) Arsenic as preservatives in kids playground structures and gardening wood,

to name a few.

It is becoming ever more evident that artificial fluoridation of the community water supply falls into the same category of “no longer safe” and that its promotion by whatever means is no longer legitimate and acceptable.

## (D) ABRIDGED LIST OF EVIDENCE OF FLUORIDE HARM TO HEALTH

1. Seavey, J. (2005). Water fluoridation and crime in America. *Fluoride*, 38(1), 11-22.
2. Masters, RD, and Coplan, MJ. (1999). Water treatment with silicofluoride and lead toxicity. *International Journal of Environmental Studies*, 56(4), 435-449.
3. Masters, RD, Coplan, MJ, Hone, BT, Dykes, JE. (2000). Association of silicofluoride treated water with elevated blood lead. *Neurotoxicity*, 21(6), 1091-1100.
4. Reeves, TG. (1999). Response to Masters and Coplan study water treatment with silicofluorides and lead toxicity. Retrieved on September 7, 2014 from:  
<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadvalue1=inline%3B+filename%3D%22CWF+fl-142.pdf%22&blobheadvalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251816571367&ssbinary=true> <=no longer available
5. Studies further suggest that the increased bioavailability of lead and its increased absorption [caused by fluoride exposure] may ultimately result in increased levels [in] learning disabilities, decreased IQ, attention deficit disorder, cocaine use, and violent crime among susceptible populations:  
Seavey, J. (2005). Water fluoridation and crime in America. *Fluoride*, 38(1), 11-22.
6. Fluoride Deposition in the Aged Human Pineal Gland. Luke J. School of Biological Sciences, University of Surrey, Guildford, UK. "By old age, the pineal gland has readily accumulated F and its F/Ca ratio is higher than bone." <https://www.karger.com/Article/Abstract/47443>.

For more data on this aspect of fluoridation, see the extensive bibliography at:

1. <https://slweb.org/bibliography.html>
2. <https://fluoridealert.org/issues/health/>
3. <https://poisonfluoride.com/> scroll down to Recent Research: Fluoride Effects on Thyroid Function and below
4. Some indicting statements not to be ignored from the 2006 NRC Expert Panel that produced the report: National Research Council (NRC), *Fluoride in Drinking Water: A Scientific Review of EPA's Standards*, National Academies Press, Wa, Washington, DC, USA, 2006:
  - a) "Fluoride readily crosses the placenta. Therefore, potential toxicity to the developing embryo and fetus in the setting of high maternal ingestion of fluoride has been a concern evaluated in both animal and humans." - *2006 NRC panel report*, p. 193.(see the special notes above on the recent Bashash research)
  - b) "...the possible association of cytogenetic effects of fluoride exposure suggests that Down's syndrome is a biologically plausible outcome of exposure." - *2006 NRC panel report*, p. 197.
  - c) "... sufficient fluoride exposure appears to bring about increases in blood glucose or impaired glucose tolerance in some individuals and to increase the severity of some types of diabetes... In addition, diabetic individuals will often have higher than normal water intake, and consequently, will have higher than normal fluoride intake." - *2006 NRC panel report*, p. 260.
  - d) "Early water fluoridation studies did not carefully assess changes in renal function." - *2006 NRC panel report*, p. 280.
  - e) "Fluoride...has a number of effects on immune cells....Fluoride also augments the inflammatory response to irritants. ... There is no question that fluoride can affect the cells involved in providing immune responses." - *2006 NRC panel report*, p. 295.
  - f) Recommendation: "To develop an MCLG that is protective of severe enamel fluorosis, clinical stage II skeletal fluorosis, and bone fractures, EPA should update the risk assessment of fluoride to include new data on health risks and better estimates of total exposure (relative source contribution) in individuals and to use current approaches to quantifying risk, *considering susceptible subpopulations*, (emphasis ours) and characterizing uncertainties and variability." - *2006 NRC panel report*, p. 352.



## **(E) OTHER REFERENCES CONSULTED SHOWING HARM TO HEALTH**

The following references should convince anyone of the inadvisability of adding any form of fluoride to the community water supply, since together, they clearly indicate that fluoridation is a failed medical experiment.

1. Applying the NAEP code of ethics to the Environmental Protection Agency and the fluoride in drinking water standard. Carton, R.J. and Hirzy, J.W. Proceedings of the 23rd Ann. Conf. of the National Association of Environmental Professionals. 20-24 June, 1998. GEN 51-61.
2. Neurotoxicity of sodium fluoride in rats. Mullenix, P.J., Denbesten, P.K., Schunior, A. and Kernan, W.J. *Neurotoxicol. Teratol.* 17 169-177 (1995)
3. Influence of chronic fluorosis on membrane lipids in rat brain. Z.Z. Guan, Y.N. Wang, K.Q. Xiao, D.Y. Dai, Y.H. Chen, J.L. Liu, P. Sindelar and G. Dallner, *Neurotoxicology and Teratology* 20 537-542 (1998).
4. Chronic administration of aluminum-fluoride or sodium-fluoride to rats in drinking water: alterations in neuronal and cerebrovascular integrity. Varner, J.A., Jensen, K.F., Horvath, W. And Isaacson, R.L. *Brain Research* 784 284-298 (1998).
5. Effect of high fluoride water supply on children's intelligence. Zhao, L.B., Liang, G.H., Zhang, D.N., and Wu, X.R. *Fluoride* 29 190-192 (1996)
6. Effect of fluoride exposure on intelligence in children. Li, X.S., Zhi, J.L., and Gao, R.O. *Fluoride* 28 (1995).
7. Effect of fluoride on the physiology of the pineal gland. Luke, J.A. *Caries Research* 28 204 (1994).
8. Newburgh-Kingston caries-fluorine study XIII. Pediatric findings after ten years. Schlesinger, E.R., Overton, D.E., Chase, H.C., and Cantwell, K.T. *JADA* 52 296-306 (1956).
9. Memorandum dated May 1, 1990. Subject: Fluoride Conference to Review the NTP Draft Fluoride Report; From: Wm. L. Marcus, Senior Science Advisor ODW; To: Alan B. Hais, Acting Director Criteria & Standards Division ODW.
10. Toxicology and carcinogenesis studies of sodium fluoride in F344/N rats and B6C3F1 mice. NTP Report No. 393 (1991).
11. Chromosome aberrations, sister chromatid exchanges, unscheduled DNA synthesis and morphological neoplastic transformation in Syrian hamster embryo cells. Tsutsui et al. *Cancer Research* 44 938-941 (1984).
12. Cytotoxicity, chromosome aberrations and unscheduled DNA synthesis in cultured human diploid fibroblasts. Tsutsui et al. *Mutation Research* 139 193-198 (1984).
13. Positive mouse lymphoma assay with and without S-9 activation; positive sister chromatid exchange in Chinese hamster ovary cells with and without S-9 activation; positive chromosome aberration without S-9 activation. Toxicology and carcinogenesis studies of sodium fluoride in F344/N rats and B6C3F1 mice. NTP Report No. 393 (1991).
14. An increase in the number of Down's syndrome babies born to younger mothers in cities following fluoridation. *Science and Public Policy* 12 36-46 (1985).
15. A brief report on the association of drinking water fluoridation and the incidence of osteosarcoma among young males. Cohn, P.D. New Jersey Department of Health (1992).
16. A critique of recent economic evaluations of community water fluoridation. Recent economic evaluations of CWF contain defective estimations of both costs and benefits.
  - a) Incorrect handling of dental treatment costs and flawed estimates of effectiveness lead to overestimated benefits.
  - b) The real-world costs to water treatment plants and communities are not reflected.
  - c) Minimal correction reduced the savings to \$3 per person per year (PPPY) for a best-case scenario, but this savings is eliminated by the estimated cost of treating dental fluorosis.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4457131/>

17. Surveillance, epidemiology and end results (SEER) program. National Cancer Institute in Review of fluoride benefits and risks. Department of Health and Human Services. F1-F7 (1991).
18. New evidence on fluoridation. Diesendorf, M., Colquhoun, J., Spittle, B.J., Everingham, D.N., and Clutterbuck, F.W. Australian and New Zealand J. Public Health. 21 187-190 (1997).
19. Regional variation in the incidence of hip fracture: U.S. white women aged 65 years and older. Jacobsen, S.J., Goldberg, J., Miles, T.P. et al. JAMA 264 500-502 (1990)
20. Hip fracture and fluoridation in Utah's elderly population. Danielson, C., Lyon, J.L., Egger, M., and Goodenough, G.K. JAMA 268 746-748 (1992).
21. The association between water fluoridation and hip fracture among white women and men aged 65 years and older: a national ecological study. Jacobsen, S.J., Goldberg, J., Cooper, C. and Lockwood, S.A. Ann. Epidemiol. 2 617-626 (1992).
22. Fluorine concentration in drinking water and fractures in the elderly [letter]. Jacqmin-Gadda, H., Commenges, D. and Dartigues, J.F. JAMA 273 775-776 (1995).
23. Water fluoridation and hip fracture [letter]. Cooper, C., Wickham, C.A.C., Barker, D.J.R. and Jacobson, S.J. JAMA 266 513-514 (1991).
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25. Recommendations for fluoride use in children. Kumar, J.V. and Green, E.L. New York State Dent. J. (1998) 40-47.
26. Why I changed my mind about water fluoridation. Colquhoun, J. Perspectives in Biol. And Medicine 41 1-16 (1997).
27. A re-examination of the pre-eruptive and post-eruptive mechanism of the anti-carries effects of fluoride: is there any anti-carries benefit from swallowing fluoride? Limeback, H. Community Dent. Oral Epidemiol. 27 62-71 (1999).
28. Fluoride supplements for young children: an analysis of the literature focussing on benefits and risks. Riordan, P.J. Community Dent. Oral Epidemiol. 27 72-83 (1999).
29. Prevention and reversal of dental caries: role of low level fluoride. Featherstone, J.D. Community Dent. Oral Epidemiol. 27 31-40 (1999).
30. Appendix H. Review of fluoride benefits and risks. Department of Health and Human Services. H1-H6 (1991).
31. Some young children get too much fluoride. Parker-Pope, T. Wall Street Journal Dec. 21, 1998.
32. Letter from Rebecca Hanmer, Deputy Assistant Administrator for Water, to Leslie Russell re: EPA view on use of by-product fluosilicic (sic) acid as low cost source of fluoride to water authorities. March 30, 1983.
33. Arsenic and fluoridation of the water supply - HFSA, a liquid, contains significant amounts of Arsenic (As): <https://pdfs.semanticscholar.org/1e44/b71eee34bb0bb2fdb591a1f6830915ab4fdf.pdf>.
34. EPA is establishing a health-based, non-enforceable Maximum Contaminant Level Goal (MCLG) for Arsenic of zero and an enforceable Maximum Contaminant Level (MCL) for Arsenic of 0.01 mg/L (10 µg/L). January 22, 2001. <https://www.govinfo.gov/content/pkg/FR-2001-01-22/pdf/01-1668.pdf>
35. Fluoride was measured in urine which provides a valid measure of exposure given that urinary fluoride levels have been shown to directly correlate with water fluoride concentration levels in adults (Ahmed et al., 2012; Mansfield, 1999).
36. Urinary iodine is considered a valid measure of population level iodine status and a highly sensitive measure of dietary iodine intake (Pearce & Caldwell, 2016; Zimmermann & Andersson, 2012).
37. <https://jech.bmj.com/content/jech/early/2017/08/24/jech-2017-209129.full.pdf>.
38. <http://fluoridescience.org/appraisals/fluoride-exposure-indicators-thyroid-functioning-canadian-population->

39. [https://www.researchgate.net/publication/320301861\\_Fluoride\\_exposure\\_and\\_indicators\\_of\\_thyroid\\_functioning\\_Study\\_design\\_and\\_data\\_analysis\\_considerations](https://www.researchgate.net/publication/320301861_Fluoride_exposure_and_indicators_of_thyroid_functioning_Study_design_and_data_analysis_considerations). Dr. Declan Waugh. Fluoride and hypothyroidism.
40. <https://www.youtube.com/watch?v=e0o3kxZNXcw> Dr. Vyvyan Howard Fluoride and Thyroid; Otago University; 2018.
41. “Fluoride-induced reactive oxygen species (ROS) production causes oxidative damage to mitochondria and DNA,<sup>5</sup> leading to activation of SIRT1/autophagy via ROS-mediated JNK signalling.”
42. The Pathogenesis Of Endemic Fluorosis: Research Progress In The Last 5 Years; Wei,W; Pang,S; Sun,D; 10 January 2019. Extract: “Fluoride may cause disordered protein synthesis by affecting the function of the endoplasmic reticulum in ameloblasts. ... interfering with the secretory function of ameloblasts, resulting in the development of dental fluorosis. ... Excessive fluoride can induce oxidative stress in ameloblasts, and the fluoride-induced reactive oxygen species (ROS) production causes oxidative damage to mitochondria and DNA, leading to activation of SIRT1/autophagy via ROS-mediated JNK signalling.” [the word excessive is not defined - could just as easily be chronic or acute, small doses or large doses over time].
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44. From Ontario Public Archives: Letter by Pauline K. Franks, President of the Citizens Health Committee of Ontario, June 27, 1959, “We feel very strongly that artificial fluoridation of the public water supply is not a good thing, and that no government at any level should have the right to force people to drink water to which has been added a potent poison.” part of a submission to a committee looking into the public water fluoridation.
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One out of two children in the Head Start program who were checked for cavities had some last year. San Antonio's Metro-Health department studies appear to back that up."
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This review identified a number of potential and established adverse effects including cognitive impairment, hypothyroidism, dental and skeletal fluorosis, enzyme and electrolyte derangement, and cancer.  
Stephen Peckham and Niyi Awofeso, The Scientific World Journal, Volume 2014, Article ID 293019. [http://scholar.google.ca/scholar\\_url?url=http://downloads.hindawi.com/journals/tswj/2014/293019.pdf](http://scholar.google.ca/scholar_url?url=http://downloads.hindawi.com/journals/tswj/2014/293019.pdf).
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Only a handful of countries fluoridate their water—such as Australia, Ireland, Singapore, and Brazil, in addition to the United States. Western European nations have largely rejected the practice. Nonetheless, dental decay in Western Europe has declined at the same rate as in the United States over the past half century. In fact, the more one looks at the history of fluoridation, the more it appears to be a relic of the sort of mid-20th century scientific incaution that gave us DDT, thalidomide, and other attempts at “better living through chemistry.”  
“...the arguments and data used to justify fluoridation in the mid-20th century ... remain largely unchanged, failing to take into account a shifting environmental context that may well have rendered it unnecessary or worse.”  
“The PHS endorsement [June 1950] was ... a major public relations victory for fluoridationists. It also meant that ALCOA and other suppliers of fluoride compounds could in good conscience take advantage of a new **business opportunity**.”  
“In all likelihood, the only significant problem that would arise from an end to fluoridation is that the Florida phosphate industry would have to find a different way—no doubt one more expensive and less convenient—to dispose of its toxic waste.” <https://origins.osu.edu/article/toxic-treatment-fluorides-transformation-industrial-waste-public-health-miracle>; vol. 11, issue 6 - March 2018.
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Comment: Then the question arises: “Why fluoridate the water supply such that everyone, young and old,

unborn or elderly, gets exposed to this highly reactive element that has the potential to harm everyone that drinks water that is fluorinated using a toxic waste product?”

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 A 3-year-old Brooklyn boy who died of an overdose of fluoride after treatment at a city dental clinic was the victim of medical malpractice according to a Brooklyn Supreme Court malpractice screening panel.  
 The boy’s family sued for \$1 million.  
 [The] autopsy revealed that he died from an overdose of fluoride.
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<https://www.ncbi.nlm.nih.gov/pubmed/15889801>.
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 In his review of fluoride's neurotoxicity, Bellinger cites the meta-analysis of 27 IQ studies from China and Iran (Choi et al., 2012); a follow-up study in China he co-authored (Choi et al., 2015).
121. Fluoride urine levels from the mothers in Mexico City correspond to the fluoride levels in pregnant women in fluoridated communities in Canada (Till et al., 2018).
122. The Science and Ethics of Water Fluoridation, <https://www.cda-adc.ca/jcda/vol-67/issue-10/578.html>.  
 A short, lucid and instructive appraisal of the fluoridation conundrum.
123. Safe Drinking Water and Fluoride Monitoring Protocol 2018. (page 40)  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/protocols\\_guidelines/Safe\\_Water\\_Fluoride\\_Protocol\\_2018\\_en.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Safe_Water_Fluoride_Protocol_2018_en.pdf).
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<https://ehp.niehs.nih.gov/doi/10.1289/ehp655> from above #s.

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127. <https://www.canada.ca/en/services/health/publications/healthy-living/community-water-fluoridation-across-canada-2017.html> see above on p. 38.
128. NSF recommendation: “Minimum testing for all fluoridation products includes heavy metals of toxicological concern and radionuclides because they may be contained in phosphate ore.” <http://www.nsf.org/consumer-resources/water-quality/drinking-water/consumer-guide-to-fluoridation-products-and-fluoride> (p.54 #125 & 137).
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130. The dose of fluoride associated with disturbed endocrine function is also substantially lower if you're deficient in iodine (NRC, 2006). Even modest levels of fluoride in drinking water (0.88 mg/L) have been associated with reduced IQ and increased frequency of hypothyroidism when combined with low iodine, even more so than with iodine deficiency alone (Lin et al., 1991).
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134. a) No essential function for fluoride has ever been proven in humans. Federal Register, 3/16/79, page 16006.  
b) Federal Register: December 28, 1995 (Volume 60, Number 249)] Rules and Regulations , Page 67163-67175  
DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration, 21 CFR Part 101  
Docket No. 90N-0134, RIN 0910-AA19.  
c) The Report of the Department of Health and Social Subjects, No. 41, Dietary Reference Values, Chapter 36 on fluoride (HMSO 1996). “No essential function for fluoride has been proven in humans.”  
d) Richard Maurer and Harry Day, “The Non-Essentiality of Fluorine in Nutrition” Journal of Nutrition, 62: 61-57(1957).  
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137. "It is particularly worrying then that statements which mislead the public about the review's findings have been made in press releases.... The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis." - Professor Trevor Sheldon, chair of Advisory Board of 2000 York Systematic Review of Water Fluoridation, Head of Dept of Health Studies, University of York (2003).
138. "The available data, responsibly interpreted, indicate little or no beneficial effect of water fluoridation on oral



health." - Dr. Kathleen Thiessen, 2006 National Research Council panelist (2011).

139. "This is a very well-conducted study, and it raises serious concerns about fluoride supplementation in water." - Dr. Leonardo Trasande, pediatrician with international reputation for scholarship & associate professor at New York University Langone Health on Bashash et al., Sept 2017.
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149. Compilation of her comments to government on fluoride in drinking water - Dr. Kathleen Thiessen, : <https://www.regulations.gov/document?D=EPA-HQ-OW-2016-0627-0243>.
150. Dr. Isaacson opinion statements on fluoridation: <http://bingweb.binghamton.edu/~isaacson/fluoride.html>.
151. "I have grave concerns about the health effects of fluoride exposure," says Ashley Malin, lead author of the Canada thyroid study & a researcher at the Department of Environmental Medicine & Public Health, Icahn School of Medicine at Mount Sinai [New York]. "And not just from my study but the other studies that have come out in recent years." <https://www.ehn.org/we-add-it-to-drinking-water-for-our-teeth-but-is-fluoride-hurting-us-2611193177.html>. Environmental Health News. Oct 2018.
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154. Sauerheber, R., Physiologic Conditions Affect the Toxicity of Ingested Industrial Fluoride used in Public Drinking Water, Top Ten Contributions on Environmental Health, AVID Science, Chapter 8, 2018 at: <http://www.avidscience.com/book/top-10-contributions-on-environmental-health/>.
155. Science and Alternative Facts: About fluoridation, false dilemmas and fake news. <https://www.greenmedinfo.com/blog/science-and-alternative-facts-about-fluoridation-false-dilemmas-and-fake-news>.
156. [https://www.researchgate.net/publication/285771633\\_Fluoride\\_is\\_a\\_bio-accumulative\\_endocrine\\_disrupting\\_neurotoxic\\_carcinogen\\_-](https://www.researchgate.net/publication/285771633_Fluoride_is_a_bio-accumulative_endocrine_disrupting_neurotoxic_carcinogen_-)

\_not\_a\_nutrient?fbclid=IwAR3lMWzA\_32AWlrAfcz6VUJQk5bSJELUbDE4ii9kYEz6VOSb\_jFhJPHzhKE

157. Fluoride causes Heart Disease, Stroke and Sudden Death. Technical Report. February 2016. Geoff Pain.  
[https://www.researchgate.net/publication/293593658\\_Fluoride\\_causes\\_Heart\\_Disease\\_Stroke\\_and\\_Sudden\\_Death](https://www.researchgate.net/publication/293593658_Fluoride_causes_Heart_Disease_Stroke_and_Sudden_Death). The toxic impact of Fluoride on the heart and arteries has been studied by hundreds of scientists and carefully reviewed but has not attracted the interest of the media or science journalists, therefore the general public and politicians remain ignorant of the risks [Agalakova 2012, Blank 2012, Waugh 2013, FAN 2016].
158. Letter | Let's have a look at what's going on up north. Rosy Ward. July 13 2019. Oberon Review, Australia.  
<https://www.oberonreview.com.au/story/6263157/letter-lets-have-a-look-at-whats-going-on-up-north/>.
159. Fluoride is a teratogen [Fedrick 1974, Correa 2000, Wang 2004, Zielinsky 2013].

## **(F) FROM THE LIBRARY - BOOKS WRITTEN ON FLUORIDATION**

Christopher Bryson, a decorated investigative journalist, in *The Fluoride Deception*, 2004, links the subsequent "discovery" that fluoride benefited teeth with research paid for by major US industries that needed to be able to defend "lawsuits from workers and communities poisoned by industrial fluoride emissions," adding that, "The very same professionals and institutions who told us that fluoride was safe said much the same about lead, asbestos or DDT, or persuaded us to smoke more cigarettes." He makes a convincing case with a massive amount of supporting documentation, against the practice of fluoridation.

*The Case Against Fluoride*, Dr.'s Connett, Beck & Micklem, 2010, also make a convincing case with a massive amount of supporting documentation, against the practice of fluoridation.

Canadian author and fluoridation cessation protagonist Gilles Parent, ND.A, and co-authors Morin and Graham in *Fluoridation: Autopsy of a Scientific Error*, 201, also make a convincing case against fluoridation.

Aside from the above three, many other books have been written by eminent researchers, scientists and reputable medical doctors, detailing the inadvisability and contraindication of fluoridation:

1. The Fluoride Wars, Freeze & Lehr, 2009.
2. The Devil's Poison. How Fluoride is Killing You, Dean Murphy, DDS, 2008.
3. Fluor: Erreur Médicale Majeure, Dr. Bernard Montain, 2007.
4. Fluoride in Drinking Water: A Scientific Review of EPA's Standards, National Research Council, U.S.A., 2006, already cited in references above.
5. Fluoride Fatigue: Bruce J. Spittle, 2006.
6. Health and Nutrition Secrets, Chapter 4, Dr. Russell L Blaylock, M.D., 2006.
7. Fluoride Drinking Ourselves to Death? Barry A. Groves, 2001.
8. The Greatest Fraud: Fluoridation: Philip R N Sutton, 1996.
9. Health Effects of Ingested Fluoride: Bernard Wagner, 1993.
10. Fluoride: The Aging Factor: Dr. John Yiamouyianis, 1993.
11. Fluoride: The Freedom Fight. Hans Moolenburgh, 1987.
12. Fluoridation: The Great Dilemma: Waldbott, Burgstahler & McKinney, 1978.
13. The fluoride question: Panacea or poison? Anne-Lise Gotzsche, 1975.
14. Fluoridation and Truth Decay: Caldwell & Zanfagna, 1974.
15. The Grim Truth About Fluoride: Robert M. Buck, 1964.
16. The American Fluoridation Experiment: Exner, Walbott & Rorty, 1961.
17. Fluorine Intoxication, Kaj Roholm, 1937.

All these books and authors have been relentlessly attacked, reviled, maligned, condemned and otherwise severely disparaged by the fluoride drug pushers in an attempt to dissuade readers of the value of informing themselves, the public, government and NGOs on the inadvisability of fluoridation. Their authors and other opponents of fluoridation have been denounced as unworthy of confidence at best, and smeared and dismissed as unreliable and untrustworthy at worst, in spite of careful presentations by these authors and other fluoridation advocates.

The only reason for such disgusting behaviour on the part of fluoridation drug pushers can be explained by the fact that there is little evidence to support their position, and whatever evidence they present is unworthy of consideration, leading them to the worst, option, **attack the sources** and the use of political suasion.

### **Special comment on reference 17.**

In the 1930s, the very first dedicated researcher into fluoride, Kaj Roholm, a Danish scientist and researcher best known for his study of Fluorine and the Fluoride ion (fluoride) toxicity, specifically advised against exposing children to fluoride, in extensive documentation and research, but his work was successfully buried by the fluoridation proponents. His book, *Fluorine Intoxication*, 1937, Copenhagen, was a masterpiece of research on visible ill effects of fluoride exposure on humans, plants and animals. A copy of his book is now currently available again by special access.

## **Final Comment from the Complaint's Primary Author**

Based on the content of this complaint document, anyone claiming that those opposed to fluoridation lack the knowledge to support an end to fluoridation is completely misguided.