

**Presentation to the SPC for Utilities and the Environment
City of Calgary Council Chambers**

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Submitted by: Dr. James Beck, MD, Ph.D.

Some of you on the committee have heard me before on fluoridation. I have in the past focused on the questions of effectiveness in preventing cavities and on the adverse effects of fluoride and of hexafluorosalicic acid. I have given reasons, based on peer-reviewed research papers published in credible journals, for concluding that fluoridation is at best minimally effective and definitely harmful to subgroups of the population and possibly harmful to all of us. So in these few minutes I will comment only on the ethical issue.

In 1957 the Supreme Court of Canada ruled that fluoridation is “compulsory preventive medication”. The court’s ruling is significant because it legitimizes the common-sense conclusion that we are being medicated and it puts the matter clearly in the realm of medical ethics. Medical ethics in turn is embedded in human rights.

Here is how fluoridation violates the code of medical ethics. It is administration of a drug without control of dosage (controlling concentration in our water is not controlling dose or dosage). It is administration of a drug without informed consent of the recipient. It does not provide monitoring of the effects on the recipient. It is not possible for the recipient to stop receiving the drug (many can not get nonfluoridated water and none of us can avoid exposure from foods and drinks processed where tap water is fluoridated). The drug has not been shown to be safe for human consumption.

Fluoridation of a public water supply is not only an ethical offense against us all, it is clearly a more serious offense against those subgroups of our population which are particularly at risk of harm from fluoride. These groups include infants being fed with formula reconstituted with tap water, diabetics, persons deficient in iodine intake, persons with kidney disease, boys during the eight-year-old’s growth spurt, and others. It is an obligation of city councils and of Alberta Health Services to protect all, not just the average or just the majority.

Several councilors have rightly been concerned about the dental health of children of low-income families. It is said that fluoridation is of particular benefit to poor children. That has been investigated. It is found that the fluoridated poor groups have no better cavity experience than do the nonfluoridated poor groups. Furthermore, it is found that the prevalence of cavities increases as family income decreases. It’s not fluoride that would benefit poor children; it’s a higher standard of living, probably better diet and better oral hygiene.

Now what kind of ethical consciousness allows one to continue to apply a possibly harmful process to unwilling people until there is absolute proof that it is harmful? I have seen this backward approach to safety in government reports on fluoridation. It goes like this: this study that shows association of fluoridation with this harmful effect is not a perfect study; there are weaknesses; therefore we will continue the process until it is shown with certainty that it is harmful. And no further research is recommended; no responsibility to support a better study is accepted. In the presence of a small and dubious benefit such a conclusion, more than being irresponsible, is outlandish.

You don’t have the moral right to do this to us, to one million people. You should stop it now.

James S. Beck, M.D., Ph.D.
Professor Emeritus of Medical Biophysics,
University of Calgary