

February 2, 2011

From Elke Babiuk alderweb@calgary.ca; themayor@calgary.ca; Ward 1: Dale Hodges, dale.hodges@calgary.ca; Ward 2: Gord Lowe gord.lowe@calgary.ca; Ward 3: Jim Stevenson jim.stevenson@calgary.ca; Ward 4: Gael MacLeod gael.macleod@calgary.ca; Ward 5: Ray Jones ray.jones@calgary.ca; Ward 6: Richard Pootmans richard.pootmans@calgary.ca; Ward 7: Druh Farrell druh.farrell@calgary.ca; Ward 8: John Mar john.mar@calgary.ca; Ward 9: Gian-Carlo Carra gian-carlo.carra@calgary.ca; Ward 10: Andre Chabot andre.chabot@calgary.ca; Ward 11: Brian Pincott brian.pincott@calgary.ca; Ward 12: Shane Keating shane.keating@calgary.ca; Ward 13: Diane Colley-Urquhart diane.colley-urquhart@calgary.ca; Ward 14: Peter Demong peter.demong@calgary.ca

Via Email:

The Honorable Naheed Nenshi
& City of Calgary Councilors
7100 Macleod Trail South,
Calgary AB T2G 2M3

RE: My Jan 26 Submission to Committee members attached; Offer from U of C fluoride panelist from 1997, Prof Miloslav Nosal; my 1997 letter to City Council regarding the U of C Panel Review (attached from fluoridation.com), Canadian Dental Association Position Paper; and, my request to have fluoridation removed without plebiscite and without further Review;

Dear Mayor Nenshi and Councilors

I have attached my submission to the Jan 26th Council Committee which heard presentations from the public about water fluoridation. **I am respectfully requesting that Council remove fluoride from our public water supply without plebiscite and without further Review.**

More than one Councilor questioned fluoridation proponents about the daily dose of fluoride that a person receives versus the concentration of fluoride in water. Every single one of them danced around those pointed questions by Committee members. This is a common obfuscation by fluoridation proponents because they would have to admit that many people receive far too much daily fluoride and are at risk of negative health effects while others receive little or nothing. Even Dr Keagan from the U of C declined to answer the question of whether he as a medical professional was okay with some people receiving more fluoride than the so-called "average".

Based on my personal water consumption of 3-4 liters of water a day on the days I go to the gym and train, and my daily coffee intake of 4-6 cups per day (1.5 liters), if I were drinking fluoridated water, I am way above the so-called "average" intake of fluoride. Total Daily Fluoride DOSE (from **water only**) for me would be 5.5 L x 0.7 ppm (mg/L) = 3.85 mg F . This intake from water only does not include additional fluoride-containing sources such as fruits and vegetables sprayed with fluoride-containing pesticides, tea which is high in fluoride, and other sources too numerous to mention.

My trainer recommends drinking 3-4 liters of water per day. Compared to the average male athlete who may be 50 LBS heavier than the average woman and because women start losing bone after menopause, WOMEN are at much greater risk of the scientifically well-documented negative effects of fluoride on bone. If we maintain the same fluid intakes, due to the fact that we are on average smaller than men, our fluoride intake per KG of body weight is higher than a man's intake. Therefore, we get a larger daily F dose! ***Maintaining artificial fluoridation at any concentration is thus ILLOGICAL at best and it's discriminatory.***

Infants are at even great risk of ingesting more fluoride per KG of body weight than we adults are. Their fluoride body burden is huge in the first few years. In fact, U.S. legislators in New Hampshire have introduced a bill which would require "public water systems which provide fluoridation to place a warning on all billing statements against fluoride-treated water for infants under the age of 12 months."

If Council maintains the status quo with respect to fluoridation and ignores the documented health risks and warnings, then I highly recommend a warning notice be posted in ALL water bills. As recommended by N.H. lawmakers, the notice should read: "Your public water supply is fluoridated. When feeding infants under 12 months of age, the American Dental Association and Centers for Disease Control and Prevention recommend that **liquid concentrate or powdered infant formula be mixed with water that is fluoride-free.**" (emphasis mine). Every attempt should be made to educate new mothers to this fact.

To reiterate: maintaining artificial fluoridation at any concentration is thus illogical at best and it's discriminatory.

QUOTES: "Canadian Dental Association (CDA) Position on Use of Fluorides in Caries Prevention". Emphasis below by Elke Babiuk

"The availability of fluorides from a variety of sources must be taken into account **before embarking on a specific course of fluoride delivery to either populations** or individual patients. This is particularly important for children under the age of six, where exposure to more fluoride than is required to simply prevent dental caries can cause dental fluorosis. **Provided that the total daily intake of fluoride is carefully monitored**, fluoride is considered to be a most important health measure in maintaining oral health for all Canadians."

Who on City Council will carefully monitor Calgary's daily fluoride intake? Who will consider fluoride intake from a variety of sources?

Although the CDA **supports** fluoridation, it **no longer does so unequivocally**, something fluoridation proponents failed to tell the Committee on the 26th. The CDA also abrogates its legal responsibility for fluoridation support to the Federal-Provincial-Territorial Committee on Drinking water - an interesting and significant change from its earlier position. The following caution was added by the CDA: "Communities considering water fluoridation are encouraged to review their individual circumstances carefully and in detail, giving attention to any available data on the dental health of community members, the size of the group not likely exposed to adequate fluoride from other sources, the minimum level of fluoride required to be beneficial, and any other information which would be helpful in making the required value judgment."

Who on City Council will follow CDA guidelines and review individual circumstances? If Council continues artificial fluoridation despite new evidence of lack of benefit and cautions, who will assume legal responsibility and liability for this decision?

U of C's OFFER for a FLUORIDATION REVIEW. Please note that we have been there before (see my 1997 letter attached)!

IF Councilors do not want to make the decision of removing fluoridation, please note that I have spoken to Professor Nosal (one of the City's reviewers in 1997) and he is prepared to be of service again should he be called on to do so. You might want to speak to him again before making that decision. He did emphasize to me that any panel Council chooses should be comprised of scientists, not medical professionals who are clinicians, or of dentists. Professor Nosal is eminently qualified as he is a Bio-statistician.

IF the City accepts the U of C's offer rather than stopping fluoridation , PLEASE for the sake of the citizens of Calgary, retain control of the panel selection process and ask the Professors whether they will assume legal liability if their recommendation is to continue fluoridation.

There is much more to say. However, in the interests of brevity, I would like to add that the City of Calgary led North America in 1998 by reducing their water fluoride content to 0.7 ppm, a level which is now recommended by fluoridation proponents 13 years later!

If we would have had a Fluoridation Review Panel then which was completely unbiased and not in favor of maintaining fluoridation, would you now be faced with this decision? Although the U of C offer is tantalizing and sounds like it's a win-win, appearances are often deceiving. Please don't fall into the same trap our City Council did in 1997. Although City Council then was absolutely "guaranteed" an impartial fluoridation review panel (see my letter of 1997) and reassured that they would have input in choosing panel members, **Council lost complete control of the process** and this City was given a panel which was biased in favor of maintaining fluoridation.

Ultimately, self-determination is a basic human right. Please respect those rights and stop fluoridation. Let the City of Calgary lead again by stopping fluoridation without more "Review" and without another plebiscite where the proponents of fluoridation get to spend and burn taxpayer monies to promote one side of a very complex issue.

Respectfully,

Elke Babiuk

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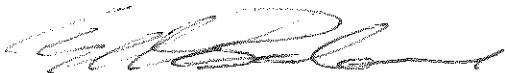
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Respectfully,



Elke Babiuk



I am a Realtor with CIR Realty. My specialty is working with Buyers and because of this, I show more homes in the city than many other Realtors. This includes many of the areas in the city which are not as affluent as other areas.

Public health officials claim that fluoridation benefits the less affluent the most. The irony of all of this is that I have noticed that a significant percentage of people in less affluent areas have water filtration or use bottled water. In affluent areas, a significantly higher percentage of people use filtered or bottled water. Is there truly a benefit to fluoridating the entire city to "benefit" the less affluent if many people there also use bottled or filtered water?

Who has measured the decline in dental caries since Calgary started fluoridating? Can we truly claim there is a benefit to fluoridating Calgarians if no one has bothered to do a follow-up study to look for the evidence of benefit?

Who has looked at possible evidence of harm to citizens in Calgary since we fluoridated? Can we truly say no harm is caused to anyone if no one has bothered to look for evidence of harm?

Who has studied how many people actually drink fluoridated tap water versus fluoride-free bottled or filtered water? Can we truly say that there is a benefit to the less affluent if we don't even have evidence of tap-water use?

How many people know where the fluoridation chemical comes from? Can we truly say that Calgarians would have voted to add it to the water supply if they knew it was in fact not "natural" but an industrial waste product from phosphate fertilizer manufacturing?

How many people know that we need to replace fluoridation equipment every 20 or so years because the hydrofluosilicic chemical is so corrosive it eats through the machinery? In the early 90s, it cost 1.4 Million. Today the estimate for replacement costs are 6 Million. That's a HUGE increase. In 20 years, what will the costs be then? Would Calgarians have voted fluoridation in if they knew what the true costs are?

How many people know there are fluoridation chemical shortages and that these shortages have resulted in significantly escalating chemical costs? Does anyone know why?

For those people who do not know why fluoridation chemicals keep rising in cost, it's because phosphate rock strip mining is environmentally disastrous and not many permits are approved anymore. More and more mines are being shut down. Phosphate fertilizer use is also declining. We have phosphate-free detergents now as well because of the environment. With declining phosphate use predicted over the next 20 years or so, there is less waste by-product to go around and therefore the cost of our fluoridation chemical will continue to go up!

Hopefully some food for thought

Respectfully, Elke

(posted Jan 10/10 in Mayor Nenshi's Fluoridation Discussion Board and presented before Council Committee)



CDA Position on Use of Fluorides in Caries Prevention

Preamble

The Canadian Dental Association supports the appropriate use of fluorides in dentistry as one of the most successful preventive health measures in the history of health care. Over 50 years of extensive research throughout the world has consistently demonstrated the safety and effectiveness of fluorides in the prevention of dental caries.

Fluorides are found naturally throughout the world. They are present to some extent in all food and water so that all humans ingest some fluoride on a daily basis. In addition, fluorides are used by communities as a public health measure to adjust the concentration of fluoride in drinking water to an optimum level (water fluoridation); by individuals in the form of toothpastes, rinses, lozenges, chewable tablets, drops; and by the dental profession in the professional application of gels, foams and varnishes.

The availability of fluorides from a variety of sources must be taken into account before embarking on a specific course of fluoride delivery to either populations or individual patients. This is particularly important for children under the age of six, where exposure to more fluoride than is required to simply prevent dental caries can cause dental fluorosis. Provided that the total daily intake of fluoride is carefully monitored, fluoride is considered to be a most important health measure in maintaining oral health for all Canadians.

CDA recognizes the need to monitor the scientific literature with respect to levels of exposure to fluoride and general health to ensure the continued safe and effective use of fluorides in dentistry.

Water Fluoridation

CDA supports fluoridation of municipal drinking water (at minimum levels required for efficacy as recommended by the Federal-Provincial-Territorial Committee on Drinking Water) as a safe, effective and economical means of preventing dental caries in all age groups. Fluoride levels in the water supplies should be monitored and adjusted to ensure consistency in concentrations and avoid fluctuations.

Communities considering water fluoridation are encouraged to review their individual circumstances carefully and in detail, giving attention to any available data on the dental health of community members, the size of the group not likely exposed to adequate fluoride from other sources, the minimum level of fluoride required to be beneficial, and any other information which would be helpful in making the required value judgment.

CDA recognizes and supports the need for continued research to determine optimal water fluoridation levels that can continue to provide protection from dental caries while reducing potential to contribute to fluorosis.

Fluoridated Toothpastes and Mouth Rinses

CDA recognizes and supports the use of fluoridated toothpastes and mouth rinses in the prevention of dental caries.

Fluoridated toothpastes should be used twice a day to brush teeth. Early commencement of tooth brushing has been associated with lack of colonization by the bacteria that are primarily responsible for cavities. Because young children tend to swallow toothpaste when they are brushing, which may increase their exposure to fluoride, the following guidelines have been established to moderate their risk of developing dental fluorosis while optimizing the benefits of fluoride.

Children from birth to 3 years of age should have their teeth and gums brushed by an adult. The use of fluoridated toothpaste in this age group is determined by the level of risk. Parents should consult a health professional to determine whether a child up to 3 years of age is at risk of developing tooth decay. If such a risk exists, the child's teeth should be brushed by an adult using a minimal amount (a portion the size of a grain of rice – see figure 1) of fluoridated toothpaste. Use of fluoridated toothpaste in a small amount has been determined to achieve a balance between the benefits of fluoride and the risk of developing fluorosis. If the child is not considered to be at risk, the teeth should be brushed by an adult using a toothbrush moistened only with water.

Early childhood tooth decay can be painful, may cause infection and is difficult and expensive to treat. Therefore, by a child's first birthday, the parents should consult a health professional knowledgeable in the areas of early childhood tooth decay and the benefits of fluoride. This health professional will help to determine the child's risk of developing tooth decay and whether there would be a benefit of brushing with a minimal amount (a portion the size of a grain of rice) of fluoridated toothpaste before the age of 3 years.

A child may be at risk of early childhood tooth decay if one or more of the following conditions exist:

1. The child lives in an area with a non-fluoridated water supply and low (< 0.3 ppm) natural fluoride levels. (Contact the municipal government to determine if drinking water is fluoridated).
2. The child has a visible defect, notch, cavity or white chalky area on a baby tooth in the front of the mouth.
3. The child regularly consumes sugar (even natural sugars) between meals. This includes use of a bottle or sippy cup filled with any liquid other than water and consumption of sweetened medications.
4. The child has special health care needs that limit his or her cooperative abilities, thus making it difficult for the parent to brush the child's teeth.

5. The child's teeth are brushed less often than once a day.
6. The child was born prematurely with a very low birth weight of less than 1500 grams [3 pounds].
7. The parent or caregiver has tooth decay.
8. The child has visible plaque, such as white or yellow deposits on the teeth.

Children from 3 to 6 years of age should be assisted by an adult in brushing their teeth. Only a small amount (a portion the size of a green pea – see figure 1) of fluoridated toothpaste should be used.


All children should be supervised or assisted until they develop appropriate manual dexterity.

Fluoride mouth rinses are an effective preventive measure for at risk individuals and should be used according to the specific needs of the individual. Fluoride mouth rinsing is not recommended for children under 6 years of age.

Professional Topical Applications of Fluoride Gels, Foams and Varnishes

CDA recognizes and supports the professional topical applications of fluoride gels, foams and varnishes in the prevention of dental caries for individuals at risk.

Fluoride Supplements

Fluoride supplements, in the form of chewable tablets, lozenges or drops, are not recommended for the majority of Canadians. However, health professionals may wish to prescribe fluoride supplements to high risk patients in non-fluoridated communities where individuals are not able to obtain fluoride in any other form (e.g. toothpaste) and after they have completed a thorough analysis of the patient's fluoride intake. 

CDA suggests the following guidance in the use of fluoride supplements:

- Before prescribing fluoride supplements, a thorough clinical examination, dental caries risk assessment and informed consent with patients/caregivers are required.
- The Canadian Consensus Conference on the Appropriate Use of Fluoride Supplements for the Prevention of Dental Caries in Children, held in November 1997, suggested that high caries risk individuals or groups may include those who do not brush their teeth (or have them brushed) with a fluoridated dentifrice twice a day or those who are assessed as susceptible to high caries activity because of community or family history, etc.
- The estimations of fluoride exposure from all sources should include the use of fluoridated dentifrice and all home and child care water sources. Health professionals should be aware of the water fluoride content in their area. This information is available from public health agencies.

The possible impact of fluoride reducing factors within the home, such as the use of unfluoridated bottled water or some reverse osmosis devices, should be taken into account.

- Lozenges or chewable tablets are the preferred forms of fluoride supplementation. Drops may be required for individual patients with special needs.
- The use of fluoride supplements before the eruption of the first permanent tooth is generally not recommended. When, on an individual basis, the benefit of supplemental fluoride outweighs the risk of dental fluorosis, practitioners may elect to use these supplements at appropriate dosages in young children. In doing so, **the total daily fluoride intake from all sources should not exceed 0.05-0.07 mg F / kg body weight** in order to minimize the risk of dental fluorosis.
- Following the eruption of the first permanent tooth and the associated decrease in the risk of dental fluorosis at this stage of development, fluoride supplementation in the form of lozenges or chewable tablets may be used to deliver an intra-oral fluoride.

Fluoride Exposure from Multiple Sources

CDA recognizes the availability of fluoride from a variety of sources and the increasing prevalence of dental fluorosis within communities. For this reason, CDA recommends:

- Patients and the parents of young children are encouraged to give attention to their circumstances and to be aware of their own potential exposure to fluoride (in drinking water from their own wells, for example).
- Provincial health departments should help to inform both patients and health professionals concerning the fluoridation status of naturally fluoridated drinking water in communities and areas.
- Parents should supervise the tooth brushing of young children and educate them to use only a pea-sized amount of fluoridated toothpaste on their toothbrush and to minimize swallowing.
- Health professionals and patients should review a patient's potential exposure to fluoride whenever treatment includes an option for additional exposure.

CDA Board of Directors

Approved: March 2003

Reaffirmed: February 2005

Revised: April 2010



Figure 1. A *rice grain sized* portion of toothpaste on a child’s toothbrush is shown on the left. A *pea-sized* portion of toothpaste is shown on the right.

Should Fluoridation Proponents be asked to review the safety of fluoridation?
A panel composed of several fluoridation proponents are chosen by Calgary Administrators to
review new evidence

Health Action Network Society, Alberta Chapter
7012 Huntbourne Road NE, Calgary, AB T2K 3X7
Tel: (403) 295-3336 Fax (403) 275-1561

December 10, 1997

The Honorable Al Duerr, Mayor, and
Members of Calgary City Council

Dear Council Members

On September the 10th and 15th, a submission¹ detailing the scientific data available on fluoride's increased health risks and lack of benefit since Calgary's last plebiscite in 1989 was presented to the Operations and Environment Committee (O&E). Attached to the Agenda was Calgary Regional Health Authority's (CRHA) "Position Statement on Fluoridation". [Letters](#) from **scientists and professionals** about CRHA's "misstatements", "glib comments proclaiming water fluoridation safe", and "head-in-the-sand position"² accompanied our submission.²

On September 15th, O&E referred the information received to CRHA and the Administration for a review, provided that they consult with interested parties. Concerns were raised that CRHA was not the appropriate body to review the scientific information as they have a long history of promoting fluoridation. Addressing this point on behalf of CRHA, Ms. Jean Fraser (a Board member), commented that she "guaranteed" an objective review panel would be struck. A subsequent letter from Alderman Jones (former Chairman of O&E) indicated that the city would be appointing an *impartial* panel. Recent events show that both statements were overly optimistic.

On December 3rd, we tried to alert O&E to the biased composition of the city's recently appointed panel ([attachment 1](#)) and to **new** information which should have facilitated a discussion of the "need" to spend taxpayers' dollars reviewing information which had already undergone extensive review by a highly-credentialed panel of **impartial** professionals and scientists in Natick, Massachusetts ([attachment 2](#)).³ The Natick panel members were extensively grilled, **not by city Administrators**, but by **city Councilors** as to their qualifications and objectivity. The finalized report was presented to Natick Councilors on September 27, 1997. For whatever reason, the Chairman of O&E didn't give us or the Committee the opportunity to discuss it. I am now bringing this matter to your attention for consideration, preferably at the next O&E meeting or the next meeting of Council.

BACKGROUND: On October 29th, six weeks after O&E's resolution, Mr. Jack Locke and myself met with the City's Waterworks' Administration for the obligatory consultation. A summary of the meeting is as follows:

- We were informed that the City, not CRHA, would be appointing the panel because the CRHA would be perceived as being too biased;
- We were asked for feedback on the process and recommendations;
- We were informed that the City's plan was to employ people who are qualified to evaluate the "**pharmacokinetics**" of fluoride and the epidemiology, something dental professionals are not trained for; therefore, dental representation on this panel would not be sought. A sensible and equitable approach to ensuring the review began on the right track;
- That to ensure objectivity and neutrality, as prospective panel members were interviewed, the Administration would ask these professionals if they had any preconceived biases. In other words, were they in favor of or opposed to fluoridation;
- We were promised a prior look at the prospective panel members and their Curriculum Vitae, so that any concerns could be expressed **before the panel was finalized**.

It was a productive meeting with much reason for optimism that the process would be one of the most pro-active steps the City has ever taken regarding this issue. **That was then this is now:** After various email and telephone communications, it was discovered that Mr. Seidner was no longer asking prospective panelists whether they believed in or were against fluoridation, BUT instead the question was "do you have a 'mission' where fluoridation is concerned?" In other words, it didn't matter if they were once active fluoridation promoters as long as they weren't doing it now! That's an **inexcusable about-face**, compared to

earlier assurances of objectivity at the October 29th meeting. **The question is why?**

On Nov 13, 1997, 15:12:42, the list of potential panel prospects was emailed to me by Mr. Read Seidner, Laboratory Superintendent Calgary Waterworks, with the statement: "***The final selection is yet to be made in consultation with CRHA.***" The prospective panel members were identified as:

[Professor H Moghadam](#)
Professor S Roth

Professor D Thompson
Professor M Nosal

Professor D Hanley

Unlike the plan to consult with CRHA, we were *not consulted* as promised earlier but *told*; and then *reluctantly!* Again, the question is why? In stark contrast to the openness of Natick, MA Councilors, requests by our Society for prospective members' Curriculum Vitae were refused despite an earlier promise that they would be available. Why? Are they a national secret?

Later on Nov 13, I sent an email alerting the three Waterworks' representatives to the **unacceptable bias** of this panel. For obvious reasons, two panel members were not acceptable and should have been struck from the list:

In 1989, the "Together for Fluoridation Society", a front organization for Calgary Health Services ([footnote](#)), distributed a list to the media of individuals who "support" and "endorse" water fluoridation. Drs H. Moghadam, **former member of the Calgary Board of Health**, and D. Hanley were on this list. Dr. Moghadam's status on this list was also highly conspicuous.

The doctors' endorsement begs an answer to the following question: would anyone feel justice is served if juries were selected this way? Moreover, I also informed Administration that Dr. Hanley and I crossed paths in the *Calgary Herald*. I believe the titles speak to the content (articles available by request):

- "Fluoride study solid science" Letters, 10/2/95, Dr. David A. Hanley; and,
- "Detrimental effects of fluoride are well documented" Letters, 10/15/95, Elke Babiuk.

In light of this information, in my November 13th email, I requested that Administration reconsider one of the candidates whom I had proposed at our initial October meeting -- Dr. M. Richardson, an expert and unbiased environmental and human health risk assessor, previously employed by Health Canada and now with O'Connor and Associates. Because of a past assignment with HC, Dr. Richardson already has some working knowledge of the dental health of Canadians. He recently wrote a very technical Compendium, published and distributed by O'Connor and Associates, which summarizes all available Canadian data on body weight, food consumption, water intake, breathing rates, etc., It would surely be very useful for this review. My request for the reconsideration of Dr. M. Richardson was never addressed, and despite my objections to the two panel members mentioned, on November 27, 1997, 08:30, I was informed by email that panel members were unchanged and were officially selected.

Since Administration did not adequately address these and other concerns with respect to this review process, and because O&E also didn't address this issue or receive information on the Natick report which I tried to convey at the December 3rd O&E meeting, I am respectfully requesting that Council members give the following due consideration:

That the summary and conclusions of the Natick panel be given a full review by Council members and accepted as evidence, in addition to the letters and submissions to O&E in September, that there is now enough proof to either **halt** fluoridation immediately or to put the question to the electorate in 1998.

If Council, for whatever reason, wants to continue with its own review despite the recommendations by Natick scientists and professionals, that in order to restore a semblance of confidence in this process, Drs Moghadam and Hanley should be asked to resign from this Committee. If for whatever reason, this is not acceptable to Council, then we strongly recommend that Council take the appropriate steps to inquire whether Dr. Richardson is still available to complement this Committee. If so, special funding should be approved.

Thank you for your time and consideration. I look forward to your response.

Sincerely, Elke Babiuk

Director, HANS Alberta Chapter

Attachment 1 ([moghad.doc](#)): Letter to the editor, Calgary Herald, by Dr. Moghadam

Attachment 2 ([natick.doc](#)): Summary conclusions of Natick Review Panel, Full report or panel members' biographies available on request or at [/natick.htm](#)

- (1) [/calgaryb.htm](#);
- (2) [/calgaryl.htm](#);
- (3) [/naticks.htm](#) (Panel member CVs in [natickev.htm](#) or available on request)

Footnote: Karen Gainer, former Chairman of the CBH, was the signatory for the Society's application for non-profit status for Alberta Consumer and Corporate Affairs Corporate Registry.

H. Moghadam, MD, "Both sides were heard in fluoride debate", *Calgary Herald*, August 12, 1991 Letters
Re: "We didn't hear the full story on fluoride risk," Don Martin column, *Calgary Herald* July 31.

Martin asks: "Where was all this contrary evidence when Calgary Health Services vigorously promoted fluoridation prior to the plebiscite?" The evidence was all there and was promoted just as vigorously by the opponents of fluoridation in all news media including the Herald. Calgary citizens voted in favor of fluoridation after weighing the evidence on both sides of the debate.

The basic tenet of anti-fluoridationists appears to be that for some cynical reason health professionals have conspired to harm the health of the public. Does Martin really believe... a host of scientific bodies have all ignored the so-called contrary evidence?" What would their purpose be for doing so?"

The fluoridation of communal waters and the resulting decrease in the prevalence of tooth decay in population has significantly affected the increase of dentists across North America; yet by far the vast majority of dentists support fluoridation. To say, as Martin does, that the scientific jury is still out is an insult to all scientific bodies that have been active in the struggle against disease...

It is a historical fact that nearly all public health measures have been opposed by some individuals. An outstanding example is the chlorination of communal waters. Yet we all know that were it not for this simple public health measure, many of us would not be here today to protest loudly that the scientific jury is still out or that our rights under the Charter have been violated. We would have succumbed to typhoid fever or cholera, a disease which currently is killing thousands of innocent people in South and Central America.

If common table salt were to be introduced to the market today there would be those who would oppose it since, like fluoride, it is also as Martin put it a "nasty stuff that burns human tissues" as it does our automobile bodies. And the scientific jury will stay out for decades debating its safety since, taken in large doses, it will kill every living thing.

H. Moghadam, MD

ADMINISTRATION'S RESPONSE

THE CITY OF CALGARY
COMMISSIONERS' OFFICE #8003
1997 December 19
His Worship Mayor Al Duerr and Members of Council

Ladies and Gentlemen:

SUBJECT: EXPERT PANEL ON FLUORIDATION

At the request of the Standing Policy Committee on Operations and Environment, a panel of scientific experts has been assembled to advise on recent scientific literature pertaining to the safety and effectiveness of water fluoridation. Panel members were selected in the following way. Because highly technical information needed evaluation, university researchers were seen as having the right mix of expertise and independence. Accordingly, Department Heads and Deans at The University of Calgary were approached to recommend potential panel members. Follow-up interviews with the prospective panel members were conducted by Waterworks staff to discern their commitment, and any possible predisposition to either the benefits or health risks of fluoridation. The objective was to gather an unbiased group with technical expertise that could focus on published research. It

should be mentioned that previous support (or nonsupport) of the fluoridation issue involving the 1989 plebiscite in Calgary was not seen as a disqualifying factor for a panel member because more recent information was to be the focus of the panel's attention. All prospective panel members were asked if they would review scientific evidence and make decisions objectively, and those that indicated a strong bias in favour of fluoridation were not asked to sit on the panel. Five panel members were chosen from various faculties (see attached Terms of Reference)

The selected five member panel met on December 3, 1997. At that meeting, Professor Dixon Thompson was chosen as chairman. The need to develop a sound communication plan was recognized and submissions received to date were distributed for review.

Newspaper ads inviting public submissions of technical reports had already been placed with a final deadline of December 12. At that meeting the panel members were again asked whether they were already biased in favour or against fluoridation. Two panel members, Professor Moghadam and Professor Hanley, indicated that as a result of research in the past that they had supported fluoridation but, if new research indicated that fluoridation was a health concern they were definitely open to changing their opinion.

TERMS OF REFERENCE

EXPERT PANEL FOR WATER FLUORIDATION REVIEW

BACKGROUND

At a recent meeting of the Standing Policy Committee on Operations and Environment some technical reports on water fluoridation were presented by private citizens. The Committee then resolved, along with Calgary Regional Health Authority, to have an independent and expert review of this and other recent information. The ultimate purpose of such a review is to advise whether water fluoridation is still a desirable public health policy in light of current data or risk/benefit studies. The Committee would then be assisted in its deliberation and subsequent reporting to Council over the advisability of a 1998 plebiscite on the continuation of fluoridation of Calgary's drinking water supply.

Waterworks Division is involved in the fluoridation issue only as a purveyor, giving sole attention to the proper operation, monitoring and compliance of the fluoridation process. Thus, it has been directed by the SPC on Operations and Environment to assume the role of coordinating and organizing an independent and unbiased panel of experts. Waterworks approached various Deans and Department Heads at the University of Calgary for recommendations. The expertise, maturity and independence of university researchers were considered important assets for prospective panel members. An adequate expertise profile to address technical issues of health and safety was sought. An effort was made to exclude mission oriented candidates (either strongly pro-fluoridation or strongly anti-fluoridation).

LIST OF PANEL MEMBERS

Person	Expertise/Role
Professor Dixon Thompson University of Calgary Faculty of Environmental Design	CHAIRMAN Water pollution and environmental effects Chemistry
Professor Hossein Joe Moghadam University of Calgary Faculty of Medicine	Community Health Pediatrics Epidemiology
Professor Sheldon Roth University of Calgary Faculty of Medicine	Pharmacology Therapeutics Toxicology
Professor Miloslav Nosal University of Calgary Faculty of Science	Biological and environmental statistics Health related risk assessment
Professor David Hanley University of Calgary Faculty of Medicine	Endocrinology Bone disorders Calcium metabolism

PANEL RESOURCE CONTACTS

Dr. Read Seidner Laboratory Superintendent Waterworks Division	Dr. Richard Musto Deputy Medical Officer of Health Calgary Regional Health Authority
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PANEL FUNCTIONALITY

1 The panel will report jointly to the SPC on Operations and Environment-City of Calgary and to the Quality Care Committee-Calgary Regional Health Authority. Ongoing progress reports to Waterworks Division and Calgary Regional Health Authority is to be maintained by the panel chairman.

2 Work is to commence as soon as possible and completed by a presentation to the SPC on Operations and Environment Committee. Prior to that a written brief is to be submitted to Waterworks Division and Calgary Regional Health Authority. The panel chairman is responsible to verbally present the panel's findings to the SPC on Operations and Environment.

3 The focus of effort will be on literature produced since 1989. Literature additional to already received submissions will be sought through newspaper ads or may be provided by expert panel members. Verbal presentations at the panel's invitation only may be sought. If such are sought, then effort will be made to include equal opportunity from both sides.

4 Standard scientific criteria as to evaluating the pertinence of reports and studies will be employed. Methodology employed by the Canadian Task Force on the Periodic Health Examination will serve as a model. The panel will decide its own process of dividing up submitted literature.

5 All costs will be split equally by Calgary Regional Health Authority and Waterworks Division. Secretarial and library search assistance will be provided to the panel. The panel is to assess additional resources needed once all submissions are received.

DEADLINE DATES

- December 12 Deadline for public submissions
- March 23 Submit written brief to Waterworks and Calgary Regional Health Authority
- April Presentation to SPC on Operations and Environment Committee

Further information on Calgary Regional Health Authority's role in the fluoridation plebiscite:
[crha.htm](#), [behavior.htm](#), [pro.htm](#)



[Home](#)

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Are the claimed benefits of ingesting fluoride over-rated
and the risks to our health and eco-system under-reported?

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