

October 26, 2018

To Professionals, Politicians and 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.

Major findings from evidence-based science relevant to dietary fluoride confirm:

1. Dental damage from youthful consumption of fluoride
2. Neurological damage from prenatal, youthful and long term exposure to fluoride
3. Biological damage to endocrine, immune, renal, gastrointestinal and other systems
4. Bone damage from long term exposure and exposure during critical growth periods
5. Increased risk of complications during pregnancy affecting both mother and child
6. Disproportionate harm to various vulnerable populations due to ethnicity, age, health conditions, genetics or epigenetics.

We, the undersigned, attest to having done our due diligence in studying the effects of fluoride consumption and/or fluoridation policy on people and planet. We have concluded that there is no ethical or medical justification for including fluoride on any nutritional list nor for dosing municipal water supplies with corrosive and contaminated fluoridation products in order to mass medicate the public.

Dental damage

In the United States where approximately 75% of the population consumes fluoridated tap water, over half of all adolescents have dental fluorosis. Dental fluorosis is also high and rising in non-fluoridated municipalities due to the 'halo' effect from food and beverages prepared with fluoridated water as well as from exposure to fluoridated pesticides in foods and fluoridated dental products. Severe fluorosis includes pitting, misshapen teeth and missing enamel. One in five American teenagers has moderate to severe damage on at least two brittle teeth many of which will likely require costly veneers or crowns due to childhood fluoride consumption. Dental fluorosis is correlated with increased cavities, periodontal disease and other dental expenses.

Neurological damage

Prenatal and youthful exposure predict increased incidence of learning disabilities in dozens of human and hundreds of laboratory studies. A recent NIH sponsored study validated a dose-response trend line for lowered IQ in offspring based on maternal dose within the dose range typical in optimally fluoridated communities. Only a handful of studies, each of which has severe limitations, claim not to have found neurological harm. The U.S. Environmental Protection Agency lists fluoride as a water contaminant and as a 'gold standard developmental neurotoxicant.' Fluoride binds with heavy metals such as lead and aluminum, as well as enhancing the absorption of those metals into blood and brain. The pineal gland deep in the brain becomes calcified from chronic exposure to fluoride. The pineal gland governs sleep patterns and reproductive hormones. Fluoride is also associated with increased risk of neurodegenerative disease.

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Biological damage

Fluoride lowers iodine levels and can disrupt thyroid function. Fluoride is a particular burden to kidneys which in a healthy adult excrete about 50% of intake, the remainder being sequestered in tissue and bone. Fluoride is an adjuvant which intensifies the immune response in the presence of an antigen, i.e. it worsens or causes allergies and symptoms of autoimmune disease. Endoplasmic reticulum (ER) stress and atherosclerosis in the heart are manifestations of fluoride damage. Crohn's disease and other irritable bowel conditions can be caused or worsened by fluoride. Gastrointestinal cancers in particular have been observed to be higher in fluoridated communities. Fluoridation predicts increased age-related diabetes, as does frequent use of OTC dental rinses, essentially all of which are fluoridated. Dermal absorption contributes to systemic exposure which affects biological systems.

Bone damage

Chronic consumption over years can cause considerable bone damage. Arthritis is a symptom of fluoride intoxication in the bones. Osteoporosis is another. Osteosarcomas in young boys is a small but significant risk from fluoridation. Bony spurs and calcification of ligaments may result from chronic fluoride consumption. Attempts to increase bone density with therapeutic doses of fluoride succeeded in increasing density, but failed in preventing fractures as fluorosed bones, like fluorosed teeth, are more brittle and prone to fracture.

Pregnancy risks

The placenta becomes saturated with fluoride even when water concentration is in the WHO suggested optimal to tolerable range of 0.7 to 1.5 ppm. Modern studies confirm 0.5 ppm fluoride in water impacts thyroid hormones which also increases risk in pregnancy. Increased ER stress from fluoride can lead to preeclampsia and preterm birth. Increased risk of anemia and mortality for both mother and child are associated with fluoride consumption during pregnancy whether the total individual dose is achieved through water, diet, dental products, medication or bathing.

Disproportionate harm

Environmental justice communities are more likely to suffer from dental fluorosis and with worse severity. These same communities also have higher rates of kidney disease, diabetes and high-risk pregnancies. It is biologically plausible that fluoride is contributing to all of the above. The elderly and those with autoimmune disease or other chronic health conditions also are at heightened risk for all of the complications associated with fluoride intoxication.

It is past time to dispatch the malignant medical myth of fluoride as a miraculous mineral to the dustbin of history. Consequently,

- ➔ We encourage nutrition scientists world wide to go on record with statements condemning fluoride as a poison that has no place in the human diet
- ➔ We encourage professional organizations to consider their mission statements and openly condemn fluoridation policy as a human rights violation and environmental harm that contributes to chronic illness
- ➔ We encourage public health officials to challenge pro-fluoride policy in order to fulfill their role of protector of the common welfare
- ➔ We encourage politicians to order an immediate ban on the immoral medical mandate of artificial water fluoridation.

Finally, we encourage the public to make a loud noise demanding that water and food not be intentionally dosed with aluminum, arsenic and lead contaminated fluoridation chemicals that cause disease, disability and death in consumers.

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Respectfully,

Dr. Derek Lang, DO on behalf of American Academy of Environmental Medicine

Dr. Charles Adams, MD on behalf of International College of Integrative Medicine

Dr. Dawn Ewing, PhD on behalf of International Academy of Biological Dentists and Medicine

Henry Rodriguez, Texas Chapter Director on behalf of the National League of United Latin American Citizens

Vera Sharav, President on behalf of the Alliance for Human Research Protection

Ronnie Cummins, International Director on behalf of the Organic Consumers Association

Ronald M. Hendrickson, Executive Director on behalf of the International Chiropractors Association

Alice-Anne Simard, Executive Director on behalf of Eau Secours

***For reliable information on emerging science, evolving expert opinion,
and environmental activism, we recommend these resources:***

International Academy of Oral Medicine and Toxicology, IAOMT.org

American Academy of Environmental Medicine, AAEMonline.org

Fluoride Action Network, FluorideAlert.org

Center for Health, Environment & Justices, CHEJ.org

League of United Latin American Citizens, LULAC.org

Eau Secours, eausecours.org

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The above is only a sampling of the many studies and reports finding harm from fluoride ingestion.

RESEARCH DATABASE:

A more comprehensive collection of fluoride studies can be accessed from the Fluoride Action Network *Study Tracker*
<http://fluoridealert.org/studytracker/>

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