Dear Mayor Bratina and Hamilton Council Members,

My name is Mary Pearson and I am registered as a nutritionist with the International Organization of Nutritional Consultants.

I write to you today to share a few of my concerns regarding what will be presented Monday, April 16th at the Hamilton Board of Health meeting addressing water fluoridation.

I have taken the time to read Dr. Mackie’s Information Report and to review the research that proponents of water fluoridation cite to support their claim of safety and efficacy. What I have found is disturbing and has left me wondering if proponents of this practice have actually taken the time to review the research thoroughly.

First of all, please note that at their Winter Symposium held in Toronto February 2011, the Association of Local Public Health Agencies (aPHa) resolved to strongly and publicly state its support for the practice of community water fluoridation and warned our public health officers that there is no room for personal views regarding this public health policy. Hence, even if Dr. Mackie had an opposing view regarding fluoridation, he is not at liberty to express his informed opinion.

Second, many studies concluding lack of efficacy or potential harm have been overlooked or dismissed. In fact a recent review, cited in Dr. Mackie’s report, by Dr. McLaren et al, April 2011, conducted at the University of Calgary, as requested by the Public Health Agency of Canada, conceded that their method may not have adequately captured the anti-fluoridation literature. Approximately 20,000 fluoride articles, published in the peer-reviewed scientific journal Fluoride have been black-listed on PubMed and other biomedical databases. These articles are not inferior in quality, but are more likely to conclude lack of safety and efficacy and are unavailable to our health researchers.

Third, fluoridation is being presented as “the great equalizer” for oral health. Yet the aforementioned April 2011, Canadian water fluoridation synthesis study, like the oft cited UK York Review, otherwise known as McDonagh et al 2000, found a surprising lack of research on the implications of drinking water fluoridation for inequities in oral health. If fluoridation is such a great equalizer, why are minority groups in the US such as Latinos, Hispanics and Blacks actively protesting the disproportionate harm to which they have been subjected via this public health policy?

From my perspective fluoridation of water is an ineffective, unscientific attempt to treat a symptom, tooth decay, as opposed to addressing the actual underlying cause, poor diet and oral hygiene. Any minor reduction of cavities apparent in early childhood, from systemic intake of fluoride, is attributed to delayed tooth eruption (Komarok 2005), a sign that fluoride is actually interfering with natural physiological processes. With late eruption, cavities are also delayed, hence studies comparing children of similar age in fluoridated versus non fluoridated cities, will misleadingly show fewer cavities in the fluoridated community.

While I do recognize that until we address the underlying cause of tooth decay, oral health cost will continue to be a burden, please rest assured that cessation of water
fluoridation will not add to that cost. What we should be doing is cleaning up our food supply and empowering people with the knowledge needed to create optimal health. Until we can accomplish this, to prevent tooth decay among the most needy, perhaps the money we are wasting on water fluoridation could be used to perform atraumatic restorative treatment (ART), a more effective, economical technique which can be performed by non-dentists.

Thank you for taking the time to read this.

With much concern for the health and well-being of Hamiltonians,

Mary Pearson
Halton Resident