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## Public Health should look at adverse effects

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Regarding the Waterloo Chronicle story Fluoride program for four schools, why is Waterloo Region Public Health not interested in monitoring how dental health and general health may improve now that fluoride has been removed from drinking water?

The incidence of dental fluorosis in 12 to 15 year olds in the U.S. is 41 per cent, representing nearly half the children showing visible signs of fluoride damage to teeth.

If the hard enamel of teeth is damaged from fluoride, what other soft tissues in our bodies may also be harmed?

There is irrefutable evidence that fluoride over-exposure leads to a variety of serious health problems.

Unfortunately, Public Health never bothered to assess the intake of fluoride from all sources in Waterloo, nor did they assess the prevalence of cancer, cardiovascular disease, renal disease, colic in babies or irritable bowel syndrome in adults, arthritic-like complaints, thyroid problems and how fluoride ingested from drinking water may have contributed to these ailments.

Using drinking water to deliver a medication is poor medical practice because it is virtually impossible to prevent ingestion by those population sub-groups who are known to be at risk of fluoride over-exposure.

It is also extremely difficult to prevent skin exposure to municipal drinking water.

It is also impossible to control the intake of a medication when it is put into drinking water because there is huge variability in how much fluoride is ingested in a day.

A lactating mother, an athlete, an outdoor worker and those with diabetes may drink 10 times more water than the average Canadian. If they drink 10 times more water or beverages made with fluoridated water, they ingest 10 times more fluoride.

Why has Waterloo Region Public Health never been interested in investigating the adverse effects of the artificial water fluoridation policy?

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