Dr. Kennedy Speaks Out Against Fluoride

Past President of International Academy of Oral Medicine and Toxicology

Dr. Kennedy, Past President of International Academy of Oral Medicine and Toxicology, a nationally and internationally recognized lecturer on toxicology and restorative dentistry as well as a practicing Dentist for 20 years, explains why fluoride has been scientificially proven to be harmful.

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Board of Supervisors
County of Santa Cruz
701 Ocean Street
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RE: Drinking Water Fluoridation

March 1, 1998

Dear Supervisors,

I am David Kennedy, DDS. I am a preventive dentist. I have practiced dentistry in San Diego for more than 20 years. My father and grandfather before me were also dentists.

I served on the board of the San Diego Better Business Bureau for over 10 years, and have been a member of the Centre City Optimist Club for 20 years as well.

I have been a member of the San Diego County Dental Society for over 20 years, and for three years elected to the Board of Directors. I have participated on numerous committees including. Senior Care, Speakers Bureau, Political Action Committee, and the Council on Dental Care.

In 1974 Eddy Oriole and I planned and built the Chicano Children's Dental Health Clinic at 1809 National Avenue. I care about children's dental health.

I am immediate Past President of International Academy of Oral Medicine and Toxicology, the author of a book on preventive dental health entitled How to Save Your Teeth, and a nationally and

internationally recognized lecturer on toxicology and restorative dentistry.

I am intensely interested in the welfare of my patients and the community at large.

Although I am a member of the San Diego County Dental Society (SDCDS), The California Dental Association (CDA) and the American Dental Association (ADA), I must begin my statement by expressing my opposition to these organization's stances concerning the safety of fluoride and further clarify what an endorsement by any of these organizations represents.

1) CDA and ADA perform no research of their own.

2) These trade associations have successfully argued in court that they assume no legal liability for any harm that may result from their recommendations.

3) Dental organizations are not responsible for studying adverse systemic effects of water fluoridation. These issues are appropriately studied by medical researchers, epidemiologists and toxicologists.

4) CDA and ADA have never provided their members any large scale blinded studies which prove that fluoridation reduces tooth decay. An expert for the ADA testified in court that she was not aware of any blinded animal or broad based blinded human epidemiological studies that has ever found a reduction in tooth decay from drinking water with one part per million fluoride.

5) CDA and ADA have never polled their membership for their knowledge or opinion of water fluoridation.

The two following examples clearly illustrate the depth and reliability of dentist's understanding of this controversial issue.

A) Despite the local dental society's recommendation of water fluoridation, my conversation with the President of the San Diego Dental Society, Dr. Joel Berick, revealed that he was completely unaware of even the existence of numerous studies linking water fluoridation to hip fracture.

B) An elderly dentist from Chula Vista took umbrage with my position opposing water fluoridation. He claimed that, over the last 50 years in his practice, he had personally witnessed the tremendous benefit of water fluoridation in Chula Vista. When I pointed out that Chula Vista was a nonfluoridated community, he appeared disoriented and mumbled, "It had to be the fluoride. Tooth decay is not nearly as prevalent as when I began to practice 50 years ago."

The above summary is not intended to criticize the dental society, but rather to place the dental trade organizations endorsements in their proper perspective.

Increasing the fluoride intake of a patient without regard to established risk factors such as age, kidney function, weight, physical condition, water consumption, total fluoride intake, and mitigating dietary calcium is medical negligence. Although the courts have ruled that the state has the power to do so under police powers. mandating fluoridation for 25 Million Californians or the entire city of Mountain View is no less negligent.

Dental Fluorosis

The first visible sign of this negligence will be a doubling in dental fluorosis. The cells that produce the collagen matrix, which forms enamel, are poisoned to the point that they can no longer produce opalescent pearl-like enamel. Fluorotic enamel is irregular in texture, porous, chalky white to brown in color, and brittle. In severe cases, the enamel forms incompletely and corners easily break off the teeth.

All of the organizations promoting water fluoridation agree that dental fluorosis, which is the first visible sign of systemic poisoning, increases with water fluoride levels. The Legislative Office of Budget Management acknowledges that drinking water fluoridation would increase disfiguring dental fluorosis, but since treatment of this disease is not covered for children on welfare, calculated that there would be no additional. cost to the state. Clearly they are not considering the enormous legal liability for physical and psychological damage which accompany this disfiguring disease.

The fact that the state will not spend money to correct this defect does not alter the basic truth that fluorosis will have to be treated if the child is to be happy in our image conscious society.

Let's be clear about what children will be adversely affected. Bottle fed babies are most likely to develop dental fluorosis. Mothers milk has virtually no fluoride present. Those children who are deficient in intake of protein, calcium, magnesium, phosphorous, and Vitamin C are especially vulnerable to fluoride poisoning. The accumulation of fluoride is greatly increased if the person has impaired kidney function. In short, the weakest members of our society, the undernourished, the underfed, the very children that fluoridation was to allegedly benefit. In some poorer communities as much as 80% of the children have fluorosis[1].

The correction of this permanent disfigurement involves crowns, laminates, bonding, and bleaching. The physical, psychological, emotional, and financial costs of the repeated trauma necessary to correct this condition far exceeds any projected benefit that fluoridation can possibly produce. This is truly a case where the treatment is worse than the problem.

The incidence of dental fluorosis has steadily increased since the introduction of fluoride to the drinking water in 1945. Since the introduction of fluoride containing toothpaste the amount of fluorosis has dramatically risen[2]. Fluoride tablets which deliver in prescription form the amount of fluoride alleged to be beneficial for tooth decay, reduction cause dental fluorosis in 64% of the children (Pebbles 1974). These same tablets if swallowed provide no protection against decay. If they are chewed and dissolved in the mouth, they do appear to reduce decay[3]. The effect is topical[4].

Hip Fracture

Fluoride has been tested on humans for the purpose of treating osteoporosis. The theory was that fluoride would strengthen bones. What the researchers found was that it did increase bone mass; however, the bone was much more brittle -- leading to a dramatic increase in hip fracture[5]. Numerous studies have linked long term consumption of fluoridated water to increased risk of hip fracture.[6]

This is not a small matter, it is about life and death. The surgical cost of repairing a hip fracture is $35,000. 25% of the victims die in the first 30 days. Only 11% of the victims ever return to independent living. 100% of the victims are debilitated and few, if any, of the elderly ever regain their former ability to walk normally. The research clearly shows that water Fluoridation increases the number of people who will suffer this devastating injury.

Nine of thirteen studies show a correlation between hip fracture and fluoridation, including four published in the Journal of the American Medical Association in the last five years. In matters as serious as the health of our nation, no risk is acceptable if it is avoidable.

Cancer

Research has shown in numerous studies that fluoride is a mutagen (genetic damage), a carcinogen (cancer causing), and cancer promoting in laboratory cell studies, animals, and humans. In 1990 the Congress-ordered National Toxicological Program (NTP) found bone cancers in male rats.

The test animals, in the words of the board certified pathologists, "were awash with disease." T he high dose animals had kidney failure and cancers of their lips, cheeks, throats, livers, and bones. The highest rates of cancer were found in the highest dose animals. The lucky rats and mice that drank the distilled fluoride free water had no significant disease. When the actual data indicated a causal relationship between fluoride and bone cancer the NTP down-graded the results to "equivocal."

Dr. William Marcus, former senior science advisor at the office of drinking water Environmental Protection Agency (EPA), concluded that the NTP studies proved fluoride was a carcinogen[7]. In July 1997 the National Federation of Federal Employees. the Union representing all of the scientists, toxicologists and statisticians at EPA headquarters, also stated that "Our members review of the body of evidence over the last eleven years, including animal and human epidemiological studies, indicate a

causal link between fluoride/fluoridation and cancer, genetic damage, neurological impairment, and bone pathology. Of particular concern are recent epidemiological studies linking fluoride exposure to lower 1.0. in children.[8]

Political protection for fluoride is not new. The Spin Doctors of fluoridation routinely minimize the peer-reviewed documented scientific research by setting up biased review committees, which then publish their own opinion claiming that fluoridation is safe, without regard to the original findings. The US Public Health Service has been accused of scientific fraud by the National Federation of Federal Employees over the cover-up of the cancer/fluoride link.

After the NJ Department of Health documented a dramatic increase in bone cancers in young men who resided in their fluoridated cities, New Jersey Assemblyman John V. Kelly asked the Food and Drug Administration (FDA) for the evidence they relied upon in approving prescription fluoride drops and tablets.

The FDA responded that no application for approval, or studies of safety or effectiveness, had ever been submitted and that they were not in possession of any such evidence. Ask yourself for another example of a prescription drug on the United States market (30 plus years) for which no FDA Application has ever been submitted.

When pressured as to why he did not remove the drops and tablets from the market Frank R. Fazzari, Chief of Prescription Drug Compliance reportedly expressed concern for his position and recommended Assemblyman Kelly sue him in order to have a Federal Judge make him comply with congressional law.

The new Food and Drug required warning should provide some clarification as to the safety of fluoride. The FDA now requires all toothpaste containing fluoride to have the following warning attached, "WARNING: Keep out of reach of children under 6 years of age. In case of accidental ingestion, seek professional assistance or contact a Poison Control Center immediately." The amount to be used in brushing is a pea sized amount or about 1 milligram. One liter of water in a fluoridated community will contain one milligram.

Tooth Decay Costs Savings

All of the recent large scale studies have found no relationship to tooth decay and water fluoride levels. Earlier studies that are often cited by fluoridation promoters are transparently flawed. The examiners were not standardized or blinded. There are no randomized controlled blinded studies of animals or humans that have ever found a reduction in decay from ingesting fluoride. On the contrary, all of the recent large-scale studies have failed to show any significant reduction.

Studies of fluoride have confirmed that the effect it has on tooth decay reduction is not systemic. The effect is not produced by swallowing the toxic substance, but is in fact a topical effect upon the bacteria that live in the mouth and cause tooth decay. It poisons them. The design of the experiment leaves little doubt -as to the results. Cavity-prone rats were given fluoride in two ways. One group got fluoride in the mouth from a time release tablet bonded to the outer surface of the tooth. The other group got the same amount administered in a slow pump under the skin. The oral dose of fluoride produced some reduction in decay over controls, but the systemic exposure did not reduce tooth decay at all. However, the poisonous nature of fluoride does not change when ingested.

Animals fed sugar-water and fluoride fare no better in terms of tooth decay than animals fed sugar-water alone. Human tooth decay is linked to diet, sugar intake, tooth brushing technique, hours of sunlight, parental education, and family income. These variables must be considered in order to produce accurate results.

In the largest study of tooth decay in America, there was no significant difference in the decay rates of 39,000 fluoridated, partially fluoridated, and non fluoridated children, ages 5 to 17, surveyed in that 84 city study. The decayed missing or filled rate in non-fluoridated Los Angeles was not significantly different than fluoridated San Francisco. In fact, the lowest decay rate was found in non-fluoridated Buhler, KS.

Comparing the State of California 1994 non-weighted dental costs for the 14 largest counties reveals that counties 90% fluoridated spent on average $121.93 per eligible recipient for treatment of tooth

decay, and counties with less than 10% fluoridation spent only $118.33 per eligible recipient.

Weighted 1995 California per Eligible Welfare Recipient Dental Costs
CA Counties 90 -100 % Fluoridated $125.27
CA Counties 0.5- 10% Fluoridated $107.26

With less than 17% of the state fluoridated, California children have fewer cavities than the nation as a whole. Where is the alleged proof of safety and effectiveness? Why are the costs of dental care higher in fluoridated areas?

This public health fraud will result only in increased misery-- kidney disease, hip fractures, cancers and even death to its many unfortunate victims. Not only will fluoridation not reduce the dental care costs, it will exponentially increase the fluorotic damage to underprivileged children.

Sincerely,

David C. Kennedy, D.D.S.
DCK/hs

Enclosed: Fluoride Fact Sheet
America Overdosed

P.S. The attached Fluoride Fact sheet has the scientific documentation to back up each of the 6 proven effects of fluoride.

Upon request the actual studies to support each statement will be happily provided.

References

[1] Health Effects of Ingested Fluoride, National Research Council, pg 37, (1993)
[2] D. Christopher Clark. DDS, MPH Appropriate use of fluorides for children: guidelines from the Canadian Workshop on the Evaluation of Current Recommendations Concerning Fluorides. J. Canadian Medical Association Vol. 149 #12 (1993)
[3] J.M. ten Cate & J. D.B. Featherstone Mechanistic Aspects of the Interactions Between Fluoride and Dental Enamel Critical Reviews in Oral Biology and Medicine 2(2.):283-296 (1991)
[4] J. D. Featherstone. The Mechanism of Dental Decay Nutrition Today May 1987
[5] Riggs BL, Hodson SF, O'fallon WM, et al. Effect of fluoride treatment on the fracture rate in post menopausal women with osteoporosis. NEJM 1990: 322:802-809
[6] References for Fact #6
[7] Marcus Memo May 1 1990 (enclosed)
[8] Letter dated July 2, 1997 to Citizens for Safe Drinking Water (enclosed)

1) Jacobsen SJ, Goldberg J, Miles TP. Brody JA, et al. Regional variation in the incidence of hip fractures: U.S. white women aged 65 years and older. JAMA Vol. 264, pp. 500-502 (1990)
2) Cooper C, Wickham CAC, Barker DJR, and Jacobsen SJ. Water fluoridation and hip fracture (letter]. JAMA Vol. 266. pp. 513-514, 1991
3) Danielson C, Lyon IL, Egger M, and Goodenough GK. Hip fractures and fluoridation in Utah's elderly population. JAMA Vol. 268, pp. 746-748 (1992)
4) journal of the American Medical Association Vol. 273, pp. 775-776 (1995)
5) Jacobsen SJ, Goldberg J, Cooper C, and Lockwood SA. The association between water fluoridation and hip fracture among white women and men aged 65 years and older: A national ecologic study. Ann Epidemiol 1992: 2:617-226
6) Sowers MFR. Clark MK, Jannausch ML and Wallce RB. A prospective study of bone mineral content and fracture in communities with differential fluoride exposure. Am J Epidemiol 1991:133:649-60
7) Keller C. Fluorides in Drinking Water. Paper presented at the Workshop on Drinking Water Fluoride influence on Hip Fractures and Bone Health. April 10, 1991 1, Bethesda, Md.
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