Dear City Council Members:

I am here again to address your mandated water fluoridation and its added toxic effects.

People objecting to popularized policy take great risks.
In the case of doctors, dentists, scientists or academicians who go against the adopted policy of their organization, special interest group or community show remarkable bravery, they risk losing friends and are often shunned by their colleagues. Some even lose their lives.

As spoken recently by a person concerned about water fluoridation: "I don't really want to do this. The last campaign was not pleasant. We got some very nasty phone calls at home and people threw out all kinds of insults."

Those of us who go against the norm of forced policies are called crackpots, fear-mongerers, kooks and worse. People who unquestioningly trust and accept the talking points and the advise of their doctor or dentist who, by the way, make money when we are ill -- are not plumbing their own intuitive sense, they lack trust in their body's innate intelligence and, often, are unwilling to take personal responsibility for their own health.

The suppression of historical wisdom and truth is the real epidemic in our culture.

The media, popular opinion, and generations -- 60 years, to be exact -- of being told by our family dentist et al, over and over so that we believe it:

"safe and effective"

"One of the ten great public health achievements of the 20th century."

"safe and effective"

"optimal level"

"safe and effective"

"Fluorosis is only a barely recognizable cosmetic effect."

Water fluoridation is a rolling money machine. This City Council has proven it by the manner in which you have chosen to roll out this water fluoridation campaign in all its inequity and imbalance. You have elected to follow the effective marketing of organizations unworthy of the credit you give them (i.e. the CDC, the ADA) by not only not questioning their repetitive talking points, but by forcing us to hear them, see them and read them in every exposure -- including your website -- until the public knows no other mantra but "safe and effective." It's really very disturbing!

Human Exposures to Environmental Toxins:

Food:
Soil and phosphate fertilizer contaminants
Pesticides
Chemicals used to process, flavor, color and preserve
Genetically modified seeds
Genetically modified foods
Gluten products (resulting from gene modification and hybridization)
Artificial sweeteners: aspartame, sucrolose (Splenda)
Fluoride compounds in prepared foods
BPA

Air: Pollution from
Industrial sources
Transportation vehicles
Contrails
Chemtrails (concentrations of aluminum, barium particulates and more)
Pesticides
Radiation (from Fukushima)
Depleted uranium
Corexit

Cell towers
Cell phones
WiFi
"Smart" meters
Wireless gadgets/technology

Water:
'Naturally occurring' pollutants
Drugs from prescriptions
Chemicals as man-made by-products
Industrial run-off
Radiation (i.e. Hanford)
Radiation (i.e. Fukushima)
Water additives (chemicals) for potability
Sodium fluoride and chemicals needed to

Other:
Absorption of chemicals through skin and mucous membranes of body products
Vaccines (eg. mercury, etc.)
Prescriptions (artificial toxins)

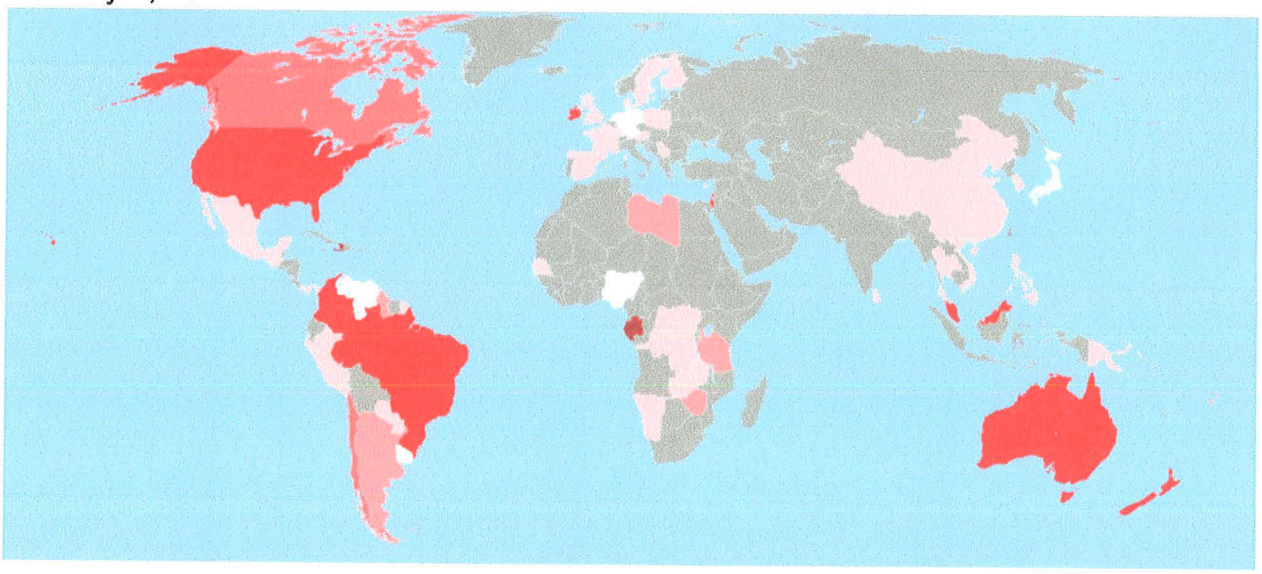
Our bodies are exposed to most of these and more pollutants, every minute of every day. We cannot see them, taste them, feel them and, in many cases, smell them. Without exception, they have harmful, cumulative effects. Is this "better living through chemistry?"

Water is a sacred and vital element!

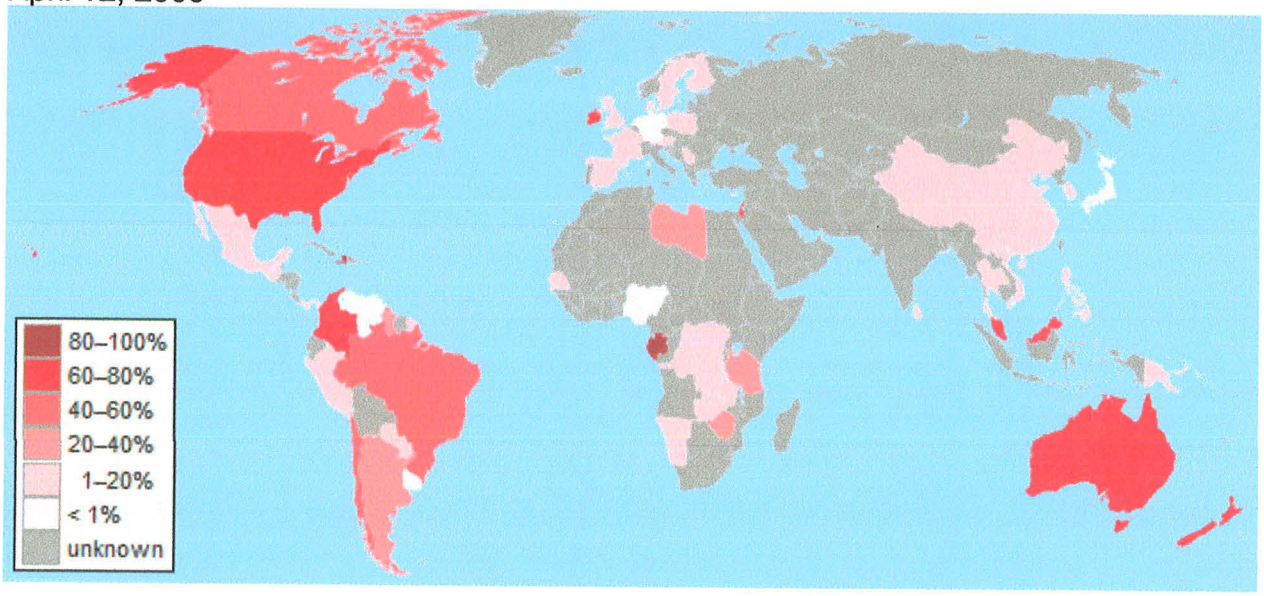
"Water is life's matter and matrix, mother and medium. There is no life without water."
-- Albert Szent-Gyorgyi, biochemist

World Fluoridation Map

January 9, 2011



April 12, 2009



Source: Wikipedia

Fluoride: NEVER Approved by the FDA as Safe or Effective

In 1938, the Food Drug and Cosmetic Act was passed into law. The law states that before any prescription drug can enter the market, it must be shown to be safe by the FDA (Food and Drug Administration). Later, in 1962, an amendment to the Food Drug and Cosmetic Act was passed, which stipulated that in addition to clinical evidence of safety, the FDA also has to obtain evidence of effectiveness before allowing a drug into the market. Fluoride supplements, however, which are currently being prescribed to millions of American children, have NEVER been approved by the FDA as either safe or effective.

According to New Jersey Assemblyman John Kelly, who has brought much of this information to light, "I was stunned when I was advised by the FDA that fluoride supplements were not approved by the FDA. Incredibly, in fifty years, no one has ever bothered submitting a petition to the FDA to have these products approved!"

The FDA defends this strange omission, by mistakenly arguing that the agency doesn't need to approve prescription fluoride supplements because they were being prescribed before 1938. (According to the Food Drug and Cosmetic Act, drugs prescribed before 1938 need not have clinical evidence of safety and effectiveness.)

According to the FDA, "...the FDA has not reviewed any new drug applications for the fluoride tablets or drops. Drug products marketed now that are identical to drug products marketed prior to the new drug requirements of 1938 and 1962 are presently allowed to be marketed without new drug applications."

However, Assemblyman Kelly has pointed out that fluoride supplements were NOT being prescribed before 1938. According to Kelly, "Clinical trials of dietary fluoride supplements did not begin until the 1940's. The American Dental Association published its first recommendations for fluoride supplements in 1958. The American Academy of Pediatrics followed with its own recommendations in 1972. Clearly, these dosed prescription drugs for dental use are post-1938 products, thus requiring NDAs [New Drug Applications]"

Indeed, according to the 1940 Merck Index, the only medical uses of sodium fluoride at the time were external in application (e.g. as an antiperiodic and antiseptic) and had nothing to do with reducing tooth decay. And thus as Kelly has rightly pointed out, there is no way that current fluoride supplements are "identical" to drugs marketed before 1938. For before 1938, there were NO such fluoride supplements being prescribed.

In light of this glaring absence of responsibility from the FDA, Assemblyman Kelly petitioned the agency in October of 2000 to remove fluoride supplements from the market until evidence of safety and effectiveness is obtained. In his petition, Kelly stated: "Parents are spending millions of dollars annually on products that have not

been proven effective. They then have to spend millions more to repair the fluorosis caused by these products. Every health care dollar spent on ineffective drugs is one dollar less available for effective drugs"

Kelly added, "The manufacturers of fluoride supplements have had fifty years to conduct clinical trials and toxicology studies to demonstrate the safety and effectiveness of systemic fluoride and submit them for FDA approval. They have not done so. Fifty years is a long time – even for the FDA."

In response to Kelly's petition, which expired May 6, 2001, the FDA resorted to a different line of defense. No longer arguing that there were "identical" pre-1938 fluoride supplements, the FDA's Janet Woodcock told Kelly, "The Food and Drug Administration has not yet resolved the issues raised in your citizen petition submitted on November 6, 2000."

So here we are, **the FDA** is unable to resolve the issue. It **admits that it has never approved fluoride supplements as safe or effective – a serious violation of the Food Drug and Cosmetic Act.** Despite knowing this, the agency has failed to draw the obvious conclusion – that these unapproved drugs should not be allowed on the market.

Thyroid:

The **thyroid gland** is one of the largest endocrine glands.

It controls how quickly the body uses energy, makes proteins, and controls how sensitive the body is to other hormones.

A **hormone** is a chemical released by a cell or a gland in one part of the body that sends out messages that affect cells in other parts of the organism. Only a small amount of hormone is required to alter cell metabolism. In essence, it is a chemical messenger that transports a signal from one cell to another.

The thyroid gland participates in these processes by producing thyroid hormones, the principal ones being triiodothyronine (T_3) and thyroxine (T_4).

T_3 and T_4 are synthesized from both iodine and tyrosine.

These hormones regulate the rate of metabolism and affect the growth and rate of function of many other systems in the body.

The thyroid also produces calcitonin, which plays a role in metabolizing calcium.

Hormonal output from the thyroid is regulated by TSH which is a thyroid-stimulating hormone produced by the anterior lobe of the pituitary.

The pituitary gland is regulated by TRH, a hormone produced by the hypothalamus.

The hypothalamus is located just above the brain stem. It is known as the master gland.

It is the supervising center in the brain that links the body's two control systems: the nervous system and the endocrine system.

So, full circle, we are back to the largest of the endocrine glands: the thyroid.

Up to 80% of the T_4 is converted to T_3 by peripheral organs such as the liver, kidney and spleen. T_3 is several times more powerful than T_4, which is largely a prohormone, perhaps four[17] or even ten times more active.[18]

Thyroid Problems

Hyperthyroidism (overactivity of the thyroid gland)

Possible Symptoms:

- rapid heartbeat
- nodules
- neck swelling
- difficulty swallowing
- weight loss
- nervousness
- cancer

Hypothyroidism (underactivity of the thyroid gland)

Possible Symptoms:

- fatigue
- arthritis
- weight gain/inconsistent weight
- depression
- hair loss
- dryness of eyes, mouth, skin
- feeling cold
- brittle nails
- puffy eyes
- breathlessness
- constipation
- irregular bowell movements
- irregular periods in women

Neurotoxicol Teratol. 1995 Mar-Apr;17(2):169-77.

Neurotoxicity of sodium fluoride in rats.

Mullenix PJ, Denbesten PK, Schunior A, Kernan WJ.

Toxicology Department, Forsyth Research Institute, Boston, MA 02115, USA.

Comment in:

1 Neurotoxicol Teratol. 1995 Nov-Dec;17(6):685-8.

Abstract

Fluoride (F) is known to affect mineralizing tissues, but effects upon the developing brain have not been previously considered. This study in Sprague-Dawley rats compares behavior, body weight, plasma and brain F levels after sodium fluoride (NaF) exposures during late gestation, at weaning or in adults. For prenatal exposures, dams received injections (SC) of 0.13 mg/kg NaF or saline on gestational days 14-18 or 17-19. Weanlings received drinking water containing 0, 75, 100, or 125 ppm F for 6 or 20 weeks, and 3 month-old adults received water containing 100 ppm F for 6 weeks. Behavior was tested in a computer pattern recognition system that classified acts in a novel environment and quantified act initiations, total times and time structures. Fluoride exposures caused sex- and dose-specific behavioral deficits with a common pattern. Males were most sensitive to prenatal day 17-19 exposure, whereas females were more sensitive to weanling and adult exposures. After fluoride ingestion, the severity of the effect on behavior increased directly with plasma F levels and F concentrations in specific brain regions. Such association is important considering that plasma levels in this rat model (0.059 to 0.640 ppm F) are similar to those reported in humans exposed to high levels of fluoride.

PMID: 7760776 [PubMed - indexed for MEDLINE]

MeSH Terms, Substances

LinkOut - more resources

Community Dent Oral Epidemiol. 1994 Jun;22(3):173-80.

Review of fluoride exposures and ingestion.

Levy SM.

Department of Preventive and Community Dentistry, College of Dentistry, University of Iowa, Iowa City.

Abstract

The literature on fluoride intake/ingestion was reviewed critically to determine the current exposure to fluorides for children living in non-fluoridated and fluoridated areas in North America. Fluoride from all sources except mouthrinses and professionally applied topical fluorides was considered, including ingestion from foods and beverages, as well as intake from the use of fluoride dentifrice and dietary fluoride supplements. Data from all of these sources were used to produce estimates of mean daily ingestion. Studies consistently have identified substantial variation in ingestion among individuals. These analyses demonstrated that a substantial proportion of individuals had exposure or ingestion well beyond that of the mean for each source, and often 10-20% received up to several times as much exposure as the mean. Some children probably ingest sufficient fluoride from a single source to exceed the "optimal" fluoride intake recommended from all sources, and are therefore at increased risk of fluorosis. This review highlighted the substantial variation and complexity of fluoride ingestion. Appropriate consideration of these aspects is warranted in efforts to ensure a margin of safety favoring dental caries prevention while limiting objectionable fluorosis.

PMID: 8070245 [PubMed - indexed for MEDLINE]

United States Cancer Statistics (USCS)

The *United States Cancer Statistics: 2008 Incidence and Mortality* Web-based Report contains official federal government cancer statistics for cancer incidence in and mortality in 100% of the U.S. population.

The *United States Cancer Statistics: 2008 Incidence and Mortality* Report (USCS) marks the tenth time that CDC's National Program of Cancer Registries (NPCR) and the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results (SEER) Program have combined their cancer registry data to produce a new set of official federal statistics on cancer incidence (newly diagnosed cases) for a single year. Statistics from CDC's National Vital Statistics System also are included on cancer deaths for a single year in each state. The report was produced in collaboration with the North American Association of Central Cancer Registries (NAACCR).

The current report provides state-specific and regional data for cancer cases diagnosed and for cancer deaths that occurred in 2008, the most recent year for which incidence data are available. It includes cancer incidence data obtained from registries in all 50 states, 6 metropolitan areas, and the District of Columbia, covering 100% of the U.S. population. Mortality data from all states and the District of Columbia also are included and cover 100% of the U.S. population.

Cancer incidence and mortality statistics are reported for 68 selected primary cancer sites and subsites for men of all ages, and 72 selected primary cancer sites and subsites for women of all ages. These data are presented in the following categories:

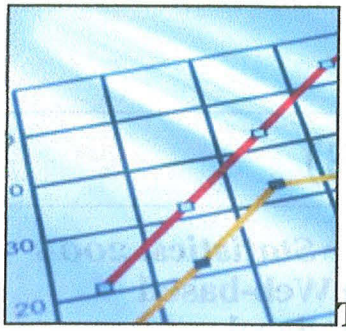
- By geography: all U.S. combined, U.S. Census regions and divisions, states, and selected metropolitan areas.
- By race and ethnicity: all races combined, whites, blacks, Asians/Pacific Islanders, American Indians/Alaska Natives, and Hispanics/Latinos.

The section on childhood cancer includes incidence data for more than 13,000 cancer cases and 2,000 cancer deaths among children and adolescents aged 19 years or younger. These data are presented by race, sex, age, and primary site as well as by specific cancer types.

Major Findings

Note: The numbers in parentheses are the age-adjusted (U.S. standard) rates per 100,000 people.

Cancer Among Men



The three most common cancers among men include:

- Prostate cancer (144.8): First among men of all races and Hispanic origin populations.
- Lung cancer (79.5): Second among white, black, American Indian/Alaska Native, and Asian/Pacific Islander men; third among Hispanic men.
- Colorectal cancer (51.6): Second among Hispanic men; third among white, black, American Indian/Alaska Native, and Asian/Pacific Islander men.

The leading causes of cancer death among men are:

- Lung cancer (64.0): First among men of all racial and Hispanic origin populations.
- Prostate cancer (22.8): Second among white, black, American Indian/Alaska Native, and Hispanic men; fourth among Asian/Pacific Islander men.
- Liver cancer: Second among Asian/Pacific Islander men.
- Colorectal cancer (19.7): Third among men of all races and Hispanic origin populations.

Cancer Among Women

The three most common cancers among women include:

- Breast cancer (121.9): First among women of all races and Hispanic origin populations.
- Lung cancer (54.5): Second among white, black, and American Indian/Alaska Native women, and third among Asian/Pacific Islander and Hispanic women.
- Colorectal cancer (38.7): Second among Asian/Pacific Islander and Hispanic women and third among white, black, and American Indian/Alaska Native women.

The leading causes of cancer death among women are:

- Lung cancer (39.0): First among white, black, Asian/Pacific Islander, and American Indian/Alaska Native women and second among Hispanic women.
- Breast cancer (22.5): First among Hispanic women and second among white, black, Asian/Pacific Islander, and American Indian/Alaska Native women.
- Colorectal cancer (13.8): Third among women of all races and Hispanic origin populations.

More Information

- *United States Cancer Statistics: 2008 Incidence and Mortality Web-based Report*

(http://apps.nccd.cdc.gov/uscs/)

- National Program of Cancer Registries (/cancer/npcr/)
- Surveillance, Epidemiology and End Results (SEER) Program (http://seer.cancer.gov) (http://www.cdc.gov/Other/disclaimer.html)
- National Vital Statistics System (/nchs/about/major/dvs/desc.htm)
- Cancer Statistics by Demographic (/cancer/dcpc/data/demographics.htm)
- Cancer Registries (/features/cancerregistries/index.html)

Page last reviewed: May 8, 2012
Page last updated: May 8, 2012
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Page maintained by:Office of the Associate Director for Communication, Division of News and Electronic Media

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Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - Contact CDC-INFO

Federal study identifies pesticide threats to salmon

[one of those pesticides (trifluralin) is a fluoride based compound]

By The Associated Press

Published: (Tuesday, Apr 10, 2012 05:01AM)

A draft federal evaluation has found that three more common pesticides used on home lawns and agricultural crops jeopardize the survival of West Coast salmon.

The evaluation from NOAA Fisheries Service is the latest one resulting from lawsuits filed by conservation groups and salmon fishermen demanding the U.S. Environmental Protection Agency enforce restrictions on pesticides around salmon streams.

This one looked at the pre-emergent herbicides oryzalin, pendimenthalin and trifluralin. They are used to control weeds in lawns, on road shoulders, in orchards, vineyards, and farm fields growing soybeans, cotton, corn, Christmas trees and other crops. Heaviest use is in California. The herbicides are ingredients in more than 100 commercial products made by dozens of manufacturers.

NOAA Fisheries informed the U.S. Environmental Protection Agency that they are likely to jeopardize half the 26 salmon populations on the West Coast protected by the Endangered Species Act, and suggested restrictions such as no-spray buffers to keep them out of salmon streams.

Trifluralin is the most toxic of the three and deforms fish backbones even at low concentrations.

PORTLAND CITY COUNCIL
COMMUNICATION REQUEST
Wednesday Council Meeting 9:30 AM

Council Meeting Date: 11-14-12

AUDITOR 10/11/12 PM 3:40

Today's Date 10-11-12

Name Charlie White

Address 11965 NW Kearney St

Telephone 503-242-1111 Email art@charliewhitestudio.com

Reason for the request: Water fluoridation + body burden.

(signed)

- Give your request to the Council Clerk's office by Thursday at 5:00 pm to sign up for the following Wednesday Meeting. Holiday deadline schedule is Wednesday at 5:00 pm. (See contact information below.)

- You will be placed on the Wednesday Agenda as a "Communication." Communications are the first item on the Agenda and are taken promptly at 9:30 a.m. A total of five Communications may be scheduled. Individuals must schedule their own Communication.

- You will have 3 minutes to speak and may also submit written testimony before or at the meeting.

Thank you for being an active participant in your City government.

Contact Information:

Karla Moore-Love, City Council Clerk
1221 SW 4th Ave, Room 140
Portland, OR 97204-1900
(503) 823-4086 Fax (503) 823-4571
email: **Karla.Moore-Love@portlandoregon.gov**

Sue Parsons, Council Clerk Assistant
1221 SW 4th Ave., Room 140
Portland, OR 97204-1900
(503) 823-4085 Fax (503) 823-4571
email: **Susan.Parsons@portlandoregon.gov**

1269

Request of Charlie White to address Council regarding water fluoridation and body burden (Communication)

NOV 14 2012

PLACED ON FILE

Filed NOV 08 2012

LaVonne Griffin-Valade
Auditor of the City of Portland

By _____

COMMISSIONERS VOTED AS FOLLOWS:		
	YEAS	NAYS
1. Fritz		
2. Fish		
3. Saltzman		
4. Leonard		
Adams		