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Fluoride has proven to be dangerous to the national health and we must Petition the government to ban its use outright. Please read the following document carefully, as it is your family's health that is at stake.



## WHY EPA HEADQUARTERS UNION OF SCIENTISTS OPPOSES FLUORIDATION

The following documents why our union, formerly National Federation of Federal Employees Local 2050 and since April 1998 Chapter 280 of the National Treasury Employees Union, took the stand it did opposing fluoridation of drinking water supplies. Our union is comprised of and represents the approximately 1500 scientists, lawyers, engineers and other professional employees at EPA Headquarters here in Washington, D.C.

The union first became interested in this issue rather by accident. Like most Americans, including many physicians and dentists, most of our members had thought that fluoride's only effects were beneficial - reductions in tooth decay, etc. We too believed assurances of safety and effectiveness of water fluoridation.

Then, as EPA was engaged in revising its drinking water standard for fluoride in 1985, an employee came to the union with a complaint: he said he was being forced to write into the regulation a statement to the effect that EPA thought it was alright for children to have "funky" teeth. It was OK, EPA said, because it considered that condition to be only a *cosmetic* effect, not an adverse *health* effect. The reason for this EPA position was that it was under political pressure to set its health-based standard for fluoride at 4 mg/liter. At that level, EPA knew that a significant number of children develop moderate to severe dental fluorosis, but since it had deemed the effect as only cosmetic, EPA didn't have to set its health-based standard at a lower level to prevent it.

We tried to settle this ethics issue quietly, within the family, but EPA was unable or unwilling to resist external political pressure, and we took the fight public with a union *amicus curiae* brief in a lawsuit filed against EPA by a public interest group. The union has published on this initial involvement period in detail.\1

Since then our opposition to drinking water fluoridation has grown, based on the scientific literature documenting the increasingly out-of-control exposures to fluoride, the lack of benefit to dental health from ingestion of fluoride and the hazards to human health from such ingestion. These hazards include acute toxic hazard, such as to people with impaired kidney function, as well as chronic toxic hazards of gene mutations, cancer, reproductive effects, neurotoxicity, bone pathology and dental fluorosis. First, a review of recent neurotoxicity research results.

In 1995, Mullenix and co-workers \2 showed that rats given fluoride in drinking water at levels that give rise to plasma fluoride concentrations in the range seen in humans suffer neurotoxic effects that vary according to when the rats were given the fluoride - as adult animals, as young animals, or through the placenta before birth. Those exposed before birth were born hyperactive and remained so throughout their lives. Those exposed as young or adult animals displayed depressed activity. Then in 1998, Guan and co-workers \3 gave doses similar to those used by the Mullenix research group to try to understand the mechanism(s) underlying the effects seen by the Mullenix group. Guan's group found that several key chemicals in the brain - those that form the membrane of brain cells - were substantially depleted in rats given fluoride, as compared to those who did not get fluoride.

Another 1998 publication by Varner, Jensen and others \4 reported on the brain- and kidney damaging effects in rats that were given fluoride in drinking water at the same level deemed "optimal" by pro-fluoridation groups, namely 1 part per million (1 ppm). Even more pronounced damage was seen in animals that got the fluoride in conjunction with aluminum. These results are especially disturbing because of the low dose level of fluoride that shows the toxic effect in rats - rats are more resistant to fluoride than humans. This latter statement is based on Mullenix's finding that it takes substantially more fluoride in the drinking water of rats than of humans to reach the same fluoride level in plasma. It is the level in plasma that determines how much fluoride is "seen" by particular tissues in the body. So when rats get 1 ppm in drinking water, their brains and kidneys are exposed to much less fluoride than humans getting 1 ppm, yet they are experiencing toxic effects. Thus we are compelled to consider the likelihood that humans are experiencing damage to their brains and kidneys at the "optimal" level of 1 ppm.

In support of this concern are results from two epidemiology studies from China\5,\6 that show decreases in I.Q. in children who get more fluoride than the control groups of children in each study. These decreases are about 5 to 10 I.Q. points in children aged 8 to 13 years.

Another troubling brain effect has recently surfaced: fluoride's interference with the function of the brain's pineal gland. The pineal gland produces melatonin which, among other roles, mediates the body's internal clock, doing such things as governing the onset of puberty. Jennifer Luke<sup>7</sup> has shown that fluoride accumulates in the pineal gland and inhibits its production of melatonin. She showed in test animals that this inhibition causes an earlier onset of sexual maturity, an effect reported in humans as well in 1956, as part of the Kingston/Newburgh study, which is discussed below. In fluoridated Newburgh, young girls experienced earlier onset of menstruation (on average, by six months) than girls in non-fluoridated Kingston<sup>8</sup>.

From a risk assessment perspective, all these brain effect data are particularly compelling and disturbing because they are convergent.

We looked at the cancer data with alarm as well. There are epidemiology studies that are convergent with whole-animal and single-cell studies (dealing with the cancer hazard), just as the neurotoxicity research just mentioned all points in the same direction. EPA fired the Office of Drinking Water's chief toxicologist, Dr. William Marcus, who also was our local union's treasurer at the time, for refusing to remain silent on the cancer risk issue<sup>9</sup>. The judge who heard the lawsuit he brought against EPA over the firing made that finding, that EPA fired him over his fluoride work and not for the phony reason put forward by EPA management at his dismissal. Dr. Marcus won his lawsuit and is again at work at EPA. Documentation is available on request.

The type of cancer of particular concern with fluoride, although not the only type, is osteosarcoma, especially in males. The National Toxicology Program conducted a two-year study<sup>10</sup> in which rats and mice were given sodium fluoride in drinking water. The positive result of that study (in which malignancies in tissues other than bone were also observed), particularly in male rats, is convergent with a host of data from tests showing fluoride's ability to cause mutations (a principal "trigger" mechanism for inducing a cell to become cancerous) e.g.<sup>11</sup>a, b, c, d and data showing increases in osteosarcomas in young men in New Jersey<sup>12</sup>, Washington and Iowa<sup>13</sup> based on their drinking fluoridated water. It was his analysis, repeated statements about all these and other incriminating cancer data, and his requests for an independent, unbiased evaluation of them that got Dr. Marcus fired.

Bone pathology other than cancer is a concern as well. An excellent review of this issue was published by Diesendorf *et al.* in 1997<sup>14</sup>. Five epidemiology studies have shown a higher rate of hip fractures in fluoridated vs. non-fluoridated communities.<sup>15</sup>a, b, c, d, e. Crippling skeletal fluorosis was the endpoint used by EPA to set its primary drinking water standard in 1986, and the ethical deficiencies in that standard setting process prompted our union to join the Natural Resources Defense Council in opposing the standard in court, as mentioned above.

Regarding the effectiveness of fluoride in reducing dental cavities, there has not been any double-blind study of fluoride's effectiveness as a caries preventative. There have been many, many small scale, selective publications on this issue that proponents cite to justify fluoridation, but the largest and most comprehensive study, one done by dentists trained by the National Institute of Dental Research, on over 39,000 school children aged 5-17 years, shows no significant differences (in terms of decayed, missing and filled teeth) among caries incidences in fluoridated, non-fluoridated and partially fluoridated communities.<sup>16</sup> The latest publication<sup>17</sup> on the fifty-year fluoridation experiment in two New York cities, Newburgh and Kingston, shows the same thing. The only significant difference in dental health between the two communities as a whole is that fluoridated Newburgh, N.Y. shows about twice the incidence of dental fluorosis (the first, visible sign of fluoride chronic toxicity) as seen in non-fluoridated Kingston.

John Colquhoun's publication on this point of efficacy is especially important<sup>18</sup>. Dr. Colquhoun was Principal Dental Officer for Auckland, the largest city in New Zealand, and a staunch supporter of fluoridation - until he was given the task of looking at the world-wide data on fluoridation's effectiveness in preventing cavities. The paper is titled, "Why I changed My Mind About Water Fluoridation." In it Colquhoun provides details on how data were manipulated to support fluoridation in English speaking countries, especially the U.S. and New Zealand. This paper explains why an ethical public health professional was compelled to do a 180 degree turn on fluoridation.

Further on the point of the tide turning against drinking water fluoridation, statements are now coming from other dentists in the pro-fluoride camp who are starting to warn that topical fluoride (e.g. fluoride in tooth paste) is the only significantly beneficial way in which that substance affects dental health<sup>19</sup>,<sup>20</sup>,<sup>21</sup>. However, if the concentrations of fluoride in the oral cavity are sufficient to inhibit bacterial enzymes and cause other bacteriostatic effects, then those concentrations are also capable of producing adverse effects in mammalian tissue, which likewise relies on enzyme systems. This statement is based not only on common sense, but also on results of mutation studies which show that fluoride can cause gene mutations in mammalian and lower order tissues at fluoride concentrations estimated to be present in the mouth from fluoridated tooth paste<sup>22</sup>. Further, there were tumors of the oral cavity seen in the NTP cancer study mentioned above, further strengthening concern over the toxicity of topically applied fluoride.

In any event, a person can choose whether to use fluoridated tooth paste or not (although finding non-fluoridated kinds is getting harder and harder), but one cannot avoid fluoride when it is put into the public water supplies.

So, in addition to our concern over the toxicity of fluoride, we note the uncontrolled - and apparently uncontrollable - exposures to fluoride that are occurring nationwide via drinking water, processed foods, fluoride pesticide residues and dental care products. A recent report in the lay media<sup>23</sup>, that, according to the Centers for Disease Control, at least 22 percent of America's children now have dental fluorosis, is just one indication of this uncontrolled, excess exposure. The finding of nearly 12 percent incidence of dental fluorosis among children in un-fluoridated Kingston New York<sup>17</sup> is another. For governmental and other organizations to continue to push for *more* exposure in the face of current levels of over-exposure coupled with an increasing crescendo of adverse toxicity findings is irrational and irresponsible at best.

Thus, we took the stand that a policy which makes the public water supply a vehicle for disseminating this toxic and prophylactically useless (via ingestion, at any rate) substance is wrong.

We have also taken a direct step to protect the employees we represent from the risks of drinking fluoridated water. We applied EPA's risk control methodology, the Reference Dose, to the recent neurotoxicity data. The Reference Dose is the daily dose, expressed in milligrams of chemical per kilogram of body weight that a person can receive over the long term with reasonable assurance of safety from adverse effects. Application of this methodology to the Varner *et al.*<sup>4</sup> data leads to a Reference Dose for fluoride of 0.000007 mg/kg-day. Persons who drink about one quart of fluoridated water from the public drinking water supply of the District of Columbia while at work receive about 0.01mg/kg-day from that source alone. This amount of fluoride is more than 100 times the Reference Dose. On the basis of these results the union filed a grievance, asking that EPA provide un-fluoridated drinking water to its employees.

The implication for the general public of these calculations is clear. Recent, peer-reviewed toxicity data, when applied to EPA's standard method for controlling risks from toxic chemicals, require an immediate halt to the use of the nation's drinking water reservoirs as disposal sites for the toxic waste of the phosphate fertilizer industry<sup>24</sup>.

This document was prepared on behalf of the National Treasury Employees Union Chapter 280 by Chapter Senior Vice-President J. William Hirzy, Ph.D. For more information please call Dr. Hirzy at 202-260-4683.

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## Fluoridation: Recent History

### A Partial, Annotated List of Recent Events, Articles, Hearings, Reports, and Research.

**May 6, 2003** - EPA Science Forum session on fluoridation.

For the first time since 1978, a government agency, the EPA, invited a discussion on the merits of fluoridation. However, no one from government agencies or non-governmental organizations that endorse and promote fluoridation, such as the CDC, U.S. PHS, or the ADA, would agree to the EPA's invitation to speak for fluoridation. Second Look's *Statement of Concern*, with names gathered so far from organizations and individual professionals, was released in support of the EPA union of professionals' call for a Congressional investigation.

**March, 2003** - Article in *International Journal of Occupational & Environmental Health*, Vol.9, No.1, Jan/Mar2003, by D.W. Cross and R. J. Carton, Ph.D., titled, "Fluoridation: A Violation of Medical Ethics and Human Rights"

**April 25, 2002** - EPA's National Risk Management Research Laboratory states that the release of fluoride in drinking water from silicofluorides is "not well understood", expresses concern over fluoride's interactions with other chemicals, and asks for research.

**September, 2001** - Sierra Club issues a position statement on fluoridation, citing "...valid concerns regarding the potential adverse impact of fluoridation on the environment, wildlife, and human health."

**May, 2001** - *Rachel's Environment & Health News*. Comprehensive article on fluoridation by Dr. Paul Connett, Michael Connett, and Ellen Connett (<http://www.rachel.org>)

**April, 2001** - Oregon Hearing on SB 99 (proposing mandatory fluoridation) with testimony by Paul Engelking, Ph.D., Professor of Chemistry, U. of Oregon, on environmental effects of fluoridation including endangerment of salmon. SB 99 did not pass.

**Feb. 16, 2001** - Nicholas Regush (ABC News, *Second Opinion*), brief overview, ending: "What is amazing, however, is that public health policy in this country has allowed water fluoridation to continue in the absence of solid scientific evidence that its benefit is greater than its risk. When you commit to putting a powerful chemical into the water supply, you'd better have the best of evidence that it is both safe and effective. The required level of evidence is just not there."

**Jan. 17, 2001** - *The Ottawa Citizen*, Toronto, opens its article on a recent Canadian Government study on fluoridation thus: "Cities should think twice about putting fluoride in their water because the practice has minimal benefits and some risk, suggests a newly released government report."

**Oct. 2000** - The York Review of fluoridation, (*British Medical Journal*, Oct. 5, 2000), was commissioned by the British Government's National Health Service. Two main findings were that fluoridation reduced cavities by 15% (not by the large percentages claimed by earlier studies) and that fluoridation increased dental fluorosis in children by 48 % with 12.5 % of children having severe or moderate fluorosis. Fluoridation proponents (often echoed by the media) claimed that the York Review gave fluoridation a clean bill of health. Professor Trevor Sheldon, Chair of the study committee, had no patience with the spin thus applied to the research findings. He wrote: "It is particularly worrying then that statements which mislead the public about the review's findings have been made in press releases and briefings by the British Dental Association, the National Alliance for Equity in Dental Health and the British Fluoridation Society. I should like to correct some of these errors:

1. Whilst there is evidence that water fluoridation is effective at reducing caries, the quality of the studies was generally moderate and the size of the estimated benefit, only of the order of 15%, is far from “massive”.
2. The review found water fluoridation to be significantly associated with high levels of dental fluorosis, which was not characterised as “just a cosmetic issue”.
3. The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed.
4. There was little evidence to show that water fluoridation has reduced social inequalities in dental health”....

A highly respected British medical writer, Douglas Carnall, wrote in response to the York Review: “Previously neutral on the issue, I am now persuaded by the arguments that those who wish to take fluoride (like me) had better get it from toothpaste rather than the water supply”

**Sept. 5, 2000** - In a letter, Charles Fox of the U.S. EPA answers questions from the U.S. House Committee on Science. Fox indicated fact sheets would be prepared warning susceptible population groups especially vulnerable to health effects from ingesting fluoride. The initial focus will be on the elderly, children, and pregnant women. (Full text of letter on [www.citizens.org](http://www.citizens.org) )

Fox’s letter essentially confirms the earlier findings of the U.S. Dept. of Health & Human Services, Public Health Service. Agency for Toxic Substances and Disease Registry, April 1993: *Toxicological Profile for Fluorides, Hydrogen Fluoride, and Fluorine*. TP-91/17, 4/93. Pp. 155-156. We quote from this report: “Existing data indicate that subsets of the population may be unusually susceptible to the toxic effects of fluoride and its compounds. These populations include the elderly, people with deficiencies of calcium, magnesium, and/or vitamin C, and people with cardiovascular and kidney problems.... Impaired renal clearance of fluoride has also been found in people with diabetes mellitus and cardiac insufficiency.... People over the age of 50 often have decreased renal fluoride clearance.”

**July 2000** - *Neurotoxicology* 21 (6): 1091-1100, 2000. “Association of Silicofluoride Treated Water with Elevated Blood Lead” by Masters, Coplan, Hone, and Dykes. (See IIc. in attached statement.)

**July 2000** - *Journal of the American Dental Association*, Feature article by J.D.B. Featherstone, Ph.D., confirms that “Fluoridation in drinking water and in fluoride containing products reduces cavities via *topical* mechanisms” [Ed.: In other words, by direct contact, as opposed to ingestion]

**June 29, 2000** - J. William Hirzy, Ph.D., Vice-President of the union of scientists and other professionals at EPA Headquarters, testifies on fluoridation before an Environment and Public Works subcommittee at a U.S. Senate Hearing on Safe Drinking Water Standards, reaffirming the union’s call for a national moratorium on fluoridation. Click here for transcript.

**May 2000** - A report by Greater Boston Physicians for Social Responsibility, titled “Toxic Threats To Child Development”, states in its chapter on fluorides “*Studies in animal and human populations suggest that fluoride exposure at levels that are experienced by a significant proportion of the population whose drinking water is fluoridated, may have adverse impacts on the developing brain.*”

**April 2000** - Dr. Hardy Limeback, Head of Preventive Dentistry, University of Toronto, and Past-President of the Canadian Association of Dental Research, explains why he has reversed his position on fluoridation. ([hardy.limeback@utoronto.ca](mailto:hardy.limeback@utoronto.ca) ) Other dental professionals who reversed their position: Dr. John Colquhoun, former Principal Dental Officer, Dept. of Health, Auckland, New Zealand, and David Kennedy, DDS, Past President, International Academy of Oral Medicine and Toxicology.

**Oct. 1999** - Centers for Disease Control “Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries”, *Morbidity and Mortality Weekly Report*. Oct. 22, 1999. This report gives a clean bill of health to fluoridation and strongly promotes the practice, though admitting that fluoride’s benefits are now seen as predominantly topical rather than systemic. The CDC report is not a peer-reviewed article. Professionals who have had a life-long career of promoting fluoridation wrote it, and it can only be fairly evaluated by submitting it to scientific scrutiny. One example of such scrutiny is provided by Paul Connett, Ph.D., Professor of Chemistry and Toxicology, St. Lawrence University, Canton, N.Y., in a 28 page report titled *The Emperor Has No Clothes: A Critique of the CDC’s Promotion of Fluoridation*. (Waste Not # 468, September 2000. ( <http://www.fluoridealert.org> ) After analyzing each statement in the CDC report, Connett writes in his conclusion: “The CDC’s report falls far short of the necessary critical distance on the issue that we should expect from a government institution so integral in protecting the public’s health. The CDC, instead of playing the ever needed role of public watchdog, is playing the institutionally expedient role of zealous promoter.”

**May 1, 1999** - “White Paper” from the union of professionals at EPA Headquarters (NTEU, Ch. 280) titled “Why EPA Headquarters’ Union of Scientists Opposes Fluoridation.”

**August, 1998** - *Fluorides and the Environment*, 16-page report from Earth Island Institute, covering environmental aspects of fluoridation, including its impact on salmon and plants. ( <http://www.earthisland.org> )

**May 1998** - *Pediatrics*, May ‘98, Vol. 95. # 5: *Fluoride Supplementation for Children: Interim Policy Recommendations (RE 9511)* from the American Academy of Pediatrics. Agreeing with recent American Dental Association’s recommendations, AAP now advises NO fluoride for infants up to 6 months, even if their water is not fluoridated. (Logically, one would expect warnings not to use fluoridated water for formula for infants, but this warning is not to be found in this article.)

**July 1997** - *Journal of the American Dental Association*. Researchers analyzed the fluoride concentration in 238 baby foods. Stephen Levy, DDS, wrote: "Our main concern is that these young children could be at increased risk for mild to moderate dental fluorosis by ingesting too much fluoride."

**Aug. 1, 1988** - *Chemical and Engineering News*. A 17-page article by Bette Hileman analyzes the history of fluoridation and fluoridation science. Many examples are given of scientific articles critical of fluoridation that were published abroad after having been rejected for publication in the U.S. Hileman: "*Voices of opposition have been suppressed since the early days of fluoridation.... From the beginning, the movement to fluoridate water was conducted more like a political campaign than a scientific enterprise.*"

## **A STATEMENT OF CONCERN ON FLUORIDATION**

*Understanding and appreciating the historical reasons for advocating fluoridation, the undersigned professionals now recognize valid concerns about its safety and about its impact on the environment. This Statement serves as a vehicle for expressing these concerns. However, it is not a position statement on fluoridation, nor does it commit the undersigned to any point of view other than what is stated clearly in this document. A brief summary of recent events, reports, and research underlying our concerns, as well as a list of references, are supplementary to this document. ([Link to footnotes in this article.](#))*

### **OUR MAJOR CONCERNS:**

#### **I. Environmental Concerns**

##### **Silicofluorides: unrefined industrial waste**

91% of Americans ingesting artificially fluoridated water are consuming silicofluorides<sup>1</sup>. This is a class of fluoridation chemicals that includes hydrofluosilicic acid and its salt form, sodium fluorosilicate. These chemicals are collected from the pollution scrubbers of the phosphate fertilizer industry. The scrubber liquors contain contaminants such as arsenic, lead, cadmium, mercury, and radioactive particles<sup>2</sup>, are legally regulated as toxic waste, and are prohibited from direct dispersal into the environment. Upon being sold (unrefined) to municipalities as fluoridating agents, these same substances are then considered a “product”, allowing them to be dispensed through fluoridated municipal water systems to the very same ecosystems to which they could not be released directly. Sodium fluoride, used in the remaining municipalities, is also an industrial waste product that contains hazardous contaminants.

##### **Scarcity of environmental impact studies**

This is of deep concern to us. Studies that do exist indicate damage to salmon and to plant ecosystems.<sup>3a</sup> It is significant that Canada’s water quality guideline to protect freshwater life is 0.12 ppm (parts per million).<sup>3b</sup>

##### **99.97% of fluoridated water is released directly into the environment at around 1ppm**

This water is NOT used for drinking or cooking.<sup>4</sup>

#### **II. Health Concerns**

##### **Absence of safety studies on silicofluorides**

When asked by the U.S. House Committee on Science for chronic toxicity test data on sodium fluorosilicate and hydrofluosilicic acid, Charles Fox of the EPA answered on June 23, 1999, “EPA was not able to identify chronic toxicity data on these chemicals”.<sup>5</sup> Further, EPA’s National Risk Management Research Laboratory stated, on April 25, 2002, that the chemistry of silicofluorides is “not well understood” and studies are needed.

##### **EPA health goals ignored**

The EPA defines the Maximum Contaminant Level Goal (MCLG) for toxic elements in drinking water thus: “the level below which there are no known or anticipated effects to health.” The MCLG for arsenic, lead, and radioactive particles, all contaminants of the scrubber liquors used for fluoridation, is 0.0 ppb (zero parts per billion). Therefore, any addition of fluorine-bearing substances to drinking water that include these contaminants is contrary to the intent of EPA’s established health goals.

##### **Increased blood lead levels in children**

Two recent studies with a combined sampling of over 400,000 children found significantly increased levels of lead in children’s blood when silicofluorides from the phosphate fertilizer industry were used as the fluoridating agent.<sup>6</sup> This shows that there is a significant difference in health effects even between different fluoridation compounds.

##### **Ingestion of fluoride linked to many health effects**

Contrary to assertions that the health effects of fluoride ingestion already have been scientifically proven to be safe and that there is no credible scientific concern, over the last fifteen years the ingestion of fluoride has been linked in scientific peer-reviewed literature to neurotoxicity<sup>7</sup>, bone pathology<sup>8</sup>, reproductive effects<sup>9</sup>, interference with the pineal gland<sup>10</sup>, gene mutations<sup>11</sup>, thyroid pathology<sup>12</sup>, and the increasing incidence and severity of dental fluorosis<sup>13</sup>. This has caused professionals who once championed the uses of fluoride in preventing tooth decay, to reverse their position and call for a halt in further exposures.<sup>14</sup> It is of significance that 14 Nobel Prize winning scientists, including the 2000 Nobel Laureate in Medicine, Arvid Carlsson, have expressed reservations on, or outright opposition to, fluoridation.<sup>15</sup>

##### **FDA has never approved systemic use of fluoride**

The U.S. Food and Drug Administration in December 2000 stated to the U.S. House Committee on Science they have never provided any specific approval for safety or effectiveness for any fluoride substance intended to be ingested for the purpose of reducing tooth decay.<sup>16</sup>

##### **Total fluoride exposure of growing concern**

Total fluoride exposure from all sources, including food, water, and air, is of growing concern within the scientific community.<sup>17</sup> As evidenced in the U.S. Public Health Service ATSDR 1993 report which was referenced in correspondence between the U.S. House

Committee on Science and Charles Fox of the U.S. EPA, large subsets of the population, including the elderly, children, and pregnant women, may be unusually susceptible to the toxic effects of fluoride.<sup>18</sup>

**Centers for Disease Control concession**

The CDC now concedes that the systemic value of ingesting fluoride is minimal, as fluoride's oral health benefits are predominantly topical<sup>19</sup>, and that there has been a generalized increase in dental fluorosis<sup>20</sup>.

**III. In Consideration of the concerns raised above, we urge fluoridated cities, states with mandatory fluoridation, health care professionals, and public health authorities, to review ALL current information available, and use this information to re-evaluate current practices.**

**IV. Congressional Investigation is Appropriate**

This Statement of Concern (same substance, slightly different content and form), along with a significant list of signatures, was unveiled at the May 6, 2003 EPA Science Forum session on fluoridation in support of the National Treasury Employees Union Chapter 280 (EPA union of professionals) renewed call for a Congressional investigation. No authorities from government agencies or non-governmental organizations responded to widespread EPA invitations over a six-week period, to attend this session to explain/defend the practice of fluoridation. In view of this fact, and also that some serious questions of propriety have been posed but not addressed, about the formulation of the EPA's drinking water standards for fluoride<sup>21</sup>, as well as the downgrading of cancer bioassay data by the EPA in 1990<sup>22</sup>, it now seems especially valid to ask Congress to hold hearings that will compel promoters to answer many unanswered questions.

*It is appropriate that the U.S. Congress undertake an in-depth investigation of this public policy that is endorsed by major U.S. government agencies, but has never been adequately reviewed in its long history. Considering that there is an absence of research on silicofluorides, and that the latest scientific research on toxicity of fluorides has never been included in any government policy-making, and considering the many unanswered questions and concerns, we join the USEPA Union of professional employees in calling for a full-scale Congressional investigation into the public policy of fluoridation.*

*Please complete form and fax or mail back; contact information at bottom of page.  
It is only necessary to send back this ONE side. Please PRINT information clearly. Thank you!*

**Name, professional degree(s), title and/or position:** \_\_\_\_\_

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**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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## Footnotes in Statement of Concern on Fluoridation

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## **STATEMENT OF**

**Dr. J. WILLIAM HIRZY**

**NATIONAL TREASURY EMPLOYEES UNION CHAPTER 280**

**BEFORE THE**

**SUBCOMMITTEE ON WILDLIFE, FISHERIES AND DRINKING WATER**

**UNITED STATES SENATE**

**JUNE 29, 2000**

Good morning Mr. Chairman and Members of the Subcommittee. I appreciate the opportunity to appear before this Subcommittee to present the views of the union, of which I am a Vice-President, on the subject of fluoridation of public water supplies.

Our union is comprised of and represents the professional employees at the headquarters location of the U.S. Environmental Protection Agency in Washington D.C. Our members include toxicologists, biologists, chemists, engineers, lawyers and others defined by law as "professionals." The work we do includes evaluation of toxicity, exposure and economic information for management's use in formulating public health and environmental protection policy. I am not here as a representative of EPA, but rather as a representative of EPA headquarters professional employees, through their duly elected labor union. The union first got involved in this issue in 1985 as a matter of professional ethics. In 1997 we most recently voted to oppose fluoridation. Our opposition has strengthened since then.

### **Summary of Recommendations**

- 1) We ask that you order an independent review of a cancer bioassay previously mandated by Congressional committee and subsequently performed by Battelle Memorial Institute with appropriate blinding and instructions that all reviewer's independent determinations be reported to this Committee.
- 2) We ask that you order that the two waste products of the fertilizer industry that are now used in 90% of fluoridation programs, for which EPA states they are not able to identify any chronic studies, be used in any future toxicity studies, rather than a substitute chemical. Further, since federal agencies are actively advocating that each man woman and child drink, eat and bathe in these chemicals, silicofluorides should be placed at the head of the list for establishing a MCL that complies with the Safe Drinking Water Act. This means that the MCL be protective of the most sensitive of our population, including infants, with an appropriate margin of safety for ingestion over an entire lifetime.
- 3) We ask that you order an epidemiology study comparing children with dental fluorosis to those not displaying overdose during growth and development years for behavioral and other disorders.
- 4) We ask that you convene a joint Congressional Committee to give the only substance that is being mandated for ingestion throughout this country the full hearing that it deserves.

### **National Review of Fluoridation**

The Subcommittee's hearing today can only begin to get at the issues surrounding the policy of water fluoridation in the United States, a massive experiment that has been run on the American public, without informed consent, for over fifty years. The last Congressional hearings on this subject were held in 1977. Much knowledge has been gained in the intervening years. It is high time for a national review of this policy by a Joint Select Committee of Congress. New hearings should explore, at minimum, these points: WP="BR1">

- 1) excessive and un-controlled fluoride exposures;
- 2) altered findings of a cancer bioassay;
- 3) the results and implications of recent brain effects research;
- 4) the "protected pollutant" status of fluoride within EPA;
- 5) the altered recommendations to EPA of a 1983 Surgeon General's Panel on fluoride;
- 6) the results of a fifty-year experiment on fluoridation in two New York communities;
- 7) the findings of fact in three landmark lawsuits since 1978;
- 8) the findings and implications of recent research linking the predominant fluoridation chemical with elevated blood-lead levels in children and anti-social behavior; and
- 9) changing views among dental researchers on the efficacy of water fluoridation

### Fluoride Exposures Are Excessive and Un-controlled

According to a study by the National Institute of Dental Research, 66 percent of America's children in fluoridated communities show the visible sign of over-exposure and fluoride toxicity, dental fluorosis (1). That result is from a survey done in the mid-1980's and the figure today is undoubtedly much higher. Centers for Disease Control and EPA claim that dental fluorosis is only a "cosmetic" effect. God did not create humans with fluorosed teeth. That effect occurs when children ingest more fluoride than their bodies can handle with the metabolic processes we were born with, and their teeth are damaged as a result. And not only their teeth. Children's bones and other tissues, as well as their developing teeth are accumulating too much fluoride. We can *see* the effect on teeth. Few researchers, if any, are looking for the effects of excessive fluoride exposure on bone and other tissues in American children. What has been reported so far in this connection is disturbing. One example is epidemiological evidence (2a, 2b) showing elevated bone cancer in young men related to consumption of fluoridated drinking water.

Without trying to ascribe a cause and effect relationship beforehand, we do know that American children in large numbers are afflicted with hyperactivity-attention deficit disorder, that autism seems to be on the rise, that bone fractures in young athletes and military personnel are on the rise, that earlier onset of puberty in young women is occurring. There are biologically plausible mechanisms described in peer-reviewed research on fluoride that can link some of these effects to fluoride exposures (e.g. 3,4,5,6). Considering the economic and human costs of these conditions, we believe that Congress should order epidemiology studies that use dental fluorosis as an index of exposure to determine if there are links between such effects and fluoride over-exposure.

In the interim, while this epidemiology is conducted, we believe that a national moratorium on water fluoridation should be instituted. There will be a hue and cry from some quarters, predicting increased dental caries, but Europe has about the same rate of dental caries as the U.S. (7) and most European countries do not fluoridate (8). I am submitting letters from European and Asian authorities on this point. There are studies in the U.S. of localities that have interrupted fluoridation with no discernable increase in dental caries rates (e.g., 9). **And people who want the freedom of choice to continue to ingest fluoride can do so by other means.**

### Cancer Bioassay Findings

In 1990, the results of the National Toxicology Program cancer bioassay on sodium fluoride were published (10), the initial findings of which would have ended fluoridation. But a special commission was hastily convened to review the findings, resulting in the salvation of fluoridation through systematic down-grading of the evidence of carcinogenicity. The final, published version of the NTP report says that there is, "equivocal evidence of carcinogenicity in male rats," changed from "clear evidence of carcinogenicity in male rats."

The change prompted Dr. William Marcus, who was then Senior Science Adviser and Toxicologist in the Office of Drinking Water, to blow the whistle about the issue (22), which led to his firing by EPA. Dr. Marcus sued EPA, won his case and was reinstated with back pay, benefits and compensatory damages. I am submitting material from Dr. Marcus to the Subcommittee dealing with the cancer and neurotoxicity risks posed by fluoridation.

We believe the Subcommittee should call for an independent review of the tumor slides from the bioassay, as was called for by Dr. Marcus (22), with the results to be presented in a hearing before a Select Committee of the Congress. The scientists who conducted the original study, the original reviewers of the study, and the "review commission" members should be called, and an explanation given for the changed findings.

### Brain Effects Research

Since 1994 there have been six publications that link fluoride exposure to direct adverse effects on the brain. Two epidemiology studies from China indicate depression of I.Q. in children (11,12). Another paper (3) shows a link between prenatal exposure of animals to fluoride and subsequent birth of off-spring which are hyperactive throughout life. A 1998 paper shows brain and kidney damage in animals given the "optimal" dosage of fluoride, viz. one part per million (13). And another (14) shows decreased levels of a key substance in the brain that may explain the results in the other paper from that journal. Another publication (5) links fluoride dosing to adverse effects on the brain's pineal gland and pre-mature onset of sexual maturity in animals. Earlier onset of menstruation of girls in fluoridated Newburg, New York has also been reported (6).

Given the national concern over incidence of attention deficit-hyperactivity disorder and autism in our children, we believe that the authors of these studies should be called before a Select Committee, along with those who have critiqued their studies, so the American public and the Congress can understand the implications of this work.

### Fluoride as a Protected Pollutant

The classic example of EPA's protective treatment of this substance, recognized the world over and in the U.S. before the linguistic de-toxification campaign of the 1940's and 1950's as a major environmental pollutant, is the 1983 statement by EPA's then Deputy Assistant Administrator for Water, Rebecca Hanmer (15), that EPA views the use of hydrofluosilicic acid recovered from the waste stream of phosphate fertilizer manufacture as, "*...an ideal solution to a long standing problem. By recovering by-product fluosilicic acid (sic) from fertilizer manufacturing, water and air pollution are minimized, and water authorities have a low-cost source of fluoride...*"

In other words, the solution to pollution is dilution, as long as the pollutant is dumped straight into drinking water systems and not into rivers or the atmosphere. I am submitting a copy of her letter.

Other Federal entities are also protective of fluoride. Congressman Calvert of the House Science Committee has sent letters of inquiry to EPA and other Federal entities on the matter of fluoride, answers to which have not yet been received.

We believe that EPA and other Federal officials should be called to testify on the manner in which fluoride has been protected. The union will be happy to assist the Congress in identifying targets for an inquiry. For instance, hydrofluosilicic acid does not appear on the Toxic Release Inventory list of chemicals, and there is a remarkable discrepancy among the Maximum Contaminant Levels for fluoride, arsenic and lead, given the relative toxicities of these substances.

### **Surgeon General's Panel on Fluoride**

We believe that EPA staff and managers should be called to testify, along with members of the 1983 Surgeon General's panel and officials of the Department of Human Services, to explain how the original recommendations of the Surgeon General's panel (16) were altered to allow EPA to set otherwise unjustifiable drinking water standards for fluoride.

### **Kingston and Newburg, New York Results**

In 1998, the results of a fifty-year fluoridation experiment involving Kingston, New York (un-fluoridated) and Newburg, New York (fluoridated) were published (17). In summary, there is no overall significant difference in rates of dental decay in children in the two cities, but children in the fluoridated city show significantly higher rates of dental fluorosis than children in the un-fluoridated city.

We believe that the authors of this study and representatives of the Centers For Disease Control and EPA should be called before a Select Committee to explain the increase in dental fluorosis among American children and the implications of that increase for skeletal and other effects as the children mature, including bone cancer, stress fractures and arthritis.

### **Findings of Fact by Judges**

In three landmark cases adjudicated since 1978 in Pennsylvania, Illinois and Texas (18), judges with no interest except finding fact and administering justice heard prolonged testimony from proponents and opponents of fluoridation and made dispassionate findings of fact. I cite one such instance here.

In November, 1978, Judge John Flaherty, now Chief Justice of the Supreme Court of Pennsylvania, issued findings in the case, *Aitkenhead v. Borough of West View*, tried before him in the Allegheny Court of Common Pleas. Testimony in the case filled 2800 transcript pages and fully elucidated the benefits and risks of water fluoridation as understood in 1978. Judge Flaherty issued an injunction against fluoridation in the case, but the injunction was overturned on jurisdictional grounds. His findings of fact were not disturbed by appellate action. Judge Flaherty, in a July, 1979 letter to the Mayor of Auckland New Zealand wrote the following about the case:

*"In my view, the evidence is quite convincing that the addition of sodium fluoride to the public water supply at one part per million is extremely deleterious to the human body, and, a review of the evidence will disclose that there was no convincing evidence to the contrary... Prior to hearing this case, I gave the matter of fluoridation little, if any, thought, but I received quite an education, and noted that the proponents of fluoridation do nothing more than try to impune (sic) the objectivity of those who oppose fluoridation."*

In the Illinois decision, Judge Ronald Niemann concludes: "This record is barren of any credible and reputable scientific epidemiological studies and or analysis of statistical data which would support the Illinois Legislature's determination that fluoridation of the water supplies is both a safe and effective means of promoting public health."

Judge Anthony Farris in Texas found: "[That] the artificial fluoridation of public water supplies, such as contemplated by {Houston} City ordinance No. 80-2530 may cause or contribute to the cause of cancer, genetic damage, intolerant reactions, and chronic toxicity, including dental mottling, in man; that the said artificial fluoridation may aggravate malnutrition and existing illness in man; and that the value of said artificial fluoridation is in some doubt as to reduction of tooth decay in man."

The significance of Judge Flaherty's statement and his and the other two judges' findings of fact is this: proponents of fluoridation are fond of reciting endorsement statements by authorities, such as those by CDC and the American Dental Association, both of which have long-standing commitments that are hard if not impossible to recant, on the safety and efficacy of fluoridation. Now come three truly independent servants of justice, the judges in these three cases, and they find that fluoridation of water supplies is not justified.

### **Proponents of fluoridation are absolutely right about one thing: there is no real controversy about fluoridation when the facts are heard by an open mind.**

I am submitting a copy of the excerpted letter from Judge Flaherty and another letter referenced in it that was sent to Judge Flaherty by Dr. Peter Sammartino, then Chancellor of Fairleigh Dickenson University. I am also submitting a reprint copy of an article in the Spring 1999 issue of the Florida State University *Journal of Land Use and Environmental Law* by Jack Graham and Dr. Pierre Morin, titled "Highlights in North American Litigation During the Twentieth Century on Artificial Fluoridation of Public Water. Mr. Graham was chief litigator in the case before Judge Flaherty and in the other two cases (in Illinois and Texas).

We believe that Mr. Graham should be called before a Select Committee along with, if appropriate, the judges in these three cases who could relate their experience as trial judges in these cases.

### Hydrofluosilicic Acid

There are no chronic toxicity data on the predominant chemical, hydrofluosilicic acid and its sodium salt, used to fluoridate American communities. Newly published studies (19) indicate a link between use of these chemicals and elevated level of lead in children's blood and anti-social behavior. Material from the authors of these studies has been submitted by them independently.

We believe the authors of these papers and their critics should be called before a Select Committee to explain to you and the American people what these papers mean for continuation of the policy of fluoridation.

### Changing Views on Efficacy and Risk

In recent years, two prominent dental researchers who were leaders of the pro-fluoridation movement announced reversals of their former positions because they concluded that water fluoridation is not an effective means of reducing dental caries and that it poses serious risks to human health. The late Dr. John Colquhoun was Principal Dental Officer of Auckland, New Zealand, and he published his reasons for changing sides in 1997 (20). In 1999, Dr. Hardy Limeback, Head of Preventive Dentistry, University of Toronto, announced his change of views, then published a statement (21) dated April 2000. I am submitting a copy of Dr. Limeback's publications.

We believe that Dr. Limeback, along with fluoridation proponents who have not changed their minds, such as Drs. Ernest Newbrun and Herschel Horowitz, should be called before a Select Committee to testify on the reasons for their respective positions.

Thank you for your consideration, and I will be happy to take questions.

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16. Transcript of proceedings - Surgeon General's (Koop) *ad hoc* committee on non-dental effects of fluoride. April 18-19, 1983. National Institutes of Health. Bethesda, MD.
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- 22.. Memorandum: *Subject:* Fluoride Conference to Review the NTP Draft Fluoride Report; *From:* Wm. L. Marcus, Senior Science Advisor ODW; *To:* Alan B. Hais, Acting Director Criteria & Standards Division Office of Drinking Water. May 1, 1990.

**Coalition of U.S. Environmental Protection Agency Unions  
Letter to U.S. Congress on Fluoride Regulation**

The following letter was sent to the Chairmen and the Ranking Members of these Committees and Subcommittees of the U.S. Senate and House of Representatives, addressed to the Committee/Subcommittee offices. The remaining Members of these Committees/Subcommittees will then each receive a copy of the letter, transmitted by the respective Committee/Subcommittee majority and minority staffs. The letter was sent separately to Speaker of the House Hastert and to Rep. Henry Waxman. The names of chairmen and ranking members are listed below for each committee.

**Senate Committees:**

Environment and Public Works (Inhofe and Jeffords)  
Health, Education, Labor and Pensions (Enzi and Kennedy)  
Commerce, Science and Transportation (Stevens and Inouye)  
Agriculture, Nutrition and Forestry (Chambliss and Harkin)

**House Committees/Subcommittees**

Energy and Commerce (Barton and Dingell)  
    Subcommittee on Environment and Hazardous Materials (Gillmor and Solis)  
    Subcommittee on Health (Deal and Brown)  
Science (Boehlert and Gordon)

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August 5, 2005

RE: Bone Cancer-Fluoridation Cover-Up

Hon. Daniel Inouye, Ranking Member  
Committee on Science and Transportation  
560 Dirksen Senate Office Building  
Washington, D.C. 20510-6125

Dear Senator Inouye:

Our unions represent a substantial portion of the nation-wide workforce at the U.S. Environmental Protection Agency, and we are writing to ask for a moratorium on the national program of the U.S. Public Health Service to fluoridate all of America's public water supplies.

One of us (Dr. Hirzy, of NTEU Chapter 280) testified before the Subcommittee on Wildlife, Fisheries and Water of the Senate on June 29, 2000 on this subject on behalf of his headquarters union. At that time the union called for a moratorium based on science indicating a number of adverse health effects and out-of-control, excessive exposures to fluoride.

We now join NTEU Chapter 280 in renewing the call for a moratorium, based on startling and disturbing new information that confirms the worst fears expressed in the earlier testimony.

Work done at Harvard College's School of Dental Medicine by Dr. Elise Bassin, which has been hidden since 2001, shows that pre-adolescent boys who drink fluoridated water are at a seven-fold increased risk of osteosarcoma, an often fatal bone cancer. We ask that the moratorium take effect immediately and remain in place until a full hearing by the Congress on the wisdom of continuing the practice is concluded. The last such hearing was in 1978.

Dr. Bassin's work, done as her doctoral thesis, was completed and accepted by Harvard in partial fulfillment of the requirements for her Ph.D. in 2001. It is a landmark investigation of age-specific exposure of young people in a case-control epidemiology study of the incidence of osteosarcoma. The thesis remained sequestered until 2004, when her research adviser, Chester Douglass, inexplicably reported to the funding agency, the National Institute of Environmental Health Sciences, that *no* connection was found between fluoride and osteosarcoma. This discrepancy between Chester Douglass' written report and the actual findings of the funded study is under investigation by several entities, and we believe should be looked into by the Congress as well. It appears to be yet another instance of federally funded science gone awry to protect special interests. Chester Douglass edits Colgate Company's *Oral Health Report*.

Chapter three of Dr. Bassin's work (enclosed) cites the impressive weight of convergent evidence for the carcinogenicity of fluoride in young boys (but not girls): fluoride is a mitogen, increasing the rate of cell division; it has been shown to be mutagenic, damaging chromosomal structure; it accumulates primarily in bone, site of the cancer; several previous epidemiology studies have found heretofore unexplained increases in osteosarcoma in young men (but not young women); a National Toxicology Program animal study found statistically significant increases in osteosarcomas in male (but not female) rats. And she discusses why several other epidemiology studies found no association between fluoridation and osteosarcoma; principally, those studies did not consider age-specific exposures and development of the cancer.

It is simply unconscionable that her federally funded work was hidden for four years while millions of young boys continued to be exposed to increased risk of this disease, whose best outcome involves amputation. Several federal statutes express Congressional intent regarding timely warning about such risks. These include, for example, the Toxic Substances Control Act, section 8(e) and the Federal Insecticide, Fungicide and Rodenticide Act section 6(a)(2). We believe another area for Congressional investigation is: who knew about the results of Dr. Bassin's work besides herself and Chester Douglass? and was any federal statute violated by keeping those results hidden for four years?

Another reason for a Congressional review of fluoridation is the recent work of Dr. Richard Maas of the Environmental Quality Institute, University of North Carolina-Ashville, which shows that use of chloramine disinfectant and silicofluoride fluoridating agents with excess ammonia increases lead concentrations in public water supplies. This may explain at least some of the increased lead levels seen in the District of Columbia's water supplies and in the blood of children drinking water fluoridated with silicofluorides. The Centers for Disease Control and Prevention says that ninety four percent of fluoridated water systems use silicofluorides.

Dr. Hirzy is available to meet with your staff to pursue this matter, and we hope that you will find it of sufficient concern to initiate a full investigation of fluoridation, which we believe is long overdue.

Sincerely,

Dwight A. Welch, President  
NTEU Chapter 280  
EPA Headquarters

J. William Hirzy, Vice-President  
NTEU 280  
EPA Headquarters

/s/Steve Shapiro, President  
AFGE local 3331  
EPA Headquarters

/s/Paul Sacker, President  
AFGE Local 3911  
Region 2 Office, New York

/s/Larry Penley, President  
NTEU Chapter 279  
EPA Cincinnati Laboratory

/s/Nancy Barron, President  
NAGE Local R5-55  
Region 4 Office, Atlanta

/s/Wendell Smith, President  
ESC/IFPTE Local 20  
Region 9 Office, San Francisco

/s/Patrick Chan, President  
NTEU Chapter 295  
Region 9 Office, San Francisco

/s/Henry Burrell, President  
AFGE Local 3428  
Region 1 Office, Boston

/s/Alan Hollis, President  
AFGE Local 3611  
Region 3 Office, Philadelphia

/s/Frank Beck, President  
AFGE Local 2900  
Ada Laboratory

/s/Mark Coryell, President  
AFGE Local 3907  
Ann Arbor laboratory

cc: Hon. Stephen L. Johnson, Administrator  
U.S. Environmental Protection Agency

## Coalition of U.S. Environmental Protection Agency Unions

August 5, 2005

RE: Bone Cancer-Fluoride Link

Hon. Stephen L. Johnson, Administrator  
U.S. Environmental Protection Agency

Dear Administrator Johnson:

We, the undersigned representatives of a majority (eleven) of EPA's employee unions, are requesting that you direct the Office of Water to issue an Advanced Notice of Proposed Rulemaking setting the maximum contaminant level goal for fluoride at zero, in accordance with Agency policy for all likely or known human carcinogens. Our request is based on the overall weight of the evidence supporting the classification of fluoride as a human carcinogen, including new information from Harvard on the link between fluoride in drinking water and osteosarcoma in boys that was conveyed to you in a meeting with union officials on May 4, 2005.

We appreciate that the Agency anticipates a report next year from the National Research Council on the propriety of its current drinking water standards for fluoride. But it seems highly inappropriate for EPA to do nothing now that it is in possession of this science, while millions of young boys continue to be exposed unwittingly to the elevated risk of a fatal bone cancer as the Agency waits for the NRC to issue its report, then for the report to undergo peer review, and then for the Agency to undertake its own deliberations.

By issuing an Advanced Notice of Proposed Rulemaking the Agency would inform the public and local health authorities about the results of the doctoral dissertation from the Harvard School of Dental Medicine by Elise Bassin without committing the Agency to a formal rulemaking until all those other steps are taken.

It is noteworthy that when industry becomes aware of important new scientific findings like this, it has (depending on the specific statute) a very brief time to notify EPA. The Agency is then expected to take timely and appropriate action based on the specifics of that notification. In the present case EPA is aware of important new, high quality evidence of potentially serious danger to young boys drinking fluoridated water, and we believe EPA has an ethical duty to send an effective warning immediately about this hazard.

It may in fact be appropriate for you to direct EPA's Office of Criminal Enforcement to investigate why Dr. Bassin's study, which was of sufficient quality for her to earn her doctoral degree, remained hidden from EPA for four years. Alternatively, you could request that the Department of Justice undertake the investigation.

As you know, the apparent cover up of the link between water fluoridation and a seven-fold increased risk of osteosarcoma in young boys, shown by the research of Dr. Bassin, is now national news. Major newspapers, including the *Washington Post* and the *Wall Street Journal* have covered the story. The Environmental Working Group has petitioned the National Toxicology Program to classify fluoride as a human carcinogen based in part on Dr. Bassin's work. (We recommend EWG's petition as a succinct and authoritative overview of the total weight of peer-reviewed evidence supporting the classification of fluoride as a human carcinogen.) EWG has also caused an investigation of the cover up to be started by Harvard and NIEHS, which funded the research.

The eyes of the nation are on the federal science establishment because of a host of scientific integrity issues. Former EPA Assistant Administrator Lynn Goldman and Roni Neff have just published a paper in the *American Journal of Public Health* on the cost of delayed adoption of health-protective standards that illuminates the real public health costs of the government's failure to act on sound scientific evidence.

We believe our Agency can make an important statement about its commitment to scientific integrity and its application to public health protection by taking the precautionary action we are recommending.

We at EPA can be ahead of the curve on this important issue or behind it. We do not think the latter choice is in the best interest of the public, the Civil Service or EPA, and we fervently and respectfully hope that you will agree with us. As a wise man once said, "The science is what the science is."

We will be happy to discuss this with you and your advisers at your convenience.

Sincerely,

Dwight A. Welch, President  
NTEU Chapter 280  
EPA Headquarters

J. William Hirzy, Vice-President  
NTEU 280  
EPA Headquarters

/s/Steve Shapiro, President  
AFGE local 3331  
EPA Headquarters

/s/Paul Sacker, President  
AFGE Local 3911  
Region 2 Office, New York

/s/Larry Penley, President  
NTEU Chapter 279  
EPA Cincinnati Laboratory

/s/Nancy Barron, President  
NAGE Local R5-55  
Region 4 Office, Atlanta

/s/Wendell Smith, President  
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Region 9 Office, San Francisco

/s/Patrick Chan, President  
NTEU Chapter 295  
Region 9 Office, San Francisco

/s/Henry Burrell, President  
AFGE Local 3428  
Region 1 Office, Boston

/s/Alan Hollis, President  
AFGE Local 3611  
Region 3 Office, Philadelphia

/s/Frank Beck, President  
AFGE Local 2900  
Ada Laboratory

/s/Mark Coryell, President  
AFGE Local 3907  
Ann Arbor laboratory

cc:

Sen. James Inhofe  
Sen. Mike Enzi  
Sen. Saxby Chambliss  
Sen. Ted Stevens

Sen. James Jeffords  
Sen. Edward Kennedy  
Sen. Tom Harkin  
Sen. Daniel Inouye

Rep. Joe Barton  
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Rep. Sherrod Brown

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**(NOTE: THESE LINKS ARE FOR INFORMATIONAL PURPOSES ONLY.  
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[John Muir Project \(JMP\)](#)

[JMP - US Forest Service and Science](#)

[JMP - Science and Litigation \(PDF File\)](#)

[League of Conservation Voters](#)

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