

Dr Kevin P. Balanda,
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29th May 2012

Dear Professor Balanda,

I am writing to you to express my full support for your comments as printed in the Irish Times in Feb 2007 and to congratulate you on the sound ethical and moral judgement you portray in your letter in particular your statement that “*As a society, we should be as committed **to tackling the root causes** of illness and disability as we are to treating and managing them. Of course we need efficient and equitable health and social services. But we also need to create a healthier society - a society where all have access to education; a fairer and more inclusive society; **a society not unduly influenced by the tobacco, alcohol, food and pharmaceutical industries; a society that truly respects the rights of minorities and protects the vulnerable. Only if we put aside some of our fascination with technology and "quick fixes" and work towards creating a healthier society will we rein in the spiralling costs of the health and social services,** and achieve that healthy future to which we all aspire” which expresses much of my own feelings regarding artificial fluoridation of drinking water in Ireland.*

The very same principles you communicate in the Irish Times likewise apply to how we address childhood dental decay for a small sector of Irish society. Artificial water fluoridation is a quick fix, one size fits all approach to a problem that is better served by behavioural change, education and improved diet. This has been proven across Europe but rather than establishing effective preventative oral health care programmes such as that set up recently in deprived areas by the Welsh Government in their ***Designed to Smile Programme***, the Irish Government and the HSE prefer the more intrusive, costly and ethically questionable option of mass medication of the entire population, regardless of their basic needs or health care requirements.

If I might ask, what can the Institute of Public Health do to support the professional statements from the *American Dental Association (ADA)*, *Canadian Dental Association (CDA)*, *United States Centre for Disease Control (CDC)*, *United States Academy of General Dentistry (AGD)*, *American Academy of Paediatrics (AAP)* and the *Canadian Paediatrics Society (CPS)* as well as many other non-medical organisations, **who have advised parents that fluoridated water should not be mixed with concentrated formula or foods intended for babies.**

You may also be aware that the *U.S.A National Kidney Federation* recommends that sensitive subgroups of the population such as patients with chronic kidney disease should also be made aware of the potential risks associated with fluoride exposure.

As you no doubt are aware, for some unknown reason no public health body in Ireland has ever cautioned against the risk of overexposure of infants to fluoride. This in itself

is astonishing given that the EU Food Safety Authority and the EU SCHER review on fluoride both found that bottle fed infants fed formula milk prepared with fluoridated water were at increased risk to the toxic effects of fluoride.

This is even more alarming when one examines the health statistics for breast feeding in Ireland which clearly demonstrate that we have the highest incidence of bottle fed infants in the world and hence the highest exposure of a sensitive sub group to a known toxin at an critical stage during their neurodevelopment at exposure levels in excess of the maximum daily tolerable intake levels.

Given the stated remit of the IPH is to support the development of public policy designed to improve population health and reduce health inequalities on the island of Ireland and considering that the WHO have documented that children from economically deprived communities are most likely to be bottle fed as infants, is it not the case that the policy of fluoridation of drinking water is consequently indirectly negatively impacting on the very group of children that the policy was originally intended to protect and unnecessarily resulting in chronic overexposure of youth to fluoride as now demonstrated in Irish society.

I would ask therefore that the IPH please consider issuing a policy statement similar to that of the ADA, CDA, CDC, AGD, AAP and CPS stating clearly that infants should not be unnecessarily exposed to fluoride from exposure to fluoridated water or fluoridated food or drinks at an early stage of their development.

As you are aware the latest reviews of water fluoridation including the SCHER review 2010, the review of water fluoridation by Pizzo et. al. 2007, the 2007 Caledon-Brampton study, the York NHS review 2000 and the Ontario Ministry of Health & Long Term Care 1999 Review, for example, have all found that fluoride is effective with topical application – applied directly to the tooth surface using fluoridated toothpaste and not by ingesting fluoride compounds into the body via drinking water. This adds further questions regarding the scientific or ethical justification for adding dangerous and untested silicofluoride chemicals to drinking water, when a more cost effective, scientifically proven, environmental sustainable and widely available option already exists, with fluoride toothpaste.

Fluoridation of drinking water is also a quick fix solution that ignores the environment impact of discharging thousands of tonnes of a persistent environmental toxin into aquatic and terrestrial ecosystems while also ignoring that sensitive subgroups of society will also be adversely affected.

I look forward to the day when the IPH will take positive action to protect the welfare of all citizens including the most vulnerable, newborn babies and ask that you in your professional capacity will support such a necessary initiative.

Yours sincerely

Declan Waugh

CC: Dr. James Reilly T.D. Minister for Health