

**FAN Bulletin 2018:  
FLUORIDE ACTION NETWORK**  
<http://fluoridealert.org/>

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**THE U. S. EPA IS WASTING VALUABLE TIME**

Both FAN and Dr. Kathleen Thiessen have expressed their frustration with the way that the EPA's Office of Drinking Water continues to drag its feet on its task of establishing a new drinking water standard for fluoride. The level set in 1986 at the ridiculously high level of 4 ppm was deemed unprotective of health in March 2006 by the National Research Council (1), who recommended that the EPA perform a health risk assessment to establish a new MCLG (maximum contaminant level goal). Even though it was the EPA that requested and paid for the NRC review, and the NRC did all the heavy lifting needed to perform that risk assessment, the EPA has published nothing in over 4 years. EPA scientists haven't even got to the stage of sending out their calculations for peer review!

Is there no one in the US who is prepared to tell the EPA to do its job? If Bassin et al. (2) are right, some young men may be dying from osteosarcoma because of fluoridation (see below). How many more 6 to 8 year olds are going to be exposed to this potential risk while the EPA fiddles away? In addition, since the NRC report there have been 18 more studies published or translated from the original Chinese, associating a lowering of IQ with moderate exposure to fluoride. How many more children will potentially have IQ points shaved off their future, while the US Public Health Service remains fixated on protecting their teeth?

As we point out in our submission to the EPA, if they simply stick with only two of the adverse health effects identified by the NRC (stage 2 clinical skeletal fluorosis and bone fractures) as well as fixing some poor assumptions used by the EPA in 1986, there is no way that a new MCLG could emerge greater than 0.1 ppm. This would force an end to water fluoridation. Let me explain.

1) In 1986, the EPA used as the only adverse effect the CRIPPLING phase of skeletal fluorosis (stage 3). The NRC's recommendation that stage 2 skeletal fluorosis (which is associated with arthritic like symptoms) be considered would reduce the MCLG by at least a factor of 4. 4 ppm divided by 4 = 1 ppm.

2) In 1986, the EPA used a safety factor of 2.5 to allow for the variation in sensitivity in the whole population. This is a ridiculously small safety factor. The normal safety factor used to account for this variation in most risk assessments for toxic chemicals is at least a factor of 10. Correcting for this would reduce the MCLG by another factor of 4. 1 ppm divided by 4 = 0.25 ppm

3) In 1986, the EPA assumed that people only drank 2 liters of water a day. Such an assumption may protect the average person, it certainly does not protect the millions of people who drink much larger quantities of water than this. An MCLG MUST protect everyone. Another conservative adjustment for this factor would lower the MCLG by another factor of 4. 0.25 ppm divided by 4 = 0.06 ppm.

4) In 1986, the EPA did not include a calculation of exposure of fluoride from other sources. This would have to be subtracted from any calculated safe daily dose before calculating an MCLG. Readers of our submission will see that introducing this factor could force an MCLG of zero. In other words some people are already exceeding so-called safe doses of fluoride from other sources of fluoride and therefore the EPA should permit no additional fluoride exposure through the water supply. Bob Carton (a former risk assessment specialist at the EPA) in 2006 published a study based upon the findings of the NRC review and concluded that the new MCLG should be ZERO.

If Bob Carton could work this out a few weeks after the NRC reported its findings and made its recommendations, and I can summarize the changes in about 5 minutes - how come the EPA has been unable to do this in four years?

The answer is quite simple. They cannot stand up to the US Public Health Service and the dental lobby breathing down their necks. They know if they come up with an MCLG of zero or even 0.06 ppm, it would force an end to water fluoridation. Clearly the EPA bureaucrats are more interested in protecting the preposterous practice of water fluoridation than protecting the health of the American people. So let me ask the question again. Is there no one in the US who can force the EPA to do its job - an honest scientific job?

There is one other way that the MCLG would have to be set at ZERO and that would be if the EPA concluded

that the weight of evidence based upon animal and human studies was that there is a reasonable probability that young boys exposure to fluoride in their early years increases the risk of osteosarcoma by the age of 20. Bassin et al. published strong supporting evidence for this association in 2006 (2) (after the NRC review was published). But this finding has been kept at bay for four years by the PROMISE of a larger study by Chester Douglass (Bassin's thesis director) which was supposed to discount Bassin's findings. Douglass's study was "being prepared for publication" in 2006 (3) and we are still waiting. But fluoridation promoters in Australia, England, Canada and the US are using this promised, non peer-reviewed and unpublished study as if it was sufficient reason for ignoring Bassin's troubling findings. It has also become clear that Douglass's methodology cannot actually refute Bassin's thesis, since it depends on measuring fluoride levels in bone at autopsy or diagnosis. Such cumulative levels cannot be used to indicate what exposure young boys had to fluoride in their 6-8 years found to be critical in Bassin's findings.

So the fluoridating world - and the EPA - waits for Chester (Godot) Douglass to publish his study knowing that a) Douglass is a professor of dentistry and is clearly a strong supporter of fluoridation; b) was a consultant for Colgate during the time he worked on the largest osteosarcoma study in the US; c) hid Bassin's findings from his peers, his funders, the NRC and the public from 2001 when Bassin's thesis was successfully defended (and signed by Douglass) and 2005 when it was "discovered" in a Harvard library and d) his methodology cannot actually refute Bassin's thesis!

And promoters of fluoridation have the gall to accuse opponents of using junk science!

Well, I have said enough here. You can read more about the details of this in the submissions below. At the very least the EPA must be forced to issue an *interim* MCLG while they fiddle and diddle their time away. This huge delay is not what we should expect from an agency paid to protect the health of the American people. Here are the links to two of the submissions to the US EPA.

- Fluoride Action Network at <http://fluoridealert.org/connett.fluoride.6-1-10.pdf>
- Kathleen M. Thiessen PhD at <http://fluoridealert.org/re/thiessen-2010.pdf>

As many of you know, Dr. Thiessen ranks as one of the most knowledgeable scientists on this issue in the world. She was a key panel member of the NRC review and a speaker at the FAN conference held in Canton, NY in 2006. She was also a recipient of FAN's Albert Burgstahler Scientific Integrity Award in 2008.

Paul Connett

### References

1. National Research Council of the National Academies. 2006. *Fluoride in Drinking Water: A Scientific Review of EPA's Standards*, online to read and search at [http://www.nap.edu/catalog.php?record\\_id=11571](http://www.nap.edu/catalog.php?record_id=11571)
2. Bassin EB, Wypij D, Davis RB, and Mittleman MA. 2006. Age-specific fluoride exposure in drinking water and osteosarcoma. *Cancer Causes and Control* 17(4):421-8. May.
3. Douglass CW and Joshipura K. 2006. Caution needed in fluoride and osteosarcoma study. Letter. *Cancer Causes and Control* 17(4):481-2. May.