

Fluoride Free Canada

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March 24, 2026

Mr Jerry V. DeMarco
Commissioner of the Environment & Sustainable Development
Office of the Auditor General of Canada
240 Sparks Street
Ottawa ON K1A 0G6

Dear Commissioner DeMarco:

Please find attached below a petition by Fluoride Free Canada relating to the promotion of fluoridation by Health Canada. One version is in English and another in French, to facilitate the work of your Commission.

We are also mailing a hard copy to your office.

Fluoride Free Canada is a Canada-wide non-profit organization incorporated in 2021 to educate the public and decision-makers on the urgent need to eliminate artificial water fluoridation across Canada, on ethical, environmental and safety grounds.

We look forward to your response.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Philippa von Ziegenweidt', with a long horizontal flourish extending to the right.

Philippa von Ziegenweidt, Treasurer,
Fluoride Free Canada

Subject: Petition

Petition under section 22 of the *Auditor General Act*:

To stop the injection of toxic substances into drinking water, namely anthropogenic inorganic fluorides (hexafluorosilicic acid, sodium fluorosilicate and sodium fluoride), contaminated with toxic metals (arsenic, lead, aluminum), for therapeutic purposes, recommended by Health Canada but in violation of the Fisheries Act.

- **Section 34(1), outlining provisions to conserve and protect fish habitat that sustains Canada's fishery resources and to prevent its deterioration**
- **Section 35(1), prohibiting the deterioration, destruction, or disturbance of fish habitat**
- **Sections 36-42 controlling the discharge of any harmful substance into water and fish habitat**

**Office of the Auditor General of Canada
Commissioner of the Environment and Sustainable Development
Mr. Jerry V. DeMarco
240 Sparks Street
Ottawa, Ontario K1A 0G6**


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**Presented by
Fluoride Free Canada –Canada sans fluorure
6396 Riverside Drive East
Windsor ON N8S1B9**

Fluoride Free Canada – Canada sans fluorure – is a registered Canadian non-profit organization. The corporation number is: 1341358-6

Signed by the authorized board member



Gilles Parent, ND.A.

Member of the Board of Directors of Fluoride Free Canada– Canada sans fluorure

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Jointly as petitioners:

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(attached cover letter)

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(attached cover letter)

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348 St Mark's Rd,
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**windsorsexonwatch@gmail.com
(attached cover letter, March 23rd)**

PETITION UNDER SECTION 22 OF THE *AUDITOR GENERAL ACT*

Federal Departments/Agency Targeted: Health Canada

1. To stop the injection of toxic substances into drinking water, namely anthropogenic inorganic fluorides (hexafluorosilicic acid, sodium fluorosilicate and sodium fluoride), contaminated with toxic metals (arsenic, lead, aluminum), for therapeutic purposes but in violation of the Fisheries Act.
 - Section 34(1), outlining provisions to conserve and protect fish habitat that sustains Canada's fishery resources and to prevent its deterioration
 - Section 35(1), prohibiting the deterioration, destruction, or disturbance of fish habitat
 - Sections 36-42 controlling the discharge of any harmful substance into water and fish habitat
2. To request that Health Canada clearly, transparently, and unambiguously define the legal classification of chemicals used for fluoridation, which it currently classifies as "water treatment additives";
3. To request that Health Canada clearly state that by relegating fluoridation chemicals to the classification of "water treatment additives," which falls under the constitutional jurisdiction of the provinces, it in no way guarantees the effectiveness, safety, or sanitary quality of these products;
4. To request that Health Canada explain how it can claim on its websites that drinking water fluoridation is an effective and safe health measure to prevent tooth decay if itself, the provincial ministries of health, municipalities, the National Sanitation Foundation, and the manufacturers of fluoridation chemicals do not conduct any analyses or tests on the effectiveness, safety, or the sanitary quality of these products used to prevent and reduce tooth decay.

The Commissioner's mandate, as described in the Auditor General Act (R.S.C. 1985, c. A-17):

"Mission

21.1 ... including, the achievement of the following objectives: (among others)

- a) The integration of the environment and the economy;*
- b) The protection of the health of Canadians;*
- c) The protection of ecosystems;*
- g) The prevention of pollution;*
- h) The respect of the nature and of the needs of future generations."*

THE KNOWLEDGE ON THE TOXICITY OF FLUORIDE IN AQUATIC ENVIRONMENTS

Little is still known about the toxicity of fluorides in aquatic environments. It has been clearly established that discharges of fluoridated municipal water led to significant increases (approximately five times the natural level) in fluoride concentration in receiving rivers and lakes.

Camargo was one of the pioneers in researching the impact of fluorides on freshwater aquatic flora and fauna:

Key points related to Camargo's research on fluoride:

- **Aquatic pollutant:** Camargo has shown that municipal and industrial discharges of fluoridated water, as well as agricultural discharges, significantly increase fluoride levels in rivers, posing a threat to aquatic life.
- **Mechanism of toxicity:** Fluoride acts as an enzymatic poison, disrupting essential metabolic processes such as glycolysis (energy production) and protein synthesis.
- **Effects on organisms:** These effects are also cumulative, with concentrations increasing in the tissues of flora and fauna, particularly in calcified tissues (fish bones and invertebrate exoskeletons), with increasing exposure time, water temperature, and concentration along the food chain.

Camargo, Julio A. **Fluoride toxicity to aquatic organisms: a review.** *Chemosphere*, 50(7), 2003, pp. 251-264.

[https://doi.org/10.1016/S0045-6535\(02\)00498-8](https://doi.org/10.1016/S0045-6535(02)00498-8)

THE SETTING OF ENVIRONMENTAL PROTECTION STANDARDS FOR FLUORIDES

If a freshwater fluoride concentration as low as 0.5 mg F⁻/L falls within the "No-Observed-Adverse-Effect Level" (NOAEL), then any concentration above this threshold can harm invertebrates and fish. Consequently, setting a limit lower than this fluoride concentration would be necessary to protect the environment. Given the limited knowledge acquired up to now on the toxicity of fluoride in aquatic environments, especially its long-term effects, a minimum safety margin of 10 should be used. This "No-Observed-Adverse-Effect Level" (NOAEL) for fluoride, which is 0.5 mg F⁻/L, should then be divided by the safety margin.

Fluoride toxicity also increases with decreasing water mineralization, particularly in relation to hardness (calcium and magnesium levels). Fluoride has a greater impact on insect larvae in waters with low mineral content, such as those found in the Canadian Shield, where water hardness often ranges from very soft to moderately hard.

Based on this research, Environment Canada established a standard for fluoride concentration of 0.12 mg/L to protect freshwater flora and fauna from fluoride pollution in the **Canadian Water Quality Guidelines for the Protection of Aquatic Life (CWQ)**.

INORGANIC FLUORIDES (Environment Canada 2001).

<https://ccme.ca/en/res/fluorides-inorganic-en-canadian-water-quality-guidelines-for-the-protection-of-aquatic-life.pdf>

The concentration recommended for protecting the quality of freshwater aquatic life, as determined by the Quebec Ministry of the Environment (Canada), is 0.23 mg of fluoride/L (MENVIQ, 1989).

MENVIQ (Quebec Ministry of the Environment), 1989. **Programme d'échantillonnage des fluorures dans le milieu aquatique**. Lavalin Environnement. 61 p.

The maximum no-observed-adverse-effect level (NOAEL) is a key concept in toxicology. It designates the highest dose of a substance that does not cause any statistically significant adverse effects. It serves as the basis for setting safety standards for a substance. Once the Maximum No Observable Harmful Dose (NOAD) is set, a safety margin of at least 10, usually of 100, is normally applied to account for other factors as well as the variability in vulnerability of different species and individuals within the same exposed species.

If we apply the minimal rule of thumb of a 10-fold safety margin to account for the variability in species sensitivity, which is one-tenth of the maximum no-observed-adverse-effect level (NOAEL), currently set at a fluoride concentration of 0.5 mg/L per Camargo, a standard of 0.05 mg/L of fluoride would be less lenient than Environment Canada's standard of 0.12 mg/L and that of the Quebec Ministry of the Environment (Canada) of 0.23 mg/L.

IN CANADA, FLUORIDE IS A MAJOR SOURCE OF FLUORIDE POLLUTION IN FRESHWATER

With the exception of Newfoundland and Labrador, New Brunswick, Quebec, and British Columbia, which have virtually eliminated fluoridation, a majority of municipalities in Canada fluoridate their drinking water and discharge thousands of tons of fluoride into lakes and rivers. They contribute significantly to fluoride pollution, which affects wildlife and vegetation.

Evidence indicates that fluoride concentrations in the effluents of fluoridated municipalities range from 0.35 mg/L to 0.8 mg/L, approximately 3 to 7 times the Environment Canada standard of 0.12 mg/L set out in the Canadian Water Quality Guidelines: Protection of Freshwater Aquatic Life (CWQG) (Hamilton Board of Health Report July 2008, Camargo 2003). An exceedance of this magnitude of the fluoride concentration set by Environment Canada for the protection of freshwater aquatic life presents a serious risk to aquatic organisms, in violation of the Fisheries Act.

In Lake Ontario and the St. Lawrence River, ambient fluoride levels are equal to, and often significantly higher—two to three times higher— than the Canadian Water Quality Guidelines (CWQG) standard of 0.12 mg/L considered safe for the protection of aquatic life. There is often little or no potential for dilution to mitigate the toxic effects of fluoride from municipal effluents.

Water fluoridation is often the primary source of fluoride contamination in Canadian rivers, and this contamination is deliberately carried out by municipalities under the recommendation of both federal and provincial health authorities. This adds to the already problematic pollution from industrial (aluminum smelters, foundries) and agricultural (phosphate fertilizers, insecticides, and fumigants) sources of fluoride. These industries are subject to regulations requiring them to control their fluoride emissions into the environment, whereas municipalities would only have to close the valves of their fluoride dosing systems to address this source of contamination.

FLUORIDE ADDITIVES CONTAMINATED BY TOXIC METALS

Chemical fluoridation agents present another problem: they are contaminated with toxic metals. Safety data sheets report contamination levels of arsenic, lead, aluminum, and sometimes barium. In the summary of her study, Mullenix reported the following concentrations in hydrofluorosilicic acid (HFS) and sodium fluoride (NaF):

“Results: Results show that metal content varies with batch, and all HFS samples contained arsenic (4.9–56.0 ppm) or arsenic in addition to lead (10.3 ppm). Two NaF samples contained barium (13.3–18.0 ppm) instead. All HFS (212–415 ppm) and NaF (3312–3630 ppm) additives contained a surprising amount of aluminum.

Conclusions: Such contaminant content creates a regulatory blind spot that jeopardizes any safe use of fluoride additives.”

Mullenix, P.J. **A new perspective on metals and other contaminants in fluoridation chemicals.** International Journal of Occupational and Environmental Health. 2014, 20 (2), p. 157-166.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4090869/>

It is important to remember that the Maximum Contaminant Level Goal (MCLG) for arsenic and lead is 0.0 ppb (0.0 µg/L). As with benzene, arsenic and lead are always harmful to health because they are, among other things, carcinogenic. Therefore, there is no safe concentration or quantity of arsenic or lead for the environment or for human health.

99% of the fluoridation chemicals added to drinking water do not reach their intended target: citizens only consume the remaining 1% of this fluoridated water. The other 99% is used for washing, flushing toilets, watering lawns, and industrial purposes. Water fluoridation is not a cost-effective, let alone ecological, method of distributing a remedy, as 99% of the product used ends up contaminating the environment. Since 50% of the 1% of fluoride consumed by humans and domestic animals is eliminated by the body via urine and feces, 99.5% of this environmentally toxic fluoride ultimately ends up in the environment.

CONCLUSION

It is already clear that the thousands of tons of fluoridation chemicals discharged by municipalities are harmful to the environment, not only because of the fluorides they contain but also because of the contaminants they contain. Therefore, if environmental protection is a true objective of the Government of Canada, the discharge of fluoridation chemicals by municipalities must be stopped. These same fluoride products are officially and legally classified as toxic, corrosive, and hazardous materials by Environment Canada, in numerous laws and regulations. Their release into the environment, their storage, and their transportation are strictly regulated and monitored, with the exception of their dispersal into the environment through dilution in municipal drinking water, which is strongly recommended by Health Canada.

Containers and tanks used for transport and storage, including those belonging to municipalities, bear the symbols for Toxic and Hazardous Materials. They are not manufactured under sanitary conditions or at sites approved by Health Canada for use as sources of nutrients for human or animal consumption. Furthermore, they are contaminated with toxic metals.

Since fluoride concentrations in rivers often far exceed safe levels for protecting freshwater flora and fauna, it is essential to seriously consider that they also affect human health at roughly the same levels. The problem with humans is that they are exposed to numerous other sources of fluoride which, without control or individual monitoring, add to the random intake of fluoride from drinking water. The most significant other sources are food prepared in factories or at home with fluoridated water, toothpaste and other fluoridated dental hygiene products, fluoride treatments at the dentist, and several medications.

Given that protecting the health of Canadians is one of the Commissioner of the Environment's missions, let us now address in the second part the worrying risks to the health of Canadians posed by fluoridation in light of recent studies and disclosures from health authorities in both Canada and the United States that are being minimized or concealed.

ARE FLUORIDATION CHEMICALS LEGALLY CLASSIFIED AS "HAZARDOUS MATERIALS," "HAZARDOUS WASTE," "HAZARDOUS RECYCLABLE MATERIALS," "CONTAMINANTS," AND "POISONS"?

Many federal and provincial acts and regulations classify fluorides as hazardous toxic substances. We will not list them all here

Hexafluorosilicic acid, sodium fluorosilicate, and sodium fluoride are therefore considered hazardous waste and hazardous recyclable materials by Environment Canada. These are the products used to fluoridate water, which citizens consume diluted in their drinking water.

a) *Hazardous Products Act (R.S.C., 1985, c. H-3)*

Last amended on 2023-01-14

<https://laws-lois.justice.gc.ca/eng/acts/h-3/>

b) *Canadian Environmental Protection Act, 1999 (S.C. 1999, c. 33)*

DIVISION 7

Last amended on 2025-02-14

175 "Definition of water pollution"

In this Division, water pollution means a condition of water, arising wholly or partly from the presence in water of any substance, that directly or indirectly

- a) endangers the health, safety or welfare of humans;*
- b) interferes with the normal enjoyment of life or property;*
- c) endangers the health of animal life;*
- d) causes damage to plant life or to property; or*
- e) degrades or alters, or forms part of a process of degrading or altering, an ecosystem to an extent that is detrimental to its use by humans, animals or plants."*

<https://laws-lois.justice.gc.ca/eng/acts/c-15.31/>

The modernization of the *Canadian Environmental Protection Act (CEPA)*, notably through the adoption of **Bill S-5** in 2023 and the new regulations of **2025**, is radically transforming the legal landscape surrounding toxic substances such as fluorides.

1. New Provisions of CEPA (2025)

- **The Right to a Healthy Environment:** For the first time, CEPA explicitly recognizes the right of every individual in Canada to live in a healthy environment. This right is "substantive," meaning that the state has an obligation to protect the population from harmful substances. The intentional addition of a substance classified as "toxic" (such as inorganic fluorides in Schedule 1) to drinking water can now be challenged as a direct violation of this constitutionally enshrined right.
- **Priority to Pollution Prevention (Substitution):** The 2025 framework mandates prioritizing pollution prevention actions over simply managing risks through

dilution. The law now encourages replacing toxic substances with safer alternatives. This means that "dilution" is no longer an acceptable fluoride management strategy if alternatives (such as targeted topical application or improved hygiene) exist without contaminating municipal water.

- **Threshold Conflict:** If the Canadian Environmental Protection Act (CEPA) classifies a substance as toxic, its intentional addition to water could be challenged under the **right to a healthy environment**, a right strengthened by the 2023 amendments to CEPA (Bill S-5).
- c) ***Cross-border Movement of Hazardous Waste and Hazardous Recyclable Material Regulations (SOR/2021-25)***
Last amended on 2021-10-31
<https://laws-lois.justice.gc.ca/eng/regulations/SOR-2021-25/page-1.html>
- d) **Guide to Hazardous Waste and Hazardous Recyclable Material Classification: chapter 1**
<https://www.canada.ca/en/environment-climate-change/services/managing-reducing-waste/cross-border-regulations/guide-hazardous-waste-material-classification/chapter-1.html>
- e) **Export and Import of Hazardous Waste and Hazardous Recyclable Material Regulations (SOR/2005-149)**
Last amended on 2021-10-31
<https://laws-lois.justice.gc.ca/eng/regulations/SOR-2005-149/index.html>
- f) **Transportation of Dangerous Goods Regulations (SOR/2001-286)**
Last amended on 2024-10-02
<https://laws-lois.justice.gc.ca/fra/reglements/DORS-2001-286/>

Fluosilicates and sodium fluoride: Dangerous Goods

Fluosilicates and sodium fluoride are classified as dangerous goods (Class 8: corrosive substances) by Environment Canada. This is only legal and governmental classification applicable to fluoride chemicals used for fluoridation.

"What is the definition of a "toxic" substance under CEPA?"

According to Section 64 of CEPA 1999, a substance is "toxic" if it is entering or may enter the environment in a quantity or concentration or under conditions that:

- *have or may have an immediate or long-term harmful effect on the environment or its biological diversity;*
- *constitute or may constitute a danger to the environment on which life depends; or*
- *constitute or may constitute a danger in Canada to human life or health.*

- *Determining a substance to be CEPA "toxic" is therefore a function of its release into the environment, the resulting concentrations in environmental media, and its inherent toxicity."*

<https://www.canada.ca/en/environment-climate-change/services/canadian-environmental-protection-act-registry/historical/fact-sheets/canadian-environmental-protection-act-assessment-existing-substances.html>

Fluosilicates and sodium fluoride are included on the List of Toxic Substances

Inorganic Fluorides-LSIP1. Environment Canada - Health Canada 1993, available at:

http://www.hc-sc.gc.ca/ewh/pubs/contaminants/ps11-lsp1/fluorides_inorg_fluorures/fluorides_inorg_fluorures_synopsis_f.html

http://www.ec.gc.ca/ceqg-rcqe/Francais/Html/GAAG_Fluoride.cfm

http://www.ec.gc.ca/ceqg-rcqe/English/Html/GAAG_Fluoride.cfm

"Toxic substances list: Schedule 1

Part 2

...

34. *Effluents from pulp mills using bleaching*

35. *Inorganic fluorides*

36. *Refractory ceramic fibre*

37. ..."

<https://www.canada.ca/en/environment-climate-change/services/canadian-environmental-protection-act-registry/substances-list/toxic/schedule-1.html>

ARCHIVED - Inorganic Fluorides - PSL1

Environment Canada, Health Canada, 1993

ISBN: 0-662-21070-9

Cat. No.: En40-215/32E

<https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/environmental-contaminants/canadian-environmental-protection-act-priority-substances-list-assessment-report-inorganic-fluorides.htm>

Fluoridation chemicals are classified as toxic substances by the First Priority Substances List (PSL1) of 1989 and have been targeted for de facto elimination by the Canadian Environmental Protection Act (CEPA), the Binational Toxic Substances Strategy, and the 1978 Great Lakes Water Quality Agreement. These highly toxic substances accumulate in the human body and pose a chronic hazard.

If an industry releases this contaminant into a river, even diluted, it faces prosecution and hefty fines. However, if a municipality injects these fluorides into its drinking water supply, which will largely end up in the river, it is encouraged by Health Canada and provincial public health authorities. What a strange kind of justice! Double standards!

The Basel Convention, Environment Canada, and the EPA (the U.S. Environmental Protection Agency) are unanimous: fluorinated chemicals injected into drinking water are hazardous materials that must not be diluted and released into the environment. Yet, this is precisely what

happens with fluoridated water: fluorides are distributed to municipalities to be diluted in drinking water and then discharged into the environment, with over 99% of the solution being released.

Regarding fluorides in drinking water, the concentration in the water of a municipality that uses fluoridation can easily be reduced by ceasing the artificial fluoridation of the water.

"Hexafluorosilicic acid (H₂SiF₆) is listed in the EU as a biocide (used for wood preservation and as an herbicidal agent). It has been banned for use as a biocidal product by the European Commission due to lack of toxicological data to demonstrate that it was safe for humans and the environment, yet it remains in use as the chemical used for artificial fluoridation in many countries.

The definition of a biocidal Product is provided in the EU Biocidal Directive (98/8/EC). A biocidal product is any "Active substances and preparations containing one or more active substances, put up in the form in which they are supplied to the user, intended to destroy, deter, render harmless, prevent the action of, or otherwise exert a controlling effect on any harmful organism by chemical or biological means." An exhaustive list of 23 product types with an indicative set of descriptions within each type is given Annex V of the directive. Hexafluorosilicic acid is listed in this Directive as a biocidal Product.

The fluoride compounds sodium fluoride and hexafluorosilicic acid, used as water injectable chemicals, are synthesized artificially by industrial reaction and are classed as rodenticides, insecticides and pediculicides, with acute lethal doses in experimental animals comparable to arsenic and lead.

Hydrofluorosilicic acid (and the silicofluorides) are highly dangerous compounds now widely added in public water supplies in countries that support fluoridation of drinking water even though they have never been adequately studied for their toxic effects (as was confirmed by the formal decision on this part by the U.S National Toxicology Program in 2002, nominating fluorosilicic acid for toxicological study because information on this topic was not sufficiently established."

Waugh, Declan T., **Banned biocidal chemical used for water fluoridation**, *ResearchGate*, 2016, p.1-10.

Conclusion of this section

Federal laws and regulations, as well as provincial and territorial laws and regulations not cited here, classify the chemicals used for fluoridation as "toxic, hazardous, corrosive, and poisonous substances" for both the environment and, directly or indirectly, for humans. We aim to understand how such substances can be used to fortify drinking water for the therapeutic purpose of preventing tooth decay. This is the purpose of this petition.

DRINKING WATER FLUORIDATION: A SERIOUS RISK TO CANADIANS' HEALTH

The Maximum Contaminant Level (MCL) in water is based on the Maximum Contaminant Level Goal (MCLG) and serves as a legal standard for the permissible concentration of a contaminant, taking into account technical and economic constraints. This standard is not ideal for protecting public health; it is a compromise based on feasibility. In Canada, the MCL for arsenic is currently 10 ppb (10 µg/L), but the U.S. Environmental Protection Agency plans to reduce this standard to 5 ppb, and Health Canada is considering this. The main Canadian standard for lead in drinking water is 5 ppb (5 µg/L), set by Health Canada, aimed at minimizing health risks, especially in children (it affects neurodevelopment). If the Maximum Contaminant Level Goal (MCLG) for arsenic and lead is 0.0 ppb (0.0 µg/L), and since fluoridation chemicals are often their primary source of contamination, there is simply no technical or economic constraint to eliminating this source. With fluoridation, the addition of these contaminants is deliberate and conscious, and the solution to protect the environment and public health is as simple as closing the valve on the arsenic and lead contaminated fluoride dosing unit at the filtration plant.

HEALTH CANADA AND PROVINCIAL HEALTH AUTHORITIES ARE GIVING CANADIANS A FALSE ILLUSION OF SAFETY REGARDING DRINKING WATER FLUORIDATION.

Both federal and provincial health authorities give the strong impression that the chemicals used for water fluoridation are rigorously regulated to ensure that water fluoridation is an effective and safe public health measure. However, all official public documents from health authorities promoting drinking water fluoridation conceal the following facts:

1. Health Canada does not approve or regulate fluoridation chemicals.
2. Health Canada does not ensure the sanitary quality of fluoridation chemicals.
3. Health Canada does not ensure the effectiveness of fluoridation chemicals.
4. Health Canada does not ensure the safety of fluoridation chemicals.
5. Health Canada relegates fluoridation chemicals to the legal classification of "water treatment chemicals," which falls under provincial jurisdiction.
6. Products classified as water treatment chemicals cannot be used for therapeutic purposes.
7. Provincial governments do not have the jurisdiction or authority to ensure the therapeutic effectiveness or safety of products intended for therapeutic use.
8. Both federal and provincial health authorities give the impression that certification bodies such as the National Sanitation Foundation (NSF), the American National Standards Institute (ANSI), and the Standards Council of Canada (CAN) ensure the efficacy and safety of fluoridation chemicals, even though they lack the mandate, constitutional jurisdiction, and competence to do so.
9. The National Sanitation Foundation, the certification body for fluoridation products, disclaims all responsibility and accountability for the efficacy and safety of fluoridation chemicals in its documents because governments are responsible for assuming this responsibility. Governments clearly fail to do so.

These crucial facts about fluoridation are omitted from official public documents produced by health authorities to inform healthcare professionals and the general public. To demonstrate this, we have compiled several representative quotes from these documents produced by various government health authorities across Canada.

Before presenting the quotes from the various governments on the definition of fluoridation, here is our own definition, each bolded point of which should raise many ethical questions:

DEFINITION OF FLUORIDATION:

Fluoridation is a public health measure that aims to administer, via drinking water, **without individual consent**, a **random dose** of a **non-essential therapeutic substance**, fluoride, to **an entire population**, in order to artificially modify the composition of tooth enamel into fluoroapatite in order to make this enamel more resistant to dental caries **with the aim of preventing and reducing the incidence of dental caries** in this population.

Fluoridation is defined by our health authorities as a remedy for a disease.

We could have listed hundreds of definitions of fluoridation used by various Canadian governments, including those of Health Canada. They all explicitly illustrate that the objective of fluoridation is not to treat water to make it potable, but to treat cavities in citizens who will drink this water with its therapeutic properties. In reality, fluorides are added later, after all stages of the water treatment process necessary to make it potable. Fluoridation is strictly not a water purification treatment. It aims for a completely different objective than the disinfection and purification of drinking water: preventing disease.

The definitions of fluoridation provided by all government health authorities in Canada are summarized in the quotes below. All clearly specify that the purpose of adding the chemicals used for fluoridation is explicitly therapeutic, and all directly link it to therapeutic claims.

“Fluoride in drinking water

We support community water fluoridation as an effective way to prevent tooth decay. It is universally accessible and provides benefits to all members of a community, regardless of their:

- *age*
- *gender*
- *income*
- *ethnicity*
- *education*
- *access to oral health services*
- *ability to afford oral hygiene supplies*

Community water fluoridation has been proven to be a safe, effective and equitable way to prevent and reduce tooth decay (including root decay) for people of all ages, from children to seniors.”

Health Canada, **Fluoride and oral health** Date modified: 2025-06-16
<https://www.canada.ca/en/health-canada/services/healthy-living/your-health/environment/fluorides-human-health.html>

“Position statement on Community Water Fluoridation of the Public Health Agency of Canada

Many governments and health organizations, including the Public Health Agency of Canada, Health Canada, the Canadian Public Health Association, the Canadian Dental Association, the Canadian Medical Association and the World Health Organization support the fluoridation of drinking water as an important public health measure to prevent tooth decay.”

Dr Gregory Taylor, Chief Public Health Officer, Public Health Agency of Canada, Health Canada, **Position statement on Community Water Fluoridation**, September, 23rd, 2016, Date modified: 2018-02-08

<https://www.canada.ca/en/services/health/publications/healthy-living/fluoride-position-statement.html>

“Drinking water fluoridation involves monitoring and adjusting fluoride levels in water sources that do not naturally contain sufficient amounts, in order to achieve an optimal level for dental health.” (Our translation)

Opinion of the Chaudière-Appalaches Public Health Department on the fluoridation of drinking water to the municipal council of the City of Saint-Georges, 2025.

“Community water fluoridation (CWF) is the process of monitoring and adjusting the fluoride level in drinking water to the optimal level for caries prevention.”

Office of the Chief Dental Officer of Canada, Public Health Agency of Canada. **The State of Community Water Fluoridation across Canada, Report 2022**

<https://www.canada.ca/en/public-health/services/publications/healthy-living/community-water-fluoridation-across-canada.html>

“Community drinking water fluoridation is still an effective public health method to reduce the prevalence of dental caries in the Canadian population.”

Government of Canada, Health Canada, **Findings and Recommendations of the Fluoride Expert Panel (January 2007)**, April 2008

<https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/water-quality/findings-recommendations-fluoride-expert-panel-january-2007.html>

“Position Statement

Alberta Health and Alberta Health Services recognize that community water fluoridation effectively prevents tooth decay, especially among people who are most vulnerable. It offers significant benefits with very low risk and reaches all residents who are connected to a municipal water supply. Therefore, Alberta Health and Alberta Health Services

endorse community water fluoridation as a foundational public health measure to prevent tooth decay and improve oral health.”

“Health Canada recommends the adjustment of fluoride concentration to an optimal level of 0.7 mg/L for fluoridation programs.” (page 5)

Alberta Government, Alberta Health, **Position statement on community water fluoridation**, July 2022 update

<https://open.alberta.ca/dataset/de6d0c43-2081-46e5-8ea2-0dca790551e3/resource/5cee0cd0-801e-403f-b7f1-35984185022a/download/health-position-statement-on-community-water-fluoridation-july-2022-update.pdf>

“Section 3 – List of Water Treatment Chemicals Used:

*Hydrofluorosilicic acid: used for optimal fluoridation of water **to prevent tooth decay**. The City uses liquid Fluoride called HFS or HydroFluorosilicic Acid, which is added to the water after filtration.”*

Owen Sound's Water Quality Report, Quarterly Report, page 7

<https://www.owensound.ca/media/5cgfjuuu/drinking-water-annual-summary-report-2024-year.pdf>

“Hydrofluorosilicic acid used for optimal fluoridation of water to prevent tooth decay.”

*“Fluoride is added to the **finished water** to prevent cavities in our teeth.”*

South Peel Water Quality Report 2024 (page 16, Table 4 and page 20)

<https://peelregion.ca/sites/default/files/2025-12/south-peel-water-quality-report.pdf>

Fluoridation products: drugs?

All these government citations attribute a therapeutic role to the chemicals used for fluoridation and associate therapeutic claims with them.

However, a substance whose purpose is therapeutic and to which therapeutic claims are directly associated meets the legal definition of a "drug" under the *Food and Drugs Act*.

“Food and Drug Act

“drug”

“drug” includes any substance or mixture of substances manufactured, sold or represented for use in

(a) the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings or animals,

(b) restoring, correcting or modifying organic functions in human beings or animals,

(Emphasis added)

Prohibited Advertising

3. (1) *No person shall advertise any food, drug, cosmetic or device to the general public as a treatment, preventative or cure for any of the diseases, disorders or abnormal physical states referred to in Schedule A.*”

(Emphasis added)

What is the legal classification of fluoridation chemicals?

Knowing the legal classification of fluoridation chemicals is essential to determining whether their intended uses and associated therapeutic claims are legally permitted under that classification. Let's just say that confusion reigns regarding the legal classification of fluoridation products, to say the least. In our inquiries with Canadian government authorities at the federal, provincial, and municipal levels, the responses we received on the classification of fluoridation products were imprecise, confusing, and sometimes even contradictory.

Consequently, clarification of the legal classification of fluoridation chemicals would allow us to identify:

1. Which government agency assumes legal and constitutional responsibility for them?
2. What regulations govern these products?
3. Which government agency fulfills this responsibility to ensure:
 - a) Their effectiveness,
 - b) Their safety, and
 - c) Their sanitary quality, in order to adequately protect the health of the Canadian population?

Based on the responses to be obtained or already received, could it be discovered that, for the past 70 years, no government or other agency has been responsible for protecting the health of the population forced to consume these fluoride compounds through fluoridated water? Such a situation would be deeply concerning and would demonstrate that our governments have acted with utter negligence regarding the fluoridation of drinking water.

To this end, several petitions have been submitted to the Commissioner of the Environment at the Office of the Auditor General of Canada. These petitions aimed to have Health Canada and the Ministry of Justice Canada define the legal classification of chemicals used for fluoridation, the legal implications of this classification, and how Health Canada, as the agency responsible for health in Canada and a promoter of fluoridation, has fulfilled this duty. This petition seeks greater clarity, given the ambiguity of the responses received previously, so that lower levels of government, health professionals, the media, and the Canadian public can have factual information about the reality of fluoridation products.

APPEALS TO ENVIRONMENTAL PETITIONS SUBMITTED TO THE COMMISSIONER OF THE ENVIRONMENT AT THE OFFICE OF THE AUDITOR GENERAL OF CANADA AND TARGETED BY HEALTH CANADA

Prior to the appeals of environmental petitions #221 and #299, everyone, including provincial governments, their public health units, municipalities, and health professionals, believed that Health Canada approved and regulated fluoridation chemicals to protect public health. Almost everyone still has the impression that Health Canada manages them either as “drugs,” as “natural health products,” or, more frequently, as a source of nutrient for food fortification. The hypothesis that fluoridation chemicals are considered by Health Canada as sources of a nutrient

for food fortification seemed all the more plausible given that all government agencies compare fluoridation to the fortification of table salt with iodine, the addition of vitamin D to milk, or the enrichment of flour with iron and B vitamins. However, this hypothetical classification for fluoridation agents would raise legal issues regarding compliance with the Food and Drugs Act, since no specific therapeutic claims are permitted for nutrients used in food fortification, while such claims are made for fluoridation agents. Manufacturers of fluoridated bottled water for infants were forced to remove such claims from labels following public complaints to Health Canada in order to comply with the law.

So, what did Health Canada's responses to the petitions tell us about its own management of fluoridation products, which it promotes for dental health? It should be noted, upon reading the excerpts below, that even though the responses were unclear, confusing, and sometimes contradictory, they revealed at least the following five facts. Some assertions were false.

Health Canada's First Revelation:

Health Canada's most astonishing revelation is that it neither approves nor regulates in any way the chemicals used for fluoridation, and furthermore, it does not monitor their sanitary quality. Despite the absence of any regulatory assessment, Health Canada claims that water fluoridation is both effective and safe. No other organization in Canada has the constitutional jurisdiction and competence to replace Health Canada in ensuring the effectiveness, safety, and sanitary quality of fluoridation chemicals, which are nevertheless added to drinking water for the therapeutic purpose of preventing tooth decay, as previously demonstrated.

Health Canada's second revelation:

Health Canada relegates fluoridation products to the classification of "water treatment chemicals," a legal classification under provincial jurisdiction, thus falling outside its constitutional responsibilities. This classification is surprising since it does not correspond to the definition of "water treatment chemicals," given that fluoridation products are not intended to treat water.

Health Canada's third revelation:

By relegating fluoridation products to the classification of "water treatment chemicals," Health Canada is revealing that it is shifting the responsibility for ensuring the efficacy, safety, and sanitary quality of fluoridation chemicals onto the provinces and territories, without this responsibility for managing products with therapeutic functions falling under their constitutional jurisdiction, without them fulfilling it, and without them being clearly informed of it.

Health Canada's fourth revelation:

By collaborating with the provinces and territories, Health Canada develops the Guidelines for Canadian Drinking Water Quality, including those related to water fluoridation. Therefore, it is primarily responsible for establishing the health-focused guidelines. Consequently, the provinces rely on its recommendations, expertise, and directives as assurance that it has properly assessed the effectiveness and safety of fluoridation chemicals for public health and the environment. Since Health Canada does not oversee the safety and effectiveness of fluoridation products, the provinces rely on its recommendations without any assurance of their reliability. Health Canada

develops the water fluoridation guidelines that all lower levels of government rely on, yet it doesn't even inform them that it is not accountable for its own recommendations. Strange!

Health Canada's fifth revelation:

Health Canada also informs us that it assumes National Sanitation Foundation (NSF) certification of fluoridation chemicals guarantees their effectiveness, safety, and sanitary quality. In this regard, we quote the following assertion from Health Canada:

*“Health Canada recommends that drinking water materials (including drinking water additives) be certified as meeting the appropriate NSF standard. **The certification process ensures the safety and efficacy of products.**”*

Environmental petition, number 299, 2010, Health Canada Response to questions 6, 7, 8 and 10.

First, Health Canada is confusing the term “approving” with “certification.” Second, the National Sanitation Foundation is merely an international self-regulatory body that certifies chemicals for the sanitation industry and does not possess supranational authority to replace government regulatory bodies responsible for controlling products with a therapeutic or nutritional role. Health Canada’s support for fluoridation and its insinuation that the National Sanitation Foundation ensures the efficacy and safety of fluoridation chemicals have led provincial health ministries, municipalities, professional health orders, the media, and the public to believe that the National Sanitation Foundation guarantees the safety of fluoridation. First, Health Canada is confusing the term “licensing” with “certification.” Second, the National Sanitation Foundation is merely an international self-regulatory body that certifies the chemical sanitation industry and does not possess supranational authority to replace government regulatory bodies responsible for controlling products with a therapeutic or nutritional role. Health Canada’s support for fluoridation and its insinuation that the National Sanitation Foundation ensures the efficacy and safety of fluoridation chemicals have led provincial health ministries, municipalities, professional health boards, the media, and the public to believe that the National Sanitation Foundation ensures the safety of fluoridation.

In its role as Canada’s health leader, Health Canada should ensure that its position in favor of fluoridation is based on factual premises and should verify whether the National Sanitation Foundation is indeed assuming the efficacy and safety of the chemicals used for fluoridation. Health Canada cannot rely on a presumption to fulfill its duty to protect the health of Canadians. If this is not the case, and the National Sanitation Foundation has confirmed it, then the Auditor General of Canada should severely reprimand Health Canada for its potentially criminal negligence, which jeopardizes the health of the Canadian population.

Quotes from Environmental Petitions

Let us now return to the quotes from Health Canada’s responses, which allowed us to deduce these five revelations (emphasis in bold highlights the relevant points):

“Response to Qs 6, 7, 8 and 10:

*Health Canada does not regulate either hexafluorosilicic acid or sodium fluorosilicate for use in drinking water fluoridation as drugs/natural health products. As such, the Department would not issue a declaration of bioequivalence, a Notice of Compliance or a Drug Identification Number or a Natural Product Number (NPN) for these two compounds intended for this specific use. Health Canada recommends that drinking water materials (including drinking water additives) be certified as meeting the appropriate NSF standard. **The certification process ensures the safety and efficacy of products.**”*

(Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to questions 6, 7, 8 and 10.

“Response (Q. 14):

*The application of NSF Standard 60 is voluntary, unless required under legislation or regulations. As drinking water quality in Canada is regulated at the provincial and territorial level, the adoption and enforcement of regulatory requirements would fall within the **mandate of the individual provincial and territorial governments**. For further information, the individual provincial and territorial government should be contacted directly.”* (Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to question 14.

“Response to Question 4:

*The fluoride used in drinking water fluoridation is **not considered a natural health product** and is therefore not captured under the Natural Health Products Regulations. When a large concentration of fluoride is used in a product with a therapeutic claim (e.g. dental rinse, toothpaste), the **products are considered drugs under the Food and Drugs Act** and are regulated under the Natural Health Product Regulations.”* (Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to question 4

*“As stated in our response to a previous petition (221, Question 14), **products used to fluoridate drinking water do not fall under the regulatory framework of the Food and Drugs Act**. Health Canada does recommend that these products be certified to the appropriate ANSI/NSF standard, **to ensure the treated water would present no health risk to consumers** from either the fluoride or any impurity (Petition 221, Question 3)”*(Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to questions 14 and 3 in petition 221 reported in the introduction of petitions 299.

*“Health Canada works in collaboration with the provinces and territories to develop the **Guidelines for Canadian Drinking Water Quality**. The Guidelines are used by each province and territory as the basis for establishing their own drinking water requirements. In Canada, the quality of drinking water is generally an **issue under provincial and territorial jurisdiction**, which includes the development, adoption and implementation of regulations.”* (Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to questions 15 and 17.

“Response (Q. 12):

*Fluorides protect tooth enamel against the acids that cause tooth decay. As a public health measure, fluoridated drinking water significantly reduces the number of cavities. Thus, fluoride is used (water fluoridation) in many communities across Canada. **While municipal drinking water quality is regulated at the provincial/territorial level, Health Canada strongly recommends that all products added to drinking water during its treatment and distribution be certified as meeting the appropriate ANSI/NSF Standards.** This is true for all water treatment products used for fluoridation.”* (Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to question 12.

“Response to Qs 2 and 3:

“To date, no natural health products (NHPs) containing fluorosilicates have been licensed for sale in Canada.

Health Canada does not consider either compound, when intended for drinking water fluoridation, to be a drug (including a natural health product) under the Food and Drugs Act. (Emphasis added)

Environmental petition, number 299, 2010, Environmental petition, number 299, 2010, Health Canada Response to questions 2 and 3.

“To date, no Natural Health Products (NHP) containing fluorosilicates have been licensed for sale in Canada”

Environmental Petition #221, Health Canada answer.

In its response to Environmental Petition No. 221B, submitted by Carole Clinch under Section 22 of the *Auditor General Act*, Health Canada stated that it had no toxicological study on fluorosilicates and that it acknowledges no responsibility for research into their safety:

*Health Canada **has not conducted toxicology studies on fluorosilicates** (...) The department works with certification and accreditation bodies to meet this goal, but has no mandate or authority regarding the certification process.”* (Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to questions 14 and 3 in petition 221 reported in the introduction of petitions 299.

In a letter dated 7 January 2010, sent to Carole Clinch by Health Canada's Drug Product Database section, the following statement is made:

*"Note that the fluorinated compounds added to drinking water are not the same as the compounds used by dentists and **are not regulated as drugs** by Health Canada."*

Petition #221, Q/R #15:

Q: *"Is fluoride considered to be a drug that is subject to Health Canada or any other regulation(s)?"*

R: *When fluoride is (...) labelled for **therapeutic use (or makes therapeutic claims)**, the products are considered drugs under the **Food and Drugs Act** and are regulated under the Natural Health Product Regulations (...)"*(Emphasis added)

Environmental petition, number 299, 2010, Health Canada Response to questions 14 and 3 in petition 221 reported in the introduction of petition 299.

*"Fluoride is added to drinking water as a public health measure to protect dental health by preventing or reducing tooth decay. Fluoride added to water in the concentrations available in Canada is considered nutritive as opposed to therapeutic. Fluoridating drinking water is intended to provide a dietary source of fluoride, a mineral nutrient. Products used to fluoridate drinking water do not fall under the regulatory framework of the Food and Drugs Act (FDA). Health Canada does recommend that these products be certified to the appropriate **American National Standards Institute (ANSI)/NSF standard**, to ensure the treated water would **present no health risk to consumers from either the fluoride or any impurity under the recommended conditions of use.**"*

Two additional relevant documents supplement Health Canada's responses to petitions regarding the legal classification of fluoridation chemicals:

In a recent response dated June 11, 2025, Mr. Andrew Beck, writing on behalf of the Minister of Health of Canada, the Honorable Marjorie Michel, addressed a letter from Ms. Rachel MacDonald, a resident of Regina, inquiring about the legal classification of fluoridation chemicals, specifically hydrofluorosilicic acid, sodium fluoride, and sodium fluorosilicate. Mr. Beck was responding as the Acting Director General of the Environmental Safety Directorate (ESD), and the following are the relevant excerpts from his response:

"Dear Rachel MacDonald:

Thank you for your correspondence of May 28, 2025, addressed to the Honourable Marjorie Michel, Minister of Health, about concerns with water fluoridation chemicals.

*The responsibility for drinking water quality is shared between the various levels of government. **Provinces and territories generally have the responsibility for ensuring the***

safety of drinking water, including setting regulatory, monitoring, and testing requirements. Municipalities tend to oversee the day-to-day operations of treatment facilities and distribution systems. The federal government, through Health Canada, develops the Guidelines for Canadian Drinking Water Quality in collaboration with the provinces and territories, which then use the guidelines to set regulations and standards based on their needs and context.

Although the same chemical can be used by many different industries, applications involving drinking water, food and pharmaceuticals have stringent safety, purity and manufacturing standards. **Health Canada does not regulate fluoride compounds for use in drinking water fluoridation**, but the Department strongly recommends that any chemicals added to drinking water (including fluoride) **be certified as meeting NSF/ANSI/CAN Standard 60**, an international health-based standard. Products certified to this standard must meet strict purity requirements. **The standard requires that the toxicology of chemicals added to drinking water, as well as any impurities in the chemicals, be thoroughly evaluated.**

With respect to fluoride for drinking water applications, three types of compounds can be certified under NSF/ANSI/CAN Standard 60: hydrofluorosilicic acid, sodium fluoride, and sodium silicofluoride. Testing to meet the standard involves looking for potential trace impurities (such as heavy metals and radionuclides) and impurities from the ingredients, processing aids and any other factors which could impact the fluoridation agent in the finished drinking water. Most provinces and territories require certification to NSF/ANSI/CAN Standard 60 for treatment chemicals, including fluoride compounds used for drinking water fluoridation.

A large portion of the fluoridation additives used in water, such as hydrofluorosilicic acid, are by-products that come from the processing of calcium phosphate into phosphate fertilizer. (Emphasis added)

Andrew Beck

Acting Director General

Safe Environments Directorate in the Healthy Environments and Consumer Safety Branch of Health Canada”

In correspondence with Ms. Liesa Cianchino, a Peel resident involved in the reassessment of fluoridation at the Peel Region Municipal Commission on Fluoridation, who attempted to have the legal nature of fluoridation chemicals defined by the Ontario Ministry of the Environment and Climate Change, here is the response to her question:

“Is "Fluoridation - the addition of HFSA" into municipal drinking water systems a Water Treatment Chemical? Yes or No

Our regulations do not define “Water Treatment Chemicals”. That is, there is no “legal classification” that I am aware of in Ontario. However, our Design Guidelines for

Drinking Water Systems (2008) require that any chemical added to drinking water must meet National Sanitation Foundation International Standard-60 (NSF-60). The NSF considers chemicals used for fluoridation as being Drinking Water Treatment Chemicals.

*Satish Deshpande
Standards Development Branch
Ministry of the Environment and Climate Change
40 St. Clair Avenue W, 7th Floor
Toronto, ON M4V 1M2”
(416) 327-4689”(Emphasis added)*

Fluoridation Products: A Source of a Nutrient?

Since Health Canada **neither approves nor regulates fluoridation chemicals in any way**, and furthermore, does not monitor their sanitary state, it is difficult to understand on what scientific basis it can conclude that fluoridation is an effective and safe measure. Fluoridation products are not produced in **Good Manufacturing Practices (GMP)** facilities approved by Health Canada. Good Manufacturing Practices are a set of essential international rules and guidelines in the pharmaceutical, medical, and **food** industries. They aim to ensure the quality, safety, and efficacy of products through controlled production methods, rigorous documentation, **strict hygiene**, and process validation to protect consumer health. Fluoridation chemicals originate from phosphate fertilizer plants, operating under heavy industrial conditions incompatible with **Good Manufacturing Practices (GMP)** and where no hygiene controls are enforced. Yet Health Canada claims that adding fluoridation chemicals to drinking water "*is intended to provide a dietary source of fluoride, a nutritious mineral.*"

“Fluoridating drinking water is intended to provide a dietary source of fluoride, a mineral nutrient.”

Environmental petition, number 299, 2010, Health Canada Response to questions 14 and 3 in petition 221 reported in the introduction of petition 299.

First, by relegating fluoridation agents to the classification of "water treatment chemicals," Health Canada automatically excludes them from the related classifications it regulates, namely:

- 1) Sources of a mineral for food fortification
- 2) Foods.

Fluoridation agents cannot therefore be both; to claim otherwise would be misleading. Health Canada has achieved this feat.

Second, considering fluoridation agents as sources of a nutrient mineral, when their production in heavy industry fails to comply with **Good Manufacturing Practices (GMP)**, would be a practice contrary to the *Food and Drugs Act* and its regulations. It is astonishing that Health Canada tolerates these deviations from its own Act, but even worse, it encourages and actively perpetrates them.

Third, fluoridation chemicals are contaminated with heavy metals such as lead and arsenic. Again, adding such contaminated fluoridation chemicals to food would contravene the *Act*.

These last two points make fluoridation chemicals unfit for human consumption and their use by anyone as a source of nutrients contravenes the following sections of the Food and Drugs Act:

“Food

Prohibited sales of food

4. (1) No person shall sell an article of food that

(a) has in or on it any poisonous or harmful substance;

(b) is unfit for human consumption;

(e) was manufactured, prepared, preserved, packaged or stored under unsanitary conditions.

R. (1985), ch. F-27, art. 4; 2005, ch. 42, art. 1.

*Deception, etc.,
regarding food*

5. (1) No person shall label, package, treat, process, sell or advertise any food in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety.

R. (1985), ch. F-27, art. 3; 1993, ch. 34, art. 72(F).”

(Emphasis added)

Sections 4 and 3 of the Food and Drugs Act are clear: for human consumption, they prohibit the distribution of any food or beverage containing one or more added nutrients that do not meet the standards of the United States Pharmacopeia (USP) or its equivalent regarding product identification, strength, quality, and purity, and that are not manufactured under Good Manufacturing Practices (GMP) or in facilities approved by health authorities that comply with GMP according to international standards. Fluoridation chemicals are not pharmaceutical grade and do not meet USP standards. Therefore, fluoridation products cannot be considered a source of a nutrient mineral, as Health Canada and the provinces claim.

Water is considered a food product, and it is prohibited to add to it any nutrient that is not of pharmaceutical grade. This is precisely what municipalities do when they add fluoridation chemicals to the water supply.

Misleading Fluoridation Advertising

We have previously outlined the advertising campaigns for fluoridation conducted by governments, including those of Health Canada. If these advertisements are not false, misleading, or deceptive, or likely to create a false impression regarding the nature, value, composition, therapeutic effects, or safety of fluoridation chemicals, then we must ask ourselves how to define the terms “disinformation”, “deception” and “lie”.

Lower Governments Rely on Health Canada

By relegating chemicals to the classification of water treatment products, Health Canada is transferring its responsibility to regulate these substances used for therapeutic purposes to

provinces and municipalities, even though they lack the authority to assign a therapeutic role to these products. No health authority can assign a therapeutic function to **water treatment chemicals**. This is self-evident. They do so nonetheless because they seem unaware that it would be illegal to do so. Health Canada has transferred to them a constitutional power that they cannot hold and without them being informed of its implications. They would therefore be liable for an illegal act through ignorance. By commissioning several teams of professionals to evaluate the effectiveness and safety of water fluoridation through their reviews, Health Canada has led them to believe that its support for their conclusions is a proof that it is regulating fluoridation. The provinces and municipalities saw themselves as vassals of Health Canada.

THE MYTH OF SAFETY GUARANTEED BY NATIONAL SANITATION FOUNDATION CERTIFICATION

Health Canada assumes that National Sanitation Foundation (NSF) certification of fluoridation chemicals ensures the effectiveness, safety, and sanitary state of fluoridation chemicals.

*“Health Canada strongly recommends that all products added to drinking water during its treatment and distribution **be certified as meeting the appropriate ANSI/NSF Standards.** This is true for all water treatment products used for fluoridation.”(Emphasis added)*

Environmental petition, number 299, 2010, Health Canada Response to questions 6, 7, 8 and 10.

A presumption is not a factual proof and a verification of the facts should be required.

In fact, the National Sanitation Foundation has stated in various ways that it does not guarantee the effectiveness, the safety, or the sanitary state of fluoridation chemicals. We will establish the evidence for this in the following section.

THE ROLE OF THE NATIONAL SANITATION FOUNDATION, A NON-GOVERNMENTAL ORGANIZATION THAT CERTIFIES FLUORIDATION CHEMICALS, IN PROTECTING PUBLIC HEALTH.

The National Sanitation Foundation is a non-governmental certification body for water treatment chemicals and hygiene products. It is governed by a consortium of suppliers and manufacturers of these chemicals and is therefore not independent of the industry; its board includes industry representatives. The National Sanitation Foundation is responsible for establishing quality standards and certifying these products. However, it is not accountable to any government or regulatory body in either the United States or Canada. It is not accountable to any oversight body. It is reassuring to know that the National Sanitation Foundation's (NSF) "Standard 60" certification for water treatment chemicals used for water fluoridation requires a review of the scientific literature on the toxicology of these products. This certification suggests that National Sanitation is concerned with the health implications of the products it certifies. It implies that the certification it grants guarantees the safety of fluoridation chemicals. See the following excerpt from its website:

“NSF/ANSI Standard 60, first adopted by the NSF Board of Trustees on October 7, 1988, covers corrosion and scale control chemicals; pH adjustment, softening, precipitation, and sequestering chemicals; coagulation and flocculation chemicals; well-drilling products; disinfection and oxidation chemicals; and miscellaneous and specialty chemicals for treatment of drinking water. The standard addresses the health effects implications of treatment chemicals and related impurities. Both the treatment chemical and the related impurities are considered contaminants for evaluation purposes. The two principal questions addressed are :

1. Is the chemical safe at the maximum dose, and

2. Are impurities below the maximum acceptable levels?”

http://www.nsf.org/business/water_distribution/standards.asp?program=WaterDistributionSys

As well as:

“Standard 60 was developed to establish minimum requirements for the control of potential adverse human health effects from products added directly to water during its treatment, storage and distribution. The standard requires a full formulation disclosure of each chemical ingredient in a product. It also requires a toxicology review to determine that the product is safe at its maximum use level and to evaluate potential contaminants in the product. The standard requires testing of the treatment chemical products, typically by dosing these in water at 10 times the maximum use level, so that trace levels of contaminants can be detected. A toxicology evaluation of test results is required to determine if any contaminant concentrations have the potential to cause adverse human health effects.”(Emphasis added)

NSF Fact Sheet on Fluoridation Chemicals, February, 2008.

Nine out of 10 provinces in Canada and 43 states in the United States require in their drinking water regulations that products used for water treatment comply with the ANSI/NSF Standard 60 certification. Compliance requires a review of chronic exposure toxicology tests demonstrating that, at the recommended fluoridation concentration, the fluoridation products do not pose a risk, even in the long term, to health and the environment.

Therefore, to meet the NSF's primary objective of ensuring product safety for public health and complying with regulatory requirements, any fluoridation product certification cannot be granted without a review of the scientific literature on the product's toxicology. The National Sanitation Foundation (NSF) issues hundreds of certifications for fluoridation chemicals in Canada, the United States, and worldwide. The NSF does not conduct toxicology tests on fluoridation chemicals, nor does it ensure that any organization performs the required toxicology tests. Contrary to its claims on its website, the NSF does not guarantee public safety. Furthermore, regarding the use of Standard 60, the NSF includes a disclaimer disclaiming all

responsibility for the issuance and reliability of its certifications. This raises serious questions about the validity and reliability of the certification.

A disclaimer regarding the safety of fluoridation chemicals

See the NSF International document "Drinking water treatment chemicals – Health effects," May 2009.

Here is a highly revealing paragraph of from this document:

“NSF International (NSF), in performing its functions in accordance with its objectives, does not assume or undertake to discharge any responsibility of the manufacturer or any other party. The opinions and findings of NSF represent its professional judgment. NSF shall not be responsible to anyone for the use of or reliance upon this Standard by anyone. NSF shall not incur any obligation or liability for damages, including consequential damages, arising out of or in connection with the use, interpretation of, or reliance upon this Standard.”(Emphasis added)

In its disclaimer, the NSF absolves itself of legal responsibility for the safety of fluoridation chemicals by claiming that government agencies have assumed this responsibility. Yet at the same time, it asserts that it provides the criteria for promoting and protecting public health.

“NSF Standards provide basic criteria to promote and protect public health. Provisions for safety have not been included in this Standard because governmental agencies or other national standards-setting organizations provide safety requirements.”(Emphasis added)

NSF International Standard/ American National Standard for Drinking Water Additives —Drinking water treatment chemicals — Health effectsDisclaimers, page iii

When legislators require product conformity to certification in regulations, they expect unwavering truthfulness and reliability in that certification regarding compliance with the certification requirements. When a certification body disclaims responsibility for the value and veracity of the certifications it issues through a waiver clause, it is indicating that it does not intend to be held legally liable for the products it certifies. Would a certification whose value, reliability, and veracity are not guaranteed due to a waiver clause be considered fraudulent? Given this disclaimer of liability, it is strange and astonishing that government authorities, including Health Canada, nevertheless grant the National Sanitation Foundation the authority to monitor the quality of water treatment chemicals without any legal framework or accountability requirements. Why then do government health authorities place such blind faith in the National Sanitation Foundation's "Standard 60" certification regarding the safety of fluoridation chemicals if the reliability of this standard cannot be relied upon, especially since it does not include toxicology testing?It must be acknowledged that governments have chosen to rely on a "Standard 60" whose reliability is more than questionable, since the National Sanitation Foundation itself admits that it should not be relied upon, as it does not take moral or legal responsibility for it through its disclaimer:

NSF shall not incur any obligation or liability for damages, including consequential damages, arising out of or in connection with the use, interpretation of, or reliance upon this Standard.” (Emphasis added)

NSF International Standard/ American National Standard for Drinking Water Additives
—Drinking water treatment chemicals — Health effects Disclaimers, page iii

The NSF, Health Canada, and provincial health ministries are failing to take responsibility for protecting public health.

In its disclaimer, the NSF claims that legal responsibilities related to chemical safety have been assumed by government agencies. Which agencies, and from which government and country? If the NSF is creating confusion about its responsibility in establishing the safety of fluoridation chemicals, Health Canada and the provincial health ministries are adding to the confusion by claiming that this responsibility lies with the NSF and that it is fulfilling it adequately, while the NSF asserts, on the contrary, that it is the governments that are responsible. If we understand correctly, it is neither the National Sanitation Foundation nor any other government agency that conducts the toxicology tests to prove that fluoridation products are safe. Therefore, we must understand that no one has fulfilled this responsibility. What is certain is that the evidence of fluoridation's safety is not available. There is thus a gaping hole in the floor of the fluoridation safety plan, to the detriment of the protection of public. It seems clear that both federal and provincial health and environmental authorities endorse this misleading presentation.

Even suppliers of fluoridation products such as Mosaic specify on their fluorosilicic acid safety data sheet that they are not responsible for the safety of fluoridation chemicals:

*“The information in this document is believed to be correct as of the date issued. **HOWEVER, MOSAIC MAKES NO GUARANTEE, REPRESENTATION, OR WARRANTY, EITHER EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION, THE RESULTS TO BE OBTAINED FROM THE USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO THE USE OF THIS PRODUCT.** User is responsible for determining whether this product is fit for a particular purpose and suitable for user's method of use or application and assumes the risk of use thereof.” (Emphasis added)*

Note: the paragraph is taken from the link below. NSF-ANSI 60. NSF/ANSI 60 – 2016
[Microsoft Word - SDS Hydrofluorosilicic Acid Revision Date 2019-04-24.docx](#)

Legal Confirmation That the NSF Does Not Conduct Health Risk Assessments of Fluoridation Chemicals

During the trial before the United States Northern District of California: Food & Water Watch, Inc. v. United States Environmental Protection Agency, a case that unfolded in two phases, in June 2020 and February 2024, Ms. Amanda Phelka was called to testify regarding the NSF's role in assessing the safety of fluoridation chemicals for human health. At the time, she was a

research toxicologist at the National Sanitation Foundation (NSF International), where she was tasked with evaluating the human health risks associated with chronic exposure to various unregulated substances.

Ms. Amanda Phelka of the NSF then confirmed that her organization does not guarantee the safety of fluoridation chemicals because the NSF has never conducted its own risk assessment of fluoride for health:

“Since NSF does not do its own risk assessment on fluoridation chemicals...”

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
FOOD & WATER WATCH, INC., et al., Plaintiffs, v. UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY, et al., Defendants. I. Case No. 17-cv-
02162-EMC

<https://fluoridealert.org/content/deposition-videos-chemical-certifier-has-no-safety-data/>

Clearly, Health Canada has failed to substantiate its claim that the National Sanitation Foundation (NSF), the American National Standards Institute (ANSI), and the Standards Council of Canada (CAN) conducted a review of the chronic exposure toxicology tests required to demonstrate and ensure the safety of these chemicals (NSF/ANSI/CAN).

Despite the fact that verifying the NSF's failure to guarantee the safety of fluoridation chemicals was extremely easy, Health Canada persists in disseminating this blatant falsehood. Does this not constitute disinformation and deception that jeopardizes the health of Canadians? Is protecting public health not Health Canada's primary objective?

By relegating fluoridation chemicals to the classification of water treatment chemicals, Health Canada avoids conducting a review of the chronic exposure toxicology tests required to demonstrate safety, as this is no longer its responsibility. Is this morally and ethically acceptable?

It's unclear what kind of mental aberration led Health Canada to classify fluoridation chemicals as "water treatment chemicals," since substances in this category should only be used to treat water, not people, while simultaneously recommending their addition to drinking water as a preventative health measure to alter tooth enamel composition and prevent cavities in the population.

A 1955 New Brunswick Supreme Court ruling confirms this: fluoridation chemicals cannot be included in the legal classification of water treatment products.

Here is the relevant excerpt from the judgment:

*“In Stroud's Judicial Dictionary, 3rd ed., vol. 3, p. 2409 it is stated that **“to ‘purify’ an article, semble, is to remove from it foreign impurities”**, citing Colonial Sugar Refining Co. v. A.-G. Victoria, [1901] A.C. 544.*

Little was disclosed to the Court of the nature of the materials that are used in the fluoridation of water. From the language used in the Regulation it would appear that they are dangerous substances to be handled with care and introduced into the human body under the strictest safeguards and controls.

*It was equally apparent from the information before the Court that the addition of fluoride compounds to a water-supply system is **not for the purpose of removing impurities**. A process for removing from a water-supply by chemical or other means an excess of fluorine with a view to making it safe for human consumption might well be a purification procedure. **But by no stretch of the imagination can that which was contemplated in respect of the Fredericton water-supply, being the addition of fluorine compounds to correct a deficiency for optimum dental health be so regarded.***

In consequence on the final ground advanced in support of the resolution the respondent also fails.

My view is that the resolution passed by the City Council of Fredericton on March 8, 1955, is invalid and should be quashed;" (Emphasis added)

THE QUEEN v. FREDERICTON

New Brunswick Supreme Court, Appeal Division, McNair C.J.N.B., Bridges J. and Jones J. ad hoc. December 15, 1955. Dominion Law Reports

In other words, the New Brunswick Supreme Court judges concluded that, based on Stroud's legal dictionary definition, fluoridation chemicals should never be considered "water treatment chemicals" because, clearly, they are not used to purify water but are intended solely and essentially to treat the population against tooth decay. According to the judges' findings, this is tantamount to claiming that such a claim would amount to deception.

In the York Region Annual Drinking Water System Quality Report, hydrofluorosilicic acid is listed as a "non water treatment chemical".

*"List of water treatment chemicals used in this system: York DWS water is purchased pre-treated from the City of Toronto and Peel Region. Key treatment chemicals used in the City of Toronto and Peel Region include Chlorine and Aqueous Ammonia for disinfection; **Non water treatment chemical: Hydrofluorosilicic Acid applied**; York Region re chloramination chemicals: Chlorine gas; Aqueous Ammonia." (Underline emphasis added)*

2024 Annual Drinking Water System Quality Report for York DWS

<https://www.york.ca/environment/water-and-wastewater/drinking-water-quality-and-monitoring>

How can the York Region classify a fluoridation product as a "non-water treatment chemical" when Health Canada states it is a "water treatment chemical"? Even AI can't define what a "non-water treatment chemical" is, so such a legal classification doesn't exist. If it's neither a "non-water treatment chemical" nor a "water treatment chemical," then what is it?

THE BLATANT MYTH OF THE EFFICACY OF FLUORIDATION DEMOLISHED...

CLAIMS REGARDING THE BENEFITS OF FLUORIDE ARE NOT SUPPORTED BY CONTEMPORARY EVIDENCE MEETING MODERN STANDARDS

Historical claims that drinking water fluoridation provides substantial and equitable benefits—particularly for disadvantaged populations—are frequently made, but they have not been demonstrated according to the standards of evidence generally required to justify non-consensual ingestion on a population scale.

In the restrained context of this petition, we will limit ourselves to highlighting a few key publications produced by the most credible organizations in the field of public health.

In 2000, the NHS Center for Reviews and Dissemination literature review titled *A Systematic Review of Public Water Fluoridation* (McDonagh et al.) showed just 39 studies on the *effectiveness*, and 176 on the *safety* of fluoridation – far less than the alleged existence of "thousands of studies" proving the efficacy and safety of fluoridation. These authors emphasized that the majority of these studies were of poor quality.

One particularly erroneous claim is that fluoridation reduces tooth decay by 25%. This statistic has been circulating for many decades, but is no longer supported by current research.

The **Cochrane Review**(2024)concludes that **the certainty of evidence for caries prevention from community water fluoridation is low to very low**, with most studies **at high risk of bias** and largely conducted decades ago when recommended fluoride level in water was at 1.0 ppm. The consequentlyquestionable reduction of the incidence of dental decay was between **2 to 4 %** at the most. Cochrane reviews are the gold standard for evidence synthesis in public health.

*“Based on contemporary evidence (after 1975), the initiation of CWF may lead to a slightly greater change in dmft over time (mean difference (MD) 0.24, 95% confidence interval (CI) -0.03 to 0.52; P = 0.09; 2 studies, 2908 children; low-certainty evidence). This equates to a difference in dmft of **approximately one-quarter of a tooth** in favour of CWF; this effect estimate includes the possibility of benefit **and no benefit**. Contemporary evidence (after 1975) was also available for change in DMFT (4 studies, 2856 children) and change in DMFS (1 study, 343 children); we were **very uncertain of these findings**.*

*CWF may lead to a slightly greater change over time in the proportion of caries-free children with primary dentition (MD -0.04, 95% CI -0.09 to 0.01; P = 0.12; 2 studies, 2908 children), and permanent dentition (MD -0.03, 95% CI -0.07 to 0.01; P = 0.14; 2 studies, 2348 children). These low-certainty findings (**a 4-percentage point difference and 3 percentage point difference for primary and permanent dentition, respectively**) favoured CWF. These effect estimates include the possibility of benefit **and no benefit**.” (Emphasis added)*

Cochrane Review (2024):lhezor-Ejiofor Z, et al., *Water fluoridation for the prevention of dental caries*,Cochrane Database of Systematic Reviews, Issue 3.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010856.pub3/full>

Health authorities have repeatedly claimed that ingesting fluoride is effective and provides a disproportionate benefit to socioeconomically disadvantaged populations by reducing tooth decay and lowering treatment costs. This emotional appeal was used to promote fluoridation. However, current data no longer support this assumption.

This is the conclusion reached by the 2024 LOTUS retrospective cohort study and the 2022 CATFISH prospective longitudinal cohort study, conducted in England over 10 years and involving more than **6 million participants**. These studies demonstrate that fluoridation is far from having the claimed effectiveness in reducing tooth decay, and even question its very existence. Furthermore, contrary to the constantly asserted claims, disadvantaged populations do not derive any greater benefits than wealthier populations.

*“The evidence, after adjusting for deprivation, age and sex, ... suggested that water fluoridation was likely to have a **modest beneficial effect**... There was **no significant difference** in the performance of water fluoridation on caries experience **across deprivation quintiles**.” (Emphasis added)*

Goodwin, Michaela et al., National Institute for Health and Care Research, **Evaluation of water fluoridation scheme in Cumbria: the CATFISH prospective longitudinal cohort study** [Internet] Southampton (UK), *Public Health Research*. 2022

*“**No conclusive proof** was found to indicate that the effectiveness of water fluoridation differed across area deprivation quintiles.” (Emphasis added)*

Goodwin, Michaela et al., **The CATFISH study: An evaluation of a water fluoridation program in Cumbria, UK**, *Community Dent Oral Epidemiol*. 2024; 52 (4), p.590-600

<https://pubmed.ncbi.nlm.nih.gov/36469652/>

*“**Conclusions: Receipt of optimal water fluoridation between 2010 and 2020 resulted in very small health effects, which may not be meaningful for individuals, and we could find no evidence of a reduction in social inequalities.**” (Emphasis added)*

Moore, Deborah et al. **Effect of fluoridated water on invasive NHS dental treatments for adults: the LOTUS retrospective cohort study and economic evaluation**, *Public Health Res (Southamp)*. 2024 May;12(5):1-147.

Moore, Deborah et al. **How effective and cost-effective is water fluoridation for adults and adolescents? The LOTUS 10-year retrospective cohort study**. *Community Dent Oral Epidemiol*, 2024 Aug;52(4):413-423.

Previous public health studies had already demonstrated that disparities in oral health persist in both fluoridated and non-fluoridated communities. See:

Watt RG, Sheiham A. **Inequalities in oral health: a review of the evidence and recommendations for action**. *British Dental Journal* 1999; 187:6-12.

Peres MA, et al. **Oral diseases: a global public health challenge.** *Lancet* 2019; 394:249-260.

The Equity Argument Does Not Support Continued Fluoridation...

THE BLATANT MYTH OF THE SAFETY OF FLUORIDATION DEMOLISHED...

Again, due to the restrained context of this petition, we will limit ourselves to highlighting just a few key publications emanating from the most credible scientific investigators and a high-profile trial on the toxicity of fluoridation.

It is painful for us, the founders of Fluoride Free Canada, to address this section of the petition's introduction regarding fluoride toxicity because our members, and those of similar organizations in other countries who aim to shed light on the shortcomings of fluoridation, have had to endure, as have many eminent researchers, denigration, slander, ostracism, vitriolic attacks, and unjust treatment by the highest health authorities at taxpayers' expense. The anthology **Fluoride Harm: Suppressed Science and Silenced Voices**, published by Heron Lodge Press at the end of 2025, recounts the stories of 36 authors who have experienced the suppression of science and the silencing of their voices by the authorities through all means. While not intended as a doctoral thesis, this work reveals the hidden side of fluoridation and provides rigorous scientific documentation.

For decades, public health officials promoted the idea that the supposed 30,000 studies on fluoridation had definitively settled the scientific debate on its efficacy and safety, and that any questioning of it was tantamount to ridicule.

However, the 2000 publication of the NHS Centre for Reviews and Dissemination's systematic review, "A Systematic Review of Public Water Fluoridation" (McDonagh et al.), somewhat set the record straight regarding the number and quality of studies on fluoridation. It included only 39 studies on the effectiveness and 176 on the negative effects of fluoridation, far fewer than the often-cited figure of "thousands of studies" supporting fluoridation. Furthermore, according to the authors, the majority of these studies were of poor quality.

Around 2003, following pressure from scientists at the U.S. Environmental Protection Agency and from opponents, the EPA launched a review of the scientific research to provide a basis for setting the maximum safe level of fluoride in drinking water at 4.0 mg/L. It commissioned a relatively well-balanced team of twelve experts under the auspices of the **National Research Council**. They examined the issue of fluoride safety. The extensive report, entitled ***Fluoride in Drinking Water: A Scientific Review of EPA's Standards***, identified numerous shortcomings in the area of fluoride safety and recommended that the EPA quickly initiate more research on fluoride toxicity and lower the maximum standard of 4.0 mg/L, which was deemed excessive based on the data collected.

National Research Council, Fluoride in Drinking Water: A Scientific Review of EPA's Standards, (2006), The National Academies Press. Washington, DC.

The chapter of the report on "*Effects on the Endocrine System*" reviewed the evidence that fluoride can affect endocrine parameters, including thyroid-related outcomes and interactions with iodine status. Despite the report, 20 years after its publication, the EPA has done little to nothing and has not reassessed the maximum safe level for fluoride in water.

In 2016, faced with the EPA's baffling inaction and following the publication of numerous studies, primarily in China, but also in Canada and Mexico, on the neurotoxicity of fluoride on the brain, a group of non-profit organizations and individuals decided to take matters into their own hands. Using the Toxic Substances Control Act (TSCA), they petitioned the U.S. Environmental Protection Agency (EPA) to end the addition of fluoride to drinking water in the United States, due to the compound's neurotoxicity. (The petition is a regulatory request.) The EPA rejected the petition. In response, these groups filed a lawsuit against the EPA in federal court in 2017. The evidence relating to the neurotoxicity of fluoride was examined by the court in two phases: a seven-day trial in June 2020 and another fourteen-day trial in February 2024.

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
FOOD & WATER WATCH, INC., et al., Plaintiffs, v. UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY, et al., Defendants. I. Case No. 17-cv-
02162-EMC

On September 24, the Court ruled that fluoridation of water at 0.7 mg/L—the level considered “optimal” by proponents of fluoridation—“poses an unreasonable risk to reduced IQ in children,” and the risk is “sufficient to require the EPA to engage with a regulatory response.” Below is an excerpt from the introduction of the ruling:

*“The issue before this Court is whether the Plaintiffs have established by a preponderance of the evidence that the **fluoridation of drinking water at levels typical in the United States poses an unreasonable risk of injury to health of the public within the meaning of Amended TSCA.** For the reasons set forth below, the Court so finds. Specifically, the Court finds that fluoridation of water at 0.7 milligrams per liter (“mg/L”) – the level presently considered “optimal” in the United States – **poses an unreasonable risk of reduced IQ in children**... the Court finds there is an unreasonable risk of such injury, a risk sufficient to require the EPA to engage with a regulatory response... One thing the EPA **cannot do**, however, in the face of this Court’s finding, **is to ignore that risk.**”*(Emphasis added)

Senior Judge Edward Chen wrote:

*“The Court finds that fluoridation of water at **0.7 milligrams per liter (“mg/L”) – the level presently considered “optimal” in the United States – poses an unreasonable risk of reduced IQ in children**...the Court finds there is an unreasonable risk of such injury, a risk sufficient to require the EPA to engage with a regulatory response.”*(Emphasis added)

*“In all, there is substantial and scientifically credible evidence establishing that fluoride poses a risk to human health; **it is associated with a reduction in the IQ of children and is hazardous at dosages that are far too close to fluoride levels in the drinking water of the United States...Reduced IQ poses serious harm. Studies have linked IQ decrements of even one or two points to, e.g., reduced educational attainment, employment status, productivity, and earned wages.**”*(Emphasis added)

*“The pooled benchmark dose analysis concluded that a 1-point drop in IQ of a child is to be expected for each 0.28 mg/L of fluoride in a pregnant mother’s urine. **This is highly***

concerning, because maternal urinary fluoride levels for pregnant mothers in the United States range from 0.8 mg/L at the median and 1.89 mg/L depending upon the degree of exposure. Not only is there an insufficient margin between the hazard level and these exposure levels, for many, the exposure levels exceed the hazard level of 0.28 mg/L.”(Emphasis added)

“The size of the affected population is vast. Approximately 200 million Americans have fluoride intentionally added to their drinking water at a concentration of 0.7 mg/L. See Dkt. No. 421 at 206-07 (undisputed). Other Americans are indirectly exposed to fluoridated water through consumption of commercial beverages and food manufactured with fluoridated water.”(Emphasis added)

During the trial against the EPA, during witness testimony, the prosecution attorney, Michael Connett, asked Dr. Hannan Casey, J., director of the Oral Health Department at the Centers for Disease Control and Prevention (CDC), if he knew the maximum safe daily intake of fluoride that would not pose a risk of neurotoxicity to the most vulnerable populations. Under oath, Dr. Casey replied that the CDC did not have this information.

Mr. Connett posed the same question to Dr. Kristina Thayer, director of the EPA's Chemical and Pollutant Assessment Division; she did not know the answer *“because the EPA has not undertaken a systematic analysis to determine if such a maximum tolerable dose of fluoride intake for infants is identifiable.”*

National Toxicology Program review

To defend its position in court, the Environment Protection Agency (EPA) commissioned the National Toxicology Program, a government body of environmental toxicology experts, to evaluate studies on the neurotoxicity of fluoride in fetuses and young children. This review of the fluoride neurotoxicity studies spanned seven years, and the wait for the report's publication forced the court to postpone the second phase of the trial. Dissatisfied with the conclusions of the first two reviews, conducted by two different teams of experts, the EPA requested a third review, the publication of which was blocked at the last minute by EPA management. The judge, who was counting on this report to support his judgment, ordered the EPA to make it available to stakeholders, which ultimately made it public. The National Toxicology Program's (NTP) monograph on the state of knowledge was published in August 2024. The authors conclude:

“Across multiple exposure metrics and analytic approaches, higher fluoride exposure was consistently associated with lower IQ scores in children.”(Emphasis added)

A peer-reviewed meta-analysis of the data was then produced by the NTP team. Here is the conclusion:

“Conclusions and relevance: This systematic review and meta-analysis found inverse associations and a dose-response association between fluoride measurements in urine and drinking water and children's IQ across the large multicountry epidemiological literature. There were limited data and uncertainty in the dose-response association between fluoride exposure and children's IQ when fluoride exposure was estimated by drinking water alone at concentrations less than 1.5 mg/L. These findings may inform future comprehensive public health risk-benefit assessments of fluoride exposures.”
(Emphasis added)

Taylor, K. et al., *Meta-Analysis Fluoride Exposure and Children's IQ Scores: A Systematic Review and Meta-Analysis*. **JAMA Pediatrics** (2025).179(3):282-292

This is significant, and there's more.

Regarding the toxicity of fluoride and, consequently, fluoridation, the consistency of the effects observed across various evaluation criteria, particularly those affecting development, endocrine regulation, and toxicokinetics, must be interpreted as converging evidence of systemic biological activity of fluoride and a loss of the adequate safety margin.

Numerous recent studies, which we will refrain from citing here, document the deleterious effects of fluoride on:

- Oxidative stress,
- Hormonal disruptions,
- Bone deformities,
- Joint abnormalities,
- Inhibition of ATP formation,
- Alteration of metabolic and reproductive hormones,
- Impaired spermatogenesis,
- Decreased sperm quality,
- Infertility, liver damage,
- Genetic DNA damage,
- Structural changes in cellular organelles,
- Apoptosis,
- Disruption of transcription factors and protein synthesis,
- As well as impaired hormonal signaling and immune function.

What more is needed for health authorities to understand that fluoride is as toxic as arsenic and lead? Is fluoride a contaminant protected by those who have the duty and obligation to protect our health?

Regulatory Gap and False Presumption of Safety

Despite Health Canada's legal jurisdiction over health matters, Health Canada's maximum safe level of 1.5 mg/L for fluoride as a contaminant in drinking water is commonly used by downstream decision-makers as evidence that fluoridation is safe and appropriate for everyone. This creates a regulatory gap in which:

No government or other agency assesses fluoride ingestion as a drug exposure;

Regulatory Gap and False Presumption of Safety

Despite Health Canada's legal jurisdiction over health matters, Health Canada's maximum safe level of 1.5 mg/L for fluoride as a contaminant in drinking water is commonly used by downstream decision-makers as evidence that fluoridation is safe and appropriate for everyone. This creates a regulatory gap in which:

- **No government or other agency assesses fluoride ingestion as a drug exposure;**
- **Health Canada recommends the use of fluoridation chemicals for therapeutic purposes but does not approve or regulate these products as such;**
- **Municipal water systems operate on an implicit assumption of safety that no organization has formally established.**

Provinces, territories, cities, water suppliers, and the public rely on Health Canada to ensure that total fluoride exposure is safe for everyone, regardless of age or health status. Although Health Canada disclaims all responsibility for fluoridation, it must clearly state what it can and cannot base its assessment of the effectiveness and safety of fluoridation on and when promoting it.

The growing body of human epidemiological data, synthesized in recent systematic reviews and meta-analyses, demonstrates that effects on neurological development cannot be considered secondary or exploratory findings. When irreversible harm to neurological development is plausible, the protection of children must take precedence over any remaining scientific uncertainty.

Health Canada is unable to provide a single randomized controlled trial (RCT) to confirm either the safety or the efficacy of fluoridation, and therefore does not have any rigorous studies on the subject.

A randomized controlled trial (RCT) is the most reliable method for testing a medical intervention. Participants are randomly assigned to either a group receiving the treatment under investigation (experimental group) or a control group receiving a placebo or standard treatment. This eliminates bias and ensures an objective and valid comparison of effects. The goal is to ensure that the groups are comparable from the outset, making any differences observed at the end attributable to the treatment, and not to individual factors.

continued population-wide exposure without an affirmative safety determination is neither scientifically defensible nor ethically acceptable.

CONCLUSION:

In Canada, the responsibility for ensuring the safety and quality of chemicals used in water treatment is shared between the federal, provincial, and territorial governments. The federal government primarily develops health-focused guidelines, while the provincial and territorial governments are responsible for regulating and enforcing these standards at the provincial level. However, with regard to fluoridation chemicals, the federal government assigns them a therapeutic role in preventing tooth decay and makes them a cornerstone of its dental health policy, granting them the efficacy and safety of a drug while convolutedly avoiding legal responsibility. It succeeds in this scheme by relegating fluoridation chemicals to the classification of water treatment chemicals, which fall under provincial or territorial jurisdiction, even though these products are not legally intended for water treatment. Claiming that fluoridation chemicals are water treatment products when their addition to water serves a therapeutic purpose is an assertion that amounts to intellectual deception.

Legal classifications of substances have definitions that describe their functions, attributes, and uses. These classifications determine the laws and regulations that govern them.

While claiming to establish health-oriented guidelines for drinking water fluoridation, Health Canada relegates fluoridation chemicals to the legal classification of "water treatment chemicals," a legal classification that falls under the constitutional jurisdiction of the provinces and territories. However, despite this classification, Health Canada attributes to them both therapeutic functions and claims that only drug or natural health product classifications can have and nutritional roles and functions that only food fortification nutrient or food classifications can have. It is unclear what kind of mental derailment led Health Canada to classify fluoridation chemicals as "water treatment chemicals," since substances in this category should only be used to treat water, not people, while it recommends adding them to drinking water as a preventative health measure to modify the composition of tooth enamel to prevent cavities in the population.

Health Canada presents itself as the driving force behind fluoridation, but it absolves itself of any constitutional responsibility for its effectiveness and safety by transferring this responsibility to the provinces, without explicitly admitting that it is not assuming it. Indeed, upon reading excerpts from Health Canada's responses to petitions, the perception one can glean regarding its responsibility for fluoridation is confusing. It states one thing and its opposite at the same time. Even worse, the revelations concerning the legal classification it assigns to fluoridation chemicals, if not kept secret and camouflaged, are certainly inadequate. Clearly, the fact that fluoridation products are classified as "water treatment products" has certainly not been widely disseminated.

We challenge anyone to find any promotional materials about fluoridation distributed toward the public in print or on public websites by Health Canada, by the Chief Dentist of Canada, ministries of health, by public health authorities, by professional boards and by associations, or by municipalities that define water fluoridation as the addition of "water treatment chemicals" that are not approved or regulated by Health Canada for the prevention of tooth decay.

In matters of health, transparency and ethics should be paramount. In this regard, Health Canada has utterly failed in its duty to inform the public. Is Health Canada more inclined to protect this outdated and unsafe public health measure than to protect the health of the population?

WARNING: ARTIFICIAL INTELLIGENCE WILL UNDOUBTEDLY EXPOSE ALL THE FLAWS OF FLUORIDATION.

Health Canada, federal and provincial health authorities, professional health orders and associations, ministries of health, and municipalities that support fluoridation will soon face, whether they like it or not, the relentless analysis and critique of artificial intelligence. It will undoubtedly highlight the enormous flaws and serious scientific, legal, and ethical shortcomings of fluoridation, a health measure fiercely defended by all these authorities. It is impossible that there has not been willful blindness, negligence, deception, or serious incompetence at all levels of government and throughout the entire process of implementing and enforcing fluoridation programs.

Artificial intelligence will not be limited to Canada in its analyses, but will encompass all countries that have implemented drinking water fluoridation. Provided that artificial intelligence is fed all the information related to scientific research, its rigorous research methods, all the legal loopholes that allowed the implementation of fluoridation, and all the breaches of medical ethics it entails, the analysis it generates will be mercilessly critical of the health authorities in all these countries. Despite the numerous irresponsible efforts by governments and dental and pediatric associations to try to suppress the conclusions of recent scientific research on the ineffectiveness and toxicity of fluoridation, artificial intelligence will demonstrate their incompetence and apathy in this matter. A huge scandal will ensue, and the credibility of these associations, as well as the health authorities, will be rightfully damaged. Public distrust of public health authorities will continue to increase.

Cynicism toward governments will increase

If Health Canada is under the illusion that it still has time to avoid the disastrous artificial intelligence analysis on water fluoridation, it is mistaken. Such a scathing AI analysis has just been submitted to the U.S. EPA Commission, which is currently reviewing the science on water fluoridation:

Docket: ID No. EPA-HQ-OW-2025-3823
Review of Science on Fluoride in Drinking Water:
Preliminary Assessment Plan and Literature Survey

Canada will not be left behind...

Here is a type of AI analysis adapted for Canada

The "Nutrient" Fallacy: Conflict with the Food and Drugs Act and Codex Alimentarius
The argument that fluoride is simply a "nutrient" added to water for therapeutic purposes fails when confronted with the **Food and Drugs Act (FDA)** and international standards such as the **Codex Alimentarius**.

1. Contradiction with Codex Alimentarius Standards

As a member of the **Codex Alimentarius**, Canada is expected to follow strict standards for food additives and nutrients:

- **Purity and Quality:** For a substance to be classified as a food additive or an added nutrient, it must meet rigorous purity criteria and be free from industrial contaminants (such as heavy metals).
- **Good Manufacturing Practices (GMP):** Any product intended for human consumption for a health benefit must be manufactured in controlled facilities. However, **hydrofluorosilicic acid** is an **industrial by-product** captured from the smokestacks of fertilizer plants, which is the exact opposite of GMP-certified production.

2. Misrepresentation (Sections 5 and 9 of the FDA)

The **Food and Drugs Act** explicitly prohibits labeling, packaging, or selling any product in a manner that is **false, misleading, or deceptive** regarding its character, value, composition, or safety:

- **The Status Paradox:** If Health Canada presents fluoride as a "nutrient" to justify its addition to water, it should then be subject to the same quality standards as dietary supplements.
- **Omission of Contaminants:** By failing to explicitly state that the product contains traces of lead, arsenic, or mercury (even if below NSF thresholds), Health Canada could be accused of **misrepresentation** regarding the true nature of the fluoridation agent (industrial waste vs. pure nutrient).

3. Why Health Canada Does Not Intervene

Health Canada uses an **administrative distinction** to avoid self-incrimination:

- **Exclusion of Drinking Water:** Health Canada maintains that drinking water does not fall under the definition of a "food" or a "drug" as defined by the **FDA** when distributed by a municipality. By classifying water as a "public utility" rather than a consumer product, they exempt themselves from the Act's framework.
- **Lack of Drug Identification Number (DIN):** Since they do not issue a **DIN** for fluoride in water, they claim they lack jurisdiction over its "sale" or "advertising," shifting that legal burden onto provinces and municipalities.

4. Is Health Canada Violating Its Own Act?

Following the strict letter of the **FDA**, Health Canada appears to be in a position of conflict:

1. **Preventive Intent = Drug:** The Act states that if a substance prevents a disease (caries), it is a drug.
2. **Drug = GMP:** If it is a drug, it must be of **pharmaceutical grade**.
3. **Reality = Industrial Grade:** Using industrial by-products therefore contravenes the safety and quality requirements of the Act.

Summary

The "misrepresentation" lies in using an **environmental framework** (water treatment) to perform a **therapeutic act** (caries prevention) while ignoring the **food/pharmaceutical framework** (FDA/Codex) that should guarantee the purity of the product.

This is just one analysis of the **regulatory loopholes** related to fluoridation. The claim by Health Canada and provincial health ministries that the National Sanitation Foundation guarantees the

safety of fluoridation products, when this is false, would be just as much a "**misrepresentation**" of fluoridation chemicals.

THE ULTIMATE OBJECTIVES OF THIS PETITION

Through this petition, we ask Health Canada to demonstrate scientifically, legally, and juridically that fluoridation chemicals:

1. Are not illegal, unregulated, and unlicensed drugs, ineffective and harmful to health, despite being added to drinking water with the clear therapeutic aim of preventing tooth decay;
2. They are not a source of a mineral for fortifying foods contaminated by heavy metals such as lead and arsenic, and by aluminum, and whose sanitary quality is not monitored by a regulatory government body, rendering them unfit for human consumption, but are added to drinking water with the clear therapeutic purpose of preventing tooth decay;
3. They are not water treatment chemicals because, by definition of legal classifications, they are not intended to purify water to make it potable, they are added to drinking water after all purification processes have been completed, and they are added for a purpose other than water purification, namely, preventing tooth decay;
4. Are not regulated in any way by Health Canada to ensure their efficacy, safety, and hygiene, but are added to drinking water for the therapeutic purpose of preventing dental caries as part of drinking water fluoridation;
5. Are toxic, hazardous, and corrosive substances as classified by numerous federal and provincial laws and regulations, labeled as such, scientifically and legally proven to be endocrine disruptors and neurotoxins, but are added to drinking water for the therapeutic purpose of preventing dental caries.

QUESTION FOR HEALTH CANADA

In this petition, we are asking Health Canada to answer those points:

1. Can Health Canada state clearly and unambiguously:

that chemicals used for water fluoridation are not regulated by Health Canada as:

1. “Drugs”
2. “Natural health products”
3. “Sources of a nutrient (mineral) for food fortification (water)”
4. “Food”
5. “Food additives”

but it is relegating as “water treatment products.”

2. Does Health Canada avoid ensuring the therapeutic efficacy, safety, and sanitary quality of fluoridation chemicals by relegating them to the classification of “water treatment chemicals”?
3. By relegating fluoridation chemicals to the classification of “water treatment chemicals,” does Health Canada transfer the responsibility for ensuring their therapeutic efficacy, safety, and sanitary quality to the provinces and territories, since it does not test them?
4. What administrative criteria did Health Canada use to conclude that fluoridation chemicals are an acceptable source of nutrients under the articles and regulations of the Food and Drugs Act?
5. Health Canada claims that the National Sanitation Foundation (NSF), an organization representing the hygiene products industry consortium, ensures efficacy, safety, and hygiene quality by certifying them. We quote Health Canada here:

“Health Canada strongly recommends that all products added to drinking water during its treatment and distribution be certified as meeting the appropriate ANSI/NSF Standards. This is true for all water treatment products used for fluoridation.”(Emphasis added)

Does Health Canada have other examples where the National Sanitation Foundation has ensured the efficacy, safety, and sanitary quality of a substance with a therapeutic purpose, and whose certification has replaced Health Canada's licensing and regulation?

6. By what national or international authority can the certification of the National Sanitation Foundation (NSF) replace the Health Canada approval for a substance with a therapeutic purpose, as is the case for fluoride chemicals, for which Health Canada officially grants an objective and a claim to prevent and reduce dental caries?

7. On what factual evidence can Health Canada rely to officially assert that the National Sanitation Foundation (and other certification bodies) assumes responsibility for the efficacy and safety of fluoridation chemicals, when the Foundation admits in its documents and has admitted under oath that it does not assume this responsibility because other government agencies have committed to doing so?
8. What is the official and internationally recognized definition of water treatment chemicals so that Health Canada can declare that the chemicals used for fluoridation are water treatment chemicals? Such a definition must certainly include specific inclusion and exclusion criteria based on the roles, functions, nature, and applications associated with these substances. Please list them.
9. What is Health Canada's legal accountability regarding the promotion of fluoridation, given that it recommends it, conducts reviews of its effectiveness and safety, and supports provincial and municipal governments, while ambiguously stating that it does not regulate fluoridation chemicals, relegating them to the water treatment chemical classification? If Health Canada claims to have no responsibility for the effectiveness and safety of chemicals used for fluoridation, please state it clearly.
10. How has Health Canada ensured over the past 25 years the public promotion of the fact that it does not ensure the efficacy and safety of fluoridation chemicals and relegates them to the classification of water treatment chemicals, given that this fundamental information should have been known to all involved organizations and clearly disclosed?

This is a matter of fairness and transparency, especially since it concerns a public health measure imposed on the population.