

From: Rudolf Ziegelbecker <zbr@aon.at>
To: Cynthia Oshita <Cynthia.Oshita@oehha.ca.gov>
CC: Paul Connett <paul@fluoridealert.org>, Kathleen Thiessen <kmt@senes.com>, Chris Neurath <cneurath@AmericanHealthStudies.org>, <davidkennedydds@gmail.com>
Date: 10/9/2011 3:31 AM
Subject: For URGENT consideration by the CIC experts on fluoride and its salts! - Please forward
Attachments: Nyon 1987 - Introduction of Fluoridation and Cancer in the USA.pdf

Dear Mrs. Oshita,

I am very sorry to have missed the announcement and deadline of September 6, 2011, for public comments on the document

"EVIDENCE ON THE CARCINOGENICITY OF Fluoride and Its Salts"

(http://www.oehha.ca.gov/prop65/hazard_ident/pdf_zip/FLUORIDE070811.pdf)

The committee found that "In summary, the evidence for carcinogenicity of fluoride and its salts consists of:

Some positive findings in epidemiology studies, including reported increases in osteosarcomas in young males in an ecological study and in a hospital-based case-control study. However, the contribution of chance, bias, inappropriate analyses or confounding to these findings could not be ruled out. Overall, the current body of epidemiologic evidence on the carcinogenicity of fluoride is considered inconclusive."

I herewith write to you with the urgent request to inform your experts immediately of the fact that, by a single analysis of some distinct cancer data, they would be able to clearly decide if fluoride from water fluoridation causes cancer (or at least causes antedated deaths from cancer) or not - perhaps one of the experts can even get the necessary data and check this before the committee announces its final decision!

Here is how the committee can check if water fluoridation really caused "excess" (short-time) cancer deaths:

From figs. 3, 4 and 5 in my father's poster presentation at the ISFR 1987 conference at Nyon/CH (co-authored by myself, already submitted to "Proposition 65" within http://oehha.ca.gov/prop65/public_meetings/052909coms/fluoride/RZiegelbecker.pdf and attached again to this email) one can see the more than 99% certainty in the relation between the size of the randomly occurring "jumps" of fluoridation and the size of the "jumps" of cancer deaths in the USA.

This our analysis is by far more sensible than Yiamouiannis' analysis which is cited in your experts' document since it clearly shows a quantitative proportionality of the height of a "jump" in water fluoridation and the number of "excess" cancer deaths, with more than 99% certainty.

Therefore, since this type of analysis excludes the influence of time trends, with about 99% probability there are only 2 possible explanations:

1. Putting fluoride salts into the drinking water causes (besides a possible and probable long-term mechanism for creating cancer) about 3 in 10000 people to die from cancer rapidly (while not telling if these are antedated deaths = people who were already suffering from cancer, or rapidly

growing new cancers in people who perhaps already suffer from other diseases) or

2. The production and distribution of fluoride which was put into the water or the use of its byproducts (fertilizers?) caused these about 3 per 10000 "excess" cancer deaths in the USA when fluoridation was introduced.

I assure you that my father used the official cancer statistics of the U.S. (which included all types of cancer of all over the USA). Unfortunately my father and I were not able to check the origin of these "excess" cancer deaths.

By merely checking (while accounting for and allowing the usual statistical variations) if these "excess cancer deaths" (in the years of the "big jumps" of water fluoridation) occurred in (e.g. the hospitals of) the newly fluoridated areas, or if they occurred somewhere else, your experts could clearly decide between hypothesis 1 or 2 and in this way decide between a "short-time cancerogenicity/promotion of cancer" by water fluoridation, or against it.

I assume that for the case of "short-time cancerogenicity" the contribution of chance, bias, inappropriate analyses or confounding to these findings can be ruled out in this way.

Since this is highly relevant for the decision of the CIC I really beg you to forward this my email to all members of the CIC who will soon decide about listing of fluoride and its salts, for information, regardless of any formal barriers.

Sincerely

Rudolf Ziegelbecker

P.S.: Since the attached analysis was mainly my father's merit (he passed away in 2009 - see http://www.fluorideresearch.org/423/files/FJ2009_v42_n3_p162-166.pdf) and I don't do research actively any more I am of course also very interested in the respective result.

Mag. DI Dr. Rudolf Ziegelbecker
HTBLVA Graz Ortweinschule (a technical college)
Körösisstr. 157-159
8010 Graz
Tel. 0043 316 6084-0
priv.: Franckstr. 24
8010 Graz
Österreich

Tel. 0043 316 349653
Email: zbr@aon.at

POSTER – SESSION

XVIIth CONFERENCE OF THE INTERNATIONAL SOCIETY FOR
FLUORIDE RESEARCH. 31 AUGUST 1987.
ZYMA-AUDITORIUM, NYON (SWITZERLAND)

ON WATER FLUORIDATION AND ITS RELATION TO CANCER

R. ZIEGELBECKER + R.CH. ZIEGELBECKER*

+ FORSCHUNGSGESELLSCHAFT JOANNEUM GES.M.B.H.
ELISABETHSTRASSE 11
A-8010 GRAZ, AUSTRIA

* DI. DR. RUDOLF CH. ZIEGELBECKER
INSTITUTE FOR EXPERIMENTAL PHYSICS
TECHNICAL UNIVERSITY, GRAZ

THE ESTABLISHMENT OF WATER FLUORIDATION IN A LIMITED AREA SUDDENLY
CHANGES LIVING CONDITIONS OF THE INHABITANTS OF THIS AREA BY ONE FACTOR,
BASED ON THE AUTHENTIC DATA OF
WATER FLUORIDATION AND CANCER MORTALITY IN THE USA, THE INCREASE OF
THE CANCER DEATHS IS ANALYSED IN RELATION TO
THE INCREASE OF FLUORIDATED INHABITANTS. THE ANALYSIS SHOWS THAT THERE
EXISTS A SIGNIFICANT CONNECTION, WHICH IS NOT
CORRELATED WITH THE CHANGE IN THE NUMBER OF POPULATION. WITHIN A SHORT
TIME, ABOUT THREE ADDITIONAL CANCER DEATHS PER 10000 NEWLY
FLUORIDATED INHABITANTS MUST BE EXPECTED.

Fig. 1

SHOWS THE INCREASE OF THE CANCER MORTALITY RATE
IN THE USA BETWEEN 1949 AND 1970 ("MEASURED CMR").

A REGRESSION ANALYSIS SHOWS THAT THE MEASURED CMR
CAN BE ALMOST TOTALLY EXPLAINED BY ONLY TWO
QUANTITIES:

RATE OF CIRRHOSIS OF LIVER
+
FLUORIDATED PERCENTAGE OF US-POPULATION.

THE PROBLEM IS NOW TO ISOLATE THE POSSIBLE INFLUENCE
OF WATER FLUORIDATION AND THE INFLUENCE OF OTHER
FACTORS, FOR EXAMPLE SUCH AS TIME TRENDS, ON THE
CANCER MORTALITY RATE.

Fig. 1

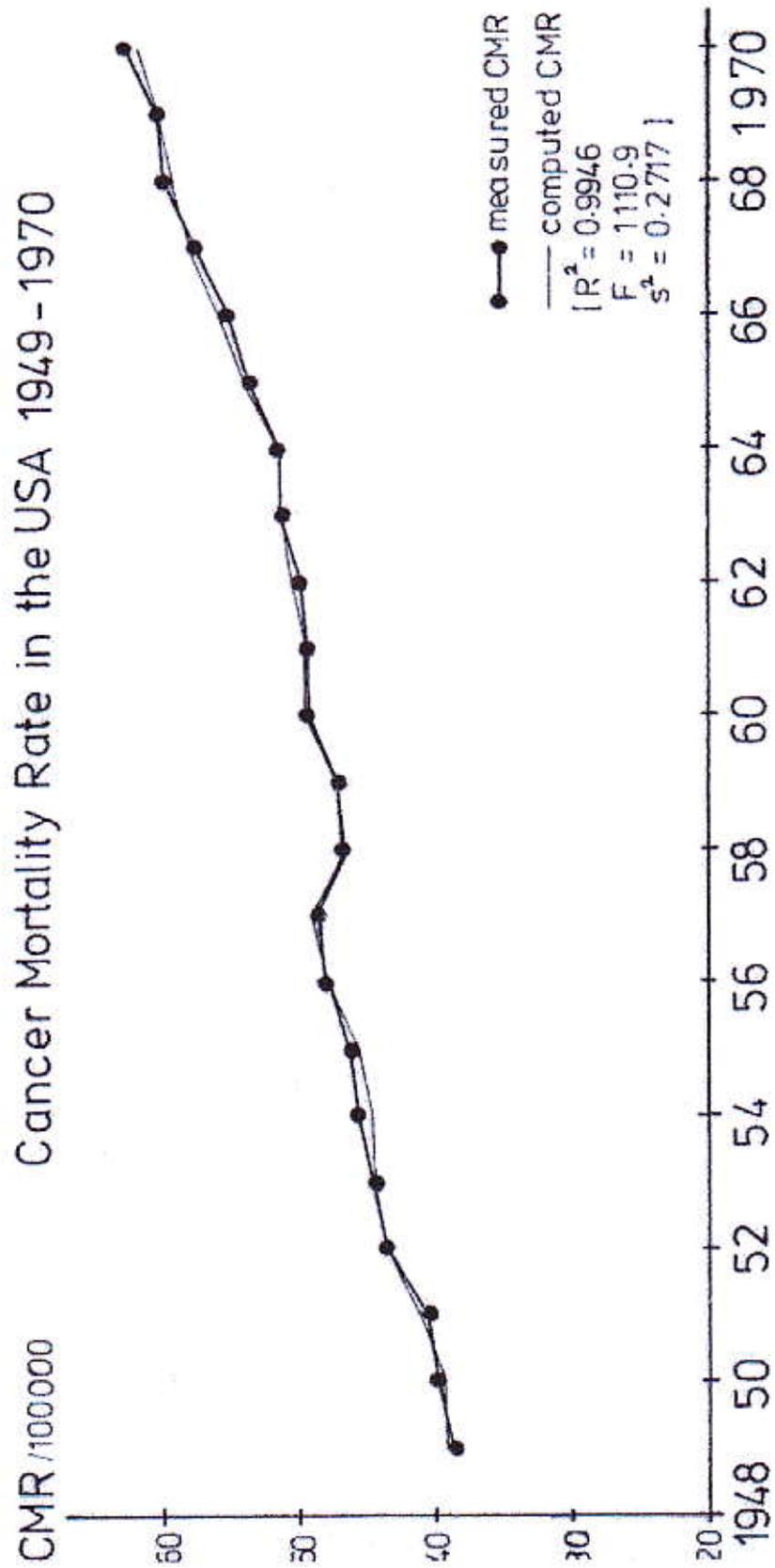


Fig. 2

SHOWS THE DEVELOPMENT OF THE PERCENT OF POPULATION SERVED WITH CONTROLLED FLUORIDATED WATER IN THE USA BETWEEN 1945 AND 1971.

IF WE ASSUME THE POSSIBILITY THAT FLUORIDATION HAS ONLY LITTLE INFLUENCE ON THE CANCER MORTALITY RATE THEN THE PROBLEM IS TO ISOLATE THIS SMALL INFLUENCE FROM THE OTHER INFLUENCES.

THIS POSSIBLE FLUORIDE EFFECT MAY CONSIST OF A LONG-TERM EFFECT AS WELL AS A SHORT-TERM EFFECT.

IT IS LIKELY THAT IT WILL BE DIFFICULT TO SEPARATE LONG-TERM EFFECTS OF FLUORIDE ON THE CANCER DEATH RATE FROM ALL OTHER INFLUENCES.

IF THERE IS A SHORT-TERM EFFECT IT CAN SHOW UP IF THERE ARE SUFFICIENTLY LARGE (AND QUICK) DISCONTINUITIES IN THE AMOUNT OF FLUORIDE SUPPLY.

SUCH DISCONTINUITIES DO EXIST DURING THE SPREADING OF DRINKING WATER FLUORIDATION IN THE USA 1950 TO 1969.

FIG. 2

Percent of Population Served with
Controlled Fluoridated Water in the USA
1945 - 1971

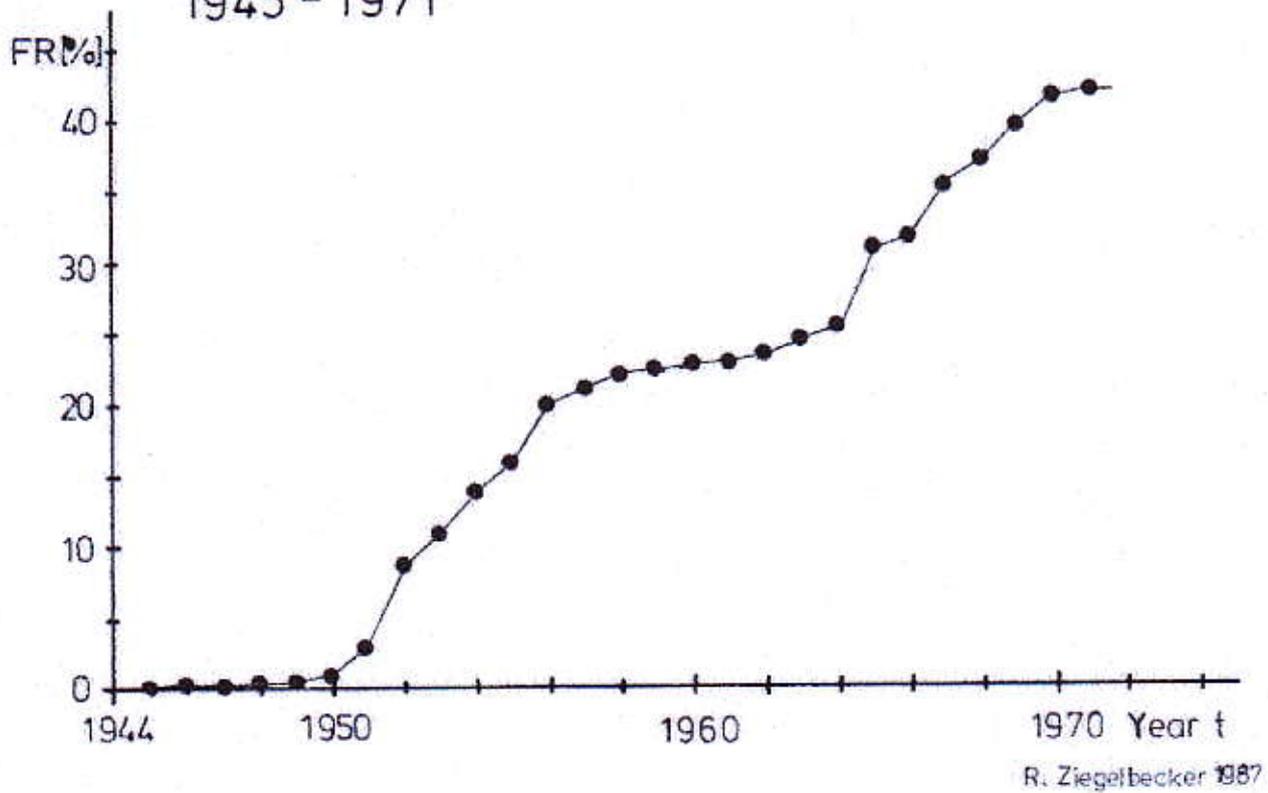


Fig.3

SHOWS THE YEARLY INCREASE IN THE PERCENTAGE OF
FLUORIDATED POPULATION IN THE USA 1945 - 1969.

IN 9 DIFFERENT YEARS WE OBSERVE INCREASES IN THE
FLUORIDATED POPULATION FROM 2% UP TO 6% OF THE
TOTAL POPULATION.

IF THERE IS A REMARKABLE SHORT-TERM EFFECT IT
SHOULD BE VISIBLE DUE TO SUCH HIGH PERCENTAGE.

SINCE STARTING A FLUORIDATION MEANS A DEFINITE
AND SUDDEN CHANGE OF LIVING CONDITIONS IN THE
AFFECTED AREAS BY FACTOR ("FLUORIDE IN DRINKING
WATER") A POSSIBLE EFFECT SHOULD BE PROPORTIONAL
TO THE NUMBER OF ADDITIONALLY FLUORIDATED PEOPLE.

The Yearly Increase in the Percentage of Fluoridated Population in the USA
1945 - 1969

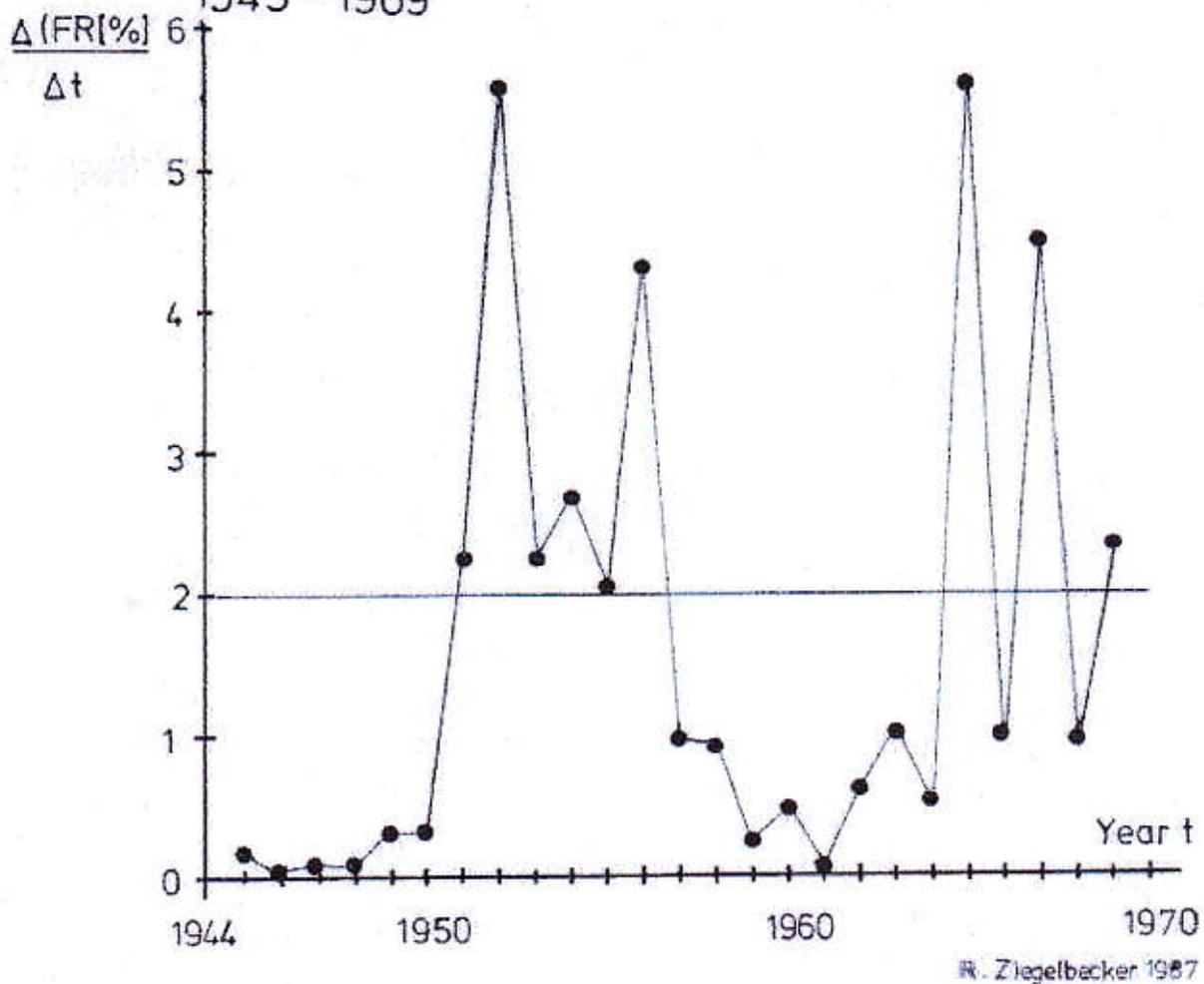


Fig. 3

FIG.4

SHOWS THAT THERE IS A SIGNIFICANT DEPENDENCE OF THE INCREASE IN THE NUMBER OF CANCER DEATH ON THE INCREASE IN FLUORIDATED PEOPLE

REMARKS:

THERE IS NO SUBSTANTIAL TIME TREND RECOGNIZABLE (CF. YEARS 53, 69 - 52, 67). THERE IS ALSO NO INFLUENCE DUE TO CHANGES IN THE TOTAL POPULATION NUMBER (SEE DIAGRAM BELOW FIG.6).

CONCLUSION:

THERE SEEMS TO BE NO OTHER REASONABLE INTERPRETATION OF FIG. 4 THAN A CAUSAL RELATION BETWEEN PUTTING FLUORIDE INTO DRINKING WATER AND OBSERVING AN ADDITIONAL NUMBER OF CANCER DEATHS ALREADY IN THE SAME YEAR*.

FROM FIG. 4 THIS NUMBER CAN BE ROUGHLY ESTIMATED TO BE ABOUT 3.7 ADDITIONAL CANCER DEATHS PER 10000 NEWLY FLUORIDATED PEOPLE.

THE INCREASE OF CD (CANCER DEATHS) BY ABOUT 4000 CANCER DEATHS PER YEAR IS NOT CAUSED BY FLUORIDE.

*AN EVEN BETTER ADJUSTMENT CAN BE OBTAINED WITH THE ASSUMPTION THAT ABOUT 30% OF THE ADDITIONAL CANCER DEATHS OCCUR IN THE FOLLOWING YEAR.

Relation between the Number of the
 Additionally Fluoridated Persons and the
 Increase in Cancer Deaths in the Same Year

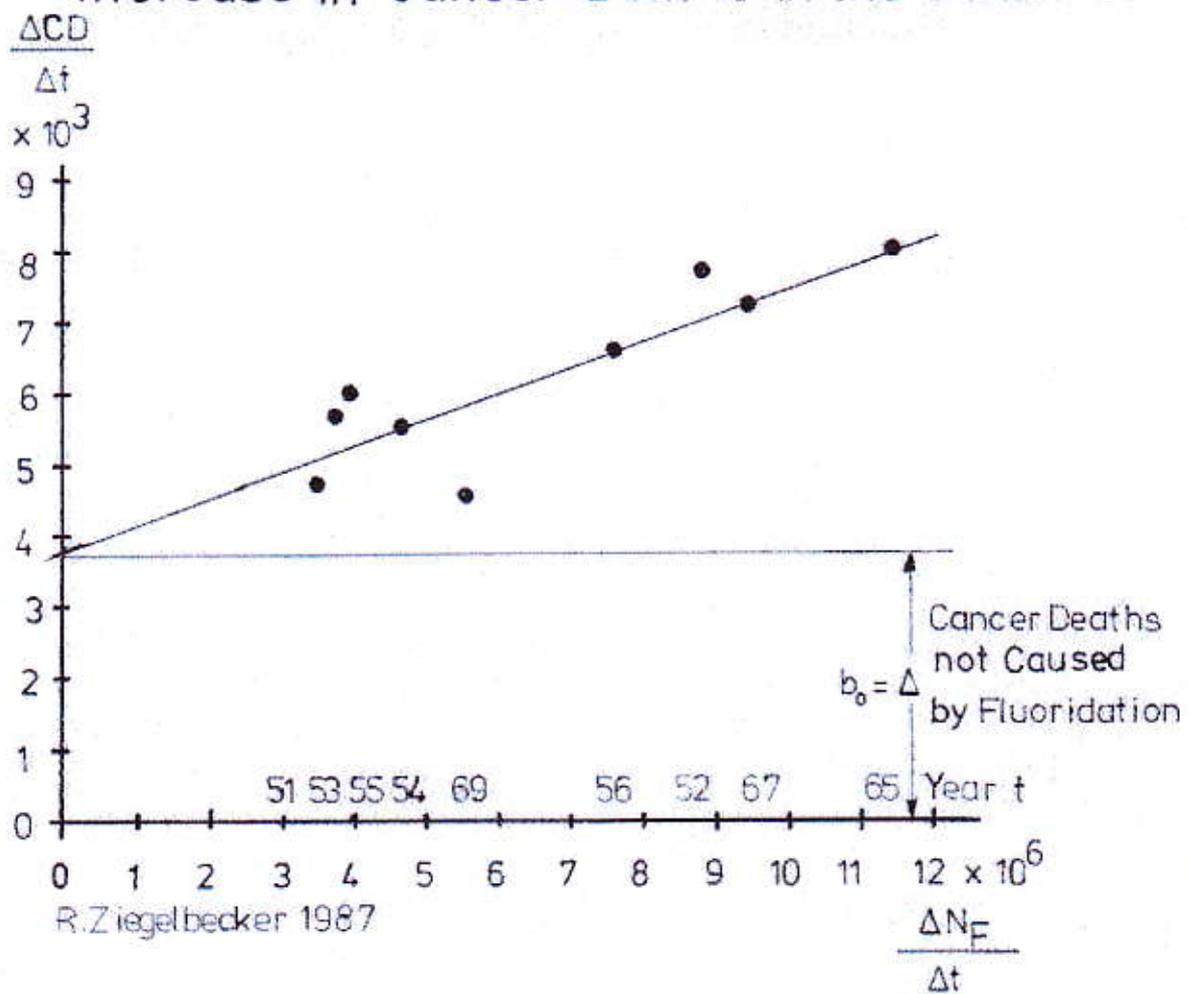


Fig. 4

Fig.5

SHOWS THE RELATION BETWEEN THE NUMBER OF ADDITIONALLY FLUORIDATED PERSONS AND THE INCREASE IN CANCER DEATHS AVERAGED OVER TWO YEARS IN THE USA 1951 - 1970.

THE RELATION BETWEEN THE NUMBER OF NEWLY FLUORIDATED PEOPLE AND ADDITIONAL CANCER DEATH DOES NOT CHANGE ESSENTIALLY IF WE CONSIDER THE 2-YEARS-AVERAGE OR IF WE INCLUDE EVEN THE SMALLEST CHANGES IN FLUORIDATION. BOTH IS DONE IN FIG. 5.

THIS METHOD LEADS TO ABOUT 3,3 ADDITIONAL CANCER DEATHS PER 10000 NEWLY FLUORIDATED PEOPLE WHICH AGREES QUITE WELL WITH THE RESULT OF FIG. 4.

IMPORTANT:

THESE RESULTS ARE NOT IDENTICAL WITH THE STATEMENT THAT FLUORIDE WOULD CAUSE CANCER, WHICH WE CAN NOT CONCLUDE FROM THESE DIAGRAMS. HOWEVER, EVEN IF FLUORIDE WOULD NOT CAUSE CANCER DISEASES, THIS WOULD NOT BE A CONTRADICTION TO OUR CONCLUSION SINCE THE OBSERVED RELATION MAY ALSO FOLLOW IF FLUORIDE WOULD ONLY BE ABLE TO ACCELERATE EXISTING (CANCER) DISEASE.

NOTE THAT THIS INVESTIGATION HAS NOT GOT THE NATURE OF AN EPI-DEMOLOGICAL STUDY BUT THAT OF A BIG EXPERIMENT WHICH IS A PREMISE FOR STATEMENTS CONCERNING CAUSALITY.

GRAZ, AUGUST 28, 1987

Relation between the Number of the Additionally Fluoridated Persons and the Increase in Cancer Deaths Averaged Two Years in the USA 1950/51 - 68/69

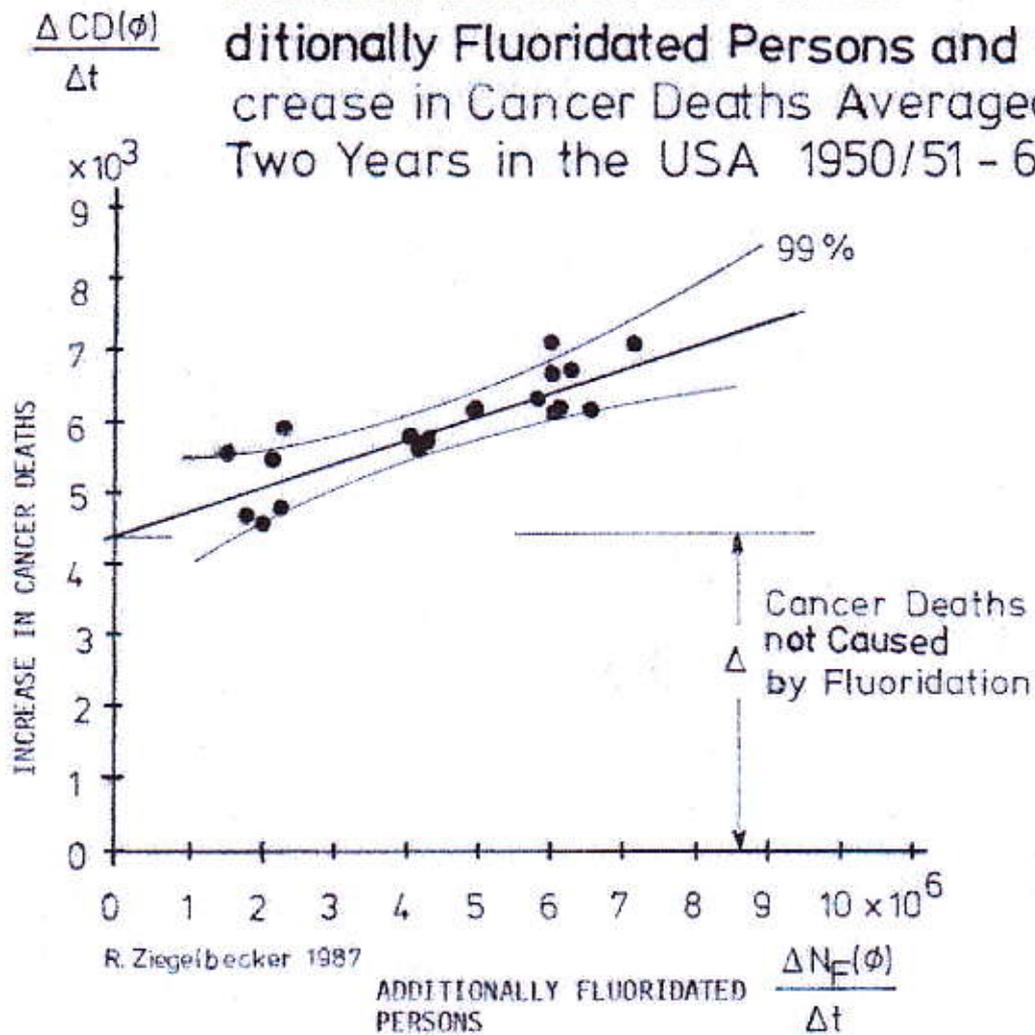


Fig. 5

Regression between the Increase of
Cancer Deaths and the Increase
in Total Population in the USA

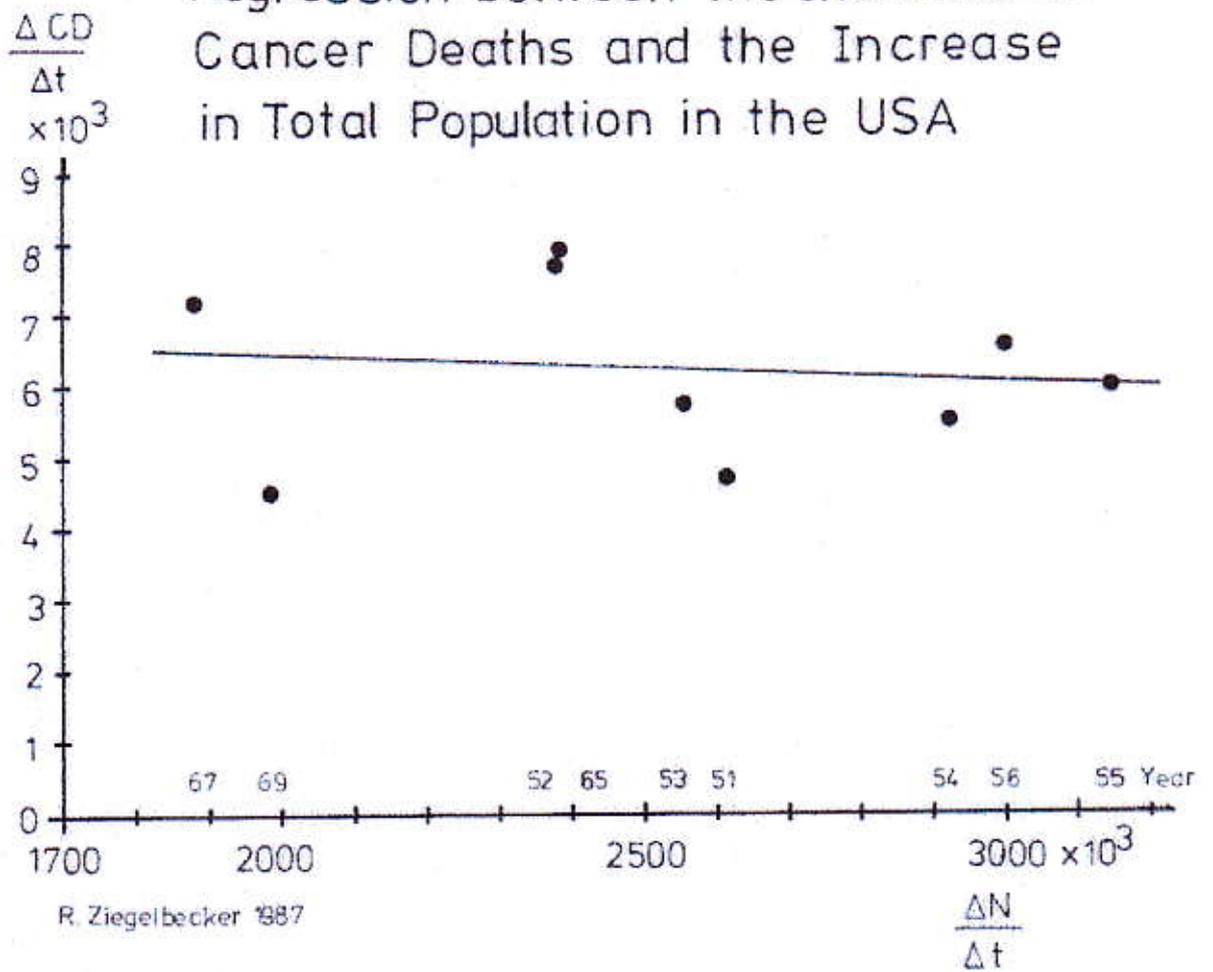


FIG. 6
(to FIG. 4)