

For the record my name is Arthur Matsui (m a t s u i) and I have read the O'Brien report and many other fluoride studies and I do not consent to the addition of fluoride to Calgary's water supply. I also hereby revoke any consent for water fluoridation implied, or otherwise that may be attached to my Name.

I am a longtime Calgary taxpayer and have voted in every election on three levels of government since 1974. I am a third generation Japanese Canadian whose family's rights were stripped due to our racial background and am sensitive to the protection of my rights.

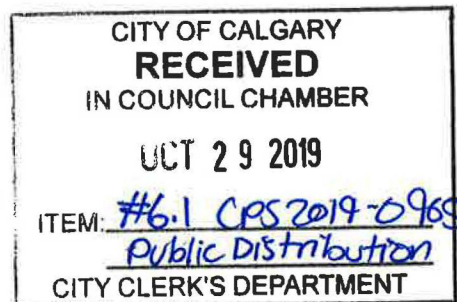
The Canadian Dental Association (CDA), the Canadian Medical Association (CMA) and United Nations Educational, Scientific and Cultural Organization (UNESCO) all agree that before any treatment is permitted, the patient has the right to be informed and must give their informed consent. The **O'Brien report** (pages 30, 31, 32) identifies "A key ethical/legal issue related to community water fluoridation programs centres around individual autonomy and the ability to make personal health-related decisions." and "Furthermore, it should be noted that it is particularly challenging to individually opt out of water fluoridation"

Water fluoridation is a treatment that the City of Calgary is examining to re-introduce in the hopes of preventing dental caries but as you have heard today there are also many potential harmful side effects. Fluoride intake through fluoridated water is uncontrollable to dosage, since people are receiving varying doses according to their water intake and exposure to other sources of fluoride. According to the 2006 National Research Council's Review, 1-12 years old children's average intake of fluoride from pesticides, air and food is equivalent to the amount they receive from fluoridated drinking water. Again that is only an average, individuals can receive a higher dosage or be more sensitive to fluoride's unwanted effects. Before adding a toxic substance like fluoride to the community's drinking water, it is the City's responsibility to prove Fluoride's unequivocal safety, which they cannot do as they have no control over dosage of the individual and other methods of delivery must be found should they insist on fluoridating Calgarians.

In 2016, the Fluoride Action Network (FAN) and coalition partners filed a petition asking the EPA to ban the deliberate addition of fluoridating chemicals to U.S. drinking water under Section 21 of the Toxic Substances Control Act (TSCA). Despite the EPA's five legal challenges to this case, it will be heard in February 2020. Should they win this case, it will set the precedent that forces communities to remove water fluoridation as an option.

As was stated recently in council the duty of Council is to keep the community viable and safe, and should they knowingly legislate something that affects the viability and safety of the community they will be liable. Water fluoridation is a therapeutic medical intervention by the City of Calgary to which I do NOT consent and to opt out should the City go forward would be of considerable cost and expense to myself and other Calgarians. To that end, should a water fluoridation initiative go forward to Calgary City Council, I reserve the right to submit my fee schedule at that time.

In 2011 when fluoride was removed, new fluoridation equipment was to cost \$6 million and the cost of the Hexafluorosilicic acid was to cost \$1 million a year. As a taxpayer it seems to me that the costs and ancillary costs of fluoridation are un-warranted in these times of budgetary shortfall.



Canadian Dental Association - Code of Ethics

Respect for autonomy

Respect the patient's right to choose; patients have the right to be fully informed and make choices for, and actively participate in, their care and pursue their personal values, beliefs and goals in achieving their optimal oral health.

Canadian Medical Association - Code of Ethics

11. **Empower the patient to make informed decisions** regarding their health by communicating with and helping the patient(or, where appropriate, their substitute decision-maker) navigate reasonable therapeutic options to determine the best course of action consistent with their goals of care; communicate with and help the patient assess material risks and benefits **before consenting to any treatment** or intervention.

12. **Respect the decisions of the competent patient to accept or reject any** recommended assessment, **treatment**, or plan of care

United Nations Educational, Scientific and Cultural Organization

"Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice."

- UNESCO *on Medical Consent in Bioethics and Human Rights, Article 6 (2005)*

"In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent."

- UNESCO *documents on Medical Consent in Bioethics and Human Rights, Article 6 (2010)*

O'Brien report (pages 30, 31, 32)

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Furthermore, it should be noted that it is **particularly challenging to individually opt out of water fluoridation.**