

AUSTRALIAN CAPITAL TERRITORY

Inquiry into Fluoridation

1989 - 1991

Dissenting Report

by Dennis R. Stevenson, MLA.

Introduction

It is my view that a careful analysis of the evidence presented to the ACT Legislative Assembly Committee of Inquiry (see: Footnote 4.) reveals that artificial fluoridation has serious adverse health effects, and should cease.

The aim of this *Dissenting Report* is to outline the story of artificial fluoridation as presented to the ACT Government Inquiry Committee; and invite the reader to form his or her own opinion. I state that I am an anti-fluoridationist and accordingly, while I have tried to present the facts in an unbiased way, some readers may detect bias no matter how hard I have tried. I accept full responsibility and seek only the indulgence of the open-minded reader.

Dr Philip Sutton, a leading Australian dental scientist, explains how, with regard to fluoridation of community water supplies, such a decision can be made by any reasonable person. Dr Sutton submitted:

"Fortunately it is not necessary to understand more than a small proportion of the known facts in order to make a rational decision whether to accept or reject this process as a public health measure."

Submission [please see Footnote 5: below], 21-2-90, p 3.

- Footnote 1. In order to make this Dissenting Report easily understood by as many people as possible, from all walks of life and all ages (students included), I have given many definitions throughout the text. May I suggest that it is most important to use a dictionary for any words that need to be defined, where I have not done so?
2. Where the parenthesis are squared within quotations; thus [], the comment within is my own, and is not attributable to any other person.
 3. Throughout this Report, quotations are indented, given in *italics*, and also placed within quotation marks.
 4. Hereinafter called, the ACT Inquiry, as is the Victorian Government Inquiry into fluoridation, called the Victorian Inquiry.
 5. *Submission* hereafter means a submission made to the 1989-1991 ACT Inquiry. It may have been either written or verbal. The latter being transcribed into print. All submissions and Committee minutes are public documents and are readily available for reading.

No One Should Be Harmed

Before the introduction of artificial fluoridation to Canberra in 1964, Dr W. Gibbs, member for Bowman, Queensland, said in the Commonwealth Parliament: (*Hansard*, 16-4-64, p 1143.):

"It is my deeply rooted belief that no measure should be adopted in the name of public health unless there is complete certainty that that measure is completely innocuous [harmless]. There could be nothing comparative about this. There must be no possibility of damage even to one living human being. If I can make a prima facie case that damage could occur, that someone could be harmed, that the harmlessness of fluoridation of the water supply is not proven, then fluoridation should never have been introduced to Canberra, nor any other place in Australia."

A Supreme Court Verdict

"The trial brought into my Court experts on the subject of fluoridation, and I meticulously considered the objective evidence. In my view, the evidence is quite convincing that the addition of sodium fluoride to the public water supply at one part per million is extremely deleterious to the human body, and, a review of the evidence will disclose that there was no convincing evidence to the contrary."

John P Flaherty, Justice, Supreme Court of Pennsylvania, U.S.A., *Decree*, Pittsburgh, 78.

Do we have Health Rights?

A submission to the ACT Government Inquiry included the book *Your Health Rights*, by the Australian Consumers' Association, endorsed by Dr Neal Blewett, then Federal Minister for Community Services and Health. It answers the question, *What are our health rights?*:

"Doctors are experts but they are not infallible ... doctors may disagree with each other over the best treatment for particular problems. The final decision is ours ...

We need not ... submit to their treatments unless we so choose. It is up to us to stand up for what we regard as our rights ... it is our right to live our lives free from unwanted bodily interference.

Your Health Rights, 1988, pp 15-17.

"The Association of American Physicians and Surgeons (Inc.) ... condemns the addition of any substance to a public water supply for the purpose of effecting the bodily or mental function of the consumer."

Statement, 12-4-58, Pub. *Science Newsletter*, 17-1-59.

Physician Discovers Facts on Fluoridation

Surprisingly, important facts about fluoridation have been withheld from many doctors and scientists. This was highlighted by the Medical Adviser to the *House of Commons All Party Committee on Freedom of Information*, Dr Edward C. Hamlyn, MB. ChB., who made the following testimony:

"Since first hearing recommendations by medical authorities that fluoride should be added to those public water supplies alleged to be deficient in fluoride in order to reduce tooth decay in children, I had always assumed that such authorities could be relied upon. I was far too busy to get involved in the fluoridation controversy and readily accepted what the "experts" said. I also accepted the view that people who were against fluoridation were cranks and I never bothered to listen to what they had to say, or read what they wrote.

... my curiosity to discover the truth soon led me to realise that my medical teaching had been quite incorrect. All the data I had been given on fluoridation by the medical authorities was basically untrue. The data had in it sufficient truth to make it credible, but was so slanted and curved as to lead one to a conclusion which was entirely false."

The Press, Scotland, August 25th, 1978.

Dr Hamlyn, like most of us, had been told that artificial fluoridation was "safe and effective" and could not cause ill health.

At present, you may reject any possibility that fluoridation is harmful; is an environmental pollutant; is ineffective and destructive of our rights. If so, within this Report, you might discover a different story. A story presented by many leading scientists, doctors and researchers from around the world.

The 1989-91 Australian Capital Territory Government Inquiry into artificial fluoridation received the information given in this Dissenting Report. While the information may have had a different importance for some members, I believe that it puts the real case against artificial fluoridation and is the reason the majority of people, (as shown in the Referendums section of this dissenting Report), are against compulsory fluoridation. (similarly, the two previous Government Inquiries in Australia before it, the Tasmanian Royal Commission report of 1968, and the Victorian Government Inquiry report into Fluoridation of 1980, received, but did not include similar information).

Dentists Warn Against Fluoridation

In 1944, the *Journal of the American Dental Association* warned:

"We do know the use of drinking water containing as little as 1.2 to 3.0 parts per million of fluorine will cause such developmental disturbances in bones as osteosclerosis [abnormal hardening and increasing density of bone], spondylosis [degenerative change in the vertebrae] and osteopetrosis [a form of osteosclerosis occurring mostly in children], as well as goiter [an enlargement of the thyroid gland], and we cannot afford to run the risk of producing such serious systemic disturbances

in applying what is at present a doubtful procedure intended to prevent development of dental disfigurements among children."

Editorial: Effect of Fluorine on Dental Caries, *J.A.D.A.*, Vol 31, pp 1360-1363.

These doubts presented in 1944 have still not been conclusively reconciled 47 years later.

Fluoride Facts Well Documented

The facts demonstrating the undesirability of adding fluoride chemicals to public drinking water have been well-documented for many years in scientifically advanced countries, especially in Europe. There, fluoridation has been all but completely rejected, due mainly to its health dangers and on advice from scientists.

Today, opponents of artificial fluoridation include eleven Nobel Laureates (details given on p xxx), numerous professors in many disciplines, and thousands of scientists, doctors and dentists. They are supported and strengthened by many concerned lay groups who have troubled themselves to question the conventional wisdom and who have opposed the artificial fluoridation of water supplies, for a variety of reasons, including medical, environmental, moral, legal, economic and political.

Strangely, little publicity has been given to these facts either in the popular media or scientific literature in Australia. As a result, Australia now remains one of the few fluoridated countries in the world.

In 1972, the Federal Health Minister, Dr Everingham asked his Department's Director General for clear scientific evidence to refute the contentions of a number of leading scientists, concerning the health dangers of artificial fluoridation. Dr Everingham, after nearly three years, received none. He concluded:

"... authorities in Australia, USA, the World Health Organization and elsewhere are engaged in inaccuracies which I can explain only as probable face-saving reactions, conscious or unconscious, of a sort quite common in orthodox professions and bureaucracies."

The Hon. D.N. Everingham, *Submission*, 7-11-90.

Is there a Case Against Fluoridation?

The case *for* artificial fluoridation is well covered in the many chapters of the *ACT Inquiry into Fluoridation* official Report. I present this *Dissenting Report* because I believe that the full case against fluoridation has been largely omitted, and because of my conviction that it is necessary to hear both sides of the debate so that any subsequent decisions are informed ones.

The collection, collation and interpretation of a great deal of information about fluorides and artificial fluoridation has long ago been accomplished. In Australia, the difficulty is in the *dissemination*. Letting the people know, has

not been easy. Most professional associations [connected with fluoridation in some way] in Australia, government inquiries, and much of the media seem to present mostly the case *for* fluoridation, not the case against.

There are five major arguments in the case against artificial fluoridation. The evidence for each of these arguments is mentioned in this Report.

Section 1 - Adverse Health Effects

Artificial Fluoridation of water supplies has never been conclusively proven to be safe. On the contrary, serious reactions and sickness have been medically documented which resulted from drinking water at 1 ppm fluoride (which is a rate, not a dose).

Section 2- Compulsion

In effect, artificial water fluoridation is compulsory mass-medication with an extremely toxic chemical. This is undemocratic and violates the individual's freedom of choice in medical treatment. (caring for one's own body, or our childrens' bodies).

Section 3 - Ineffectiveness of fluoridation

Over 95% of the world's population drink water which is *not* artificially fluoridated. The major world-wide improvement in children's teeth in developed countries over the last few decades might not be attributed to fluoridation at all, as this improvement in the teeth of children is a global phenomenon. It has occurred equally in non-fluoridated as well as artificially fluoridated areas, and was occurring before fluoridation began. Some unreasonable proponents of fluoridation are uncomfortable when confronted with this unpalatable news, but it is nonetheless fact and is a simple matter to check.

Section 4 - Environmental Pollution

If industrial fluoride waste emissions are accepted as being major environmental pollutants of air, water, land and now our animal and vegetable foods; then it follows that artificial water fluoridation merely increases this existing pollution and human intake levels.

Section 5 - Tooth Decay Not Caused by Fluoride Deficiency

Fluoride is not an essential element. Dental caries might not be caused by a lack of it. The main cause of tooth decay seems to be the ingestion of too much sugar and refined carbohydrates.

Fluoride is artificial, and possibly in itself, a harmful remedy.

Is Artificial Fluoridation Guaranteed?

The responsibility for proving that fluoridation is safe, that it reduces caries and is not a mass medication - all of which has been claimed for over 40 years - should rest logically with the supporters of artificial fluoridation who have persisted in these claims.

A study of the world-wide fluoridation literature submitted to the ACT Inquiry, reveals that such claims are misleading and possibly unethical. Such claims in fact may conceal serious health dangers.

If only **one** of these claims, *let alone two, three, four or all five* are shown to be false, then the addition of fluoride chemicals to public drinking water should cease. This was well stated by Dr Philip Sutton:

"In a sense, it can be compared to a three-legged table - if any one of the three supports collapses the table falls and, in the case of fluoridation, it must be rejected - as it has been in Continental Western Europe."

Submission to ACT Government Inquiry 21-2-90, p 5.

Those who have suffered ill-health are not the only victims of water fluoridation - truth has also been a casualty in the debate. The foremost journal for chemists and engineers, the *U.S. Chemical and Engineering News* (C&EN), in a special issue on fluoridation reported:

"From the beginning, the movement to fluoridate water was conducted more like a political campaign than a scientific enterprise."

Fluoridation of Water, C&EN, 1-8-88, p 29.

It is not without thought that I have cited certain statements in this Dissenting Report, which may seem to cast doubts about the activities of certain groups.

I wish to make it clear that I believe that the great majority of us try to be honest and usually wish others well. Most of us show concern for other people and are ready to give a helping-hand when needed.

The point I wish to make is that there are other people however, who have different intentions. They comprise a tiny minority which is totally out of proportion to the damage they cause in society. I have seen in my life, that one or two people in an organisation can create tremendous problems and upset. When traced back, it may be seen that the damage began with the spreading of false and derogatory reports which hold people up to ridicule. Almost without exception, the targets are the very people who have the interests of the community most in mind and in fact are often being of the greatest service.

The technique is used as a means of control. This occurs because we cannot make decisions that will benefit our own survival and that of our community if we receive false information. Jesus said, "The truth shall set you free". It is true in reverse that, "Falsehoods reduce our freedom".

Perhaps we could be a little more wary of those who bring no positive news.

SECTION 1: ADVERSE HEALTH EFFECTS

A Past President of the American Medical Association, Dr Charles G. Heyd, M.D., made the following statement:

"The plain fact that fluorine is an insidious poison, harmful, toxic and cumulative in its effects, even when ingested in minimal amounts, will remain unchanged no matter how many times it will be repeated in print that fluoridation of [the] water supply is 'safe'."

When Doctors Disagree, Warnings by Physicians, Dentists and Scientists Around the World On the Known Dangers and Possible Hazards Of Fluoridation, 13th Print, June, 1967. Pub. Greater N.Y. C'tee Opposed to Fl, Inc.

Compare this with what the ACT Inquiry chooses to quote from a submission by the ACT Dental Group (para 5.16):

"Unsubstantiated claims of adverse effects of fluorides in the control of dental caries have ... been made for almost fifty years."

When Experts Disagree, Who Do We Believe?

When experts disagree, who do we believe? Are the claims of adverse health effects unsubstantiated or not?

Adverse Reactions Proven

In 1960, in a study which claimed to prove that fluoride causes adverse health effects, Drs R. Feltman and G. Kosel, gave tablets containing fluoride to pregnant women and children. They reported in *The Journal of Dental Medicine*:

"One percent of our cases reacted adversely to the fluoride. By the use of placebos [a pill, treatment, etc. that contains no active ingredient], it was definitely established that the fluoride and not the binder, was the causative agent. These reactions, occurring in gravid [pregnant] women and in children of all ages in the study group, affected the dermatological, gastrointestinal and neurological systems. Eczema [skin inflammation and formation of scales and pimples], atopic [characterised by a form of allergy] dermatitis, urticaria [itchy red skin eruptions], epigastric [to do with region immediately above the stomach] distress, emesis [vomiting] and headaches have all occurred with the use of fluoride and disappeared upon the use of placebo tablets, only to return when the tablet was, unknowingly to the patient, given again."

The fluoride tablets used in the study contained 1 milligram of fluoride. That is the same amount obtained from drinking a litre (one litre is about seven glasses) of artificially fluoridated water (one part per million), in other words, the 'recommended daily dose'.

This 14 years of study was published in the *Journal of Dental Medicine*, 1961. The study involved a large test population, using controlled doses (equalling the current daily dose recommended by the National Health & Medical Research Council in Australia - N.H. & M.R.C.). It was sponsored by Abbott Laboratories, a commercial pharmaceutical organisation, and formed the basis of a warning about fluoride tablets distributed by that Laboratory. It produced consistent observations over a period of 14 years.

Evaluating the usefulness of the study, Dr M. Diesendorf (much has been made of the fact that Dr Diesendorf is a Phd, a mathematician with statistical expertise and not a medical graduate. Of course he is not a medical graduate, and he has never pretended to be one. But it is precisely for his skill in observing errors and mistakes by people who profess to be offering conclusions substantiated by statistically-based research, that we should heed him) stated:

"Although the reports of Feltman and Kosel lack quantitative detail, their citation is justified by the blind nature of the study, the large study population, the fact that controlled doses were delivered and the consistency of the observations over fourteen years of study."

Community Health Studies, Vol 4, No 3, 1980, p 225.

Ill-Health Threat for Thousands

One percent of people reacting adversely to fluoride may not sound alarming to some. But in Canberra, 1% of the population is about 2,700 people. To me, that is alarming. In Australia as a whole, it amounts to some 170,000 people, assuming the population was not ingesting fluoride from other sources as well, as this would increase that number. This is a huge number of people suffering needless ill-health. And this is at the "recommended dose" of fluoride each day.

This [Feltman & Kosel] study gives quite conclusive proof of adverse health effects caused by fluoridation. It was submitted to the Government Inquiries in Australia; in Tasmania in 1968, in Victoria in 1979, and in the Australian Capital Territory in 1990. The evidence it carried was ignored by the Victorian and ACT Inquiries. The Tasmanian Inquiry mentioned it but in my view gave misleading information in doing so. The study has never been refuted. Just ignored, or misquoted.

To state that artificial fluoridation has been constantly monitored over 90 years and has shown "*no adverse effects to general health*" as did the Australian Dental Association (ACT and Southern Tablelands Division) ACT Dental Group, in their submission, [Drs Bonanno, Fricker and Fleming, submission, undated and pages not numbered] is questionable. Firstly, safety is not proven, and secondly, the opposite (i.e. adverse health effects) has been demonstrated to be sometimes the case.

A safe and effective medicine should presumably only be given to those who need it, when they need it, and in the right amount.

All Drugs Have Health Risks

Lander, author of the book, *Defective Medicine* explains the general risks of medication:

"Any drug therapy, however relatively safe the medication ..., involves some measure of risk. And collective risk increases over time with the increase in the number of people being medicated ..."

As quoted in *Medicine on Trial*, Prentice Hall Press, (88), p 152.

When the entire population is being medicated via the community drinking water, as is the case in the ACT, the general risk is, one would think, self evident.

Proponents of artificial fluoridation would seem to believe that one milligram of fluoride taken daily, either in tablet form or ingested in one litre of fluoridated water, enters the body, circulates in the bloodstream and somehow finds its way to the teeth. They ignore any evidence that fluoride can have a cumulatively adverse effect on bones and that it can and does accumulate in the heart, the brain, kidneys, parathyroid gland, and other cells and tissues of the body. Alternatively, they would seem to accept without question (as many dentists apparently do) that, on swallowing a glass of artificially fluoridated water, the fluoride magically detaches itself from the water, does not enter the stomach or pass into the bloodstream, but remains in the mouth of the person and busies itself solely with hardening the enamel of the teeth, so as to produce the kind of lovely smile shown to us on television toothpaste advertisements. (see, *Fluoride Accumulates in Soft Tissue.*)

"Fluorides are violent poisons to all living tissue because of their precipitation of calcium. They cause fall of blood pressure, respiratory failure, and general paralysis. Continuous ingestion of non-fatal doses causes permanent inhibition of growth."

Dr Ludwik Gross, Renowned Cancer Research Scientist, in *N.Y. Times*, 3-6-57.

Are Claims that Soft Tissues Don't Accumulate Fluoride, Correct?

It is, I believe common ground, that fluoride has a strong affinity with calcium (in bone) and that it accordingly accumulates in the skeleton. But fluoride may accumulate in the soft tissue as well. I must point out on their behalf - because it is an important difference in the arguments - that this is denied by proponents. Presumably, to admit this, would be to acknowledge that fluoride can have major effects on the body and that little research has ever been done to answer the following vital questions:

1. *How does fluoride work in the human body?*
2. *What effect does it have on all our bodily organs?*
3. *What effects does it have on the whole body, in conjunction with other chemicals?*

The Victorian Inquiry Committee failed to handle these vital issues by either incorrectly reporting the facts, or ignoring the questions. For example, on the question of the fluoride build up in soft tissue, they state (para 7.22, p 42-43):

"Soft tissues do not accumulate fluoride regardless of the level of absorbed fluoride or the duration of exposure."

But this statement may in fact not align with some of the available evidence.

"... Recorded data of the occurrence of fluoride in soft tissue goes back to 1869, when Horsford reported the presence of fluoride in brain tissue. In 1913 Gautier and Claussman found fluoride in the skin of a new-born girl ranging from 1-13 ppm, but in a 70 year old man the range was 146-164 ppm."

In 1938, Evans and Phillips examined for fluoride, portions of thyroids from 40 hypothyroidism patients. They found widely varying amounts of fluoride ranging from 1.5 to 95 ppm in the extirpated [end parts] portions of the glands.

A summary of the range of fluoride [F] concentrations found in the various tissues of the body, based on a number of more recent findings is given in the following table:

| Tissue | F Concentration ppm | Tissue | F Concentration ppm |
|--------------|------------------------|-----------------|------------------------|
| Aorta | 0.3 to 125 | Lung | 0.2 to 23 |
| Brain | 0.2 to 43 | Muscle | 2 to 4 |
| Fat | 3 to 4 | Nails | 52 |
| Gall Bladder | 3.9 | Nerve (sciatic) | 16 |
| Hair | 14 to 30 | Pancreas | 0.2 to 38 |
| Heart | 0.4 to 24 | Skin | 5 to 164 |
| Intestines | 2 to 8 | Placenta | 0.1 to 8 |
| Kidney | 0.4 to 38 | Spleen | 0.2 to 18 |
| Liver | 0.1 to 23 | Stomach | 2.9 to 7 |
| Thyroid | 0.5 to 95 | | |

Poison on Tap., p 258.

Fluoride Builds Up in The Body

Dr Jonathan Forman, M.D., world-renowned specialist in allergy, Professor-Emeritus of Ohio State University, former editor of the Ohio State Medical Journal, editor of Clinical Physiology, in a statement on behalf of the *Medical-Dental Committee on Evaluation of Fluoridation*, stated;

"It is now known that such vital organs as the kidneys, thyroid, aorta (main heart artery), liver, lungs and others can be the sites of an

unusually high fluoride build-up. No matter how small the amount of fluoride in the diet, a part of it tends to accumulate in the body. When the water supply is fluoridated, the intake of the individual is considerably increased and the accumulation in the body increases accordingly. There is no clear-cut pattern as to the degree of retention among individuals. Further, it accumulates in certain organs in an unpredictable way. Some individuals may store up to 100 times more fluoride in certain tissue than others. This has given rise to concern over fluorides possible role in chronic disease. Fluoride is an enzyme poison and medical authorities recognize that disturbances of the enzyme system are a cause of disease."

When Doctors Disagree, June, 1967.

If correct, then these findings are not consistent with claims that fluoride cannot accumulate in soft tissues.

Fluoride Has Never Undergone Standard Drug Safety Testing

When fluoridation began in the United States in 1945, there were no legal requirements for testing new drugs. Though we now have fluoridation in the ACT, it is surprising that it has *never* been subjected, anywhere in the world, to the sort of thorough testing that nowadays is mandatory before *any* new drug is permitted on the market.

Guidelines on Drugs

The World Health Organisation (W.H.O.) in 1967 and 1968 set up a number of working parties to establish guide-lines for the thorough testing of new drugs and therapeutic substances. They stated:

"It is not always recognised that it is unethical to introduce into general use a drug that has been inadequately tested. The ethical problem is not solely one of human experimentation; it is also one of refraining from human experimentation.

The urgent need for more concern with this aspect was harshly brought to the attention of the world by the clinical experience with thalidomide.

Besides the problem of new drugs, there is a need to re-evaluate many established or commonly used drugs.

[The W.H.O.] Report No. 482 states that the following categories of existing drugs should be HIGH PRIORITIES for updated testing:

Compounds that are chemically, pharmacologically and biologically related to known or suspected mutagens [an agent that causes mutation (change) in an organism].

Drugs that are often used over a period of years, particularly in children and young adults.

Drugs that are prescribed for a large proportion of the people.

Drugs that are used for general prophylaxis [disease prevention].

The World Health Organisation defines a drug as:

'Any substance used to alter or influence a physiological system for the benefit of the recipient.'

Fluoride is artificially added to drinking water claiming it improves the structure of teeth in the recipient, and by definition, it is a drug."

Walker G.S.R., *Poison on Tap*, 1982, p 88.

Remarkably, fluoride fits every one of these four categories for priority testing. Despite this, the required testing has never been done.

Fluoride toxicity

Sodium silico-fluoride, the particular fluoride chemical that is added to the drinking water of the Australian Capital Territory (ACT), is one of the most toxic poisons known to exist.

Dr C.A. Bruschi, B.S., M.D., Director, Cambridge Medical Centre, Mass., indicated the toxicity of fluoride:

"Artificial, or inorganic, sodium fluoride is a highly toxic, protoplasmic poison, 15 times stronger than arsenic."

Pharmacists' U.S. Dispensatory, 24th Edition, pp 1,456-57. (*When Doctors Disagree*, Pub. June, 1967.)

The World Health Organization's International Agency for Research on Cancer stated:

"The major uses of sodium silicofluoride have been reported to be ... as an insecticide, fungicide, bactericide and rodenticide;" 'Sodium silicofluoride is widely used as a fluoridating agent for municipal drinking-water in both the U.S. and western Europe'. 'The Commission of the European Communities (1978) requires that sodium silicofluoride be labelled as toxic by inhalation, in contact with the skin or if swallowed.'" [my emphasis]

I.A.R.C. Monograph on the Evaluation of the Carcinogenic Risk of Chemicals to Humans, 27-4-82, p 250.

The scientific world's leading publication which identifies chemicals is the *Merck Index - An Encyclopedia of Chemicals, Drugs [etc]*. It records sodium silicofluoride as an:

"insect exterminator and poison for rodents;"

That this particular fluoride is used as a rodenticide (rat poison), insecticide, fungicide and bactericide is an indication of its toxicity. Perhaps for this reason, proponents of artificial fluoridation often attempt to conceal the fact that fluoride is used mainly as a killing agent.

The claim that the chemical used in fluoridation is different from that used as a rat or insect poison is commonly made by proponents of fluoridation.

When evidence of the above kind is presented, proponents often admit the toxicity, but will counter by claiming that in very, very small amounts, fluoride is perfectly harmless and that anything can cause harm if enough of it is ingested. Whilst on the surface, this seems like a reasonable or logical approach, it is hardly a rational one. A deeper probe might reveal that such an attitude can be downright dangerous. That is because it is the continuous daily intake of minute amounts of fluoride in drinking water which is of concern.

Gives No Warning - Not like Chlorination

Dr Ludwick Gross, M.D., F.R.C.P., Renowned Cancer Research Scientist, stated:

"The proponents of fluoridation stress the fact that not only fluorine but many other materials introduced into the body including salt, water and food, are potentially harmful when ingested in too large quantities. Such statements do not take into account the fact, however, that fluorine is actually a poison which could be ingested without giving any warning to our senses. Our taste or smell would not warn us of the imminent danger. If added in too large a quantity, chlorine would warn our senses, irritating the mucous membranes of eyes, nose and throat. Furthermore, chlorine evaporates. Fluorine, on the other hand, is tasteless."

When Doctors Disagree, June, 1967. Pub. Greater N.Y. C'tee Opposed to Fl, Inc.

Discoverer of Cigarette-Lung-disease Relationship Condemns Fluoridation

Dr Waldbott, M.D., F.A.C.P., F.A.A.A., F.A.C.A., F.A.C.C.P., a Fellow and former vice-President of the American College of Allergists and Fellow of the American College of Physicians, was the founder and chief of allergy clinics in four Detroit Hospitals and is the author of a number of scientific books and papers:

Dr Waldbott was the first person to record a death from allergic reaction to penicillin and it was he who alerted the medical profession to its dangers.

He discovered the relationship between smoking and the lung-disease, chronic emphysema, a relationship which is now generally recognised.

Dr Waldbott explained the difference between acute poisoning and chronic poisoning. He stated:

"It is true, a few glasses of fluoridated water are not likely to produce sudden poisoning although, as will be seen, there are exceptions among allergic people who suffer temporary harm even from this small amount. They are the same unfortunate people who may develop an allergic attack from minute amounts of a drug harmless to others, such as a single aspirin tablet. These are cases of acute (sudden) poisoning. In water fluoridation we are concerned with chronic poisoning from continuous daily intake of minute amounts in drinking water ..."

Waldbott G.L., *A Struggle With Titans*, Carlton Press, 1965, p 80.

Acute versus chronic toxicity

It is the latter type - *many small doses over a long period of time* - which is the major cause for my concern about artificial fluoridation.

The statement by the ACT Inquiry and the British Dental Association that an adult would need to drink 450 gallons of water (para 10.39) at one sitting, and a baby, 26 gallons (10.38), to have a problem with fluoride, confuses people regarding the two main types of fluoride toxicity - acute and chronic.

Anyone suggesting that acute toxicity from fluoridation can only arise (except for cases of allergy, sensitivity, or accidents with fluoride supplements or at public water works) by say, drinking 450 gallons at one sitting (ACT Inquiry para 10.39), may very well be incorrect. A similar claim would be that one would need to smoke 10,400 cigarettes at one sitting in order for smoking to cause ill-health.

To my knowledge, no one has yet claimed that you can get lung cancer from simply smoking one cigarette. But smoking cigarettes over a long period of time, might increase the probability of cancer and other serious health problems, some of which might not show up for many years.

Some who benefit from the sale of cigarettes, suggest that cigarette smoking is not a health risk. These include multi-national companies, suppliers, advertisers, and some doctors and medical researchers, some of whom receive grants or other financial benefits from cigarette companies. But at least smoking isn't compulsory.

Such "450 gallon" claims are quite misleading. They do not serve to educate those in the community who may genuinely enquire about fluoridation.

Natural Fluoride Dangers

The International Society for Fluoride Research held a Congress in Oxford College, England, on 9th April, 1973. The Congress was attended by eminent scientists from countries throughout the world. Dr Hans Moolenburgh of the Netherlands recounts his experience of the Congress:

"Professor Jolly, from the Punjab, India, told his story of the natural fluoridation in his part of the world. 'Natural fluoridation', according to the fluoride lobby, was the thing they wanted to imitate in our 'under-fluoridated' water supplies. Far from a story of complete safety and healthy teeth, Jolly told a tale of woe, a tale of bone defects and neurological [nervous system] disturbances in most people over thirty in whole villages, where the natural concentration of fluoride in the water was only slightly higher than the 1 ppm recommended by the fluoridation lobby.

These people had flown in from all parts of the world, the U.S.A., Canada, India, France, Israel, and all of them spoke of the dangers of this one strange element fluorine.

The more I listened to them, the more amazed I became about the mass of evidence against this element In our food occur those essential elements which build us up and keep us alive, like oxygen, hydrogen, calcium, potassium and many more. Fluorine looked like the black sheep of this family. Far from being an essential element, it looked like an element which had been included in Creation to restrict the abundance of life, to shorten the span of life. It was an element of death, not of life."

Moolenburgh H., author, *Fluoride: The Freedom Fight*, Mainstream Pub., 1987, pp 100-101.

Natural versus Artificial Fluoride

"Chemistry distinguishes between two major groups of compounds, organic and inorganic. In organic compounds, the fluorine atom forms a tight bond with the carbon atom. The more strongly the two atoms are linked together, the more inert and, as a rule, the less poisonous the molecule. In many toxic organic compounds, therefore, fluorine contributes less to the toxicity of the compound than does the remainder of the molecule.

For this reason toxicologists have devoted most of their research to the behavior of inorganic fluorides, especially sodium fluoride (NaF) in which fluorine is loosely linked as a negative (F-) ion with sodium (Na+)

... .

In water fluoridation we are only concerned with inorganic compounds."

Waldbott G.L., *A Struggle with Titans*, Carlton Press, 1965, p 80.

Calcium and Magnesium

"In the natural state, fluoride-containing waters usually contain relatively large amounts of calcium and magnesium. In contrast, the industrial waste used for artificial fluoridation does not contain either calcium or magnesium such as nature provides.

By world standards, Melbourne [Australia] has exceptionally "soft" water with very little calcium and magnesium. The average calcium content of Melbourne water supply is 3.8 ppm and magnesium 1.5 ppm. Compare these with naturally fluoridated water supplies and you discover places like West Hartlepool in England with 100 ppm calcium and 150 ppm magnesium. This is the usual type of water where natural fluoride is found, so those who claim no difference must answer the question as to what happens to the large quantity of calcium and magnesium ingested with the fluoridated water.

In the body, fluoride and calcium act as antagonists; in nature, calcium acts as a natural "antidote" to an excess of fluoride.

All the evidence collected to date suggests that the fluoride ion, without its natural competitor, the calcium ion, will be much more active in the body, and that dental fluorosis and the other problems associated with an excess fluoride intake, will be exacerbated [made worse]."

Poison on Tap, p 82.

Effects of Trace Elements

The following letter to the New South Wales Health Commission was submitted to the Victorian Committee of Inquiry by an Australian Doctor of Medicine, from Wollongong, New South Wales, well known for his research into the effects of trace elements and their interactions in the body.

At the time, the doctor asked that his name not be published. The Victorian Inquiry Committee received the letter, but made no mention of it in their report. Nor did they conduct any investigation into the important matters it raised or warn the Government about them.

The Doctor wrote:

"It should be clearly understood that fluoridation of water supplies commenced before the authorities really understood what was likely to happen at the cell molecular level by introducing fluoride.

There was also no firm knowledge then ... [and] little knowledge now, of what the interaction may be between fluoride and other trace minerals.

It was not known at the time fluoride was commenced, nor is it known now [1979], what the effect of fluoride may have on cellular enzyme systems. [see current research under Enzyme section in this Dissenting Report].

In the last 10 years there has been a considerable swing to the development of a study of biological and cell membrane systems and their relationship to molecular medicine.

All this is very closely associated with the development of medicine at what might be termed the true preventive level.

It is not so very long ago, for instance, that selenium which functions biologically in concentrations of 0.01 ppm was regarded as a carcinogenic agent.

More recently, it appears to have been clearly established that far from being a carcinogenic agent, selenium may be anticarcinogenic, and that the level of intake may have significant bearing on the incidence of carcinoma of the breast.

We have recently been made aware that certain trace elements may interfere and affect the absorption of selenium.

If you are in a position to establish clearly that fluoride has no effect on absorption of other trace minerals, is not associated with any mineral interaction, and does not have any affect at the cell molecular level, obviously it is difficult to establish that fluoridation should not continue.

However, in this respect I have enclosed excerpts from a book, "The Molecular Biology of Cell Membranes, 1967", which is acknowledged world wide as an excellent volume, written, incidentally, by an Australian, Peter J. Quinn.

As you are probably aware, the role of c.AMP [part of the cell and enzyme system]. is not yet clearly defined, though Prof. Sutherland has been working on it for many years.

I have just enclosed this excerpt to show you that fluoride in experimental work does have some affect on this extremely important transducer of hormonal action.

... I do know, however, that it has been recognised that interference with systems must be regarded with increasing alarm.

This helps to illustrate the point that irrespective of how non-toxic fluoride may be in the concentration used, it does affect important biological and membrane systems at extremely low levels of concentration.

In view of this, I think it would be a brave man who would say that fluoride is innocuous, in the concentrations used."

Poison on Tap, p 11.

The Newburgh-Kingston Study

In this study in New York, which was one of the two original experiments to investigate the effect of artificially fluoridated water on residents, circumstantial evidence gave cause for concern:

"After ten years of artificial fluoridation the incidence of cortical bone defects in Newburgh was 13.5%, but it was only 7.5% in unfluoridated Kingston - a statistically significant difference."

Poison on Tap, p 109.

U.S. Select Committee on Fluoridation

As early as the 1952 U.S. House of Representatives Inquiry, it was recognised in official inquiries into water fluoridation that magnesium could play an important role.

"... recent reports of laboratory research indicate that the effect of fluorides on dental decay may possibly be influenced considerably by the absence or presence of magnesium in the water.

Poison on Tap, p 154.

FLUORIDE DOSE - PRESCRIPTION OR POT-LUCK?

Sir Stanton Hicks, noted Australian Professor of Pharmacology and Physiology, stated:

"I submit that medication of a whole populace variable in individual response, regardless of individual age, state of teeth, of general health, rate of consumption of water, and so on, is quite unscientific and unethical, and that passive acceptance of the right of a government or municipal authority to implement such medication through its water supply is to sacrifice a fundamental principle of medical practice."

Hicks, C. S. (1956), *Medical Journal of Australia*, 2: pp 156-157.

How much fluoride does any individual receive? We simply don't know. Certainly, the rate of 1 ppm fluoride added to the water bears little relationship to the dose. The total dose you ingest depends firstly on your thirst, and then on how much fluoride you receive from the many other nowadays common sources.

There has never been a study in Australia to discover how much fluoride is in the food chain, or in the atmosphere. Total ingestion of fluoride can only be guessed at.

What we do know is that it's probably a lot more than 1 ppm.

The old claim that our major fluoride intake is from the water supply, is no longer valid. It is the total intake that matters, and the fluoride pollution from aluminium smelters, fertiliser factories, petrol refineries, plastic producers, chemical factories, steel mills, glass manufacturers, brick works and so on, ought to be considered, together with an ever increasing list of polluters adding fluoride to our environment.

In some areas, even the rain has a relatively high (0.5 - 1 ppm) fluoride content obtained from air pollution, as reported by Dr Waldbott:

"When it rains, the water takes up minute amounts of fluoride from the atmosphere, usually less than 0.02 ppm. This figure too, varies widely. From an air polluted area in Germany, analysis of rainwater showed up to 3.4 ppm. [Friese W., The Significance of Fluoride Content of Drinking Water,

Pharm. Zentralbl. 94:337, 1955.] In a fluoride-contaminated area in Blount County, Tennessee, 0.02 ppm was reported; near a phosphate fertilizer plant in Florida, as much as 22.1 ppm.

Waldrott G.L., M.D., *A Struggle With Titans*, 1965, p 86.

Tests on rainwater have also been conducted by the Anti-Fluoridation Association of Victoria, under the control of association Chairman, scientist, Glen S.R. Walker. F.I.M.F., E.M.E.C.S., M.A.E.S., and have shown fluoride content up to 1 ppm.

On September 18, 1943, the *Journal of the American Medical Association* reported:

"Distribution of the element fluorine is so widespread throughout nature that a small intake of the element is practically unavoidable. Fluorides are general protoplasmic [living matter] poisons, probably because of their capacity to modify the metabolism [the process of turning food into energy and tissue] of cells by changing the permeability [allowing liquid to pass through] of the cell membrane and by inhibiting certain enzyme [a substance produced within living cells, that influences a chemical reaction without being changed itself. Enzymes help break down food so it can be digested] systems. The exact mechanism of such actions is obscure. The sources of fluorine intoxication are drinking water containing 1 part per million or more of fluorine, fluorine compounds used as insecticidal sprays for fruits and vegetables ... and the mining and conversion of phosphate rock to superphosphate, which is used as fertilizer. The fluorine content of phosphate rock is about 4 per cent. During conversion to superphosphate, about 25 per cent of the fluorine present is volatilized [changed into vapor] and represents a pouring into the atmosphere of approximately 25,000 tons of pure fluorine annually [from 120,000 tons in 1970, estimated by Morin - submission - to be double that in 1980]. Another source of fluorine intoxication is from the fluorides used in the smelting of many metals, such as steel and aluminum, and in the production of glass, enamel and brick."

Toxic dose.

"With a toxic dose that is only 'more than twice the optimum dose of fluoride' (1973-74 edition of Accepted Dental Therapeutics, Council on Dental Therapeutics of the American Dental Association, p 238), thoughtful physicians are concerned about the safety of a health measure which distributes fluorides in public drinking waters as a means of partially reducing dental caries. Variations in dosage to the individual, due to differences in drinking habits and water needs, as well as individual variation in host resistance make this mass-distributed, fixed concentration, a most inexact and risky means of prescribing a 'medication' for an individual."

Dr Herbert Ratner, Public Health Director of Oak Park, Illinois. *The People's Doctor* Newsletter, Vol 2, No 9, p 3.

Dr Waldbott explained how fluoride can accumulate in the body:

*"Ordinarily in large cities there is up to 0.025 parts per million of fluorine in the air⁸⁵ *. At this concentration a person would inhale into his system about 1/2 milligram of fluoride a day. In the City of Baltimore where a fertilizer factory was located, health authorities recorded 0.08 parts per million.*

On the surface this appears to be an extremely small amount. We must realize, however, that such amounts, sometimes much more, sometimes less, enter our system through the nose, sinuses [the bone cavity in the skull, lined with mucous membranes, that connect with the nasal cavity] and lungs day in and day out. Fluoride gradually accumulates because only a part of it is eliminated from the system. This was illustrated in a study by Herman in the Journal of Urology.⁵³ In New York City where the water supply contains only a trace of fluoride (0.1ppm) relatively large amounts of fluoride were found in kidneys, bladder and skin of persons with kidney stones.

*The officially reported figures on fluoride in the air releases by the Kettering Laboratory⁸⁵ * are "averages." At certain seasons, especially in midsummer, fluoride values may be much higher in certain locations and under certain conditions. Furthermore, most available information upon which these figures are based came from scientists working with grants provided by the involved industry. When a committee of independent citizens and scientists studies air contamination, their results are usually different⁸⁶ ..."*

Waldbott G.L., *A Struggle with Titans*, Carlton Press, 1965, pp 64-65.

* References 53 and 85 are in original document.

Proof of Toxicity

*"Gilbert's disease is a ... constitutional disorder in which bilirubin [the reddish-yellow pigment normally found in bile] is not sufficiently cleared from the blood stream by the liver due to an inherited deficiency of a single hepatic [liver cell] enzyme ... resulting in chronic [long-lasting] mild jaundice [caused by too much bile in the blood. ... is a symptom of some diseases and ailments]. I have tested five such cases in their response to the avoidance of water fluoridation and, in all five, their jaundice cleared. In one case, alternating periods of fluoridated and unfluoridated water clearly showed that the jaundice developed when the patient imbibed fluoridated water and cleared on the unfluoridated water. ('Gilbert's syndrome and fluoridation.' *Fluoride*, July, 1983). Later tests with daily doses of 1 mg fluoride (the 'recommended daily dose') confirmed that it was indeed the fluoride that resulted in the appearance of the jaundice. This finding has never been refuted and it is clear evidence that 1 mg of fluoride a day [the 'recommended' dose] can be toxic."*

... If a particular compound is found to be toxic, it is common policy to limit the intake of that compound to 1/100th of the dose that is known to produce the toxic effect. When fluoride is given in doses of 30mg/day to

osteoporotic (bones become weak and brittle) women, an increase in fracture rate is observed within 2-3 years. This is now fact. The acceptable daily dose, therefore, should be 0.3 mg/day. In fluoridated areas, the common daily intake is over 3 mg/day.

Dr John Lee - Submission, 14-1-90, pp 4-5.

Uncontrolled fluoride dose.

In their submissions to the ACT Government Inquiry, the Australian Medical Association (A.M.A.), the Australian Dental Association (A.D.A.), and the National Health and Medical Research Council (N.H. & M.R.C.), once more gave their unfailing and long-standing support to the practice of artificial fluoridation. But would they give approval to the following practices in dispensing a drug?

- a. The patient is not consulted or examined before receiving the drug.
- b. The medical history, individual susceptibility, chronic illness or possible allergic or other reaction of the patient is not determined.
- c. The strength of the dose is not related to the age, weight or size of the patient.
- d. The patient is not informed of possible adverse side-effects caused by the drug.
- e. In the case under consideration (i.e. adding fluoride to the water supply) the state of the patient's teeth (or existence, in some cases) isn't considered.
- f. There is no check on the total intake of the drug which the patient may already be ingesting from other sources - though the World Health Organisation strongly advises a 'total intake study' before the introduction of fluoridation.
- g. The drug has not undergone testing procedures that are now legally required to ensure the safety of *any* new drug before it's use.
- h. The dose of the drug is determined by how much tap water the patient drinks (*i.e. the patient's thirst*), and not by a competent physician on a case by case basis.
- i. The drug is administered compulsorily (even against the will of the patient).
- j. The majority of patients treated are over 12 years of age. Accordingly, their teeth have developed and can have no benefit from the treatment (notwithstanding unsubstantiated claims that teeth are 'remineralised' by the fluoride in the water 'washing over the teeth'.)

Does it require a medical or a law degree to realise that it might be a dangerous practice to add a highly toxic chemical to the drinking water of an entire community for a claimed benefit that is, according to most proponents, is limited to children under 12 years of age?

Extensive evidence presented to the ACT Inquiry clearly established that many adverse health effects occur in communities fluoridated at the 'recommended' rate of 1 ppm. Health dangers were shown to greatly increase with the ingestion of still higher levels of fluoride from other sources.

People in Australia commonly ingest fluoride from many sources other than drinking water.

Water, food and air are three major sources of fluorides. The contribution of each may vary from person to person depending on weather and climatic conditions. The last point is particularly important.

Fluoride in the air

Fluoride emissions into the atmosphere are as a rule related to certain types of industrial activities. In the United States, in 1970, annual fluoride emissions into the atmosphere by industry were estimated at some 120,000 tons. It is believed that this figure has doubled during the 1971 - 1980 period despite the fact that 90 percent of all emissions are intercepted at source by various [pollution control] devices.

Fluoride intake from water

*Following an exhaustive review of literature on the subject, Groth estimated that adults consume between one and five litres of water daily while children drink from 200 to 500 ml. He pointed out that heavy tea drinkers may ingest between 2 and 3 mg/day of fluorides from this source also. In beer drinkers, the fluoride quantities ingested vary greatly from one individual to another and can exceed 6 mg per day. (*19)*

Fluoride intake from food

As a rule, all foods contain a certain amount of fluoride. (12) For example, beets contain 17.70 ppm dry base, celery 6.29 ppm, spinach 1.11 ppm, salmon 19.3 ppm, etc.

Fluoride pesticides, phosphate fertilizers and water used for irrigation and washing, all increase the above fluoride quantities.

A study carried out in Japan in 1967 revealed that the fluoride content of vegetables had increased considerably between 1958 and 1965. This rise was attributed to the use of phosphate fertilizers containing ... fluorides. They reported that the fluoride content of chinese cabbage had increased from 0.87 to 2.01 ppm, cucumber 0.34 to 5.04 ppm, spinach 1.97 to 13.31 ppm and green tea 88.75 to 599.50 ppm.

Martin (21) showed that when foods are cooked in water containing 1 ppm (part per million) of fluoride, their fluoride content is increased three to five times. This demonstrated the multiplier effect of water fluoridation.

The results obtained by Marier and Rose (19) complement the work of Hodge and Smith (22) on fluoride intakes from food and water. Their work enables one to predict that an adult exposed to water containing 1 ppm of fluoride will consume on the average between 2 and 5 mg of fluoride from food only. (20)"

Bundock, Graham and Morin, 'Fluorides, water fluoridation and environmental quality', *Science and Public Policy (Journal)*, June, 1982, p 133.

* Refs 12, 19, 20, 21, & 22 are given in the original paper (*Submission*).

Fluorides from Many Sources

It would seem clear that the individual dose of fluoride depends not only on the concentration in the water, but also on how much water (*and tea, beer, soft drink, reconstituted fruit juice, etc., all of which also contain fluoride*) people drink, and on how much food they eat that is either grown in a fluoride-laden environment, or processed with fluoridated water. To this we must add the following sources:

"In heavily fluoridated countries such as Australia, it is not uncommon for children to receive fluoride not only directly and indirectly from the water supply and from natural sources, but also from atmospheric pollution, fluoride tablets, toothpaste, mouthrinses and gels (about 1 per cent fluoride). In our experience, when medical and dental authorities campaign for the fluoridation of a town water supply in Australia, they make no serious attempt to assess the total fluoride intake which citizens may already be receiving."

Diesendorf M., Sutton P., Fluoride: New Grounds for Concern, *The Ecologist*, Vol 10, No 6, 1986, p 239.

Some Drink Ten to Twenty Times as Much Water

Concern for this health threat was also expressed by South African Emeritus Professor of Pharmacology, D.G. Steyn:

"From the medical point of view the most dangerous aspect of drinking artificially fluoridated water is the fact that some individuals may, and will, drink 10 to 20 times more water than others, with a grave risk of being poisoned."

Douw G. Steyn, Emeritus Professor of Pharmacology, B.Sc., Dr Med. Vet. (Vienna), D.V.Sc., (Pta), D.V.Sc., (Vienna), h.c., D.V.S., (Pta) h.c., *Paper*, National Symposium on Water Fluoridation arranged by the South African Department of Health, 3-10-79, Pretoria, S.A.

W.H.O. Recommends Total Intake Study Before Artificial Fluoridation

At the World Health Assembly held in the United States on 23rd July, 1969, a World Health Organisation Resolution on Fluoridation and Dental Health was adopted. In part it stated:

"Recommends member States [countries] to examine the possibility of introducing, and where possible introduce, fluoridation of those community water supplies where the fluoride intake from water and other sources for the given population is below the optimal levels." [my emphasis]

Poison on Tap, p 89.

To discover how much fluoride is being ingested from "other sources", a thorough study would need to be done. Millions of Australians have been compelled to ingest fluoride in their drinking water for up to 25 years.

To me it seems common sense that there should be a *total fluoride intake* study of artificially fluoridated areas in Australia. It must be said, in fairness that this matter has been previously brought up in official Inquiries and has been brought to the attention of the public who are compelled to drink the fluoridated water. At these times, the N.H. & M.R.C. and the A.D.A. have been consistent in showing concern for just how much fluoride people are ingesting and have also recommended that such a study or studies should be undertaken.

They have been making recommendations of this type, from time to time, for decades.

Not a single such study has in fact ever been attempted in Australia.

CANCER

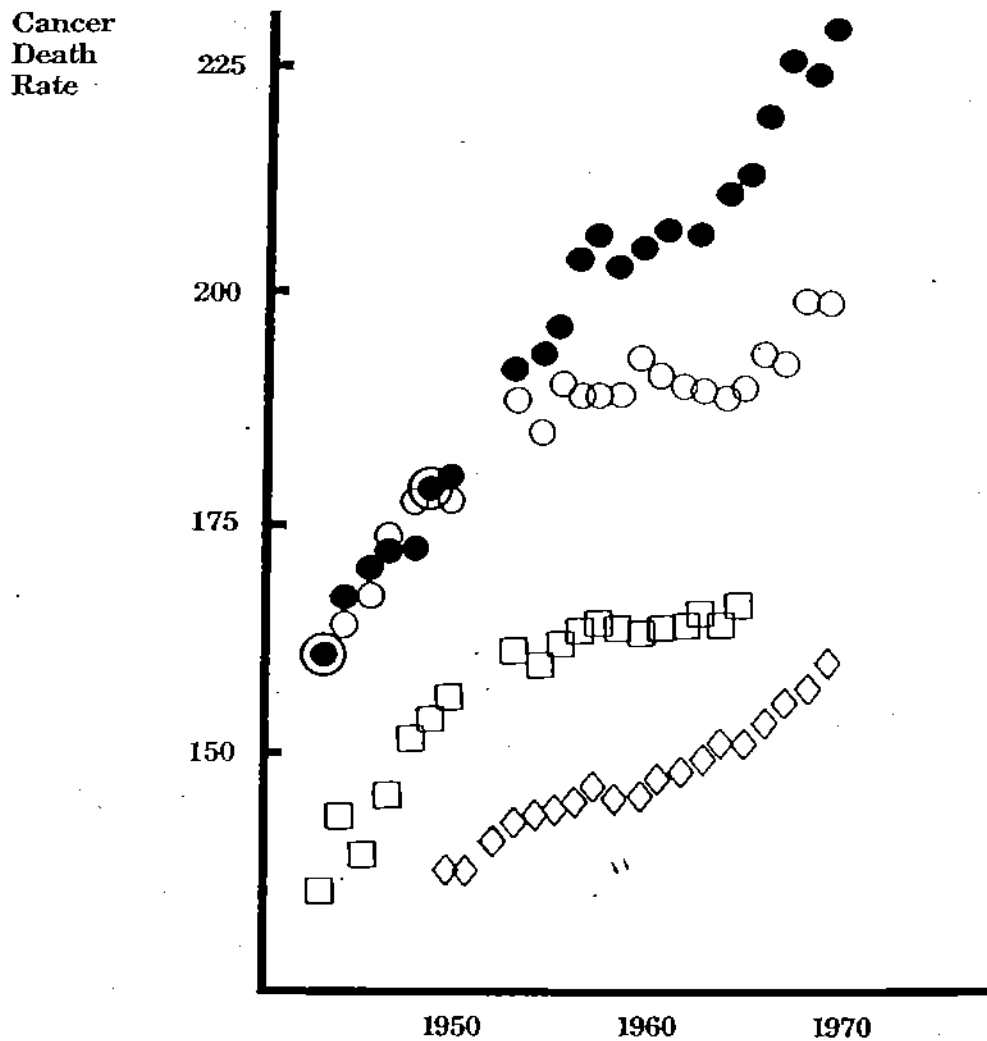
"Everything causes cancer? Perhaps. Conceivably, even a single electron at the other side of the universe. The real question is, how likely is any one particular cause? In point of fact, fluoride causes more human cancer death, and causes it faster, than any other chemical."

Dr Dean Burk, Chief Chemist, co-founder of United States National Cancer Institute.
Fluoride the Aging factor, 1986, p 63.

In 1975, Drs Dean Burk and John Yiamouyiannis published studies (*Proceedings of the Pennsylvania Acad. of Sciences*, Vol 61, No 2, 1987.) showing an increase in cancer death rates could be observed among human populations after fluoridation of their water supplies.

The following details of this study are drawn from Dr Yiamouyiannis' book, "*Fluoride - the Aging Factor*" unless otherwise attributed.

They compared the cancer death rate of the ten largest *fluoridated* cities with the cancer death rate of the ten largest *nonfluoridated* cities that had comparable cancer death rates from 1940 to 1950, a period of time during which neither group of cities was fluoridated.



The vertical axis represents cancer death rate in terms of deaths per 100,000 population. The horizontal axis represents years from 1944 through 1970. The solid dots represent the year-by-year average cancer death rates of the ten largest cities fluoridated before 1957. The open circles represent the year-by-year average cancer death rates of the 10 largest nonfluoridated cities with comparable cancer death rates during the prefluoridation period (1940-1950) which had not fluoridated before 1969. The open squares represent the year-by-year average cancer death rates of the 10 largest cities not fluoridated before 1957. The open diamonds represent the year-by-year average cancer death rates of the United States. Fluoridation of the cities represented by solid dots began between 1952 and 1956. The data were obtained from standard government sources of vital statistics and census figures. (Data, other than national data, were not available for 1951 and 1952.) Since some of the cities in the nonfluoridated group represented by open squares were fluoridated in 1965, data for these cities as representative of nonfluoridated cities was only recorded through 1964.

Fluoridated Cities

Chicago
Philadelphia
Baltimore
Cleveland
Washington
Milwaukee
St. Louis
San Francisco
Pittsburgh
Buffalo

Nonfluoridated Cities

Los Angeles
Boston
New Orleans
Seattle
Cincinnati
Atlanta
Kansas City
Columbus
Newark
Portland

The graph shows that cancer deaths were the same in the twenty cities before fluoridation from 1940 to 1950. After ten cities were artificially fluoridated, one sees that there are many more cancer deaths in the fluoridated cities than there are in the unfluoridated cities. Proponents of fluoridation would claim that despite such observations, it should not necessarily be concluded that there is a connection between the presence of fluoride in water and the incidence of cancer. In this they may be correct. It is historically lamentable to many persons on both sides of this debate that precision and meticulous attention to the basic assumptions are often lacking in the arguments.

Data withheld by Authorities

Dr Yiamouyiannis was frequently hindered in his attempts to obtain this and other data from the United States authorities. Unfortunately, he was not allowed access to data which he needed to carry out his research to determine if there was a health risk from fluoridation. One such example concerned a request for cancer mortality rates. On 3rd May, 1977, Dr James A. Peters, Director of the Division of Cancer Cause and Prevention of the National Cancer Institute (NCI), replied to the request by Dr Yiamouyiannis. He informed Dr Yiamouyiannis that the requested data was "*not readily available at NCI*". It was later admitted before the 1977 U.S. Congressional Hearing on Fluoride, that, at the very time he denied it, Dr Peters had the requested information before him.

The 'Age-sex-race' controversy

In 1976, the Burk and Yiamouyiannis figures were checked and confirmed by the U.S. National Cancer Institute. However, some officials in the NCI claimed that the increases in cancer deaths were due to changes in the age, sex, and racial composition of these cities, and that Burk and Yiamouyiannis hadn't taken these factors into account.

Certainly, they were important factors and needed to be taken into account; without this the study would lose its value.

My own view of the nature of the fight against the compulsory ingestion of the fluoride drug is basically one of State authority versus citizens' rights, many community groups opposed to fluoridation have been formed and have become

Nambucca Valley Association which, in their submission, gave details of studies done by Burk and Yiamouyiannis and another by Mohamed:

"Dr Burk and Dr Yiamouyiannis present one of the largest and most sophisticated epidemiological studies in modern science, covering the cancer-fluoridation experience, derived from official government statistics, of 18 million Americans over 30 years [duration]. There were controls for known and unknown variables including geographic and environmental factors, double-blind design to avoid bias, and an objective and manageable index (vis cancer deaths) for the time trend studies, together with adjustments for age, race and sex by direct and indirect methods.

It is revealed that at least 10,000 more persons die of cancer each year in the U.S.A. due to fluoride ingestion. [my emphasis]

Professor Ali Mohamed, of the University of Missouri, a noted cytogeneticist [a specialist in the branch of biology dealing with the relation of cells to heredity and variation], did a series of experiments which showed the capacity of fluoride, even at low concentrations, to induce or accelerate genetic damage, tumors and cancer in experimental animals, plants and insects under controlled laboratory conditions."

The Nambucca Valley Association - Submission, 25-2-90.

Claims that Cancer Research Not Valid

"Both these scientists (Burk & Yiamouyiannis) were slandered in what can only be seen as an attempt to discredit their work.

Professor L. Kinlen, Regus Professor of Medicine, Oxford University said, 'they [Burk and Yiamouyiannis] failed to take into account differences in age, race and sex, and used misleading and unwise calculations and experiments.'

What Kinlen didn't say was that one year earlier he attended [as a witness for proponents of fluoridation] the Pittsburgh [U.S.A.] Court case where it was proven that Burk and Yiamouyiannis HAD adjusted for age, race and sex. This was also evidenced [later] in three other important court cases [Illinois, Houston and Edinburgh, all in 1982] Kinlen admitted under cross-examination that his own research, used world-wide to show no harm from fluoride, actually showed a five per cent increase in cancer incidence in fluoridated areas."

Stevenson D., Fl. Panacea or Poison?, *Simply Living*, (1988), Vol 3, No 6, p 105.

Evidence of Professor Kinlen

The following excerpts are from the testimony of Professor Leo Kinlen of the Royal College of Physicians and Oxford University, given on 11th May, 1978, as quoted in *Poison on Tap* Discussing his paper "Cancer Incidence in Relation to Fluoride Level in Water Supplies" (p 10), Dr Kinlen testified on oath:

“Question to Kinlen: *And what was the finding or the ultimate result of that Study?*

Answer by Kinlen: *We could find no relationship between cancer incidence and fluoride level....*

Question: *No evidence. Could you testify as an expert epidemiologist based on your 1975 Study that your Reports showed an association between the fluoridation in water and cancer?*

Answer: *There was no association.*

Question: *Was there anything else significant about that particular 1975 Study?*

Answer: *No, it was entirely negative.*

Later on in the cross examination (p 35, *Court Transcript*), Attorney Graham asked Dr Kinlen:

And so the figure that we derived from the left-hand column, representing the fluoridated areas is 1.03 and the figure that we derived from the right-hand column is reflecting the non-fluoridated areas 0.98.

And there is a difference of .05 between the two, or approximately five percentage points. Is that correct?

Answer by Kinlen: *Yes.*

Question: *And does not that indicate then, that for the sites actually included in table 2, the fluoridated areas appeared to have five percent higher cancer incidence rates than the non-fluoridated areas?*

Answer by Kinlen: *Yes.”*

Courts Most Successful in Revealing Truth

Opponents to artificial fluoridation have succeeded in many cases that were taken before the courts. In the 1977 Pennsylvania Supreme Court, an injunction was won to prevent fluoridation proceeding. In the 1983 Edinburgh Court, the case was won when it was ruled by Judge Jauncy that fluoridation was illegal in Scotland. In the 1982 Illinois (U.S.) Court case, it was won when the Judge ruled against fluoridation.

Details of the Pennsylvania and Edinburgh cases are given elsewhere in this Dissenting Report. In the Illinois case, Judge Ronald Niemann said:

“We are taking a harder look at the toxic chemicals that we have allowed ... [to be] placed in our hands; like-wise a hard look is required at those toxins we take into our bodies. The Court is not satisfied, on the record in this case, that the state has taken a hard enough look at the long term

effects on humans of artificial fluoridation when added to the Public Water Supply."

The Australian Fluoridation News, July-August, 1982, Vol 17, No 7, p 3.

The advantage of court hearings is the principle of an unbiased judiciary, independent from Government or other influence. The other main advantage, is that the witness, while under oath, can be asked quite detailed and pointed questions.

People's Safety Foremost

In his summation of the scientific evidence presented to the Pennsylvania Court, Attorney John Graham said:

"The great James Otis, whom we remember as the father of the constitutional guarantee against unreasonable searches and seizures, gave us also a remarkable maxim of equity of particular relevance in this case. The words attributed to him are "the safety of the people is the law of God."

Part of the Attorney's summation with reference to Professor Leo Kinlen, reads as follows:

"The next witness, in logical order, who sought to impeach [to cast doubt on] the work of Drs Burk and Yiamouyiannis, was Dr Leo Kinlen of Oxford University in England. ... Dr Kinlen acknowledged that his Table 1 was a static comparison, not involving artificial fluoridation, therefore making it impossible to determine what happened before and after the introduction of fluoride; moreover, he used much smaller population groups than those represented by the Basic Curve. ... Dr Kinlen was also forced to concede that his Table 11 showed a 5% excess of cancer incidence in fluoridated over non-fluoridated areas for the sites considered, a rate comparable to what Drs Burk and Yiamouyiannis found in their 1977 study. ... And while critical of Drs Burk and Yiamouyiannis for supposedly not adjusting properly for demographic variables, Dr Kinlen had to admit that his Table 111 ... compared crude cancer incidence rates, not adjusted for age, race, and sex." [my emphasis]

Dr Kinlen's 1975 Paper

A few pertinent facts about Kinlen's paper:

"In his paper dated 1975 he used cancer incidence, not cancer death figures.

No age adjustment was made.

His data was abstracted [summarized] between 1961 and 1968.

Birmingham [however] was fluoridated in 1964.

All his evidence, therefore, relates to a period of only four years.

No time-trend studies were done.

He has claimed there was no evidence of any increased cancer in fluoridated Birmingham, and yet under oath he admitted that the latency period [period elapsing between original infection and observed disease] of a person exposed to a cancer causing agent was "something like ten to twenty years normal" and "could be up to forty years".

Kinlen used a four year Study claiming that there was no detectable cancer increase in Birmingham, but the claims cannot be scientifically acceptable, and of course they made no impact on the Pittsburgh Court. In contrast, the Burk and Yiamouyiannis' Study covered the cancer-fluoridation experience of 18 million Americans over thirty years.

Dr Schneiderman and Dr Taves, both major defence witnesses, conceded that the figures used by Burk and Yiamouyiannis are correct. Hence the question is not whether their data (obtained from official reports) is accurate, that point is undisputed, but how the data should be interpreted. Was fluoridation a factor in causing these increased cancer deaths?"

Poison on Tap, pp 63-64.

Occam's Razor

When giving evidence on this data, which proponents had admitted was correct, Dr Burk said:

"There is a principle in science known as Occam's Razor. Now he lived at the time of Chaucer in 1400, and this principle is almost as well known and important as Newton's Law of Gravity. It says that if you are trying to assess cause and effect, you must take the most probable cause as the first best judgement. Now if someone else thinks that there is some better cause, it is up to him not only to say what he thinks, but to show that it is. He's got to show that it's better than the first cause. So here we have in our opinion an almost self evident demonstration that fluoridation is causing a tremendous increase in cancer death rates [the fact that no one has been able to come up with an alternative suggestion has been confirmatory]."

Poison on Tap, p 64.

In the official transcript ... the experts opposing the Burk/Yiamouyiannis study attacked its methodology and conclusions. The judge listened to a careful and thorough refutation by the pro-fluoridation scientists and concluded that, "Point by point, every criticism defendants made of the [Burk & Yiamouyiannis] study was met and explained by the plaintiffs. Often, the point was turned around against defendants. In short, this court was compellingly convinced of the evidence in favor of plaintiffs."

Mendelsohn R.S., The People's Doctor Newsletter, Vol 2, No 9, p 3.

In the Pittsburgh case [A more complete analysis of this case is listed under "Court Cases"], it is not surprising, in light of the evidence, that Judge John P. Flaherty, ordered a halt to the addition of fluoride to the water supply of 27 Pittsburgh suburbs.

"In Australia, the A.M.A. and the A.D.A., the N.H. & M.R.C. and other consumer organisations persist with the statement that, "They [Burk and Yiamouyiannis] did not adjust their findings for age, race and sex."

Stevenson D., *Simply Living*, pp 102-105.

Australian Medical Association Misleads Media

In a Media Release of 26th June, 1979 by Dr Michael Henderson, D/Secretary General of the A.M.A., the Doctor wrote, in commenting about the cancer studies of Drs Burk and Yiamouyiannis:

"Yiamouyiannis has failed to take proper account of existing differences in age, sex and race between the American cities he has studied. When these differences are taken into account, the apparent excess of cancer rates in fluoridated cities disappear."

Australian Dental Association Misleads Victorian Inquiry

In their submission to the Victorian Inquiry, Cancer and Fluoridation, the A.D.A. stated:

"The general criticism was that Burk and Yiamouyiannis dealt basically in crude cancer statistics, and did not take into account many factors related to cancer mortality, such as age, sex, race, degree of industrialization, socio-economic status, geographic location."

A.D.A., *Submission*, to Vic Inquiry, 1979.

National Health & Medical Research Council Misleads Victorian Inquiry

In their submission to the Victorian Inquiry, the N.H. & M.R.C., stated:

"By far the most important of the criticisms of Yiamouyiannis and Burk (1977) is of the inadequacies of the procedures ... and [they] did not allow at all for race and sex."

N.H. & M.R.C., *Submission*, to Vic Inquiry, 1979.

I find it somewhat of a condemnation of our governments who support fluoridation, that the co-operation to continue and expand this practice, against what appears to be compelling evidence of adverse effects, runs so deep. It seems that some senior people in the A.M.A. and the A.D.A. have unfairly denigrated other scientists, and have failed to release studies by responsible scientists, suggesting that fluoridation increases the incidence of cancer. In spite of this no effective action has been taken by our parliamentary

representatives, the people most responsible to uphold the law and safeguard the health and rights of the population, to correct these quite serious concerns.

It seems that the great majority of health workers in Australia, who are sincere, dedicated and caring individuals, have been let down by the few.

10,000 Deaths in America Every Year

After 20-25 years of fluoride experimentation on the U.S. population, artificial fluoridation was shown to be a possible major and direct cause of over 10,000 cancer deaths in America every year.

As a result of the evidence presented by Drs Burk and Yiamouyiannis who insist on the fluoride link to cancer, the United States Congress, in 1977, called a Congressional Inquiry into the fluoride-cancer link.

Thus began a remarkable series of events.

Fluoridation Claimed as Safe - But No Tests Done

'NCI's Frank Rauscher was quoted [at the Congressional Inquiry] as indicating that while the U.S. Public Health Service, of which NCI is a part, has endorsed fluoridation for over 25 years ... the NCI [National Cancer Institute] had never conducted any study concerning the carcinogenicity [ability to cause cancer] of fluoride'.

U.S. Congressional Committee into Fluoridation, P 13 (of the 580 page) Report, 1977.

Under strong pressure from the Congressional Committee, the NCI *reluctantly* agreed to conduct an immediate fluoride-cancer animal study, though its Deputy Director, Guy Newell admitted:

"... given less pressure we probably still would not do it."

U.S. Congressional Committee Report, 1977, p 244.

How Cancer Trials are Conducted

It should be noted that the standard scientific procedure for establishing the carcinogenicity of a chemical is done by administering the chemical to animals in higher than normal amounts. Because many studies have shown that fluoride is harmful, some proponents have attempted to disguise and downplay the importance of such results by claiming tests used "high levels of fluoride". This plays on the fact that most of us don't understand that this is the standard way for testing the carcinogenicity of drugs. An example of normal doses used was given by Dr Newell of the National Cancer Institute when he said:

*'We plan to use higher levels of fluoride. We plan to use 50 ppm in one dose and 25 ppm in another dose. We probably will use two species of animals like *rats and mice.'*

Transcript, Congress., Inq. NCI & Fluoridation, 1977, p 244.

* It is interesting to note that rats and mice are different species of animals.

The *U.S. Federal Register* gives the proposed rules for such studies:

"Human epidemiology [dealing with the causes, spread and control of diseases] data are extremely limited in their ability to identify carcinogenic [cancer-causing] risks. Thus, animal experiments are conducted from which potential human risk is extrapolated [to take known facts and predict what is not yet known]. In the first volume of Drinking Water and Health, the NAS [National Academy of Sciences] Safe Drinking Water Committee provided principles to serve as guidance to EPA [U.S. Environmental Protection Agency] when assessing the irreversible effects.

Principle 1: Effects in animals, properly qualified, are applicable to man.

Principle 3: The exposure of experimental animals to toxic agents in high doses is a necessary and valid method of discovering possible carcinogenic hazards in man.

U.S. Federal Register, Vol 48, No 194, 5-10-83, Proposed Rules.

If the chemical is shown to cause cancer, obviously it is banned. It is unfair to suggest that studies showing a fluoride-cancer connection are invalid because high levels of fluoride are used - when this is standard procedure.

The question could be asked of the NCI, the authority responsible for the testing, *"Given its long-time support for, and commitment to artificial fluoridation, could the National Cancer Institute, under the control of the U.S. Public Health Service (P.H.S.), firstly, conduct a fair trial and secondly, be relied upon to correctly report the results?"*

The author of *Poison on Tap*, Glen Walker gives his assessment (p 37):

"Only last year, the U.S. National Cancer Institute, which has been endorsing fluoridation as safe for forty years, started tests to determine whether or not fluorides can cause cancer. No doubt they hope to prove in retrospect that their forty years endorsement of its safety was justified."

Cancer Tests in 'Disarray'

The NCI had made a commitment, in 1977, to immediately begin a three-year fluoride/cancer animal study and report the results to Congress. That study was not completed until 13 years later, in 1990! This was after statements in Congress that earlier attempts were in 'disarray'. In view of subsequent attempts to diminish fluoride dangers that were revealed in the study that was

reported, it has been said that one can surmise just what earlier attempted studies may have disclosed during the prior 13 years, and why they were thus, in disarray.

Though this delay of over a decade by the NCI was irresponsible, perhaps the comment by Glen Walker, Chairman of the Freedom from Fluoridation Federation of Australia, was correct when he wrote, "*The animals were lucky.*"

The actual cancer/fluoride/animal study that was finally reported, was undertaken on behalf of the Government and NCI by the National Toxicology Project (NTP).

The warning bells began to ring in August, 1989, when a memo from the office of Michael Cook, the chief drinking water official at the U.S. Environmental Protection Agency, concerning the NTP animal/fluoride/cancer study, noted:

"Very preliminary data ... indicate that fluoride may be a carcinogen."

'The Fluoride Debate: One More Time', *Science*, Vol 247, p 276.

If a U.S. government study were to show that fluoride might cause cancer, this would be devastating for the many who profit from artificial fluoridation. John Sullivan, deputy director of the American Water Works Association (AWWA), said:

"If fluoride turns out to be a carcinogen, it will be the environmental story of the century."

Medical Tribune, Vol 30, No 31, Thursday, 28-12-89.

Director Sullivan later added:

"The toothpaste industry [using fluoride to enormously increase the sales of toothpaste] would go crazy."

Science, 19-1-90, Vol 247.

Equivocal Evidence of Carcinogenic Activity

In an announcement on 26th April, 1990, the results of these studies were said to show: '*equivocal evidence of carcinogenic activity*' (*Science* Vol 247, p 276). While it was admitted that cancers had developed in rats drinking fluoridated water, it was claimed that mice had remained cancer-free. No cancers occurred however, in either rats or mice drinking **unfluoridated** water. (Data from the 'National Toxicology Program Report on Sodium Fluoride Study'. NTP TR 393 NIH Publication No 90-2848, 26-3-90.)

The use of the term '*equivocal*' [uncertain] did nothing to allay the concerns of those scientists and others who do not support compulsory artificial fluoridation. They feel that any uncertainty about the safety of fluoride should

result in a suspension of fluoridation, with no continuation until, and unless, fluoridation can be shown to be absolutely safe.

As soon as the report findings were announced, an independent scientific Committee was appointed by the Department of Health and Human Services to investigate the NTP data of a cancer/fluoride link - and report in June, 1990.

To this date, that report has not been concluded. There will no doubt be many people who are eager to obtain this new evaluation.

U.S., Dept. Health & Human Services, Letter, 20-6-90.

Cancer Findings Suppressed

Then a report in the leading medical journal, *The Lancet* on 22nd September, 1990 revealed the cover-up:

"On the 28th August, 1990 Dr William L. Marcus, chief toxicologist for the U.S. Environmental Protection Agency's drinking water programme, claimed that the original findings of the NTP study showed the cancer hazard from fluoridated drinking water to be greater than the NTP was telling the public."

The Lancet, Vol 336, p 737.

"The reviewers were not given all the data" Marcus said ...

Marcus [also] said the H.H.S. (Health and Human Services Department) NTP Program consistently downgraded researchers initial judgements about lesions [abnormal changes in the structure of an organ or tissue] and tumors seen in rodents given high doses of fluoride.

[Marcus was vindicated when] Dr David Rall, director of the NTP, conceded ... that researchers had initially identified more tumors among the test rodents receiving more fluoride. But he said it was routine in such studies for reviewing scientists to downgrade such judgements later. [This is reminiscent of the Hastings, N.Z. study where examiners were instructed that caries (holes) that they had earlier recorded as caries, were no longer to be recorded as caries.] [my emphasis]

Mike Cook, head of the EPA's office of drinking water, agreed that 'fluoride is not [Marcus'] assignment right now.' Science & Health .

Dr Marcus, in a memorandum to his Director, Margaret Stasikowski, of 24th Sept, 1990, courageously stated that he would continue to provide toxicity information on fluoride to the U.S. EPA, despite pressure not to. He added:

"Your request that I no longer perform the service for which I am paid is unthinkable."

Robert Carton, a U.S. EPA environmental scientist ... accused his agency of 'torquing, twisting data ... for a political end point', because of the Federal government's commitment to drinking water fluoridation to reduce cavities."

This was extraordinary in itself, but was closely followed by corroborating evidence from a leading European scientist, trained in statistics, Physicist R. Ziegelbecker from the Institute of Environmental Research, Graz, Austria. Ziegelbecker, who has had over 80 papers on fluoridation published in leading scientific journals, did an independent analysis of the NTP data and found *clear evidence of cancer in mice* as well as rats. (Ziegelbecker R., *'Fluoridation: Clear Evidence Of Carcinogenic Activity In Female Mice'*, 28-5-90. All Organs: Malignant Lymphoma and Histiocytic Sarcoma and also Malignant Tumors.)

This came as a further revelation, because the U.S. Assistant Secretary for Health, James O. Mason, a strong proponent of fluoridation, had earlier claimed just the opposite - that the NTP study had shown *'no evidence of carcinogenic activity'* in mice.

Doctors Sue American Dental Association

The suppression of vital evidence of the harmful effects of artificial fluoridation has had wide implications.

In September, 1990, 40 U.S. dentists instituted legal action in the United States District Court, Northern District of Ohio, against the American Dental Association. The dentists, all professional members, say their association breached its contract with them to provide accurate data on dental practices, including the addition of fluoride to drinking water and other serious health concerns arising from the use of dental amalgam.

This class action charges that the American Dental Association fraudulently misrepresented that fluoridation was safe when many studies have shown that artificial fluoridation causes cancer. It further charged that virtually all recent large-scale studies on fluoridation and tooth decay have shown that there has been no statistically significant reduction in decay rates of permanent teeth as a result of fluoridation and that the American Dental Association's claims to the contrary were false.

Legal Action To Require Dental Association to Tell Truth About Fluoridation

The lawsuit seeks unspecified monetary damages as well as an injunction stopping the Association from disseminating the same misinformation, and a Court order requiring the Association to admit and to correct its wrongdoings.

Fluoride/Cancer Link Established Since 1965

Submissions presented to the ACT Inquiry showed that evidence of a cancer/fluoride link has existed for decades, but has been ignored by health authorities in Australia and the U.S. As far back as 1965, studies by Professor

A. Taylor determined a connection between fluoridated drinking water at 1 ppm and a shortened life-span in test animals:

"My contact with fluoridation came about as a result of cancer research. In one project, various chemicals were added to the drinking water of mice susceptible to cancer in order to check the possibility that some compounds might delay the onset of the disease or prevent it altogether. Among the chemicals used in this research was sodium fluoride. In the first two preliminary tests, the results obtained indicated that mice drinking fluoridated water tended to develop cancer at an earlier age as compared with control animals maintained on fluoride-free water. These earlier tests were followed by further investigations so that altogether twelve experiments involving 645 mice were used in this research. The data indicated that drinking water with as little as 1 ppm shortened the life span of mice an average of 9 per cent. This was true whether death was due to cancer or non-cancerous diseases (Dental Digest, Vol 60, p 170, 1954).

The only notice proponents of fluoridation gave to this work was to discredit it as much as possible. To this day, dental offices are supplied with material which is concerned only with the two preliminary tests involving about forty mice. The ten additional experiments [involving 991 mice in 55 tests. Proceedings of Soc. for Experimental Biology and Med., 1965] are ignored.

Recently, another series of investigations on the biological [of plant and animal life] effects of sodium fluoride have been carried out in my laboratory. In the course of these studies it has been discovered that very low levels of sodium fluoride accelerate the growth of cancer tissue as grown in mice or embryonated [containing an embryo] eggs."

Taylor A., Fluoride - Cancer Research, *Saturday Review*, N.Y., 2-10-65.

In the science journal, *The Ecologist*, the results of a major study that showed DNA damage were reported:

"In 1981, research by John Emsley and his team at King's College, London, reported in New Scientist of January, 22, 1981, revealed that they had found a mechanism at the molecular level whereby the allegedly 'chemical inert' fluoride ion could disrupt enzymes and DNA. It could thus be "responsible for the serious charges being laid at fluoride's door: genetic damage, birth defects, cancer and allergy".

Later, in 1981, two Soviet researchers provided independent support for the validity of John Emsley's findings. In the October issue of Fluoride, they reported fluoride interference with RNA (a close relation of DNA).

"In 1982, Japanese researchers at the Nippon Dental College, Tokyo, provided still more independent support for John Emsley's findings. In The Japan Times of August 24, they reported studies showing that fluoride, as used in topical [limited or applied to a certain spot or part of the body] applications to teeth, induced genetic damage and irregular synthesis [the formation of a complex substance by the union of various

elements] of DNA in mammalian cells. (Paper presented to the meeting of The Japanese Society for Cancer Research, on August 23, 1982.)"

Grant D., Fluoride - The Poison in our Midst, *The Ecologist*, Vol 16, No 6, 1986, p 250.

In calling for a two-year moratorium (suspension) on fluoridation, the Michigan State government's Select Committee on Water Fluoridation, revealed concern over higher cancer deaths in the artificially fluoridated city of Grand Rapids, U.S.A. They reported to Parliament:

"Another phase that requires study is that of mortality statistics in cities with fluoride in the water and those without. Ten year figures show higher rates in fluoridated Grand Rapids than in unfluoridated Flint. Grand Rapids figures are also much higher than the state average and show an unfavorable trend."

State of Michigan, No 67, *Journal of House of Reps.*, 24-4-64. p 1582.

Research data Manipulated - Cancer Proof Concealed

One can spend much time studying columns of figures without a full understanding of what they show. The following evidence given to the ACT Inquiry by Dr Colquhoun gives an in-depth explanation of a major study which has been used the world-over to support artificial fluoridation. It is one of many examples of how statistical studies have been manipulated to hide the health hazards of fluoridation. Dr Colquhoun, who had earlier been the leading proponent of fluoridation in New Zealand explains:

"... I had a look at the paper by Erickson and this was one of the biggest studies of cancer rates ever done. And it was done, of course, to debunk Burk and Yiamouyiannis ... he looked at 46, I think it was, fluoridated and unfluoridated cities of America of similar size, and in big type at the beginning of the article it tells you that the study showed there was no difference [in cancer deaths].

But then if you read through the study and look at the data, which is what I did, I found he had three columns. He had a column of the differences of every disease, including cancer, in the fluoridated cities, [and] the unfluoridated cities. Every disease, which is called the raw data, was the first-off measurement ... The diseases were of higher prevalence in the fluoridated cities compared to the unfluoridated cities ... then he applied the standard tests.

That is, they [Erickson and fellow researchers] argued that because the fluoridated cities had more black people and the average age was older ... they applied tests to allow for age, sex and race ... because black people for some reason have more cancer than others ... so they weight the statistics to allow for that.

What weighting means is just, you multiply by some decided upon figure less than one ... and that reduces all the rates. ... Now, what Erickson did in his second column ... after he applied all these standard tests ... cancer deaths were still higher in the fluoridated cities than in

the unfluoridated ones - and this was using a much larger number of cities than all the other studies have done. [my emphasis]

So then you read the text and he says, "I therefore decided" and he has got a third column, you see, "I therefore decided to look at factors which may plausibly account for the higher cancer death rates." And he listed a whole lot, and the two he chose to weigh for were average length of time of education and density of population in each of the two cities. Now, in actual fact there is no study [that has] been published anywhere in the world that shows a correlation between cancer rate and length of education, and none in the world has shown a correlation between cancer and density of population. [my emphasis]

So therefore, he proceeded to weigh against a suitable figure less than one to multiply, and in his third column the higher cancer death rates had disappeared! Now, ask yourself. I doubt very much really whether black people do, because of any genetic [pre-disposition], have more death rates. ...

So really, it is a socio-economic thing. We also know that black people in America, [are] not only in the lower socio-economic group, they [also] live in places where there is a higher density of population, and they tend to have lower lengths of education. So what Erickson was doing was multiplying twice over for the same factor to make his cancer death rates disappear. I have now proceeded to go through all the cancer studies, and I am finding similar sorts of hokery-pokery, statistical manipulation to get the results you want to get."

Dr Colquhoun, *Submission*, 17-5-90, pp 451-453.

It would seem that the remark by Mark Twain, "*There are lies, damn lies and statistics*" could well relate to some of the studies of artificial fluoridation.

Proof of a cancer-fluoridation link

The question that is raised as a result of increase in cancer in people living in areas where drinking water is artificially fluoridated is: "*Do fluorides act on the body, and if so, in what way do they act?*"?"

The following illustration of how the body works at a cellular level is drawn from '*Fluoride: the Aging Factor*' by Dr John Yiamouyiannis. Exact quotes from the book are in *italics*.

All animals, including humans, are made up of cells. Cells contain DNA, which is the body's master blueprint material that determines how the body is built. DNA specifies characteristics such as height, hair texture and colour, the number of fingers on each hand, blood type, and through certain processes, the susceptibility of the individual to various diseases.

There are a number of ways in which the body protects DNA. One is by the cell providing a group of enzymes called the *DNA repair system* which repairs DNA when it is damaged. As people age, their DNA repair enzyme system slows down and DNA damage can go unrepaired. This leads to cells being

damaged or dying. Damaged or dead cells may then put out products which in turn damage other cells, leading eventually to increasing cell death and the degenerative loss of various tissues and organs in a snowballing cycle of aging = damage = aging, etc.

Fluoride Inhibits DNA Repair Activity

“Serious consequences can also arise if the unrepaired DNA damage occurs in a cell which gives rise to a sperm or egg cell. In these cases, DNA damage in the defective egg or sperm cell will be replicated [copied] in every cell of the offspring’s body and will lead to a birth defect. If the child with this birth defect survives to maturity and reproduces, this genetic deformity will be passed on from generation to generation. A decline in DNA repair activity with “age” is one of the reasons why the number of birth defects increases as maternal [of a mother] age increases.

Unrepaired damage of a segment of the DNA responsible for control of cell growth (brought about by a deficient DNA repair enzyme system) can lead to uncontrolled cell growth or tumors. Many tumors stop growing when they are contained by the cells around them. However, in some cases, tumor cells may release an enzyme, or may be induced by additional genetic damage to release an enzyme, which digests the surrounding cells. The result is an invasive or malignant tumor and is more commonly referred to as cancer.

A decline in DNA repair activity with “age” is one of the primary reasons why the incidence of cancer among older people is so much higher than the cancer incidence among younger people.

Dr Wolfgang Klein and co-workers at the Seibersdorf Research Centre in Austria reported that 1 part per million fluoride inhibits DNA repair enzyme activity [see: Enzyme section] by 50%. Since fluoride inhibits DNA repair enzyme activity, fluoride should also be expected to lead to an increase in genetic or chromosome damage.

This has indeed been found to occur in numerous studies showing that fluoride in water, even at the concentration of 1 ppm, can cause chromosome [chromosomes carry the genes which determine heredity] damage.

One of the most relevant of these studies are those of Dr Aly Mohamed, a geneticist at the University of Missouri. They show that 1 ppm fluoride in the drinking water of mice causes chromosomal damage. These studies also show that as the fluoride content of the water increases, the degree of chromosomal damage increases in both testes and bone marrow.

Since the testes cells observed by Dr Mohamed give rise to sperm cells which are passed on to future generations, genetic damage to these testes cells can lead to birth defects and other metabolic [to do with the process by which living things turn food and energy into living tissue] disorders which can be passed on from generation to generation.

Early studies regarding the ability of fluoride to cause chromosome damage were done on plants and insects and as a result drew little attention. However, since the basic structure, function, and repair of chromosomes is similar in plants, insects, and animals, substances like fluoride which cause genetic damage in plants and insects, will most likely cause genetic damage in animals - including man."

The above facts are from Dr John Yiamouyiannis' book, *Fluoride: The Aging Factor*.

Fluoride Causes Genetic Damage

"Substances like fluoride which cause genetic damage are called mutagenic substances and it is a well-accepted fact that substances which are mutagenic also tend to be carcinogenic, or cancer-producing. In fact, this is exactly what has been found with regard to fluoride.

Dr Takeki Tsutsui and co-workers of the Nippon Dental College in Japan showed that fluoride not only caused genetic damage but was also capable of transforming normal cells into cancer cells. The levels of fluoride used in this study were the same levels of fluoride that the U.S. National Cancer Institute suggested should be used to determine whether or not fluoridation of public water supplies causes cancer.

They found that cells treated with 34 and 45 parts per million fluoride [once again, an example of standard testing for possible carcinogenic drugs] produced cancer (fibrosarcoma) when injected under the skin of otherwise healthy adult hamsters. In contrast, they found that cells that were not treated with fluoride did not produce cancer."

Cancer Research Journal, 44, 938/941, March, 84.

"Dr Danuta Jachimczak and co-workers from the Pomeranian Medical Academy in Poland reported that as little as 0.6 part per million produces chromosomal damage in human white blood cells. This study has received support from ... Dr R. Lin and co-workers from the Kuming Institute of Zoology ..."

Genetica Polonica, Vol 19, 1978.

It seems probable that fluoride may cause genetic damage.

The fact that fluoride has also been shown to cause cancer should not be surprising since it is generally accepted that cancer can and does result from genetic damage.

In any event, it is accepted by some that fluoride disrupts DNA repair enzyme activity, that fluoride causes genetic damage, and that fluoride causes cancer tumors.

Unethical Tactics in Fluoridation Campaign

Many battles in the history of medicine have been epic affairs. But the most ruthless of all, those that have ruined individuals and destroyed careers, have been fought between physicians.

In the last Century the Hungarian physician, Dr Ignaz Semmelweiss, determined to his satisfaction that child-bed (puerperal) fever was transmitted to pregnant mothers on the germ-laden hands of attending physicians. He directed doctors working under him to wash their hands in an antiseptic solution of chlorinated lime before undertaking pelvic examinations. That simple (and otherwise harmless) procedure saved thousands of lives. Instead of being honoured, Semmelweiss was hounded into disgrace. Eventually he died in a state of mental illness. The fight itself continued, however, on its merits and was ultimately won by his supporters.

Tactics used Against Opponents of Fluoridation

Instead of debating an issue on its merits, it is a common tactic by a few people in politics and the media to attempt to win an argument by calling their opponents derogatory (belittling) names. The implication is that if the message-carrier is of unsavoury character, then clearly the message itself simply must be wrong. This tactic tends to prevent people looking at the importance of *what* is being said, and instead, it diverts attention so as to focus on *who* is saying it.

N.Z. Dental Association Denigrates Dentist

Dr Colquhoun said that the New Zealand Dental Association circulated criticisms of his work without his knowledge:

" ... they were circulated without my knowledge or opportunity to respond ... and instead of criticising my research, they criticised me. [It was] headed "Doctor Colquhoun's credibility to be studied carefully before attaching any importance to his claim."

While many people would recognise this tactic of 'name-calling' as a ploy mostly used by children who may feel unable to communicate adequately, its telling effect in the adult-world makes its use far more common than most of us realise. In fact, when done with widespread media support, it can seriously restrict open debate. The issues of racism and immigration are good examples. These are subjects about which many people find it difficult to remain objective and unemotional. Artificial fluoridation is one such subject.

Denigrating Opponents of Artificial Fluoridation

The most usual method is 'denigration by association'. This involves trying to label (associate) an opponent with something which is undesirable or held in a bad light. The usual tactic is to call the person a 'charlatan', 'right-wing extremist' or attempt to associate the person or group with a group which has previously been denigrated in the media - such as the League of Rights.

For arguments sake, though, let us look at what the League of Rights is quoted as saying by the ACT Inquiry (para 3.19) on the subject of fluoridation:

Rights - A free people have a **RIGHT TO EXPECT THAT THEIR WATER SUPPLY** remains **PURE**. Those wanting Fluoride can buy tablets.

Force - Nobody has the right to force others to consume that which they do not want.

Poison - Sodium Fluoride is a cumulative poison.

Safety? - Regular ingestion of Fluorides has **NOT** been proven harmless.

Mass Medication - is contrary to sound medical practice.

Dosage - Experience has shown that there is no guarantee that the "safe" dosage will not be exceeded.

Economics - Why flush the sewers, streets - water parks and gardens with fluoride when only about 0.25% is used for drinking?

In a subsequent ACT Inquiry quotation (para 3.21) from a League of Rights brochure in the 1950's. It states:

"At first sight there may not appear to be any relationship between Communism and the fluoridation of public water supplies. But as Communist tactics support all policies which extend government control over the individual and weaken his sense of personal responsibility, it is not surprising that fluoridation has the endorsement of Communists."

It was probably an unfortunate choice of quotation by the ACT Inquiry as it tends to link opponents of compulsory fluoridation, not only with the League of Rights, but with a rather dastardly communist plot as well. What a felicitous combination.

The clear facts, as evidenced by Australians voting on this issue (see - **Referendums on Fluoridation** section in this Dissenting Report), are that the large majority of people are against compulsory artificial fluoridation of water supplies. That this is so, even though most people have not seen the extensive evidence of the health and environmental dangers of fluoridation, is an indication of its lack of community support. One might claim without too much fear of contradiction that most people seem to feel that when governments start to make drug-taking compulsory, it's time to say "**no!**"

The record shows however, that in case after case, a few people within the A.M.A., A.D.A., N.H. & M.R.C., Health Departments and political parties have all used this tactic against scientists and doctors who have spoken up for freedom of choice in medication, or presented evidence suggesting that fluoridation may be ineffective, or a health and environmental danger.

Eminent Cancer Scientist Slandered

Dr Dean Burk (now deceased) was one of the world's leading Biochemists with 50 years research in cancer. Dr Burk was Co-founder of the National Cancer Institute, U.S.A., and was 35 years with that Institute. Dr Burk received International Awards for his research on cancer. His classic paper, co-authored with Dr Lineweaver on 'Lineweaver - Burk Enzyme Kinetics', is cited more extensively than any other paper published in the history of Biochemistry. Dr Burk was a Member of the Board of Directors, Science Resources Foundation, and some 20 leading scientific organizations. A recipient of the Domagk prize for cancer research, he was decorated Knight Commander, Medical Order Bethlehem: Fellow A.A.A.S. Dr Burk wrote the texts: *Cancer*, (1945); *Approaches to Tumor Chemotherapy*, (1947); *Cell Chemistry*, (1953).

Dr Burk published a prodigious 200 scientific, medical papers on cancer alone.

Dr Burk was the Hon. President, German Society of Medical Tumortherapy, as well as serving on several editorial boards. He was awarded the Wisdom Society *Award of Honor*, Los Angeles, was made a Knight of Mark Twain Society, Missouri, received the *Distinguished Service Award* in Biochemistry, Dictionary of Internat. Biography, England, and among others, the *Humanitarian Award*, International Association of Cancer Victims and Friends, Los Angeles.

Marquis Who's Who in the World, Vol 11 (1974-1975).

Dr Burk, in 1977, having recently retired from being head of the Cytochemistry (cell-chemistry) section of the U.S. National Cancer Institute, visited Australia. Dr Graeme R. Dunn, President of the Dental Health Education and Research Foundation, in an official letter of 11th June, 1979, said of Dr Burk (and Dr Yiamouyiannis):

"The true story of these charlatans is beyond belief."

Copy of Dunn letter, *Poison on Tap*, p 259.

Strong words. Others would say of course that what is beyond belief is the corruption of medical and scientific ethics, that allows men trained in science, many of whom have taken an oath to serve mankind, to alter research results and denigrate those who report what they in conscience believe is the truth about the horrendous consequences of the regular and compulsory ingestion, by entire populations, of one of the most toxic chemicals known to man. It is hardly surprising that the freshness of vivid and informative debate gives way to mud-slinging.

Dr B. Levant, speaking as the Chairman of the Australian Dental Association's Fluoridation Committee was reported in the Melbourne Age newspaper Monday, 29th August, 1977:

"Dr Levant said Dr Burk was an eminent biochemist whose "profound qualifications" were not in the cancer field."

This of a man who was a co-founder of the National Cancer Institute, where he worked for 35 years as a senior scientist!

Dr Burk, Dr Sutton and Professor Schatz (as detailed later) are by no means the only eminent scientists who would seem to have been personally vilified after they reported adverse reactions, or ineffectiveness of artificial fluoridation. The list is a long one, and includes Nobel Laureates.

Dentist sacked for revealing fluoride dangers

In 1979, Dr Geoffrey Smith worked at Proserpine Hospital (Queensland) and also supervised the work of a School Dental Therapist in the local Primary School. Dental therapists were instructed to apply topical fluoride gels routinely to all their patients - *even when the child had 'mottled teeth'*, which some believe to be the first detectable sign of chronic fluoride poisoning. The argument is that mottled teeth do not necessarily mean that the patient is still ingesting poisonous amounts of fluoride, but it does indicate that during a critical stage of tooth development, too much fluoride was probably received.

Dr Smith stated:

"The water in Proserpine was fluoridated, over-fluoridated according to W.H.O. recommendations, and, from the number of cases of dental fluorosis I saw, it was obvious that many children were receiving too much fluoride. I asked the Health Department in Brisbane to allow me discretion as to whether or not a child should get topical fluoride treatments.

Permission was denied; topical fluorides were policy it was explained and, there was nothing I or anyone else could do about it. [Such is the attempted encroachment of bureaucratic control over our lives.]

I began to collect data on the number of 'mottled teeth' at the school, and also the various sources of fluoride the children were ingesting. Within weeks, I was officially warned by the Queensland Health Department to halt the research. ... I didn't ... newspapers got wind of the "mottled teeth" ... and all hell broke loose.

Sir William Knox, Queensland's Minister for Health, sent two school dentists to Proserpine ... they refused to accept my findings and conducted their own investigation. Nevertheless, they confirmed my data and on November 1, 1979, Sir William made a statement to the Queensland Parliament ... [about the results of their investigation].

"I believe it warrants a strong health education program aimed at ensuring that parents do not over-fluoridate their children [said the Minister of Health]."

I might have guessed parents would get the blame!

For 20 years, health authorities around Australia had promoted fluoride on the basis of the more the better. Parents had been encouraged to give their children fluoride tablets and drops, even in fluoridated areas! A practice unknown in any other part of the world, even America. Now, and belatedly, came the admission that some children could be receiving too much fluoride.

Meanwhile, I had been fired. And, when a doctor friend phoned the Queensland Health Department a month later, to enquire about the "Proserpine incident", he was told that:

"Smith was a ratbag; there had been NO fluorosis at the Proserpine Primary School; and the affair was closed."

Smith G.E., Fluoride: The Frightening Facts, *Simply Living*, Vol 2, No 1, p 34.

Wrong Data Given about Dentist

I can vouch for this approach by a representative of the Queensland Health Department. When the ACT Inquiry Committee visited Brisbane and took informal evidence from the Queensland School Dental Service, Department of Health, we were also given similar incorrect data about Dr Smith.

One can understand health professionals wanting to argue for fluoridation if they see it as an effective method of caries prevention. The problem arises however, when people in responsible positions pass on information as factual, when they haven't personally verified it to be so. In this way, well meaning doctors and dentists may inadvertently prevent valid concerns about artificial fluoridation being known.

When a Doctor is sacked for attempting to save children under his care and responsibility, from a perceived harm from poisoning, and no politician, or medical or scientific organisation comes to his defence, or the defence of the children concerned, the effectiveness of the Parliament, the A.D.A. and A.M.A. in assisting community welfare, is placed in question.

The U.S.A. Attorney John Graham, in the *Summation of Evidence* to the 1978 Pittsburgh Court Case on fluoridation, gave an excellent example of truth and science versus politics. He presented:

"In 1976, the United States Public Health Service sought to promote a massive swine flu vaccination program. Dr Anthony Morris of the Food and Drug Administration protested that there was insufficient evidence of an impending epidemic, and that the safety of the vaccine was questionable. Nevertheless, the program proceeded and many persons were paralyzed; some died. Dr Morris was rewarded for warning the public about the harm by being summarily fired, and having his

laboratory dismantled. Shortly after, the government was forced to discontinue the swine flu program ..."

Censorship Against Medical Doctor

Dr R Mendelsohn editor of *The People's Doctor* wrote that he:

"... was surprised at the outraged and violent reactions in response to what I considered a relatively innocuous piece which appeared ... in my syndicated column. Within days after that fluoridation article was published, my column was cancelled in two large cities.

The pro-fluoridation enthusiasts accused me of lying about the renowned physician, Dr Benjamin Feingold's anti-fluoridation statements. Yet, in a letter to Dr Phillip E. Zanfagna, dated June 7, 1976, Dr Feingold clearly states in his closing sentences, "Each individual should be granted the option to choose fluoride prophylaxis [disease prevention treatment] depending upon his need and tolerance. You have my permission to state my position and quote me as against universal fluoridation of the water supply."

The People's Doctor, Vol 2, No 9, p 2.

American Dental Association Campaign of Slander

I have included the following data only because I feel it could well have a major importance in the story of fluoridation. It explains the actions of what must be a small, but obviously powerful group, within the American Dental Association in the early days of the promotion of artificial fluoridation. It may have had much to do with the disharmony between both sides of the debate that is often mentioned in the ACT Inquiry Report. The report is from *Poison on Tap*:

"In 1953, the American Dental Association issued a booklet which was sent to every corner of the States.

In the booklet ...under the heading:

"Downgrading the Public Image of Opponents of Fluoridation" ...

Dentists were advised to categorise the opposition to fluoridation into one of the following groups:

- drugless healers of all types,*
- members of religious groups, who believe that fluoridation is medication,*
- those who oppose for political reasons,*

- those fearing an economic threat to the sale of such things as vitamin preparations and minerals,
- obscure scientists and self appointed protectors of the public who object to every public health measure.

Besmirching the public image of opponents in advance, effectively prevented anyone from presenting any significant opposition.

The Booklet gave explicit instructions on how dentists should conduct themselves at public meetings:

At no time should the dentist be placed in a position of defending himself, or his profession, or the fluoridation process.

Special care must be taken to ensure that legislation on fluoridation was NOT submitted to the voters, who cannot possibly sift through and comprehend the scientific evidence.

Objections to fluoridation should be refuted in the following manner:

- the objections are documented from out of date materials written by well-known persons, [the "well-known person" tactic is used along the lines of, "Oh, it's him again, is it? We know all about him.]
- they are obtained from little-known lay magazines, newspaper articles, letters to the editor, or health faddist magazines,
- they are based on incorrect and ill-chosen terminology used by well-known persons,
- they are partial quotes from authoritative sources and misinterpretations based upon an incomplete knowledge of the subject,
- they are unwarranted and hasty conclusions drawn from research work,
- they are completely unsubstantiated and undocumented statements made by obscure scientists,
- they are quoted from little known, and out of date or unrecognised medical dictionaries and encyclopedias.

... the ADA booklet ... (did not contain) ANY SCIENTIFIC DATA on fluoride and its effect on human health.

Since that time, one characteristic has featured in every drive for fluoridation - an incessant attack upon the competence and intellectual honesty of opposing scientists.

*These onslaughts did not originate from a few zealous [eager] proponents; they were officially instituted by the **American Dental Association**, through a booklet that was very widely circulated, and subsequently published in its *Journal*, and adopted by its sister organisations throughout the world.*

The crusade to fluoridate America, and the rest of the world, was launched before any experimental work had been done to establish the parameters [a defining factor] of safety of artificial fluoridation; and, before any long term epidemiological studies to test its efficacy [effectiveness] had been completed."

Poison on Tap, pp 121 - 123.

The Liability of Criticism of Fluoridation

In my (Dennis Stevenson) personal experience after 15 years of interest in the subject, of the many scientists or doctors who have been outspoken in revealing scientific results which show problems associated with artificial water fluoridation, I have not been aware of a single one who has not suffered personal and professional denigration by some colleagues who perhaps were unaware of the facts behind fluoridation and thus were strong supporters. It is as though conformity was enshrined.

Dr John Yiamouyiannis said of the proponents of fluoridation:

"They have failed in their science and all they have left is character assassination."

Smith G.E., Fluoride: The Frightening Facts, *Simply Living*, Vol 2, No 1, p 34.

Falsely Attributing Statements

There are a number of ways in which some, but fortunately not all, of the proponents of artificial fluoridation have misled people.

One method has been to make a wild claim, and then to falsely attribute it to those who believe in freedom of choice in medication. Dr Colquhoun gave an excellent example of this tactic in evidence to the ACT Inquiry:

"The other line they take ... is ... an irresponsible one ... they say things like, "Colquhoun would have us believe that every defect in the teeth is caused by fluoride", or "It's quite wrong to say that all mottling is caused by fluoride".

Now, of course, I have never said that, and nor have any of the opponents of fluoridation said that.

... they imply by making statements like that, that these studies [showing high percentages of mottling in children] were including a whole lot of other defects which were not dental fluorosis. Now, if you read the studies ... the prevalence that I have given you in the table in my submission ... are the actual prevalences of this specific kind of mottling which cannot be denied is dental fluorosis.

So it is a very misleading sort of propaganda line they are circulating ..."

Dr Colquhoun - *Submission*, p 431.

Why Doctors May Not Know The Truth About Fluoride

The Medical Adviser to the House of Commons All Party Committee on Freedom of Information, Dr Edward C. Hamlyn, MB. ChB., made this 'Honest Testimony':

"Freedom of Information, the right to know the truth, would free us from misinformation on fluoridation.

Since first hearing recommendations by medical authorities that fluoride should be added to those public water supplies alleged to be deficient in fluoride in order to reduce tooth decay in children, I had always assumed that such authorities could be relied upon. I was far too busy to get involved in the fluoridation controversy and readily accepted what the "experts" said. I also accepted the view that people who were against fluoridation were cranks and I never bothered to listen to what they had to say or read what they wrote.

Last year I happened to be on the platform at a meeting to which I was to speak on the subject of Ethics in Medicine. On the same platform was the Chairman of the National Anti-Fluoridation Campaign, U.K., who spoke on the subject of fluoridation of public water supplies. I was a captive audience and for the first time heard something different from what I had previously been told.

I was intrigued, to say the least, and my curiosity to discover the truth soon led me to realise that my medical teaching had been quite incorrect. All the data I had been given on fluoridation by the medical authorities was basically untrue. The data had in it, sufficient truth to make it credible, but was so slanted and curved as to lead one to a conclusion which was entirely false.

It is almost certain, that had I been engaged upon the task of teaching medical students, I would have passed on to them the same errors as had been passed on to me. I have no shadow of doubt that no one who is untainted by vested interest would knowingly promulgate [to spread far and wide] the myth that the fluoridation of public water supplies is a scientifically based remedy for dental caries. The vast majority of doctors just do not have the time to investigate the subject of fluoridation in depth; they take the word of those who teach them on the assumption that their teachers know the truth.

The outcome of my investigations is that I am now a confirmed opponent of the idea of adding fluoride to public water supplies and having looked into it, I regard the campaign being carried out by the Department of Health and others in favour of water fluoridation as perhaps the best possible evidence of the need for a Freedom of Information Act to ensure that public authorities make available to the public such information as they have a right to possess."

The Press, Scotland, 25-8-78.

One Can be Sincerely Wrong

There is no question that most dentists sincerely believe in fluoridation and have their patients health uppermost in their minds. However, if incorrect information has been received, *one can be sincerely wrong.*

The Use of Dental Services

The use of dental services requires the same degree of knowledge, awareness, diligence, homework and concern about fees charged, as the purchase of other goods and services.

An "Insider's" View of Dental Propaganda

The ACT Inquiry Committee was indeed fortunate to gain a fascinating *insider's* view of how some proponents of artificial fluoridation work to keep the truth from the public. Dr John Colquhoun was not only a long-time advocate of water fluoridation, but as earlier stated, was New Zealand's top dental proponent. His story is remarkable:

"... my dental training made me a proponent of fluoridation ... I was in private practice for 12 years ... one of its keenest advocates for putting fluoride into the drinking water ... I published more research in community dentistry than any other principal dental officer in the Health Department. ... for that reason I was asked to chair the Fluoridation Promotion Committee ... the Department sent me on a world study tour in 1980 [and] prevailed upon me to make fluoridation and fluoride research the subject of my study ... I think they have regretted the decision ever since because my studies led me eventually of course, into changing my opinion about fluoridation.

First of all ... the studies which report that the prevalences and severity of dental fluorosis (mottling) - that is the undeniable toxic side-effect of water fluoridation - have reported much greater prevalences and higher severity than we had predicted when we introduced fluoridation. We used to say only 10 percent of children would have this ...

I was the first to publish a study drawing attention to the prevalence and severity of it and I was severely censured by my professional colleagues for doing that at the time and they circulated a whole lot of criticisms of that study but since then, of course, there are many, many other studies. Four others in New Zealand and many in North America and Africa and elsewhere have reported the similar prevalences, in fact higher prevalences, than I reported back then."

Evidence of the Ineffectiveness of Fluoridation Suppressed

Dr Colquhoun now discusses one of the most thorough statistical studies of teeth done anywhere in the world. He had data on children's teeth collected throughout New Zealand for the purpose of showing the **benefits** from artificial fluoridation (at the time, Dr Colquhoun was still operating on automatic pilot, as it were, and was therefore a strong supporter of fluoridation).

Dr Colquhoun said:

"... we decided we did not have figures to show the benefit of fluoridation. I was an ardent fluoridationist, you see, I wanted to show people how good it was.

So we decided to collect from every child leaving the New Zealand dental service - and 98 percent of them attend the NZ school dental service. So it was virtually a population, not a statistic in the strict sense, it was a population parameter we were collecting - the state of the teeth of every child who left the school dental service. So we had population figures for all 12 and 13 year old children in New Zealand.

When, as Chairman of the Fluoridation Promotion Committee, I gathered in these statistics and had a look at them, I observed immediately, because they were collected for each health district, all 14 of them, according to whether a child lived in a fluoridated area or ... an unfluoridated area ... the percentage of children who were free of dental decay was higher in the unfluoridated part of most health districts in New Zealand.

I said "Why has this information not been given to the public? We told them we were collecting this information which would show finally what the benefit was," and the reason given [by the Health Department] ... was that this would lower their confidence in fluoridation!

They did circulate a document within the department called 'Overviews of Fluoridation Statistics' and this purported to show the benefit of fluoridation - but they left out the figures ... which did not support fluoridation ... they actually omitted certain figures and it was that quite shameless doctoring of statistics which caused me to challenge what they were doing!

... I circulated [a document] to senior officers of the Health Department, and at the Senior Officers Conference in 1982, I pointed out what they were doing with these statistics, that they did not really support fluoridation at all, and the chairman said, "Well, you've heard John. Anyone got any discussion?" There were about 17 from around New Zealand sitting at this Head Office Conference in Wellington. I sat through what seemed like five minutes to me - it might not have been quite so long and there was a stony silence. Nobody said a word, not one word! So the Chairman said, "Well, as nobody has anything to say, we'll pass on to the next item of business."

Worse was to come. Dr Colquhoun continues:

"When I resigned from the department I told the public what had happened and published the statistics in international journals - scientific journals which are open to peer review. The department is now saying - and it has put it in writing ... in the New Zealand Listener - these statistics were never collected ... for the purpose of showing the effects of fluoridation, they were only collected as a guide to treatment for dental nurses!"

When Experts Disagree, Who are we to Believe?

Before people have had a chance to look at the compelling arguments against artificial fluoridation, they quite often say (quite reasonably), "*Who are we to believe when we have these contrary scientific opinions?*" Dr Colquhoun explains the simple answers:

"There are two answers ... if you do not know who to believe, you should follow your doubt and we should not be imposing it compulsorily on the whole population if ... experts cannot agree among themselves.

How Research Studies are Evaluated (Dr Colquhoun continued:)

... there is a convention in the scientific community ... that when research data is published in a responsible scientific journal after peer review - that is, independent experts approve of it for publication - if you disagree with that research and you think the author has made a wrong interpretation, you write in your objections to that journal where it will be published along with the author's response and there can be a discussion in a scientific forum of that research.

A lot of criticism of my research is being circulated, sent to councils ... [but] none of it has been sent to the journals which published my research. Some has been published very recently [long after Dr Colquhoun's studies were published] ... in ... journals which are committed to the fluoridation theory.

They [the criticisms] are being circulated [to councils, etc] without the reply which Dr Diesendorf and I managed to get put into those journals. So they do not include our replies, but also those criticisms in the proponent journals did not even cite my studies [or] put them in the reference list.

So I would suggest that you believe the ones that follow the proper procedures within science, that is, open discussion, and open criticism and counter-criticism of the research."

When the ACT Inquiry Committee asked Dr Colquhoun if the *New Zealand Dental Journal* had published his original paper, he said 'No', in spite of it having been published in some of the world's leading scientific journals!

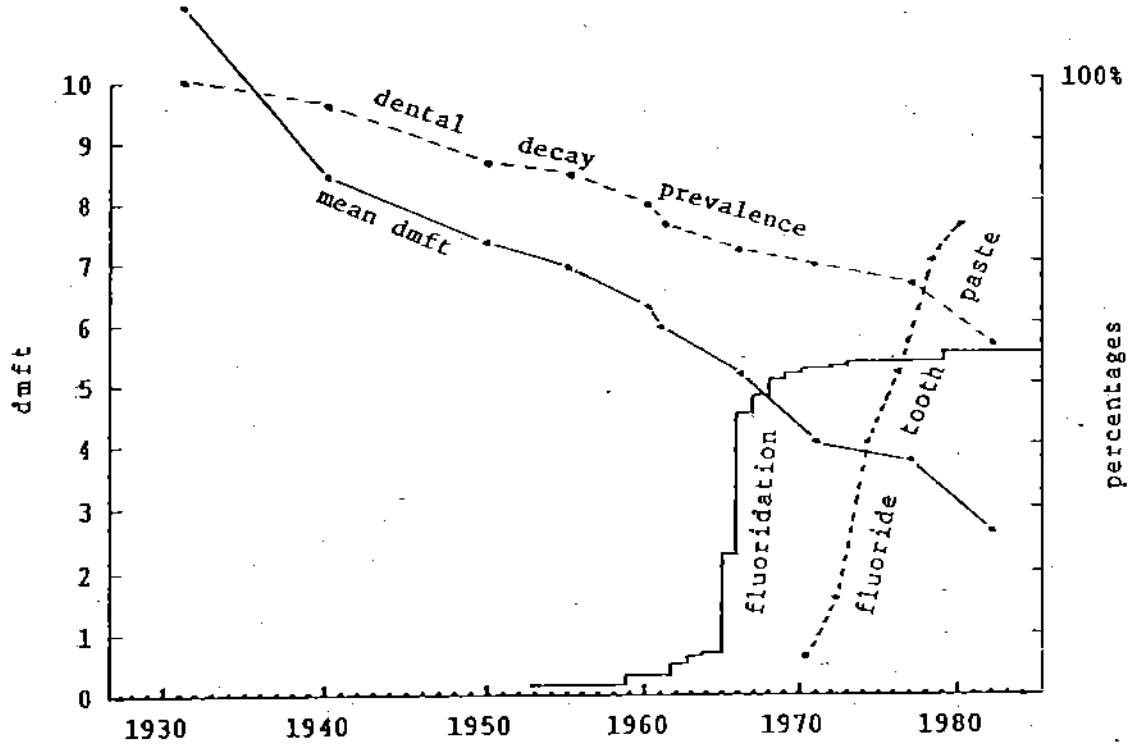
Wrong Reason for Health Improvement

Dr Colquhoun then made a telling comparison between artificial fluoridation and tuberculosis [a disease affecting any part of the body, usually lungs; characterised by inflammation or formation of nodules]:

"Take tuberculosis, it has been shown in books by McKuen and others ... that tuberculosis was on the decline before these new drugs for the treatment of tuberculosis were introduced. But the medical profession like to get the credit ... I think the same thing has happened with dental decay. We have shown quite conclusively that it was declining before we introduced ... fluoridation It has gone on declining ... after the children have received the maximum possible benefit of fluoride, it has still gone on declining. So obviously it is not related to fluoride at all."

Figure 3

50-year decline in tooth decay among New Zealand 5-year-olds.
 Solid line: Average no. decayed, missing and filled primary teeth (dmft).
 Broken line: Dental decay prevalence (100 minus percent caries-free).
 Fluoridation. Solid line: Percent of population with fluoridated water.
 Fluoride toothpaste. Broken line: Percent of total toothpaste sales.



Dental data for Figure 3:

| Date of collection | No. of children | dmft | Percent caries-free | Sources |
|--------------------|-----------------|------|---------------------|-------------------|
| 1930-32 | 263 | 11.2 | 0.76 | Hewit et al. (41) |
| 1940 | "70 clinics" | 8.48 | 4.35 | Health Dept. (41) |
| 1940 | 1039 | 8.22 | 4.8 | do. |
| 1948-50 | 692 | 7.1 | 12.28 | Hewit et al. (41) |
| 1950 | 13,337 | 7.45 | 13.5 | Health Dept. (41) |
| 1950 | "70 clinics" | 6.85 | 14.37 | do. |
| 1955 | 10,975 | 7.34 | 14.5 | do. |
| 1955 | 10,984 | 6.6 | 14.5 | do. |
| 1960 | "70 clinics" | 6.07 | 16.74 | do. |
| 1960 | 924 | 6.82 | 13.7 | do. |
| 1961 | 9,025 | 5.87 | 18.9 | do. |
| 1966 | 1,256 | 5.17 | 28.03 | do. |
| 1971 | 1,040 | 4.04 | 31.08 | do. |
| 1977 | 998 | 3.75 | 34 | Hunter (41) |
| 1982 | 958 | 2.6 | 44 | Hunter (41) |

"70 clinics" had approximately 4000 5-year-old children.
 The Figure shows averages from the data for each year.

Submission from Dr M. Diesendorf, 19-2-90, p 5.
 The data has previously been in overseas scientific journals.

ARE CHILDREN BEING POISONED?

The ACT Inquiry ignored, and thus denied, the importance of the scientific evidence, submitted to the ACT Inquiry, of the adverse health effects that are indicated when children's teeth become mottled because of ingested fluoride. The ACT Inquiry Committee did this by quoting (para 10.43 onwards) incorrect and outdated statements made in the Tasmanian and Victorian Inquiries - held more than 22 years and ten years ago, respectively, and ignoring data that appears far more relevant in presenting the alternative case.

The three Government Inquiries in Australia thus make three incorrect claims about dental mottling, in common with most proponents:

1. Mottling is commonly due to "*wholly unrelated causes*" - other than fluoride.
2. Mottling in Australia is not related to ill-health (*implied, but is not directly stated*).
3. Mottling is only a cosmetic problem (in Australia). "*It is not unsightly and is generally not noticeable to most people.*"

It is interesting to look at the actual evidence submitted to the ACT Inquiry concerning dental fluorosis, which, notwithstanding incorrect claims to the contrary, has been recognised for many years as an irreversible pathological (due to, or accompanying disease) condition, and the first visible sign of chronic fluoride poisoning.

Dental Fluorosis (Diseased condition)

In a letter dated, 26th April, 1975, Sir Arthur Amies, Dean of the Faculty of Dental Science, stated:

"Dental fluorosis or "mottled enamel" is an irreversible pathological condition which occurs in some 10% of children who habitually drink artificially fluoridated water during their early years of life. It is generally agreed that "mottled enamel", which varies in severity, is the first demonstrable sign of fluoride toxicity in the individual."

Professor of Dental Medicine Arthur Amies, Kt. G.M.G., D.D.Sc., D.L.O. (Melb.)
F.R.C.S. (Edin.) F.R.A.C.S., F.R.S.E., F.D.S.R.C.S. (Edin. and Eng.) F.R.A.C.D.S.,
C.M.G., Hon. LL.D. (Glas.).

The practice of medicine is based upon the recognition and interpretation of symptoms. A symptom is: "*a characteristic sign of some disease*". (Oxford English Dictionary.)

Dorlands Illustrated Medical Dictionary defines:

"Fluorosis - chronic poisoning with fluorine", and;

"Mottled enamel - a chronic endemic [regularly found among a particular people or in a particular locality] dental fluorosis that is found in communities using a drinking water that contains one part or more of fluorine per million. The permanent teeth of children so raised tend to erupt more or less chalky white in colour and later tend to become pitted and stained yellow, brown, or almost black."

Dorlands Medical Dictionary

Although claiming that artificial fluoridation is safe and supporting artificial fluoridation, all three government inquiries in Australia acknowledged in their reports that the 'recommended dose of 1 ppm' can cause dental fluorosis (poisoning). The Victorian Inquiry, in citing the Tasmanian Report (para 9.64), agreed (on p 159) that:

"With water fluoridated at optimum levels there is a probability that up to ten per cent of young children will be affected by dental fluorosis or mottling due to variable water intake."

Toxic Symptom Downplayed

Dr John Colquhoun, during a world tour to support fluoridation, discovered that fluoridation was not as he had believed it to be. His research in New Zealand confirmed this view:

"They [proponents] admit that there is more mottling than anticipated, and they put it down to other sources of fluoride added to the original one part per million, but they get out of it by saying, "Well, it's only a cosmetic defect. It doesn't do any harm to health." Now I ask people of common sense to ask themselves if you can put a toxic substance in water, sufficiently to damage the tooth forming cells of children, is it likely that it will do absolutely no harm to any other part of the body?"

Dr Colquhoun - *Submission*, p 431.

Professor Sutton, one of an elite group in Australia who hold the qualification of *Doctor of Dental Science*, stated:

"Since its inception, fluoridation advocates have admitted that about ten per cent of children who drink fluoridated water from birth will develop dental fluorosis. However, this has proven to be an underestimate. This condition is produced by the ingested fluoride poisoning the tooth-forming cells, so that they create faulty enamel which, when the teeth erupt, is seen as dead-white spots and areas on the surface of the affected teeth. Later, some of these ugly dead-white areas may become stained brown, leading to 'mottled teeth' - the original name for this condition."

Professor Sutton - *Submission 21-2-90*, p 7.

Natural Water Fluoride

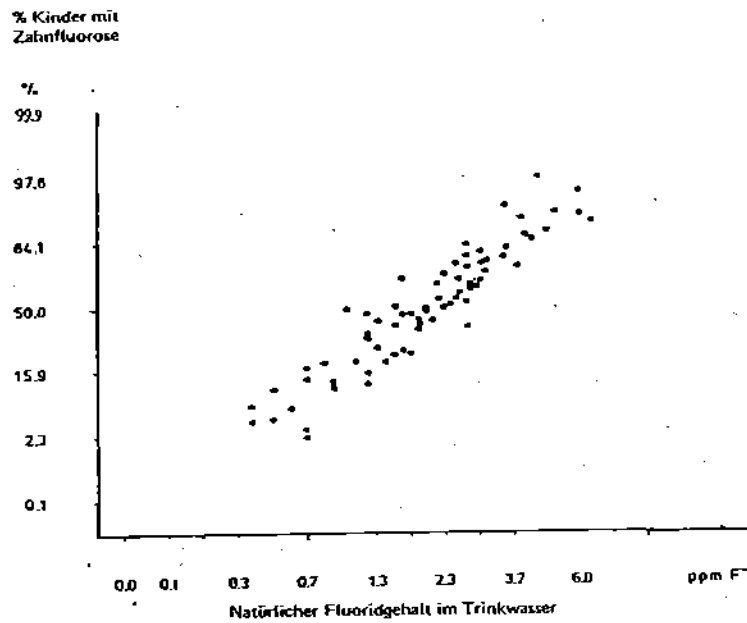


Figure 5. Dental fluorosis and natural water fluoride. Data obtained for 73 communities from all known published studies in North America and Europe, showing high correlation. Figure from Ziegelbecker (55).

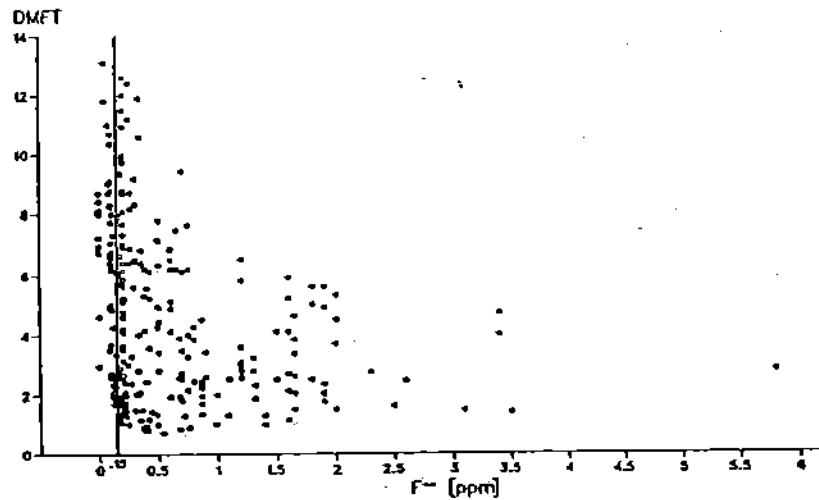


Figure 6. Dental caries and natural water fluoride. Data obtained for 272 samples from all known published studies in North America and Europe (including Dean's 21 cities), showing little correlation. Figure from Busse et al. (54).

Major Mottling Problem in ACT Before Artificial Fluoridation

In his pre-fluoridation study in Canberra, Dr L. Carr states (para 10.46):

"... that 42.2 percent of seven-year-old children and 53.4 percent of twelve-year-old children had mottled tooth enamel before fluoride was introduced."

If ever there was sufficient reason for not adding fluoride to the drinking water supplies of a particular community (Canberra), the above research study results by Dr Carr, showing children were already receiving toxic levels of fluoride (apparently from sources other than the water), this was it.

Fluoridation has Inescapable Consequences

The Tasmanian Royal Commission Report stated:

"Fluoridation of communal water supplies has inescapable consequences for all members of the community. ..."

Tasmanian Report, p 239, para 9.80.

Chronic toxicity or fluorosis may result from too high levels of fluoride ingestion. Its earliest symptom is dental fluorosis or mottling in the young, and the prevalence and degree of this condition can constitute an early community warning in relation to fluoridation levels. ..."

Tasmanian Report, p 237, para 966.

The ACT Inquiry Report (para 5.31) quotes the 1968 Tasmanian Royal Commission Report:

"There is a risk of dental fluorosis occurring in some children. The number affected will not exceed 10 percent of the child population and may be less. [With the major increase in total intake of fluoride from all sources, it could be a great deal more.] The degree will be 'mild' (probably about 2 percent) and the remainder will be 'very mild' or questionable."

Visible Warning of Chronic Fluoride Poisoning

These levels of dental fluorosis (fluoride poisoning) don't seem to have been given much significance by Justice Crisp. I did not think that children with 'mild' fluorosis had much of a problem until I learnt that the definition of 'mild fluorosis' (as seen below) means that over 50% of the child's tooth is discoloured and unsightly. Sometimes the child simply refuses to smile, out of shame.

The Victorian Government Report listed the following classifications, according to a visual method devised by Dr Trendley Dean in 1934. The categories Dean devised, describe only the appearance of the teeth. The understanding of the pathological processes involved is ignored and obviously not understood by that dentist (Dean):

Normal: The enamel is translucent, smooth, and presents a glossy appearance.

Questionable: Slight aberrations from the normal translucency, ranging from a few white flecks to occasional white areas which one would hesitate to classify as apparently normal or very mild.

Very Mild: Small, opaque paper-white lines or areas scattered irregularly over 25% of the Labial and buccal tooth surfaces.

Mild: The white opaque areas involve at least half of the tooth surface and faint brown stains are sometimes apparent.

Moderate: Generally all tooth surfaces are involved, and minute pitting is often present on the labial and buccal surfaces. Brown stains are sometimes a disfiguring complication.

Moderately severe: Pitting is marked, more frequent and generally observed on all tooth surfaces. Brown stains, if present, are generally of greater intensity.

Severe: All labial enamel surfaces are affected and severe hypoplasia [defective or incomplete growth of an organ or tissue] affects the form of the tooth. There is confluent pitting with widespread deep brown to black staining giving the tooth a corroded like appearance.

Victorian Inquiry Report, para 7.46.

In answer to a question asked by the ACT Inquiry Committee about the claim by proponents that there are about 90 possible reasons for mottling, other than dental fluorosis, Dr Colquhoun stated:

"Well, I can refer you to a text which disputes that completely. The most recent book by Professor Ollie Furjerskoff of Copenhagen and his associates go very thoroughly into dental fluorosis. These are recognised world authorities ... they are not anti-fluoride people, they are dental scientists of the highest repute and they give the criteria for differential diagnosis of dental fluorosis from other forms and they say quite categorically it is possible to diagnose the condition from a clinical examination of a patient. It is very rarely, they say, that you are in doubt.

Of course in America dental fluorosis is so well known that they cannot say otherwise ... even the proponents. It is only in Australia and New Zealand and Britain where there is less knowledge of dental fluorosis among professionals, they are now saying that you cannot even tell whether it is fluoride that causes it That is bunkum, absolute bunkum!

... it is symmetrically arranged diffuse patches or lines on the teeth following the growth lines of the enamel and it cannot be caused by

anything but excess fluoride taken internally. That is recognised by all reputable scientists."

Dr Colquhoun - *Submission*, p 450.

Early Warning of Fluoride Poisoning

In the face of the accepted scientific evidence showing that dental fluorosis is a visible sign of chronic fluoride poisoning during tooth development, most proponents simply refuse to acknowledge the evidence. They suggest that, if unsightly mottling occurs, then the appearance of the affected teeth can be restored by fitting a crown, or by being ground and resurfaced with a synthetic enamel, at the discomfort and expense of the person affected. They insist that the condition has no pathological significance whatsoever.

"Conditions and symptoms caused by minute dosages of chronically acting poisons such as lead and arsenic, are notoriously difficult to diagnose. Medicine has learnt that no early warning symptoms should be ignored. For example, one of the first clinically detectable signs of some chronic lead poisoning is a blue-black line on the gums indicating the presence in the tissue of lead sulphide. The blue-black line, in itself, is not harmful, it isn't unsightly, and it can't be seen unless someone looks closely for it; but, it is a symptom of chronic lead poisoning, and no doctor would ignore it or dismiss it as a "slight aberration". Left untreated, chronic lead poisoning may progress through a variety of mild, vague symptoms, to more painful colic, inflammation of various nerves, areas of paralysis, convulsions, brain lesions and ultimately, death."

Poison on Tap, p 105.

ACNE-LIKE ERUPTIONS

"Dr Milton A. Saunders, a physician from Virginia Beach, Virginia, U.S.A., reported that acne-like eruptions also result from the mere contact of fluoridated toothpaste with areas around the mouth. In his report, published in the Archives of Dermatology, he noted: "I requested that these patients switch, on a trial basis, from their fluoride toothpastes to a nonfluoride toothpaste. Within a period varying from two to four weeks, approximately one half of the patients thus observed cleared of their previously persistent acne-like eruption. Several of the patients, who were concerned about the dental health factors relative to fluoride and its exclusion, requested to resume use of a fluoride toothpaste. These patients were then allowed to resume use of a fluoride toothpaste. Without exception, each developed the same distribution of acne-like eruption that had previously occurred."

The findings of Dr Saunders has since been corroborated by Dr J. Ramsay Mellette and co-workers of the United States Army who "have gathered clinical and historical data implicating fluoride dentifrices [paste, powder or liquid tooth cleaner] as an important etiologic [causitive] factor in the dermatosis [any disease of the skin]."

Fluoride: The Aging Factor, p 15.

AGEING

"Everyone being exposed to the levels of fluoride found in the drinking water is being chronically poisoned. Recurrent "upset stomachs", arthritis, skin problems, weakness, etc., are diseases which people begin to accept as normal. As these diseases become more severe, they are attributed to "old age." Of special interest is the fact that before any disease is even noticeable, the acceleration of the ageing process by fluoride is already occurring at the biochemical level (by means of enzyme inhibition, collagen breakdown, genetic damage, and/or disruption of the immune system per se).

People who do not experience one or more of the overt fluoride-induced clinical symptoms will invariably be experiencing the fluoride-induced subclinical [mild symptoms not apparent in clinical tests] deterioration of the body commonly referred to as aging."

Fluoride: The Aging Factor, p 20.

AIDS (Acquired Immune Deficiency Syndrome)

"Physicians who observed and investigated the adverse effects on their patients following the introduction of fluoridation in Holland (15) are absolutely convinced that drinking fluoridated water can damage the immune system (the body's mechanism for combating all diseases and cancer). Several laboratory studies support that contention (29). It is the damage to the immune system which is the fatal factor in AIDS (Acquired Immune Deficiency Syndrome), for such damage makes people more susceptible to all diseases.

In 1987 the present author [Sutton] published a hypothesis (30) which may explain how drinking fluoridated water, which causes fluoride accumulation in bone, may damage developing immune cells. This, of course, in conjunction with the results of recent laboratory experiments (29), raises the question whether, as a part of the regimen to delay the development of full-blown AIDS, HIV positive patients [people with AIDS] should not be permitted to drink fluoridated water. (A paper on this point has just been submitted for publication.)"

Sutton - Submission, p 9. Refs 15, 29, 30, are from original paper.

ALLERGY

The Allergy Section, Australian Medical Association, N.S.W. Branch, stated:

"... we cannot feel that the use of fluoridation is without some risk, at least in the allergic field."

Tasmanian Inquiry Report, p 118.

Hundreds of Health Complaints

The adverse health effects caused by artificial fluoridation are usually cases of poisoning rather than allergic reactions. Many people have the general belief that the type of problems caused by fluoride are allergies. Dr Moolenburgh, after giving details of possible fluoride-related complaints in newspapers and on radio interviews, gave the following understanding of the general nature of complaints when he wrote of the case that was built against artificial fluoridation:

"Soon after all this publicity, letters started pouring in from people who had read these articles or heard the programme, recognised their own complaints and cured themselves with non-fluoridated water.

There were people with abdominal cramps who were cured with non-fluoridated water and then suddenly had an attack again and discovered they had drunk a cup of coffee at a neighbour's, made with fluoridated water.

The most impressive cases, to my mind, were the yelling babies. Quite a few babies had made their parents frantic with their pitiful yelling which went on day and night. After no more than two feeds with non-fluoridated water one child who had been ill for weeks was suddenly cured.

In the months following the publicity, I received hundreds of letters and most of them concerned real fluoride poisoning. The complaints went away with non-fluoridated water, came back with fluoridated water and went away again with non-fluoridated water. This could be proven again and again.

In many cases these people had gone to their general practitioners with their discovery and in nearly all cases the general practitioners had laughed and answered that this was pure imagination. "Had the authorities not assured them that it was safe for everyone?"

Fluoride: The Freedom Fight, p 78.

ALZHEIMER'S DISEASE

"The concern that aluminium may somehow contribute to Alzheimer's disease is now quite current. It is disturbing to discover that fluoride enhances the toxicity of aluminium by increasing the cell's incorporation of aluminium. (Roemer J: Alzheimer's on tap. California. 14 No 11, p 102, Nov 1989.)"

Dr John Lee, Medical Researcher - *Submission*, 14-1-90.

BIRTH DEFECTS (congenital malformations) (also refer to 'Proof of a cancer/fluoride connection' and 'Fluoride Inhibits DNA Repair Activity')

The New England Journal of Medicine, January, 1984 reported under the heading of 'Birth Defects and Glycolysis':

"Fluoride forms a complex with magnesium ions and inhibits any enzyme such as enolase, that requires magnesium as a co-factor."

Deaths from fluoridation in Chile

Deaths in humans from congenital (existing as a result of faulty development, infection, or injury, in the uterus) malformations were evidenced by the eminent Professor, Albert Schatz, a professor at Temple University and co-discoverer of the antibiotic *Streptomycin*.

Dental Department Distorts Death Rates

In 1976 he published a report titled, *Increased Death Rate in Chile Associated with Artificial Fluoridation of Drinking Water, with Implications for Other Countries*. His report analyzed official demographic (the science dealing with human statistics, eg. size, diseases, death, etc.) figures published by the Chilean government. It alleged that Briner and Carmona, the two top officials in the Dental Section of the National Health Service in Chile, had distorted and misrepresented death rates in order to convince Chileans that artificial fluoridation was safe. Professor Schatz presented figures which showed that 244 per cent more deaths resulted from congenital malformations in the city of Curico (fluoridated in 1953) from 1953 to 1963, than in the unfluoridated control (which served as a comparison, where one factor is different, to test the results of an experiment) town of San Fernando. Deaths from diseases of the digestive system were 50 per cent higher in fluoridated Curico and infant mortality rates were 69 per cent higher.

Professor Schatz is an internationally known scientist. He has been awarded many of France's highest medals for his contributions to science and education. He has received honorary degrees and titles, including "Doctor Honoris Causa" twice, from five universities.

He has published three books, more than 500 articles, and is an honorary member of scientific, medical, and dental societies in Europe, Latin America, and the United States.

In 1977, one year after Professor Schatz published his report, fluoridation was stopped in Chile.

The complete 17 page study of Professor Schatz's research work was submitted to the 1980 Victorian Inquiry, but no reference to it was made in their final report which endorsed fluoridation as *safe and effective*. His vital research work was dismissed by coupling his name with six others in one line only, on page 161, stating:

"Other critics include Harris, Schatz and Martin, Schatz, Aslander, Peterson and Douglas."

Both the American Dental Association and the American Medical Association refused to publish Dr Schatz' report. Indeed, the American Dental Association three times refused to accept scientific papers from Prof Schatz, even going so far as to have them returned unopened. It is perhaps hard to believe that the American Dental Association would refuse to look at scientific research by any scientist, let alone one as eminent as Professor Schatz. The photograph of the envelopes of the three refused letters on p 146 of *Poison on Tap*, is the proof.

BREAKS & FRACTURES

"In 1978, Dr J.A. Albright and co-workers from Yale University reported at the Annual Meeting of the Orthopedics [dealing with deformities and diseases of bones and joints, especially in children] Research Society that as little as 1 part per million fluoride decreases bone strength and elasticity.

In 1983, Dr B. Uslu from Anadalu University School of Medicine in Eskisehir, Turkey, reported that addition of fluoride to the drinking water of rats with fractured bones resulted in defective healing of the fracture due to disruption of collagen synthesis.

In 1978, the Journal of the American Medical Association published an editorial pointing out that "in several short-term studies, fluoride has been administered for treatment of involuntal osteoporosis, alone or with supplemental calcium, vitamin D, or both. No studies have demonstrated alleviation of fracture(s). ... However, studies in humans have shown an increased incidence of ... fractures. When high doses of fluorides have been given to animals receiving a diet that was otherwise unchanged, most studies have shown no change or a decrease in the strength of the bone." They also pointed out that the administration of fluoride resulted in nonmineralized seams in bones, resulting in the disease called osteomalacia [a softening of the bones]. These nonmineralized seams imply that breaks and fractures in the patients' bones would tend to heal more slowly.

It is ironic that anyone would ever think of treating osteoporosis (a disease in which the bones lose calcium) with fluoride, a substance which leads to decalcification of bone. In 1977, Dr Jennifer Jowsey, one of the originators of fluoride therapy for osteoporosis, admitted that fluoride was leading to a greater degree of osteoporosis (demineralization) in some bones while leading to osteosclerosis (overmineralization) in others. In other words, fluoride treatments of osteoporosis "robs Peter to pay Paul" and leads to general weakening of the bones. [my emphasis]

In 1980, Dr J.C. Robin and co-workers from the Roswell Park Memorial Institute confirmed the foolishness of using fluoride for the treatment of osteoporosis by publishing their results in the Journal of Medicine. According to the authors, "fluoride had no preventive effect. In some experiments there was even a deleterious effect of fluoride." They found fluoride accelerated the process of osteoporosis leading to a loss of calcium from the bone.

In 1973, a report from the National Institute of Arthritis and Metabolic Diseases found 50 to 100% increases in the incidence of a disease called osteitis fibrose among patients whose artificial kidney machines were run on fluoridated water. Osteitis fibrosa is a disease characterised by fibrous degeneration of the bone; it results in bone deformities and sometimes in fracture."

Yiamouyiannis, *Fluoride: The Aging Factor*, p 46-47.

Increased Hip Fractures with Fluoride

"There has been controversy as to whether fluoride therapy increases the risk of fracture in the appendicular skeleton [the skeleton of the limbs]. In the present study we compared the incidence of hip fracture in four groups of osteoporotic women: 22 treated with placebo, 17 with fluoride and calcium, 18 treated with fluoride and calcitriol, and 21 with calcitriol alone or placebo. Four hip fractures occurred in 3 patients on fluoride and calcitriol, and two hip fractures occurred in 2 patients on fluoride and calcium. No hip fractures occurred in patients receiving either calcitriol alone or placebo. The difference in fractures rates for fluoride versus nonfluoride treatment is significant ($p = 0.006$). Moreover, the six hip fractures occurring in patients receiving fluoride during 72.3 patient years of treatment is 10 times higher than would be expected in normal women of the same age. ... In four of the hip fracture cases, the history suggested a spontaneous fracture. These findings suggest that fluoride treatment can increase the risk of hip fracture in osteoporotic women."

Journal of Bone and Mineral Research, Vol 4, No 2, 1989. Increased Incidence of Hip Fracture in Osteoporotic Women Treated with Sodium Fluoride, p 223.

Claims for Fluoride Benefit Retracted

In 1966, Bernstein published a paper (Prevalence of Osteoporosis in High - and Low - Fluoride Areas in North Dakota, U.S.J.A.M.A., 198, 499.) which proponents have used as a reference to suggest high doses of fluoride are safe and effective for bone diseases. Bernstein later realised his errors.

"... in 1970, Bernstein recanted his 1966 claims, and in the New England Journal of Medicine, 16th April, 1970 at a seminar in medicine at Beth Israel Hospital, Boston - "Physiologic and Pharmacologic Regulations of Bone Resorption".

... Bernstein said:

"Large doses of fluoride can produce osteomalacia (softening of the bones) in man and also in rats. In view of this histologic data, I do not believe that fluoride is useful in high doses in human beings."

New England Medical J., 16-4-70, Vol 282, No 16, p 915.

One can understand proponents using Bernstein's 1966 study to support their claim that water fluoridation is also safe and effective.

It goes beyond the bounds of professional practice, however, to continue to use the 1966 study data, after 1970 when one is aware that its author had retracted his earlier claims. The use, by proponents, of the earlier incorrect data is a common practice and was also done in the Victorian Inquiry (Report, 1980, p 133, para 12.66.)

DEATHS FROM FLUORIDE

The following evidence was presented by Dr Yiamouyiannis in *Fluoride: The Aging Factor*.

Fluoride Tablets Kill Child

"Jason lapsed into a coma and died five days later at the Mater Children's Hospital in South Brisbane.

A spokesman for the Queensland Justice Department confirmed that Jason's death was caused by fluoride poisoning.

... Mrs Burton (Jason's mother) recalled the day her nightmare began: "I was getting some carpet laid while Jason was having his afternoon sleep. After about five minutes - definitely not more than seven - I got the feeling something was the matter. Jason was sitting on the floor with a bottle of fluoride tablets. I rang the doctor and said Jason had taken some of the tablets, not many ... about half a dozen.

Mrs Burton said the doctor told her to take Jason down to him and had then given the child a stomach pump. "I asked the doctor if he had found any fluoride tablets and he replied that he had found four.

Later, Mrs Burton found her son had become unconscious. She took him to the hospital. She said a tube was placed in her son's throat and he was connected to a respirator.

Four days later ... Jason died.

She said: "They (the doctors) told me at first that it was impossible for fluoride to kill my son. Finally they said it was the fluoride."

The Dubious '92-tablet' Claim by Politicians

In a statement to the Victorian Parliament (*Hansard*, 6-9-80), Mr Roper, the Victorian Minister for Health, mentioned a letter he received from Dr Edwards, the Queensland Minister for Health, indicating that *ninety-two tablets* had been ingested by this young boy.

The mother of the child, who was in almost continuous contact with her son, stated that the child ingested no more than six tablets. The doctor who pumped out the stomach of the child shortly after ingesting, found four tablets.

The politicians claimed that the child ingested ninety-two tablets, but failed to provide any evidence to substantiate the claim.

Though the death certificate gave the cause of Jason's death as, "Fluoride poisoning", the case was never reported in any medical or dental journal anywhere in the world. The integrity of medical science depends on objectively reporting both the benefits and hazards of medical treatments and techniques. The death of a child, apparently due to swallowing a small number of flavoured fluoride tablets, which are available without prescription, in both unfluoridated and fluoridated areas, was simply never thoroughly publicised or investigated.

Fluoride Tablets Banned in U.S.A.

In 1966, the United States Food and Drug Agency (FDA), which has the responsibility for the safety of all drugs, **banned** the sale of fluoride tablets and certain other products containing fluoride, for use of pregnant women.

"(a) The Food and Drug Administration finds that there is neither substantial evidence of effectiveness, nor a general recognition by qualified experts that prenatal drug preparations containing fluorides are beneficial to tooth development in the fetus or in the prevention of dental caries in the offspring.

Any such drug preparation that is so labeled, represented, or advertised will be regarded as misbranded and subject to regulatory proceedings unless such recommendations are covered by a new-drug application, including substantial evidence of effectiveness ..."

Title 21, *Federal Register*, Vol. 31, No 204, 20-10-66.

Though fluoride tablets are still banned in the U.S., in Australia, fluoride is still recommended as safe and effective for pregnant women.

The New South Wales Health Department, in 1973, endorsed and adopted the policy of recommending fluoride to expectant mothers. Professor Noel Martin of Sydney University Dental School was recorded in the *Medical Journal of Australia*, 2nd June, 1973:

"It has been conventional practice also to give a fluoride supplement during the second and third trimesters [a period of three months] of pregnancy at a rate of one and a half milligrams of fluoride a day ... with perfect safety ..."

The Australian Prescribing Manual, MIMS (1980), recommends the following dosage of fluoride tablets or drops for pregnant women:

"For expectant mothers: 0.75 milligrams per day."
This recommendation includes **fluoridated areas**.

In America and the rest of the world, fluoride supplements are not recommended for use in fluoridated areas; and are not prescribed for pregnant women, irrespective of whether they drink fluoridated water.

Sudden Death Syndrome (This is a U.S. term and unrelated to S.I.D.S.)

"How many childhood deaths from "sudden death syndrome" are associated with the consumption of, or overdose of fluoride from tablets, toothpastes, and dental treatments? This is still hard to determine. Even ... where it was clearly shown that these childhood deaths were due to fluoride, the attending physicians and dentists refused to admit openly that fluoride was the killer. Think how much harder it is to recognize fluoride as the villain when it works more slowly, as in the following case related by Cynthia Markos of Battle Creek, Michigan:

Fluoride rinse caused sickness

"It all started when my 5-year-old son, Eric Markos, was given fluoride rinses weekly at the Head Start Program. Naturally, I signed a permission slip for him to participate in the program; I was always led to believe fluoride is great.

... Eric started the Head Start Program on October 14, 1980. The fluoride rinsing started the week of October 20th, 1980. Eric was having stomach aches once-twice a week. His appetite was not like it had been, he was always tired and wanted to sleep a lot. One of his teachers informed me that he was sick quite often at school and had to lie down. She said he would sometimes turn pale in the face when he complained of stomach aches. His problem seemed to get worse, more severe pain on the weekends. Finally, on February 20, 1981, I took Eric to see his pediatrician, Dr Joseph Levy. Dr Levy examined Eric in his office as thoroughly as possible. ... The doctor thought it was possibly his nerves [were] doing this. As Eric's mother I didn't go along with this theory at all. Dr Levy could find no physical problems with Eric. Eric continued having stomach problems, loss of appetite, and fatigue.

On March 17, 1981 I met Mr Andrew Craig. He got on the subject of fluoridated water in the city of Battle Creek. He made a statement which really hit home with me. 'Fluoride is a poison and can cause, in small children especially, gastrointestinal tract problems.' After talking with Mr Craig about fluoride, I informed him of my son's problems and that he was on a fluoride rinse program. He then gave me quite a bit of information pertaining to fluoride. After reading all of the information and thinking back about when Eric's problems started I decided this could be the cause of his stomach aches. So I took Eric completely off the rinse program, fluoridated toothpaste at home, and all the natural fluoride food and drinks.

Well, Eric's health was 100% better after just one week of being off the fluoride. I look back now and realize how sick Eric really was. Seeing him healthy now is such a great relief, I don't want to think about what could have happened to him if we hadn't caught the fluoride overfeed in time."

Mass Fluoride Poisonings

"Mass poisonings from fluoride emissions from aluminium, phosphate, and other industries have been reported in Maryland, Florida, Quebec, Ohio, Oregon, Washington, and British Columbia, as well as in other places. In an air pollution disaster in Donora, Pennsylvania, 20 people lost their lives with lethal levels of fluoride in their blood. In another incident in the Belgian Meuse Valley, 60 persons lost their lives. In Spencer County, Indiana, population 18,000, 79 persons living around a fluoride-polluting plant died from a disease called "sudden death syndrome." The coroner is convinced that fluoride emissions from the local aluminium plant were to blame."

Excessive discharge of fluoride into the air are only one of the means by which people can be exposed to lethal doses of fluoride.

The Annapolis Fluoride Spill

"On November 11, 1979, up to 50 parts per million fluoride was dumped into the Annapolis, Maryland public water system. This resulted in the poisoning of 50,000 people. At the request of the local newspaper, the Annapolis Evening Capital, Dr Yiamouyiannis went to Annapolis to investigate the damage that had been done. He conducted an epidemiological study and found that approximately 10,000 people exhibited acute symptoms of fluoride poisoning. His findings were subsequently confirmed by the Maryland State Department of Health. While the Maryland Department of Health refused to disclose the number of citizens who died of heart failure due to the spill, Dr Yiamouyiannis found that more than 5 times the normal number of people died of heart failure during the week following the spill."

Dr Yiamouyiannis enlisted the aid of Dr Waldbott who conducted a clinical survey of people in the Annapolis area. Dr Waldbott interviewed 112 persons who believed they had suffered adverse reactions from the spill. He recorded the presence or absence of known symptoms of fluoride poisoning. Of the 112 interviewed, 103 were diagnosed as suffering from fluoride poisoning; of the 103, 62% complained of musculo-skeletal symptoms, 65% neurological symptoms, 81% gastrointestinal symptoms, 59% urological symptoms, and 13% dermatological symptoms. These results confirmed already-reported information about fluoride intoxication from drinking water."

This content of this 'Deaths' section is from: *Fluoride: The Aging Factor*, pp 11-19.

Lethal Overdose in the Dental Chair

On January 20, 1979, the *New York Times* ran the following story:

"\$750,000 Given in Child's Death in Fluoride Case - Boy, 3 Was in City Clinic for Routine Cleaning

A State Supreme Court Jury awarded \$750,000 to the parents of a 3-year-old Brooklyn boy who, on his first trip to the dentist in 1974, was given a

lethal dose of fluoride at a city dental clinic and then ignored for nearly five hours in the waiting rooms of a pediatric clinic and Brookvale Hospital while his mother pleaded for help, and he lapsed into a coma and died.

Mrs Kennerly testified that she took William, born on Feb. 7, 1971, for his first dental checkup on May 24, 1974, to the Brownsville Dental Health Centre, a city clinic at 259 Bristol Street.

There, he was examined by Dr George, who found no dental caries and turned the boy over to Miss Cohen, a dental hygienist, for routine teeth-cleaning. After cleaning William's teeth, witnesses explained, Miss Cohen, using a swab, spread a stannous fluoride jell over the boy's teeth as a decay-preventive.

According to Mrs Kennerly, Miss Cohen was engrossed in conversation while working on William and, after handing him a cup of water, failed to instruct him to wash his mouth out and spit out the solution. Mrs Kennerly said William drank the water.

According to a Nassau County toxicologist, Dr Jesse Bidanset, William ingested 45 cubic centimetres of 2 percent stannous fluoride solution, triple an amount sufficient to have been fatal.

William began vomiting, sweating and complaining of headache and dizziness. His mother, appealing to the dentist, was told the child had been given only routine treatment."

DERMATITIS

"... I am one of the estimated 10% of the population who are sensitive to fluoride [so said Mrs B. Wilkes in her submission to the ACT Inquiry]

During the year 1977 I developed severe dermatitis. My skin became red, blistered, suppurating. Irritation was intense. I consulted by local G.P. who tried various medications and ointments over a considerable period of time.

I then decided to try an alternative G.P. When his treatments all failed, he referred me to a Specialist Dermatologist. After exhaustive treatments, the Specialist arranged for skin tests to be made at the Allergy Department of the Royal Melbourne Hospital. The results [of] 33 skin tests were all negative.

It was at that time, when I had been under treatment for 3 years, and everything, including Acupuncture and Cortisone had been tried, that my husband suggested that I ask the Specialist and the Royal Melbourne Hospital whether I could be being affected by Fluoride. They both said that was not possible, and my request to the Royal Melbourne Hospital to be tested for reaction to fluoride was declined, as a waste of time.

The dermatitis was diagnosed as "Contact Dermatitis", but I was living the life of a hermit, contacting no soaps or detergents, and touching

nothing without gloves. I had experimented with diets, all to no avail. I had never had any form of dermatitis prior to 1977.

My husband then decided to investigate for himself. He studied all the literature he could obtain on fluoridation, and concluded that my dermatitis could be caused by ingested fluoride. So we decided, having already spent a fortune in medical expenses, to say nothing of the inconvenience, that it was worth taking the gamble to buy an ionic water purifier capable of removing fluoride from all the water that I would be ingesting in drinking and cooking.

The purifier was commissioned on 2 Jan, 1980. The first manifestation was reduction in irritation within a couple of weeks, followed by gradual but steady clearing of the skin eruption back to normal over the following 6 months.

Fluoridation is a confounded nuisance to me. I can only drink or dine away from home on rare occasions. I dare not consume any canned food, most likely prepared with fluoridation water. ...

The Medical Authorities who treated me over a period of 3 years should have suspected that fluoride might be the cause of the dermatitis. If they did have an inkling but refrained from saying so, on account of the "Political aspect", or being unwilling to clash with their "Medical Union" who authorised Fluoridation, that attitude amounts to criminal behaviour. But for our finding the cause of the trouble, I would now be in a lunatic asylum, heavily drugged to quell the intense irritation, or I would be dead.

There is absolutely no doubt that I am sensitive to fluoride. The dermatitis can be re-created at any time by using tap-water, or fluoridated toothpaste.

I have offered myself to the Australian Medical Association, and to the Victorian Health Department, to conduct any tests that they determine. Both bodies declined to accept my offer, stating that my dermatitis was never caused by fluoride, but by some substance which I failed to detect.

...In my case, it is an affront to my civil liberty to suffer the inconvenience of having to avoid domestic water, to remain free of Dermatitis and other side effects to which I could succumb.

It is against civil liberties to force people to consume a poison which does produce innumerable drastic side effects to some of the population.

I welcome the opportunity to hear each of my claims debated separately in an honest fashion by the proponents of Fluoridation who may try to refute the facts. This would be a welcome change from their usual bald general statements that "Fluoridation has been shown to be beneficial and has no side effects", without producing solid facts to back up their claims."

Wilkes (Mrs) B., Submission, 26-4-90, pp 1-3.

The story of Mrs Wilkes was similar to the details of literally hundreds of cases reported to the ACT Inquiry, either in written or verbal submissions, mentioning personal experiences or the results of studies.

DOWNS SYNDROME (Mongolism)

In 1954, Dr Ionel Rapaport, a French-trained Doctor of Medicine and an endocrinologist, was working at the Psychiatric Institute of the University of Wisconsin, Madison. A report in *Poison on Tap*, gave the details:

In searching for clues to the cause of Down's Syndrome, Rapaport noted the high prevalence of cataracts in mongoloids above the age of twenty (70%). He observed that nearly 40% of the mongoloids at one of the Wisconsin State colonies had been born in Green Bay, whereas only 17.5% of the epileptics came from that city. Also the incidence of blindness due to senile cataracts in persons over sixty-five years in Green Bay was 44% higher than in other major cities of the State.

He recalled that in 1853, Chatin had linked goitre and cretinism, another birth defect, with a lack of iodine in drinking water and iodine deficiency has been associated with fluoride in the water. Dr Margaret Crawford pointed out in 1972 that moderate concentrations of fluoride in drinking water can block iodine absorption. Rapaport noted that many mongoloid children has mottled teeth, a fact now well established.

Therefore, he determined the fluoride content of Green Bay water and found that it had a much higher natural fluoride content (1.2 to 2.8 ppm) than in most other Wisconsin towns.

He pursued this lead, and found the place of birth of all mongoloid children in institutions on 1st July, 1956, in the States of Wisconsin, North and South Dakota and Illinois, and grouped them according to the official fluoride content of their municipal water supply.

In the 687 urban cases, he found a statistically significant, two-fold greater prevalence of mongoloid births in communities with 1 part per million or more fluoride in the water than there was in those with little or none.

He presented these findings to the French National Academy of Medicine in Paris, and a report was published in the Journal of that Academy in November, 1956.

Rapaport also correlated the age of mothers with the the fluoride content of the water. The mean maternal age in low fluoride areas was 34.26, whereas in the 1 ppm communities it was 33.7, and in the high (1.2 to 2.8) areas, it was 29.81 years. Therefore the difference was not due to the age of the mothers. It is well known that the prevalence of mongolism is higher in older mothers."

Shortly after Rapaport's study appeared, W.T.C. Berry of the British Ministry of Health, published a study of the occurrence of 199 cases of Down's Syndrome which apparently contradicted the study by Rapaport. However, Berry's study

has been challenged on a number of points (the report in *Poison on Tap*, continues:)

-the sparcity of the data,

-the survey did not provide maternal age data,

-in England there is a ten-fold greater tea drinking habit which can often erase the narrow difference in fluoride intake between the high and low fluoride cities and,

-tea drinking in Britain has been linked with increased incidence of other birth defects, namely anencephalus (absence of brain) and still-births, particularly in soft water areas.

Rapaport's findings, ... raised a considerable controversy in the United States.

Therefore he undertook a second investigation in 1959 ...

The study was limited to a single State, Illinois; and the Department of Public Health provided chemical analyses of the potable water of all towns with 10,000 to 100,000 inhabitants.

Rapaport checked every case of mongolism in the registries of all the specialised institutions in the State. All cases of mongolism born between 1st January, 1950 and 31st December, 1956, for which the habitual residence of the mother between delivery was in towns of 10,000 to 100,000 inhabitants, were included in the study.

The frequency of mongolism was calculated in relation to the number of cases per 100,000 births.

The results of the second study are as follows:

Frequency of mongolism in Illinois towns of 10,000 to 100,000 inhabitants.

| Births Total Number | Fluorine mg/litre ppm | Cases of Mongolism Number per 100,000 | |
|--------------------------------|----------------------------------|--------------------------------------------------|-------|
| 196,186 | 0.0 - 0.2 | 67 | 34.15 |
| 70,111 | 0.3 - 0.7 | 33 | 47.07 |
| 67,053 | 1.0 - 2.6 | 48 | 71.59 |

This second study also was published in the Bulletin of the French National Academy of Medicine.

Two later studies, Needleman et al (and others) and another published in the November, 76 issue of the Journal of the American Dental Association, both challenged Rapaport's studies, but both showed a higher incidence of mongolism with increasing levels of fluoride in the water.

Poison on Tap, pp 137-140.

ECZEMA (a skin inflammation)

See; *Dermatitis* section above.

ENZYME (A protein substance that influences living cells)

The Nobel Laureates, Hugo Theorell and Otto Warburg both pointed out that fluoride ions are potent enzyme inhibitors.

Dr Theorell, prizewinner for research in the field of enzyme chemistry, stated:

"The fluoride ion exerts its toxic effect by inhibiting the action of many enzyme systems."

When Doctors Disagree, Warnings by Physicians, Dentists and Scientists Around the World On the Known Dangers and Possible Hazards Of Fluoridation, June, 1967. Pub. Greater N.Y. C'tee Opposed to Fl, Inc.

Professor Theorell based his opposition to fluoridation on the fact that fluoride is an established enzyme poison, and potent inhibitor of many enzyme systems. His research, together with that of others in the Medical Nobel Institute, had much to do with the unanimous ruling of Sweden's Supreme Administrative Court, December 1961, that fluoridation of water supplies is not permissible under the Swedish Health Act. "

Dr J.J. Rae, for 20 years associated professor of chemistry and Ph D., in biochemistry and organics, University of Toronto, stated"

"... it is known as a scientific fact that fluoride is deadly poison to enzymes, upon which all life depends." [my emphasis]

When Doctors Disagree, (as above)

The World Health Organization reported on 'Fluoride and Enzyme Inhibition:

"Fluoride can partly bring about enzyme inhibition by being absorbed on (and thus blocking) the active sites of the enzyme required for formation of enzyme-substrate complex."

W.H.O., Fluorides and Human Health, *Monograph*, 1970.

Judge Jauncey, in his 390 page opinion on the evidence presented to him during the 1981 Edinburgh Court Case, stated:

"It is not disputed that fluoride at certain concentrations can produce degrees of inhibition in enzymes. ..."

... I consider that the petitioner (the anti-fluoridationist) is well founded in submitting that drinking water fluoridated to 1 ppm can in some circumstances cause enzyme inhibition."

Strathclyde, Court of Session, Edinburgh, *Judicial Opinion*.

GASTRIC HAEMORRHAGE (Stomach Bleeding)

The Victorian Inquiry Report points out that in an acid solution, some fluoride ions could combine with hydrogen to form hydrofluoric acid, which is extremely corrosive. But they add (Para 6.35):

"Potable waters are invariably maintained at a pH close to neutral (i.e. 7), and certainly within the range 6-8. In this pH range formation of HF and HF₂ is quite insignificant. At pH 4, some F would be converted to HF₂."

The important factor they omit here is that the pH of our stomach juices is often as low as pH 2 to 3.

"Many years ago, Professor Kaj Roholm pointed out that both fluoride and silicofluoride salts can react with the stomach's hydrochloric acid to produce hydrofluoric acid that can penetrate the lining of the stomach walls in a non-dissociated state to cause corrosive damage.

In 1962, one severe case was reported in the specialists' medical journal Fluoride, by Dr George Waldbott. Gastric haemorrhages had necessitated the removal of a large portion of the stomach of a nine year old boy. After the boy's return home he promptly suffered another haemorrhage so severe that a part of the upper bowel had to be removed. This time, careful questioning revealed that several hours before the second incident, the boy had taken a 1 milligram fluoride tablet. The attending physicians concluded that the fluoride tablet had caused the haemorrhages, and thus was responsible for the child losing much of his digestive tract."

Poison on Tap, p 98.

GENERAL ILLNESS

"Dr Jonathan Forman, an allergist from Columbus, Ohio, relates: "In our own practice, we have run down cases of hives, behaviour problems, and several patients which others had labeled neurotics, due to fluorine intoxication." He pointed out when these people were put on distilled water and when fluorine-containing foods were removed from their diet, they recovered. When fluorine was introduced back into their diets, their symptoms returned.

Dr George Waldbott of Warren, Michigan observed fluoride-induced diseases in over 400 cases of fluoride exposure. One of his most severe cases was a 35-year-old woman from Highland Park, Michigan, which was fluoridated at that time. Dr Waldbott recorded her symptoms as

follows: "She was constantly nauseated, vomited frequently, had sharp epigastric (abdominal) pain and diarrhea, and complained of pain in the lower back.

She reported progressive weight loss, had repeated hematuria (bloody urine), uterine hemorrhages, and constant pain throughout her head. Her eyesight had gradually deteriorated. She had noticed scotomas (blind spots) in both eyes and lesions on the arms and legs. Weakness in the hands and arms prevented grasping certain objects. Furthermore, due to loss of control of her legs and lack of coordination of her thoughts, she eventually became incoherent, drowsy, and forgetful.

Her health deteriorated further, forcing her to a bedridden state. She was hospitalized for diagnostic tests. Nine specialists were unable to determine the cause of her disease.

After the tests were completed she began drinking unfluoridated ... water. Within two days the gastrointestinal symptoms and headaches subsided without medication, and she was soon well enough to be discharged.

At home she strictly avoided ... [food with a] high fluoride content. The headaches, eye disturbances, and muscular weaknesses disappeared in a most dramatic manner. After about two weeks her mind began to clear, and she had a complete change in personality. In subsequent tests, each time she was given fluoride, her symptoms returned."

Fluoride: The Aging Factor. pp 9-10.

HEADACHES

In 14 years of research (Feltman R. and Kosel G. *Journal of Dental Medicine*, 1961.) involving blind study, headaches were shown to occur with the use of fluoride tablets and disappear upon the use of placebo tablets, only to return when the fluoride tablet was, unknowingly to the patient, given again. (Details of study at start of 'Adverse Health Effects' section).

IMMUNE SYSTEM ATTACK

"The immune system is the body's major defense mechanism against disease. It is composed of white blood cells and a number of tissues throughout the body that make or activate white blood cells. These cells serve as the body's surveillance system to recognize and destroy foreign agents such as bacteria, viruses, and chemicals, as well as the body's own obsolete, damaged, or cancerous cells.

When the immune system is working optimally, infections are stopped quickly and the disease produced is mild.

As people age, their immune system becomes less able to recognize the differences between the agents that it should attack and the component cells or cell products of their own body. This may result in an "auto-immune" allergic response (an auto-immune response is a process in which the immune system begins to attack and destroy the body's own tissue.) In such cases, the clinical observations of skin rashes, gastrointestinal disorders, etc., which are common among the elderly, will result. Many scientists believe that the cumulative effect of tissue damage by the auto-immune response is a major factor in the aging process.

Even when white blood cells properly recognize the agents they should be attacking, the speed with which white cells get to these agents and destroy them diminishes with age. As a result, the body's ability to fight infections is retarded and the "elderly" patient suffers much more severe diseases - some even leading to death - than their "younger" counterparts, who, when challenged with the same infections, suffer little, if any discomfort."

Fluoride the Aging factor, 1986, p 21.

JAUNDICE (Ill health causing yellowing of Body)

Gilbert's disease (chronic mild jaundice) was shown by Dr John Lee to be caused by fluoridation. (See *Toxic effects of Fluoridation.*)

KIDNEY DISEASE

Judge Jauncey's Opinion in the Edinburgh Court Case, highlighted the dangers of fluoride accumulation and renal failure. Judge Jauncey stated:

"... when renal function is impaired there will come a time when the kidneys will no longer excrete the amount of fluoride which is being ingested with the result that the plasma fluoride level rises and excess fluoride is deposited in the bone. This situation arises when renal function is reduced to 20% and retention of fluoride increases progressively as renal function further decreases. When renal function is reduced to 10% serious retention is likely.

As an individual ages normal atrophy of the tissues occur so that by the age of 70 as a result of age alone renal function is reduced by one half. If the individual also suffers from one of the common diseases, such as high blood pressure, hypertension, diabetes or arteriosclerosis his renal function will be reduced still further."

Edinburgh Court - Judge Jauncey's Opinion, p 260.

Because kidneys are involved in eliminating fluoride from the body, scientists have indicated that kidneys can be overworked:

"Cases of kidney disease are a special risk (due to poor elimination of fluoride and considerations of thirst)."

Dunlop, Sir Edward, C.M.G M.S. F.R.C.S., F.R.A.C.S., F.A.C.S. Extracts of speech given Melb. Town Hall, 4-6-75.

"Dr Luis Juncos and James Donadio of the Mayo Clinic described a 17-year-old girl and an 18-year-old boy who had skeletal and dental fluorosis, accompanied by markedly reduced kidney function. The youth's primary source of drinking water contained 1.7 and 2.6 parts per million fluoride, respectively. In regard to these two cases, Drs Juncos and Donadio concluded that either fluoride was damaging the kidney or that fluoride was not being removed from the body because of an already damaged kidney. The possibility that fluoride damaged the kidneys in these cases is supported by evidence from the Yerkes Primate Research Centre in Atlanta and Cornell University, which shows that 1 to 5 parts per million fluoride causes interference with enzymes in the kidney and kidney damage in laboratory animals."

Fluoride: The Aging Factor. (Also mentioned in ACT Inquiry Report)

"An accidental leak of fluoride into the water supply of Annapolis, Maryland, caused the death of a man with kidney problems. Medical Examiner, Homez Guard, M.D., said he found 30 times the normal amount of fluoride in the patient's body tissues. Eight patients had been receiving kidney dialysis [separation of waste matter from the blood by a machine] when a valve which controlled fluoride inflow at a water station was mistakenly left open. The other seven patients also became ill, but they apparently recovered. (American Medical News, December 14, 1979).

This "side-effect" of death from fluoridation is quite a price to pay for its questionable effectiveness in preventing tooth decay."

The People's Doctor, Vol 2, No 9, p 5.

"In the 1970's, several major overseas hospitals, such as the Mayo Clinic, Ottawa General Hospital and Montreal General Hospital, reported cases of serious bone diseases in patients undergoing long-term treatment on kidney machines which used fluoridated water. Nowadays, many ... kidney machines have a 'filter' to remove fluoride from the water."

Diesendorf M., Sutton P., Fluoride: New Grounds for Concern, *The Ecologist* Vol 10, No 6, 1986, p 239.

"The available evidence suggests that some patients with long-term renal failure are being affected by drinking water with as little as 2 ppm fluoride."

Continuing Evaluation of the Use of Fluorides, American Assn. for Advancement of Science, Taves, Johansen and Olsen, p 290, 1979.

The treatment for eliminating small kidney stones, via the urine, after medical treatment (*Black's Medical Dictionary*, Vol 34, 1984) is given as (p 510), "... ensuring large amounts of urine by drinking large amounts of bland fluids." (treatment for diseases of urethra includes the same and states (p 929), "... drinking of milk, water, and other bland fluids" [my emphasis]

If fluoride is a major contributory factor in kidney disease, it must result in an increase in the overall number of people who suffer from the disease after the introduction of artificial fluoridation. An examination of the increase in kidney disease in Australian States over a five year period is given in the Australian Kidney Foundation, 7th Annual Report (1984), *Kidney Disease Intake of Hospital Kidney Patients*:

| State Increase | Year (from) | Year (to) | % |
|----------------|-------------|-----------|------|
| Victoria | *1977 | 1981 | 64% |
| N.S.W | 1977 | 1981 | 25% |
| W.A. | 1977 | 1981 | 109% |
| Australia-wide | 1977 | 1981 | 40% |

* Fluoridation began in Victoria in 1977.

These statistics must be approached with caution. They cannot be interpreted simplistically at face value to show a connection between the increase in kidney disease and artificial fluoridation. They are however, cause for concern. What we do know from them, is that firstly, a lot more people are suffering from kidney disease, and secondly, it's cause has not yet been identified. We also know that most of the population of these States is compelled to drink water that is fluoridated.

MONGOLISM (See Down's Syndrome)

OSTEOFLUOROSIS (Hardening of bone)

"Professor Lennart Krook and Dr George Maylin of Cornell University (1979) (recording what they termed "yet another man-made fluoride pollution disaster") showed that the target cells for fluoride poisoning in cattle, include, in addition to the ameloblasts and odontoblasts, the dental pulp cells and - in the bones - that the resorbing osteocytes, are

the primary target cells, and that osteoblasts are also affected by fluoride ingestion."

... Those Cornell Researchers have shown that bone lesions in chronic fluorosis are dose dependent, and they recognise three categories:

In moderate chronic osteofluorosis, there is an arrest of absorption of bone but only minor interference with apposition of new bone; the net result is hardening and overgrowth of bone.

In more severe, chronic osteofluorosis, there is arrest of absorption of bone and atrophy [a wasting away] of bone-building cells. This results in hardening of bone without overgrowth.

In most severe chronic osteofluorosis, there is death of bone absorbing cells, and atrophy [a wasting away] of bone building cells. For these two reasons, osteopenia - or low density bone, results. [my emphasis]

According to the data produced in this important research, "mottled" teeth are NOT an isolated symptom of chronic fluoride poisoning; bone cells are damaged too, and are even more sensitive to fluoride poisoning than are ameloblasts."

Poison on Tap, pp 108-9.

OSTEOMALACIA (softening of the bones)

"Large doses of fluoride can produce osteomalacia in man and also in the rat. In view of this histologic [the science of organic tissues] data I do not believe that fluoride is useful in high doses in human beings."

Bernstein D. S., M.D., *New England Journal of Medicine*, 16-4-70, Vol 282, No 16, p 915.

OSTEOPETROSIS (Weak, brittle bones)

N.B. See, Editorial: Effect of Fluorine on Dental Caries, J.A.D.A., Vol 31, pp 1360-1363. Ref at beginning of this Dissenting Report.

OSTEOPOROSIS

"In 1977, Dr Jennifer Jowsey, one of the originators of fluoride therapy for osteoporosis, admitted that fluoride was leading to a greater degree of osteoporosis (demineralization) in some bones while leading to osteosclerosis (overmineralization) in others. In other words, fluoride treatments of osteoporosis "robs Peter to pay Paul" and leads to general weakening of the bones." See 'Breaks and Fractures' for more detailed analysis.

Yiamouyiannis, Fluoride: The Aging Factor, p 46-47.

OSTEOSCLEROSIS (Hardening & increased bone density)

N.B. See Osteosclerosis.

POISONING

A double-blind study was conducted in the Netherlands by ten family physicians with large practices in the fluoridated regions. Also in the group were two biologists, a neurologist, a pharmacologist and a notary (a public officer authorized as a witness to legal matters). Two more specialists, an allergist and a dermatologist were advisors to the group.

The notary was included because, as Dr Moolenburg said:

"What we wanted was absolute objectivity in our discussions and the legally trained mind is better at that than family physicians."

In their Report, "A Double-blind Test for the Determination of Intolerance to Fluoridated Water", they make this important observation:

"During the next months, it was demonstrated that when you do not look for an illness, you will not find it. Right at the start the doctors were rather skeptical about the research as they had not seen anything, but, as the weeks and months went by they they began to recognise patients with side effects. After that we saw more and more patients with the complaints described in the literature."

Dr Hans Moolenburgh, *Fluoride - The Freedom Fight*.

The study was a carefully controlled double-blind investigation of patients drinking various waters contained in bottles identified by secret codes. Every two weeks the coded bottles were changed and the physicians recorded any complaints from each patient under examination. Only the notary knew the code and after sixteen weeks of changing the drinking water eight times and recording the results, the reports were delivered to the notary in sealed envelopes.

When all the bottles were returned, together with the sealed results, the notary, with two witnesses, broke the seals and compared the code of the bottles with the complaints of the patients.

Dr Moolenburg summarised the study:

"We, as a group of family physicians, found that between 1% and 5% of our patients reacted adversely on fluoridated water. That these complaints had such a general character that they could be recognised when you looked for them but that these complaints were always overlooked when you did not realise what you saw. That, contrary to what we thought in the beginning, we were not observing rare allergic phenomena but low grade poisoning. And, that all complaints but the

joint troubles, cleared up in, at most, five days after stopping the intake of fluoridated water."

Moolenburg H. *Fluoride - The Freedom Fight*

The scientific validity of this study was upheld by the Dutch High Court in June, 1973.

RSI-TYPE INJURIES. (Repetitive Strain Injury)

Drs Sutton and Smith and other researchers have shown that fluoride could be a major factor in diseases having RSI- type symptoms:

"Painful and crippling conditions, mainly of the fingers and arms, associated with their overuse performing repetitive movements, are termed repetition (repetitive) strain injury (RSI) in Australia and New Zealand. (Other terms are used for similar conditions: overuse injuries, carpal tunnel syndrome, tenosynovitis ['tennis elbow'], etc.) Stone (Stone W.E. Repetitive strain injuries, Med J Aust 2: 616, 1983.) identified three causes of injury: rapid, repetitive movements; less frequent, more powerful movements and static load. These conditions affect many thousands of workers and cost hundreds of millions of dollars annually in compensation payments.

RSI is usually thought to be caused by ergonomic [the study of the relationship of individuals to their work] factors - incorrect working methods and postures. The possibility that a pathological condition may be present is mentioned only rarely.

Actions similar to those now associated with RSI have been performed for many years with similar faulty postures but with few complaints. This suggests that a new factor has arisen during the last few years which has made some people much more susceptible to the development of RSI. One such factor is the recent marked increase in the fluoride content of the environment. The condition of 'fluorosis' is due to a high level of fluoride in bone, resulting from excessive intake of fluoride.

... Some of the symptoms of fluorosis are: aches and stiffness in muscles/bones (in the arms, shoulders, neck, legs, jaws and lower back), sometimes accompanied by muscular weakness, muscle spasms or tingling sensations in the fingers and feet (Waldbott G.L. Burgstahler A.W. McKinney H.L. Fluoridation: the Great Dilemma. Coronado Press, Kansas, p 393, 1978.) The similarity between those symptoms and the symptoms of RSI, and the recent increase in the fluoride content of the environment, suggest that RSI might be due partly to excessive fluoride absorption (Sutton P.R.N. Is fluoride ingestion a cause of repetitive strain injury? Aust Secretary, 10: 10, 1985.)

The fluoride/RSI hypothesis is that excessive absorption of fluoride leads to an abnormally high fluoride level in bone. This affects the resorbing osteocytes, disrupting the remodelling process, and leading to reduced functional efficiency and to discomfort and pain, which are features of

fluorosis (Vischer T.L., Bernheim C., Guerdjikoff C., Wettstein P., Lagier R., *Industrial fluorosis*. In: T.L. Vischer, ed. *Fluoride in Medicine*, Huber, Bern, pp 96-105, 1970)

Readings taken in 1985 of the concentration of fluoride in the bones of women office staff in Melbourne, of average age 26 years, who had ingested fluoridated water for a period of only about eight years, (Sutton 26) strongly suggest that Sir Edward's (Dunlop) fears were justified, for in the women who had been medically diagnosed as having 'RSI' the fluoride content of their bones was increasing at the phenomenal rate of 103 ppm annually. (The annual rate of increase in non-fluoridated areas was 5.4 ppm in women and 3.3 in men). (Sutton 25). If this rate of increase continues in these women, by the time they are about fifty-five years old they will have accumulated a fluoride concentration in their bones which is similar to that associated with the onset of crippling fluorosis."

Sutton. P.R.N., Is Fluorosis an Etiological Factor in Overuse Injuries? *Medical Hypotheses* 21: pp 369- 371, 1986.

Skeletal Fluorosis

Although skeletal fluorosis, which can cripple, is usually associated with drinking water containing several parts per million fluoride, it has been recorded as occurring where the fluoride concentration in the water is only 0.73 ppm. (See Table A following).

Sir Edward 'Weary' Dunlop, C.M.G., O.B.E., M.B., M.S. (Melb.), F.R.C.S., F.R.A.C.S., F.A.C.S., D.Sc., Chairman, Anti-Cancer Council of Victoria, is a remarkable Australian, known and respected throughout the country, spoke of the dangers of artificial fluoridation:

"Objection to fluoride on scientific grounds had been based on various points. The one about which I am most personally informed is the incidence of toxic fluorosis, especially in the skeleton. In the course of work under the Technical Division of the Colombo Plan in India, my distinguished friend and colleague, Professor Singh of Patiala Medical College, Punjab, India, showed me cases of Skeletal fluorosis in which the spinal overcalcification and deformity had led to paralysis and crippling ... from natural waters with fluoride levels ranging from 1.2 to 14 ppm fluoride.

Crippling deformities of the skeleton due to fluoride toxicity such as 'forward bending', 'stiffness of the spine', 'reduced mobility of the chest', and 'sproats on the bone', have been reported from different parts of the world.

These grave abnormalities, which I've personally seen, raise the question, 'Is fluoridation of water really safe?' This question is all the more disturbing when one notes the fact that in areas of endemic fluorosis, serious effects are much more common after forty years of exposure - in other words, there is a slow and subtle process in which fluoride, once put into the body, is hard to get out.

The fact that lesser degrees of skeletal fluorosis are closely parallel to those of rheumatic [to do with a disease involving inflammation, swelling and stiffness of joints] diseases lessens the alertness of doctors."

Dunlop, Sir Edward, C.M.G M.S. F.R.C.S., F.R.A.C.S., F.A.C.S. Extracts of speech given at Melbourne Town Hall, 4th June, 1975.

SKIN DISEASE

It is reasonable to expect that the toxicity and widespread ingestion of fluoride, would result in a great many cases of adverse health effects. This is indeed the case as thousands of cases testify. The following are a small sample reported by Dr Yiamouyiannis in, *Fluoride: The Aging Factor*:

"Dr John J. Shea of Dayton, Ohio relates one of his experiences: "Mr. E.H., age 48, consulted ... [Dr Yiamouyiannis] because of giant urticaria (itchy red skin eruptions) of one month's duration. The lesions involved mainly hands and feet and at times the entire body surface. At the first visit the lips and gums showed a marked edema (swelling). The lesions usually occurred about one hour after breakfast. The patient had been using a fluoridated toothpaste at that time.

He was asked to discontinue the fluoride toothpaste and not to take any medication. Three days later, he reported having had only a single hive and slight residual pruritus (itching). Six days later, he was completely free of symptoms. Three years later, this patient experienced another episode of generalized urticaria. In the morning he had inadvertently brushed his teeth with a toothpaste used by his family without realizing that it was a fluoride brand. The hives appeared within one hour of its use.

Dr S. M. Gillespie relates the following: "C.E.O., a seven-month-old female child, had been taking Tri-Vi-Flor (vitamin drops with fluoride) daily for five weeks. About that time she developed ... (itchy red skin eruptions) on the neck, face and in the ... [arms and legs] accompanied by diarrhea, abdominal cramps and bloody stool. The parents noted that the cramps occurred exclusively, shortly after the afternoon feedings when the baby received the fluoride drops. The drug, therefore, was discontinued. The skin immediately began to clear up. Within one week the eruption had healed, no medication had been prescribed. The child has been in good health ever since."

Fluoride: The Aging Factor, p 8.

SMOKING & FLUORIDE

In 1948, Dr Leo Spira published a paper in the leading Swedish Medical Journal, *Acta Medica Scandinavia*, in which he recorded the presence of

fluorine in the tobacco smoke obtained from a lighted cigarette. From his findings, since confirmed by a number of researchers, he postulated that:

"... any fluoride found to be present in tobacco might act as a superadded local irritant in the production of cancer in the lung."

Poison on Tap, p 207.

Cigarettes may also be another significant source of fluoride intake by humans. Okamura and Matsuhisa (1965) reported the following results for fluoride content of cigarettes:

| Type of Cigarette | No of Brands Analysed | ug in Cigarettes | | | (ug F per Cigarette (Average)) |
|-------------------|-----------------------|------------------|---------|-----|--------------------------------|
| | | Range | Average | | |
| Japanese | 16 | 42 | to | 640 | 157 |
| American | 19 | 34 | to | 420 | 244 |

Rose and Marier, 1977, National Research Council of Canada

Is it of any significant interest, with so many studies on cigarette smoking, that none have tested the fluoride content of tobacco and its relationship to cancer?

A report by five W.H.O. scientific groups said that the potential long-term effect of breathing fluoride 'at usual air pollution levels' is that it:

"... promotes or accelerates lung disease".

W.H.O. (1968) Research into Envir. Pollution. *W.H.O. techn. Rep.*, Ser. No 406.

SPONDYLOSIS (degenerative change in the vertebrae)

"In 1942, a classic study was published in the British medical journal, Lancet. It was entitled: "Spondylosis Deformans in relation to Fluorine and General Nutrition", its authors were Drs Kemp, Murray and Wilson. Don't let the title put you off, it's absorbing reading, and it begins:

The radiological investigations to be described originated in the observation of the frequency of "round back" among children and adults in areas where "mottled" enamel was prevalent. The significance of fluorine has received little attention except from those interested in tooth formation and dental caries. Until recently it was considered that the lower level at which fluorine in drinking water would give rise to mottled enamel was 1 part per million. But Raeder Sognaes 1941, and Sognaes and Armstrong 1941, have suggested that in Tristan da

Cunha, where the fluorine in water is 0.2 parts per million, there exists a condition of threshold mottling evidenced by the white spots of a very mild degree of dental fluorosis. It is concentrations of fluorine between these mentioned levels that are of interest in the observations to be described.

Findings of Kemp, Murray and Wilson in Adults (Summarised)

The first persons radiographed were adults from the village of Bampton, near Oxford. They had been resident in the village since childhood and drank water from surface wells with a fluorine content varying between 0.3 to 1.2 ppm.

Case 1: Male, 53. Edentulous [toothless], but son had severe dental fluorosis, Considerable dorsal kyphosis, (forward bending of the spine), restricted spine movements posture resembling picture of cryolite worker in Professor Roholm's book - Fluorine Intoxication.

Case 2: Man aged 18, son of Case 1. Severe dental fluorosis with pitting of enamel. No obvious skeletal deformity.

Case 3: Female aged 38, edentulous, son who used same water, moderate dental fluorosis. No obvious spinal deformity.

Findings in Children

The first group of children (4), lived in Bampton and derived their water from a surface well containing, at different times, 0.3 - 1.2 ppm fluoride. All four children show severe dental fluorosis.

Case 4: Boy aged 15, severe dental fluorosis. Slight dorsal kyphosis. Anterior bowing of cervical spine. Some irregular ossification [process of changing into bone] and local sclerosis of end plates in many vertebrae.

Case 5: Boy aged 13, severe dental fluorosis. Slight dorsal kyphosis.

Case 6: Girl aged 11, severe dental fluorosis. Some changes in lower dorsal and upper lumbar spine.

Case 7: Twin sister of above case, severe dental fluorosis, definite dorsal kyphosis and lumbar lordosis (forward spine curvature - lumbar region).

Two other families at Bampton were examined:

Case 8: Girl aged 15, severe dental fluorosis. Slight kyphosis.

Case 9: Girl 11, severe dental fluorosis, no spinal deformity.

Case 10: Girl 9, severe dental fluorosis, slight kyphosis.

Case 11: Girl 10, mild dental fluorosis, slight kyphosis.

*Case 12: Mother of Case 11, mild dental fluorosis, slight dorsal kyphosis.
Backache.*

Case 13: Uncle of Case 11, mild dental fluorosis, slight dorsal kyphosis."

Poison on Tap, pp 110 - 111.

N.B. The study lists a further 14 cases of an identical general nature to those above.

One point to note is that four Oxford City children were examined but revealed no dental fluorosis. Their drinking water contained no fluoride.

Dr Philip Sutton brought the Kemp Study (1942) to the notice of the Tasmanian Royal Commission into Fluoridation (1966-68).

Fluoride Dangers Disguised in Tasmanian Inquiry

Commissioner, Mr Justice Crisp stated in his Report (p 91):

*"Another early report on the same nature cited by Dr Sutton, who did not refer however to later work in which it has been criticised was a report by Kemp et al.[and others] (1942) (*18) of severe dental fluorosis in a village in Oxfordshire with 8 ppm F. In fact the condition does not seem to have been fluorosis at all but a hereditary complaint.(19) Other aspects of the same same work relating to skeletal fluoride were not confirmed by later work.(20)"*

Mr Justice Crisp dismisses the significance of the Kemp Paper because [he claims]:

'The Oxfordshire village water contained 8 ppm fluoride, and

The dental fluorosis was NOT due to fluoride but was a hereditary complaint.'

Poison on Tap, pp 112 - 113.

**Refs 18,19,20 given in original paper.*

Firstly, as earlier stated, the fluoride level was not 8 ppm, but 0.3 to 1.2 ppm. Secondly, none of the references that Justice Crisp quoted, did in fact claim that the Kemp Study related to hereditary complaints - as Justice Crisp alleged they did.

The Kemp paper was published by three senior scientific researchers in a highly esteemed English Medical journal, *Lancet*.

The paper was well constructed, objective, detailed and presented a "cautious" conclusion. Normally, it would have stimulated a great deal of interest and further research.

It is interesting to observe that Mr Justice Crisp, with the responsibility on behalf of the public of determining whether artificial fluoridation was effective or safe, could make such glaring and obvious errors - coincidentally in favor of fluoridation, like the dozens upon dozens of other mistakes he made in the Report of the 1968 Tasmanian Royal Commission.

SUDDEN DEATH FROM FLUORIDE

"Terry Leder, a dental hygienist from Glen Cove, Long Island, witnessed a ... tragedy in 1969. At the time she worked in a New York City dental clinic.

"One of my bosses was working on a patient and applied topical fluoride", Ms. Leder recalled in a recorded interview in 1979. "The child went into convulsions and died in the chair. We were all shocked. It happened so fast that nobody could do anything for him. It was just a few minutes after the fluoride was applied."

The clinic, claiming the child had died of a heart attack even though he had no history of heart problems, denied any responsibility for the death. Ms. Leder pointed out that the parents "never got the true answer."

Fluoride: The Aging Factor, p 14.

THYROID

Fatigue is a common symptom of fluoride toxicity.

"The symptom of fatigue is probably the result of the inhibitory effect of fluoride on thyroid activity. As pointed out by the Merck Index, fluoride was formerly used to depress thyroid activity. As little as 5 milligrams, the amount consumed daily by people drinking fluoridated water, has been shown to lower thyroid activity in humans."

Fluoride: The Aging Factor, p 20.

URTICARIA

N.B. See Eczema & Skin Disease sub-sections.

The Potential For Harm

If we do not act to prevent the compulsory drugging of most of the Australian population, we could become the victims that Professor Albert Schatz, a co-discoverer of the antibiotic streptomycin, spoke of, when he said:

"Artificial fluoridation of drinking water may well dwarf the thalidomide tragedy."

Poison on Tap, p 126.

Thalidomide

In 1954, scientists working in the laboratories of a German company discovered a non-barbiturate hypnotic which was later marketed as Thalidomide. History shows that it took six years of diligent and persistent work by devoted people battling bureaucratic indifference, commercial self-interests and suffering personal character attacks before Thalidomide was finally unmasked as a horror drug.

In a remarkable statement for such a renowned scientist, Dr Dean Burk, former Head of the cytochemistry division, U.S. National Cancer Institute, said on oath before a Court in Pittsburgh:

"The scientific and medical status of artificial fluoridation of the public water supplies has now advanced to the stage of the possibility of socially imposed mass murder on an unexpectedly large scale involving tens of thousands of cancer deaths of Americans annually."

Poison on Tap, p 126.

Disadvantaged Groups

The elderly, the very young, the malnourished and those who suffer illness are particularly susceptible to the toxic effects of fluoride.

In none of the studies has either the adult or the more matured population been studied to determine what physiological effects fluoridated water has on these groups.

"Fluorine has been consumed at an increasing rate over the past 50 years. Change in disease pattern over that period of time has not been explained by medical science."

Dr Charles Dillon, D.D.S., *The Biochemistry of Fluorides* Dental Digest. When Doctors Disagree, p 9.

In summary: the issue of the fluoridation of water supplies has been dramatised and politicised to the extent that the technical details and the weight which should be given to various scientific studies in the matter are often ignored in the shouting match.

SECTION 2: CONSCRIPTION

Your Health Rights

The case against coercive medication was compellingly made to the ACT Inquiry Committee in a publication entitled *'Your Health Rights'*, which was endorsed by Dr Neal Blewett, then Federal Minister for Community Services and Health. It stated:

"Doctors are experts but they are not infallible ... doctors may disagree with each other over the best treatment for particular problems. The final decision is ours ...

We need not submit to their treatments unless we so choose. It is up to us to stand up for what we regard as our rights ... it is our right to live our lives free from unwanted bodily interference.

The NSW Department of Health ... has developed the following list of patients rights:

Before any treatment ... is carried out, the doctor ... should give you a clear explanation ... any risks associated ... should also be explained. This explanation should include an outline of any after-effects, side-effects, or adverse outcomes.

Your consent is required before treatment begins. You are entitled to refuse such treatment (my emphasis)."

Australian Consumers' Association, *Your Health Rights*, Australasian Pub. Coy., 1988, Chapter 1.

The fact that fluoride is in the tap water and is invisible, obscures, for some, the principle involved. Many supporters of artificial fluoridation argue that individual rights are not violated by fluoridation at all and that being forced by the State to take fluoride into your body is neither mass-medication, nor undemocratic. Others believe that these assertions fail whether they come from the viewpoint of law, medical ethics, individual rights, or common sense. If the issue were to be expressed differently, say: whether or not government authorities have the right to force citizens to swallow their daily fluoride in tablet form, the "no" case might be particularly obvious. The fact that what some refer to as a drug (fluoride) is administered through the drinking water, changes the principle not at all.

Fluoridation - Good Intentions and Bad Principle

"Those who wish to fluoridate the community's water supplies are very powerful and very persistent in the face of a large and growing volume of opposition. Moved as they are by a genuine concern for the state of children's teeth, emotionally predisposed to attach very great authority to what purports to be the result of objective scientific method, they are wholly convinced that they have discovered a scientifically attested, safe method of remedying effectively and easily a serious menace to health. Hence their thinly suppressed irritation when their will is frustrated by

opposition. Although this is one public controversy among many, yet, in this instance, because the bulk of professional opinion is aligned on one side, the opposition is contemptuously dismissed as agitation stirred up by an alleged "handful" of well-meaning but mischievous cranks.

But, however irritating to them the fact may be, try as they will the fluoridators cannot answer the objection that the measure is incompatible with human freedom. No amount of ransacking constitutional law books, invocation of legal authorities, appeals to the principle of parliamentary sovereignty, touches the principle, immediately evident to all unprejudiced men, that the forcing of any ingredient into the body of another is a most fundamental violation of his right to personal liberty. This cannot be denied. Of course, if we all wanted to drink 1 ppm of fluoride, there would be no difficulty. Hence the irritation of the authorities, convinced of their own good intentions and authoritative expertise, when through "pure ignorance", on our part we do not want to take what they say we so clearly ought to want. The question therefore must be faced: Why are some men no less stubborn in opposition to this measure than those in advocacy of it? All, no doubt, are equally public spirited; all, no doubt, equally and deeply concerned about the grave state of dental decay in children's teeth. The opposition fully appreciates the reasons animating the public authorities; their opposition is none the less unswerving. Why? There are two essential and related reasons.

First, though less important than the second, is a widespread suspicion of claims of infallibility by scientific experts in matters where it is very difficult for lay opinion to judge for itself. This is due in part, of course, to a number of recent disasters still fresh in the public mind which have resulted from uncritical acceptance of expert advice. Secondly, there is a growing suspicion that many scientists, doctors and health authorities are animated by a mistaken metaphysic and correspondingly misguided social thinking. Lord Douglas of Barloch puts his finger on the heart of the matter when he says of the fluoridation proposal: "the design may not be sinister, but the principle is thoroughly bad". Men are individuals with individual needs and requirements. They cannot be prescribed for in mass without doing injury to some individuals. Moreover, to treat individuals as though they were an undifferentiated mass is an insult to human dignity as well as a grave violation of human freedom. The mere fact that someone feels that his vital liberties are impaired does him real and long-standing psychological harm.

A precise analogy to the fluoridation proposal should help to clarify the vicious nature of the principle involved. Many people take flight from their own moral weakness and inability to resolve their unconscious conflicts into the spurious refuge of intoxication. If this form of escapism is persistent, chronic alcoholism can result, with further possible grave physical consequences in the shape of cirrhosis [liver disease] When the culminating point of an individual patient's suffering is reached, it may well be the duty of his medical practitioner to prescribe, if available, chemicals or drugs relevant to his condition. But if this form of illness were to become rampant on a wide social scale, what would we think of a proposal by the public health authorities to add a chemical to the public water supplies to make everybody's livers more resistant to the effects of chronic alcohol in case they should be

unfortunate enough to develop this form of weakness? Sickness, suffering, pain are frequently nature's warning symptoms that wrong ways of life cannot be pursued without paying a price. To seek by spurious mass application of chemicals to encourage the public in the belief that easy, morally effortless, remedies are available to enable us to escape the consequences of our own folly is to do incalculable damage. There are never such easy escapes available. To encourage people in such a delusion is to lead them to further moral debilitation.

The principle at stake in the fluoridation battle, rightly understood, emerges as the most vital of all principles in the conduct of human life. Children's teeth are decaying mainly because of the weakness of many parents (i.e. in not controlling the intake of refined carbohydrates by their children) and the avarice of commercial interests in exploiting the weakness of the parents and the sweet tooth of the children. It is imperative that this evil be tackled at the source. It would be a grave social crime to attempt by spurious remedies to conceal this profound social evil in our midst. What is urgently needed is a vast educational campaign at many levels on the essentials of health."

Memorandum by Dr R.V. Sampson, D.Phil., of the Dept. of Politics, Uni of Bristol.

A Promise of Freedom

Her Majesty, Queen Elizabeth II, at the Opening of Parliament, Canberra, on 8th March, 1977, made the following promise to the Australian people:

"Today, the qualities of the Australian people, the character of the Australian society, and the resources of the Australian continent, hold out a great promise and a great challenge. My Government is determined to establish the conditions in which this challenge can be met; this challenge realised.

At the heart of my Government's policies lies a commitment to increasing the Freedom, opportunity and equality of the Australian people and concern with enhancing people's ability to make their own choice and live their own lives in their own way ..."

When sodium silico-fluoride is no longer added to our water supplies, and we are no longer thus compelled to ingest regular, uncontrolled and unknown amounts of this toxic chemical, the people will be a giant step closer to the freedom promised by our Head of State.

Our right to Unmedicated Water

"No place is habitable without drinking water. The inhabitants of a modern city must depend on a common water supply, and every citizen has an equal claim to its purity; each has a right to obtain water from his tap - not medicine or soup! You may add any substance you wish to your own water; your neighbour may do the same. But neither has the right to interfere with his neighbour's right to draw unmedicated water from his own tap.

Our liberties are all of one piece, and an attack on anyone, is an attack on all. The most fundamental right is the right to decide what shall be taken into one's own body."

Poison on Tap, p.188.

Fluoridation is Mass Medication Without Parallel in Medical History

The U.S. Select Committee on Fluoridation in 1952 gave the reasons why fluoride is a drug, and artificial fluoridation is mass medication and not validly comparable to vaccination or chlorination. They stated:

"... the Committee wishes to point out that the fluoridation program does constitute medication, and medication with which the entire population must necessarily be treated. The term "drug" is defined in part, in section 201 (g) of the Federal Food, Drug and Cosmetic Act, as articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man and other animals, and articles intended to affect the structure of the body of man or other animals. Medicine deals with the prevention, cure and alleviation of disease. A reduction of the incidence of dental disease is the aim of fluoridation. It is safe to say that fluoridation is mass medication without parallel in the history of medicine. An analogy is vaccination, which is designed to prevent smallpox and not to treat persons who are afflicted with the disease.

It may be contended that people must submit to vaccination regardless of their personal predilections [preference]. The difference is one of degree.

Persons who are not vaccinated and contract smallpox may become disfigured or die. More important, they may endanger the entire community.

Community health therefore, requires that the wishes of the individuals be submerged. Even so, it is a physician who administers the medication and who watches the patient.

Fluoridated water however, must be drunk by everyone and without personal medical supervision and guidance. Furthermore, dental decay is not contagious, nor can it be said to constitute a serious danger to health.

Is Fluoridation comparable to Chlorination?

The U.S. Select Committee Report continued:

"Nor is there any real similarity between the chlorination of water and the fluoridation of water. Chlorine is added to drinking water to destroy harmful bacteria in the water, whereas fluorides are added for the purpose of affecting a physiological change in the body which results in a reduction in the incidence of dental decay.

It may be noted, in this connection, that chlorine may be gotten rid of readily by a slight heating of the water, whereas fluorides cannot be driven off by heating or boiling."

Poison on Tap, pp 154-155

Legal Point of View

Paul M. McCormick, a Research Fellow in Law at Nuffield College, Oxford, U.K., stated that:

"From the legal point of view fluoridation is compulsory medication. It is done without the permission of the person at the receiving end."

Cancer Control Journal, May, 1985, pp 84-85.

Lord Monson, President of the *Society for Individual Freedom*, in summarising the views of many British Parliamentarians who have publicly opposed the principle of fluoridation, said:

"... for the State to introduce foreign substances into the public water supply - except for those essential in order to render the water safe to use - is a grave misuse of power, however beneficial such non-essential foreign substances might be to a proportion of the consumers."

Code of Ethics Ignored

Over two-thirds of Australians are regularly dosed with fluoride, without ever having received a medical examination to determine if the drug is necessary, effective, or has adverse health effects for the individual patient. Yet, the Australian Medical Association, *Code of Ethics*, states:

"Every patient has a right to expect a complete and thorough examination into his condition and that accurate records will be kept."

The A.M.A., *Code of Ethics*, 1977, 6.1.2., p 11.

Dr Hans Moolenburgh was the chief scientist responsible for the defeat of artificial fluoridation in the Netherlands. In his book, *'Fluoride: The Freedom Fight'*, 1987, he stated:

"Precisely at the moment the State makes you swallow a medicine without asking your permission and without the possibility of an alternative, democracy has ceased ..."

Fluoride: The Freedom Fight, 1987.

Compulsory medication with artificial fluoridation, as Professor R.S. Scorer of Imperial College, London, Fellow of the Royal Society of Health, stated:

"... is deemed by many to be intolerable, and this does not appear to be in the least understood by those advocating it. It is to do what even God does not do, namely, manipulate others for their own salvation."

Paper to Community Health Council, June, 1976.

Government Force Without Responsibility

The Victorian Fluoridation Act 1973 (still current) states:

"Clause 4. No person shall have any right of action against any water supply authority or any member of such authority in respect of anything done in regard to the fluoridation of a public water supply in accordance with the provisions of the Act."

In Victoria, even if artificial fluoridation is, in a particular case proven, or in general eventually proven to have caused sickness or death, citizens are prevented by law from suing those responsible. Thus the law is used to prevent the very principle upon which the law is based - to protect individual rights and to see that justice prevails.

If fluoridation was perfectly safe, as claimed by the government, one would be justified in asking:

Why was it necessary to legislate against an age-old right of citizens?

Political Compulsion or Democracy?

"I am not ashamed to say in this company, that I believe, and believe passionately, that it is not the duty of the State to dose its people like cattle."

The Rt Hon Jim Killen, *Federal Hansard*, , p 1140.

"If ever a political majority in Parliament might decide for whatever medical or economic reasons to fluoridate our water supplies, then for the first time in our democratic history will a minority have been physically forced into a position against their will. The integrity of one's own body - a principle laid down in many regulations of our penal code - will have been jettisoned. Those who do not want to consume fluoride, will yet have to do so. Once a majority forces this decision on a minority we must then conclude that a change of principle has taken place. One of the most essential elements of our democracy has become the past tense."

Vis J.J., *Nieuwe Rotterdamse Courant*, 7-7-73.

The Proof of Sincerity

Advocates of artificial water fluoridation freely claim that the practice carries no health dangers. If this is a true and sincere belief, then each should have little difficulty in signing the following 'Declaration.'

The Declaration

Dr/Member of Parliament, _____, here declare in
the presence of the witnesses, _____ and,
that medication with fluoride from fluoridation of
the water supplies, is absolutely safe for general health.

I herewith commit myself that if, in the course of the water fluoridation in the ACT, certain side-effects to the health of the population should become apparent and if these side-effects should be scientifically proven to have been caused by water fluoridation, to restore with my own money all costs for those people who have fallen ill, be it for medical help, hospitalisation, laboratory costs, or lost happiness.

I will not only restore these costs when the side-effects appear after a short time, but I also declare myself liable and will restore the costs should these side-effects become apparent after some twenty or thirty years and I agree to put a codicil in my will that in the case of my decease before the side-effects are proven, my heirs will bear the costs from my estate.

I will also find myself duty bound, if discoveries are made that children living in artificially fluoridated regions suffer from greater incidence of birth defects and deformities than compared to those in non-fluoridated regions, to nurse or have nursed at least one such handicapped child and to pay the costs out of my own pocket.

I declare with emphasis that I will only take these obligations concerning the fluoridation of the water supplies which I promote with so much strength. They are not valid for medication with fluoride tablets and fluoridated toothpaste, or any other form in which fluoride can be given other than fluoridation of the water supplies.

I give this guarantee as a token of my good faith in propagating the fluoridation of the water supplies and to give emphasis to my absolute belief in the safety of this measure for every individual unto whom this measure will be applied.

Signed Date

Witness Witness

If someone objects to signing the declaration, ask yourself, is it wise to trust their statements, no matter their sincerity, if they won't support their claims with a guarantee that you or your family won't be harmed?

In asking your doctor, dentist or Parliamentary Representative to sign, if they should they say your request is unreasonable, you may remind them that they support compulsion in making you and your family ingest uncontrolled and frequent doses of medication which you personally have never had prescribed, do not need, and do not wish to take.

Individual Sovereignty

"The foundation of the legal rights and liberties of the individual is the principle of his responsibility for his conduct and his own interests, chief amongst which is, of course, the responsibility towards his own health. As John Stuart Mill wrote: "Over his own body and mind, the individual is sovereign." Water fluoridation encroaches on that sovereignty and the self same principle underlying water fluoridation could be used to justify adding tranquilizers, vitamins, antibiotics, contraceptives and various other drugs to the water supply.

That principle is that the state is sovereign over the mind and the body of the individual. However benevolent the principle, it nonetheless remains totalitarianism."

Morin P.J., *Submission*, 8-2-90, pp 37-38.

Federal National Party Policy

In a letter of 9 May, 1990 the Leader of the National Party in Australia, Pat McNamara, M.P., stated:

"The National Party policy on this issue is that fluoride should not be added to water supplies without a referendum of ratepayers in each waterworks district."

Wise Words - Wrong Actions

The Declaration of Liberal Party Beliefs 1988 states:

"We believe in the fundamental freedoms: ... to choose, to be independent. ... We believe in the individual. We stand for the free man and the free woman, their initiative and personality responsibility."

Words of wisdom that the majority of people, no matter how they vote, would agree with. It is unfortunate that they are not practised by the Liberal Party, which has promoted fluoridation and maintained it as official policy at State level. The same is largely true of the Labor Party.

The following statement was made by a man identified only as Hector, a Board Member of the Foundation for the Preservation of Human Integrity, Holland. His words are relevant in the fight against compulsory artificial fluoridation in the ACT.

"The proponents maintain that decisions concerning fluoridation are reached by a democratic process, namely by a majority vote in the Municipal Council. This is nonsense! We, the citizens, have never given our voted representatives in council or parliament the authority to decide, by a majority vote or otherwise, what we are allowed to do with our private lives, what we want to eat or drink, how we want to dress or which religion we wish to follow, or which medical treatment we will adopt.

... It is therefore naive for the proponents to think that we, their inexorable [relentless, unyielding] opponents, fight only against fluoridation. The main issue of our combat is of a higher order. What is at stake is human personality. The infringement on that personality could be called the crime of our century."

Fluoride: The Freedom Fight, p 112.

Liberty of The Individual To Choose is Ignored

"The real issue is the right of the indivisual to determine what shall be done to and with his body, dead or alive, as long as in the exercise of that right he does not impinge upon the equal rights of his fellows."

Dr L.A. Alesen, M.D., Past President, California Medical Association, Memb., House of Delegates, American Med., Assn. When Doctors Disagree, p 17.

Summary: Australian residents and citizens ought to be entitled to choose whether or not to ingest fluoride with each glass of water. Some may not wish to.