

Submission  
No 232

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:** Safe Water Association of NSW (SWAN)  
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**Position:** Chairman  
**Telephone:**  
**Date Received:** 8/07/2005

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**Theme:**

**Summary**

# SAFE WATER ASSOCIATION OF N.S.W. (S.W.A.N.)

EDUCATIONAL, NON-PROFIT, NON-SECTARIAN, NON-PARTY-POLITICAL.

*We believe that in a democracy, adults should have the right to decide what medications they and their children use.*

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6<sup>th</sup> July 2005

The Chairman  
Standing Committee on Social Issues  
Legislative Council of NSW  
Inquiry into Dental Services in NSW  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Attention Susan Ward

Dear Chairman

## **Submission to: INQUIRY INTO DENTAL SERVICES IN NSW**

A Submission by this Association to your Inquiry is herewith.

As a voluntary Association, other commitments prevented the submission being forwarded at an earlier date.

It would be appreciated if consideration is given to this submission by the Standing Committee. Your Parliamentary Officer has indicated that a submission at this time should still receive attention.

Yours sincerely,



John T. Webber

Chairman

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Attention Susan Ward  
Facsimile: (02) 9230 2981

## **Submission To: INQUIRY INTO DENTAL SERVICES IN NSW**

### **1. Introduction**

The interest of this association is primarily in the adverse impact of artificial fluoridation of public drinking water supplies, and related matters. The submission deals with environmental impact; the chemicals involved; effectiveness or otherwise of the measure; health risks; promotional measures; ongoing social impact and related matters.

This submission relates primarily to Item 1(f) in the Terms of Reference:

*“preventive dental treatments and initiatives, including fluoridation and the optimum method of delivering such services”*

and Item 1(g)

*“any other relevant matter.”*

### **2. Preamble**

At the outset, a key question which needs to be asked is:

*“Who has accepted responsibility for the introduction of artificial fluoridation of public drinking water supplies in NSW and the related impact (good or bad), on the general and dental health of the population; the impact on the individual rights of the consumer to decide what to eat and drink; the related responsibility to closely study evidence in support and opposition to artificial fluoridation and the responsibility to consumers of an artificially fluoridated water supply to avoid harm, based on logical reasoning”?*

The answer to this question is quit clear; for whilst:

- numerous referenda of residents in many NSW towns resulted in a clear majority of voters opposing the introduction of artificial fluoridation of their water supplies (with one known extremely unusual exception);

- the then Sydney Metropolitan Water Sewerage and Drainage Board opposed the measure until directed by the government of the day to fluoridate;

The Government passed the 1957 Fluoridation of Public Water Supplies Act and Regulations under the Act which subsequently gave authority to the Fluoridation of Public Water Supplies Advisory Committee to recommend to the Board of Health to *direct* a Council to add fluorides to their water supply and ability to *refuse* to allow a Council to stop fluoridation, with the threat of onerous daily financial penalties or other costly financial commitments. This latter legislation was introduced because two councils, Deniliquin and Moree Plains, stopped fluoridation following substantial opposition by residents and it was believed other councils were considering similar action. (Hansard, Legislative Assembly, 19<sup>th</sup> April 1989, page 6794). The democratic right of the individual to refuse consuming an artificial additive to water supplies to treat the consumer was ignored.

*Accordingly, members of the Upper and Lower Houses of the NSW Parliament have taken on the responsibility to authorise the addition of artificial fluorides to public water supplies in NSW; the impact on the general and dental health of the population; to consider the opinion of residents and to stop artificial fluoridation of public water supplies in this State.*

Many books have been published dealing with the adverse effects of artificial fluoridation, possibly the latest being *The Fluoride Deception*, by Christopher Bryson, an extensively referenced work published in 2004. The foreword of this 374 page book by Dr.Theo Colborn includes the statement:

*"Certainly, the evidence Bryson unearthed in this book begs for immediate attention by those responsible for public health."*

This association supports this statement and as this brief submission refers to only a tiny proportion of available literature, recommends that members of the Inquiry into Dental Services in NSW read that work, as well as other publications listed throughout this submission.

### **3. Fluoride Not an Essential Nutrient**

Fluoride is not established to be essential to human nutrition and would not be classified as a nutrient. (*U.S. Food and Drug Administration, 1963*).

Neither laboratory studies on animals nor data on human teeth and bones, therefore, have proved conclusive evidence that fluoride is essential for life. (*George L. Waldbott, M.D. in Fluoridation the Great Dilemma, after review of 36 medical references*).

However should there be a requirement for any fluoride, "The need is infinitesimal and the supply in common food must be sufficient. Fluoridation means a surplus of fluorine". (*Aslander, 1966, in Fluoridation, 1979, Scientific Criticisms and Fluoride Dangers, Philip R.N. Sutton, D.D.Sc. (Melb.), L.D.S.*)

### **4. Sources and Uses of Fluorine**

The main source of fluorine in nature is the mineral fluorspar, or calcium fluoride. It is used in steel production as a flux to assist in removing slag, in making enamelware and in refining lead and antimony.

Cryolite is another source, used to dissolve bauxite in the electrolytic manufacturing process of aluminium; the reduction process releases fluoride fumes. The Tomago Aluminium smelter caused fluoride levels in groundwater to increase by four thousand percent from the normal background level of 0.01 parts per million to 0.4 parts per million, but whether this was from air pollution with fluorides or from water contamination from the smelter was unclear. (*Newcastle Herald, 16<sup>th</sup> January 1987*).

Fluoroapatite is the third most common source of fluorine. It is mined primarily for the production of phosphate fertilizer and phosphoric acid. Its treatment with sulphuric acid to produce super phosphate fertilizer releases large quantities of hydrogen fluoride gas.

As a by-product of these commercial processes, the only commercial use of the waste fluorine compounds were initially as insecticides and rodenticides, where they continue to be used a component of poisons such as 1080. During and subsequent to World War II, many additional uses were evolved, including as aerosols, production of plastics, refrigerant gases, many pharmaceutical products and in the production of the atomic bomb, where fissionable uranium is produced from the stable uranium compound. See *Economic Motives Behind Fluoridation; Fluoride, Teeth and the Atomic Bomb (Aqua Pura, Vol. 3, No. 8, January 1966; Australian Fluoridation News, Vol. 33, No. 7, Special Edition, November 1997)*. See *Appendix A*.

### 5. The Absence of Fluorides in Natural Water Supplies

Fluorides are not present naturally in the vast majority of surface waters throughout the world at the high concentrations used when fluorides are artificially added to water supplies. According to Harris, 1976, natural fluoride ion concentrations much greater than 0.1 parts per million in the fresh water systems of the world are rare. (*Fluoridation, Poison on Tap, G.S.R. Walker, 1982, p. 289; Study and Interpretation of the Chemical Characteristics of Natural Water, Geological Survey Water-Supply Paper 1473, U.S. Government Printing Office, Washington: 1959, p.111-112*).

*"Unlike the chlorides, most fluorides are low in solubility, and amounts which can be present in ordinary waters are therefore limited. For many years fluoride was not considered an important constituent of water, and fluoride determinations were rarely included in water analyses until the early and middle 1930's. About that time attention was focused upon fluoride in drinking water as the cause of dental defects, particularly mottled tooth enamel, observed among the residents of certain areas. The continued and intensive study of the physiological effects of small amounts of fluoride has produced a large amount of information relating to fluoride concentrations in water. In the course of these studies, a few natural waters have been found in which fluoride is one of the major anions, but such waters are relatively rare."*

In USA, it is recorded that under 4% of the population live in areas where natural water supplies contain fluoride at over 0.7 parts per million. Over half of this population live in just 6 states, Illinois, Indiana, Iowa, Ohio, South Dakota and Texas. (*Natural Fluoride content of Communal Water Supplies in the United States- Department of Health, Education and Welfare, Public Health Service, Publication No. 655, 1959*). However, the population did not necessarily consume water in these high fluoride areas. Sutton quotes Gerrie and Kehr, who referred to Colorado Springs, which had:

*"...about 2.6ppm F".* Due to the "high prevalence of dental fluorosis" dentists and pediatricians "have recommended since 1935 that parents provide their children with low fluoride water during the development of the permanent teeth as a preventive measure against this disease. The local dairies have cooperated by supplying low-fluoride (0.2 ppm F) bottled water." (*Fluoridation, 1979, Fluoridation Criticisms and Fluoride Dangers, Philip R.N. Sutton p.41, 42*) Texas was the notorious location of a high incidence of dental fluorosis caused by natural fluorides in the water supply, this disfigurement being known as "Texas Teeth" before the cause was isolated to be fluorides in the water supply. See *The American Fluoridation Experiment, F.B. Exner and G.L. Waldbott, p. 3*.

*"...the phenomenon, familiar for many decades to the early settlers of our Southwest, known as 'mottled teeth' or 'Texas teeth'".*

In South Africa, Douw G. Steyn, in an article; *Chronic Fluorine Poisoning Caused by the Drinking of Subterranean Waters containing Excessive Quantities of Fluorine* notes adverse health effects on the Thyroid and Bone System. His summary including the statement that "Under unfavourable conditions it is possible that concentrations of even less than 1ppm of fluorine in drinking water may be harmful, especially for children."

Some of the factors governing the amount of harm are "other minerals present in the water" and "diet". (*S.A. Medical Journal, Vol. 37, 27 April 1963, pp 465-466*). See **Appendix B**.

In Australia, less than 1% of the population live in areas where the natural water supplies contain fluoride over 0.5 parts per million. (*Fluoridated Waters in Australia 1979, Commonwealth Department of Health, p. 23*).

In NSW, less than 0.2% of the population live in areas where natural water supplies contain fluoride over 0.5 parts per million. (*Fluoridation of Water – A Collection of Reports and Statements, Commonwealth Department of Health 1985*).

The relatively few water supplies polluted with natural fluorides are either in locations where surface waters flow through locations of rock strata containing fluor spar rock, or where underground water sources from wells, where these waters have been in contact with fluor spar rock. As the oldest continent, with very few surface outcrops of fluoride-containing rocks, Australia is fortunate to be almost free of fluoride-contaminated natural water supplies.

## **6. The Difference between the rarely - occurring fluorides in Natural Water Supplies and the fluorides added artificially to Public Drinking Water Supplies**

Whilst fluorides contaminating a small proportion of natural water supplies are calcium fluoride, the compounds used to artificially fluoridate water supplies are normally either sodium fluoride, sodium fluorosilicate, or hydrofluorosilicic acid.

It is often stated by those promoting artificial fluoridation that the fluoride ion is the same no matter its source and hence there is no difference between using the above artificially produced fluoride compounds to fluoridate water, than there is in water which naturally contains (polluting) calcium fluoride. First, this ignores the fact that waters contaminated with naturally occurring fluoride are still harmful, as illustrated by the extent of dental fluorosis and skeletal fluorosis where natural water supplies contain fluorides, at and near the concentrations used to artificially fluoridate water supplies. See *Fluoridation, Poison on Tap, G.S.R. Walker, p.366-367, Quoting Jolly. See Appendix C*.

Second, the fact that this proposition is a fallacy is readily illustrated by the fact that calcium fluoride cannot be used to artificially fluoridate water supplies as it is not sufficiently soluble. Also the other elements in fluoride compounds are ignored when making this claim. As an example, if all fluoride compounds were the same regarding the fluoride ion, (because they all contain fluorine), it could then be similarly reasoned that the same principle applies to other ions, particularly the other halogens. Thus sodium chloride (common salt) would be the same as regards the sodium ion as sodium fluoride, as they both have in common the sodium ion. Yet the relative absence of toxicity of common salt on the one hand contrasts with the highly poisonous nature of sodium fluoride, including its use as a pest and rat poison. "Sodium fluoride is the best example of the white powder kept in the kitchen to control kitchen pests (cockroaches). It is highly and acutely toxic to man." (*Common Pests and Public Health in NSW, Division of Health Education, Health Commission of NSW, No. 17122-9-76 D, p. 14*.)

The toxicity of the fluoride ion is dependent chemically on the extent to which it is "free", its toxicity being dependent on the degree of freedom of the ion, while the completely bound fluoride ion is non-toxic. For this reason the "natural" fluoride is much less toxic than the "artificial" fluoride, the degree of "looseness" of the binding of the fluoride ion determining its activity, or toxicity. A detailed explanation of this difference is herewith in the seven page **Appendix D**. (*Some Observations on the Fluoride Ion; H. A. Cook; Paper given to the Conference of the International Society for Fluoride Research in Zandvoort, February 8-10, 1976*).

## 7. The Toxicity of Chemicals used to Artificially Fluoridate Public drinking Water Supplies

An indication of the toxicity of artificial fluorides is given in *Lewis' Dictionary of Toxicology*; extracts of six pages are in *Appendix E*.

Hydrofluorosilicic acid is recorded as "very toxic by ingestion, inhalation, and the subcutaneous route";

Sodium fluorosilicate as "very toxic; used as an insecticide, rodenticide; humans have died from exposure to this compound";

Sodium fluoride "it is toxic to humans";

Fluorite (calcium fluoride or flourspar), although noted as an air pollutant, is not listed as toxic.

The relative toxicity of fluoride compounds is shown in *Appendix F*, quoted by *Waldbott in Fluoridation the Great Dilemma*, p. 88, from Roholm and Simonin.

Whereas calcium is moderately toxic and almost insoluble, compounds used in artificial fluoridation are either very toxic or extremely toxic. Lethal doses of the compounds used in artificial fluoridation are shown to be between 10 and 50 times more toxic to guinea pigs than the naturally occurring calcium fluoride.

The safety factor for fluorides in water, at zero, is unacceptable, when compared to that for other substances such as arsenic and cyanide. See *Toxicologic Methods for Establishing Drinking Water Standards*, *Jour AWWA*, April 1958, *Appendix G*.

## 8. The Influence of other elements in a water supply on toxicity

"The toxicity of the fluoride ion is also dependent on which other elements or ions are present at the same time. So if there is a complex solution in which there are fluoride ions, sodium ions, calcium ions, sulphate ions, carbonate ions, and goodness knows what else, it depends on the various inter-ionic forces as to how tightly the fluoride ions are bound. If calcium is present in a sodium fluoride solution, the fluoride tends to be attracted towards the calcium ions, and therefore to complex with the calcium and reduce its freedom, or toxicity." (See *Appendix D*, page 3).

## 9. Toxicity of Artificial Fluorides in water supplies with Low Mineral Content, "soft" water, compared to Natural waters with High Mineral Content contaminated by Naturally Occurring Fluorides

As an old continent, water supplies in Australia are relatively low in mineral content relative to many other geologically young and often volcanically active countries. Also only a small proportion of water supplies are extracted from wells, which are likely to have a higher mineral content than surface waters in locations where the supplies are contaminated naturally with fluorides.

The fluoride toxicity of a water supply, as indicated above, is therefore likely to be greater in Australia if artificial fluorides are added to soft waters than hard water areas.

This is illustrated in Table 8-2, reported on page 103 of the book by *Waldbott*. As the hardness of the water supply reduced from 169- 179 ppm to 83-112 ppm, the incidence of skeletal fluorosis increased from 19-29 % to 40-52%. See *Appendix H*. *Appendix K*, page 91, states: "Factors other than the fluoride content of water have some influence on the degree of mottled enamel resulting from its use. One of these is the amount of water actually consumed, and this in turn depends to a large extent on the mineral content and the palatability of the water. Of two waters with the same fluoride content, the one with the normal mineral content of 350 ppm showed an incidence more than twice that of the other water with a mineral content of 1900 ppm." Note that even the lower mineral water has a relatively high mineral content compared to Sydney's water.

### 9.1 Sydney's Water, a Low Mineral Content "soft" water supply

The Calcium and Magnesium content of Sydney's water supply (two elements particularly important in tooth formation) have averaged about 3 and 2 parts per million respectively, with a total solid residue averaging about 58 parts per million. (See *Appendix I*). This is a very soft (low mineral content) water supply compared to water supplies in many overseas countries, particularly the areas in USA which have comparatively high mineral content in the small proportion of areas where fluorides occur naturally. Examples of the analysis of USA water supplies are shown in *Study and Interpretation of the Chemical Characteristics of Natural Water, Geological Survey Water-supply Paper 1473, 1962 reprint, Tables 8 and 10*. The hardness and general mineral content are much higher than Sydney's water. See *Appendix J*.

The amount of calcium retained is reduced as sodium fluoride is increased in the diet of experimental rats. Rate of body growth, rate of eruption of teeth and amount of phosphorus retained are also reduced. *Fluorine and Dental Health, Publication No. 19 of the American Association for the Advancement of Science, 1942 pp. 35-38*). Figure 3 from this publication is shown in *Appendix K*.

### 10. Promotion of Artificial Fluoridation, even though Damage to Teeth by Fluorides was Known and water supplies where fluoridation was promoted Already Contained a concentration of polluting Fluoride at the Recommended Concentration.

Studies of communities with various concentrations of polluting fluorides in their water supplies commenced in USA in the 1930's. A key study investigated the extent of dental fluorosis (mottled teeth) in 5,842 children in 22 cities where water supplies were polluted with varying concentration of fluoride. The study showed that as the proportion of fluorides in water increased, there was a corresponding increase in the percentage of children who were affected by dental fluorosis. Even at 1.0 ppm fluoride in the water, over 10% of children were afflicted. The purpose of this 1935 study was to determine whether a community must get a different water supply because of excessive fluoride damage. The USA Public Health Service, on the basis of this data, then set 1.0 ppm as the maximum tolerance for fluorine in a public water supply.

It is shown that of these 21 cities, data from only 6 cities were valid, due to the water supplies in the other 15 cities having different water sources with different concentrations of fluoride during the period when the teeth of the 12 to 14 year old children examined were developing. The valid cities were East Moline and Kewanee, with fluoride present at about the 1 ppm concentration, and four cities, Michigan City, Evanston, Oak Park and Waukegan, all with nil or low concentrations of fluoride.

The two cities with fluoride at about 1.0 ppm concentration had "definite" dental fluorosis in 31% and 12% of children, the nil or low fluoride cities ranging from nil to 1.6% fluorosis in the children. (*Fluoridation, Its Moral and Political Aspects – A New and Comprehensive Study, F.B. Exner, M.D. p. 18 and Part II, Analytical Commentary on the 1960 testimony of Dr. H. Trendley Dean in the Suit to Enjoin fluoridation of Chicago's Water, in the case of Schuringa et al. v. City of Chicago pages 41-44*). These pages are in *Appendix L*.

The above studies, carried out to decide if a city should get a different water supply due to the extent of dental fluorosis, were then used as a basis for deciding that artificial fluorides could be added to fluoride free or low fluoride water supplies, at least in some trial cities. It was accepted that damage to children's teeth may occur in up to a huge 31% of children. Other impacts on general health were not known. Variations in the quantities of other elements in the water supplies, which may have influenced the impacts of adding fluorides, were not considered.

Subsequent trials in several experimental cities by artificially adding fluorides were the primary (flawed) basis for artificial fluoridation of public water supplies, including in



Australia. The flawed basis of artificial fluoridation was exposed by a number of authors, in particular *Philip R. N. Sutton*, referred to below.

Examples of promotion of artificial fluoridation, even to the extent of a referendum being held where the water already contained fluoride, are given in *Appendix M*.

### 11. Flawed Fluoridation Trials

In 1959, the first edition of a monograph was published by *Philip R. N. Sutton, D.D.Sc. (Melb.), L.D.S. (Vict)*, then senior Research Fellow, Department of Oral Medicine and Surgery, Dental School, University of Melbourne, which pointed out numerous errors and omissions in the key experimental trials used to promote artificial fluoridation of public drinking water supplies. Copies of that work were forwarded to the workers in charge of all the studies considered and critical reviews were subsequently published in the *Australian Dental Journal* and the *New Zealand Dental Journal*.

For the 1960 second edition of the monograph, in a relatively unique way, Sutton published all these criticisms. He stated that these reviews "have not indicated the necessity for any modifications, ... which are, therefore, reprinted unchanged". However he did add his considered comments on the reviews. The *Lancet*, 12<sup>th</sup> March 1960, commenting on the first edition, stated that it showed "that the American trials claim more and prove less than the published results at first suggest". Sutton, in his conclusion, states:

*"The sound basis on which the efficacy of a public health measure must be assessed is not provided by these five crucial trials"*.

In 1996, Sutton's 334 page book "The Greatest Fraud – Fluoridation" was published. It included his 1960 monograph "*Fluoridation, Errors and Omissions in Experimental Trials*". The work remains as a testament to the fraudulent basis of fluoridation of public drinking water supplies. The work quotes *Professor Albert Schatz* "...it is the greatest fraud that has ever been perpetrated and it has been perpetrated on more people than any other fraud has."

It was on the basis of these flawed fluoridation trials that fluoridation was commenced and continues to be promoted.

### 12. Damage to Human and Animal Health by Artificial Fluoridation of Public Drinking Water Supplies

Damage to health can occur by either acute poisoning, chronic long term poisoning or by allergic reaction in sensitive individuals.

#### 12.1 Acute Poisoning and Allergic Reactions to Fluoridated Water

Acute poisoning should not normally occur with the relatively low concentration of fluorides used in drinking water supplies. However accidents have occurred, including damage to human health and livestock. This includes the case of Tasmanian farmers *John and Sylvia Braim*, whose sheep and cattle were poisoned by fluoride escaping from a fluoridation plant. The rumens from dead ewes contained up to 2,000 ppm fluoride; nearby soil up to 3,600 ppm and water up to 128 ppm fluoride. After years of distress and lack of action by government authorities, an action in the Supreme Court of Tasmania resulted in damages of \$ 65,000 and costs of over \$50,000 being awarded to the Braims. (*The Australian Fluoridation News, Vol.26 No. 2, March-April 1990*). See *Appendix N*. The symptoms of fluoride poisoning mirrored the symptoms exhibited in *Cornwell Island cattle, USA*, where the cattle accumulated thousands of parts per million fluoride from industrial fluoride pollution from air-borne fluorides from the nearby *Reynolds aluminium plant*. Symptoms ranged from dental fluorosis to deformity and stunted growth. (*The Cornell Veterinarian, Vol. 69, Supplement 8, April 1979 – Industrial Fluoride Pollution, Chronic Fluoride Poisoning in Cornwall Island Cattle*). See *Appendix O*.

Other fluoride spills have occurred, such as at *Annapolis, Maryland, USA*, when up to 50 ppm fluoride was dumped into the water supply, 50,000 people were poisoned, of which approximately 10,000 exhibited acute symptoms of fluoride poisoning. This and half a

dozen other cases are referenced in the 210 page book *Fluoride, The Aging Factor*, by Dr. John Yiamouyiannis, 1983.

A sample of soil was taken from a property adjacent to the Tamworth City Council fluoride works where 40 sheep died. The analysis showed high concentrations of fluoride. The poisoning was reported in *The Sydney Morning Herald*, 11<sup>th</sup> October 1968. See *Appendix P*.

The case of Jason Burton is similar, but the cause was half a dozen fluoride tablets. The child died in the Mater Children's Hospital, South Brisbane, the death certificate recorded the death as fluoride poisoning. Reported in *Melbourne Truth*, 3<sup>rd</sup> November 1979.

Many cases of acute or allergic effects from artificially fluoridated water at or about the recommended concentration have been recorded by Dr. George L. Waldbott. As one of the foremost allergy specialists in the USA, he recorded the first allergic fatality from penicillin; first description of a lung disease, caused by smoking, which led to emphysema; first comprehensive air survey for fungi in USA; first advocate of bronchoscopic lavage as an emergency lifesaving treatment for asthma patients and was the world's leading medical expert on the clinical aspects of chronic fluoride intoxication, as well as a widely consulted authority on the health effects of environmental contaminants.

Chapter 9 of his 423 page book, *Fluoridation, The Great Dilemma*, records numerous cases of illness from artificially fluoridated water. When patients avoided fluoridated water and other sources of fluoride, their symptoms disappeared, only resuming when they again consumed fluoridated water. He also references other authors, so details of numerous dozens of allergy cases are recorded. This Association also holds records of patients suffering adverse effects from fluoridated water.

## 12.2 Chronic Long Term Toxicity

Waldbott also references details of chronic skeletal fluorosis, as well as soft tissue damage, particularly in the endemic "fluoride belts" in India; volcanic areas of Italy; in North Africa; Arabia and in USA "natural fluoride" areas including western Texas (the home of "Texas teeth" noted above), as well as parts of Arizona and North Dakota. The references cite well over 1000 cases of radiologically demonstrable cases.

About 50% of fluoride ingested is excreted by the body in a person with healthy kidneys and about 50% accumulates in the body. However, if kidneys are defective, less fluoride is excreted and more fluoride accumulates in the body. A report "New Facts on Fluoridation" in *Saturday Review*, 1<sup>st</sup> March 1969, reported 5,500 ppm fluoride in the skeletal bones of a patient with impaired kidney function who had impaired kidney function and later underwent haemodialysis treatment. Fluoridated water was used during dialysis. Following the death of other patients, fluoride-free water later became universally used in dialysis. A copy of this article is herewith as *Appendix Q*, together with a related 1973 report from the Mayo Clinic.

Waldbott, *Fluoridation the Great Dilemma*, pages 392,393, published a list of major symptoms as: *Chronic Fluoride Toxicity Syndrome*, see *Appendix R*.

## 12.3 Dental Fluorosis (Mottled Teeth)

Before the cause of dental fluorosis was discovered to be the contamination of some natural water supplies with fluoride, the dental condition was described by Dr. Black:

*"The most essential injury in this mottled enamel is in the appearance of the teeth and the general evil effect on the countenance of the individual. The teeth are of normal form but not of normal colour. When not stained with brown or yellow, they are a ghastly white that comes prominently into notice whenever the lips are opened, which materially injures the expression of the countenance of the individual. When this opaque white colour is mingled with spots of brown, or a very large proportion of brown, the injury is still greater. In very many cases the teeth appear absolutely black as one sees them in ordinary social intercourse. ... One does not have to search for it, for it is continually forcing itself on the*

*attention of the stranger by its persistent prominence. This is much more than a deformity of childhood. If it were only that it would be less consequence, but it is a deformity for life. The only escape from this deformity is by the placing of crowns, and possibly of bridges or artificial dentures later in life.*

*The proportion of cases so bad as this is really very large. They are not all of the worst type by any means, but the struggle for a better appearance of the teeth, or the stoic endurance of a terrible affliction, is certainly upon from 30 to 60 per cent of the persons being reared in the various areas where this deformity is endemic." (Dental Cosmos, pages 142-143, Dr. Black, 1916).*

The incidence of dental fluorosis of up to 60% is in conformity with the high proportion of dental fluorosis in naturally fluoride contaminated areas found by Dr. Dean in the Tables herewith in **Appendix L**.

The mild form of dental fluorosis described by Dr. Black includes *"teeth of normal form but not of normal colour...they are a ghastly white that comes prominently into notice whenever the lips are opened..."* Such teeth are readily observed in Sydney by anyone who looks into the mouth of several children whose second set of teeth have erupted. One or more teeth are often chalky white, in stark contrast to normal coloured natural teeth. This appearance of dental fluorosis indicates the specific involvement of the fluoride ion.

### **13.1 Artificial Fluoridation of a Public Drinking Water Supply Treats the Consumer, Not the Water**

Whereas all other chemicals added to a drinking water supply are added to treat the water to provide a potable (fit to drink) water supply, fluoride chemicals are added specifically to treat the consumer of the water, not the water itself. Apart from past ill-fated proposals to add iodine to a limited number of overseas water supplies to treat goitre in the past, the addition of fluorides to treat the consumer is the first scheme to mass-medicate total populations with a chemical, using domestic drinking water supplies as the medication vehicle.

This is a radical departure from conventional procedures, particularly as the treatment is for a non-contagious condition (dental decay) which is preventable by other means. The recently prepared draft *Australian Drinking Water Guidelines, Chapter 8, Drinking Water Treatment Chemicals, National Health and Medical Research Council*, confirms this, stating in Section 8.2.7:

*"Fluoridation of drinking water is not a water treatment process..."* (emphasis added).

See the first page of *Submission to NHMRC by this Association, Appendix S*.

A further concern is that the chemicals used are industrial chemical by-products of industrial processes of non-pharmaceutical quality, not authorised for consumption by any responsible government agency.

To treat consumers with the legislated 1 to 1.5 ppm fluoride ion, the quantity of artificially added fluoride compounds are significantly greater than this 1 to 1.5 ppm. For example, to obtain 1 gram of fluoride ion requires:

Calcium fluoride, (CaF)*.....*1.6 grams; for 1.5 grams fluoride ion ...2.9 grams  
Sodium fluoride (NaF) *.....* 2.2 grams; for 1.5 grams fluoride ion ...3.3 grams

### **13.2 Moral and Ethical Considerations**

Medical practitioners observing the Hippocratic Oath are expected to observe the code of medical ethics which includes a requirement to adopt a regime *"for the benefit of my patients according to my ability and judgement, and not for their hurt, or for any wrong, I will give no deadly drug to any..."*

In upholding this right, the Association of American Physicians and Surgeons unanimously adopted the resolution: *"Whereas, the right to decide what shall be done to one's own body is fundamental, and Whereas, water is necessary for life, and Whereas, many people are dependent on public supplies of water; Therefore, be it resolved that the Association of American Physicians and Surgeons, Inc., assembled in San Francisco this*

12<sup>th</sup> day of April, 1958, condemns the addition of any substance to a public water supply for the purpose of affecting the bodies or the bodily or mental functions of the consumers." This is the moral and ethical position every person should expect as a fundamental principle of human rights.

The Nuremburg Military Tribunal restated principles which had always existed, including, in trials of War Criminals that: "*The voluntary consent of the human subject is absolutely essential*". This principle was violated at the original fluoridation trials and continues to be violated where artificial fluoridation has been implemented.

Similarly with pharmacists, the first requirement is to do no harm.

Many dentists, particularly some of those in educational institutions and dental associations, have strongly promoted artificial fluoridation of public drinking water supplies, but take no responsibility for infringement of the basic human right which fluoridation involves or any responsibility for adverse impact on individual consumers of the fluoride-treated water supply.

Corporations which benefit from disposal of their waste by-products in the water supply and can then blame the distribution of fluoridated water for increased pollution and raised fluoride levels in the environment, and executives in industries manufacturing and selling tooth-decay causing products, who can continue to promote their products by deflecting the cause of dental decay from their products to another alleged cause of dental decay, are all morally responsible for abrogating the rights of the individual.

In approving an Act which allows the addition of fluorides to a water supply for the purpose of treating individual consumers, NSW politicians, the representatives of the people, have assumed the role of medical practitioners but have abrogated the responsibility to uphold ethical behaviour and the moral principle which require the consent of the individual.

#### **14. Fluoride Dose to the Individual Consumer Unknown**

"Fluoridation conflicts with every pharmaceutical law of medicine, where the important use of a drug/medicine is scientifically and supposedly governed by a scientific establishment of 'The Dose'". (*G.S.R. Walker, The Australian Fluoridation News, Vol. 41, No. 4, July-August 2005*). Yet with fluorides added to water, the dosage from water (excluding fluoride intake from other sources) varies from day to day and from person to person, depending on a range of factors which include temperature, occupation and personal variables. Manual workers in hot climates and workers in foundries are known to consume 10 and more litres per day.

#### **15.1 Total Fluoride Intake Ignored**

Apart from fluorides ingested directly from water and other beverages, there are numerous other sources of fluoride in the diet. This includes many foods, medications, toothpaste, air pollution, industrial exposure and pesticides. The total fluoride intake into the body is frequently ignored by fluoridation promoters, yet the long term impact on human health is directly related to the total fluoride intake. As a cumulative poison, a significant proportion of ingested fluorides accumulate in the body. Even early studies showed accumulation, with a proportion of the fluoride excreted over time if a fluoride-free diet was later introduced.

#### **15.2 Foods and Beverages**

An example of fluoride concentrations in foods is the fluoride content of bread. Under the *NSW Pure Food Act*, the proportion of water in flour is restricted to 15% and to no greater than 45% in baked bread. However a greater percentage of water is added to dough prior to baking, part of which evaporated during baking. However, unlike any chlorine which may remain in water after treatment, which evaporated on heating, fluorides do not evaporate, thus increasing the proportion of fluoride remaining in bread.

An estimate of the average daily fluoride intake published on page 41 and 356 by *Waldbott* from 1940 estimates by fluoridation promoter McClure is shown in *Appendix T*. However, as he shows, the estimated intake from water for the total intakes shown are based on a maximum water intake of 3 litres. Also, fluoride intake from water is based on 1ppm fluoride concentrations, whereas concentrations of 1.5 ppm are permitted in water in NSW under the *Fluoridation of Public Water Supplies Act, 1957*. So fluoride intake will be up to 50% greater in NSW than intake with 1 ppm fluorides in water. In addition, higher intakes are "realities". So total fluoride intake in NSW is certainly in the range of 5 mg per day and above, at least for a proportion of consumers, well above the maximum dose determined when fluoridation was introduced in USA. A particular concern is the fluoride content of baby foods. If infant formula food is mixed with fluoridated water, elevated levels of fluoride are present, compared to the protection provided to a nursing child, as breast milk is virtually fluoride free, even when the mother consumes artificially fluoridated water.

### 15.3 Air Pollution by Fluorides

Following introduction of the 1964 Regulations under the *NSW Clean Air Act*, emissions by major industries into the atmosphere of fluorides, as well as other air pollutants, were restricted, once an area was proclaimed. It was therefore no coincidence that the introduction of clean air regulations restricting emission of fluoride pollutants into the atmosphere came into force when fluoridation of water supplies, controlled by the Sydney Metropolitan Water Sewerage and Drainage Board, officially commence on 8<sup>th</sup> April 1968. Poisonous fluoride fumes, extracted from the Greenleaf fertilizer plant near Newcastle, were passed through water and the resulting fluorosilicic acid transported to Sydney in rubber-lined tanker and added to Sydney's water supply to commence artificial fluoridation. Instead of polluting the air, Sydney's water supply was polluted. An industrial pollutant added to drinking water supplies.

There are numerous examples of fluoride air pollution and the adverse impact on plant, animal and man. Examples of fluoride air pollution are herewith in *Appendix U*.

### 16. Requirement to add other chemicals to artificially fluoridated water supplies to overcome adverse effects of artificially added fluoride chemicals

Since the commencement of fluoridation in Melbourne, lime has been added to the water supply. In Sydney, copper sulphate, in addition to lime, has been added to the water supply. The addition of copper sulphate commenced soon after fluoridation commenced, to counteract a severe algae bloom in Prospect reservoir when fluoride was first introduced. The unknown impact of the addition of fluoride had apparently upset the delicate balance of micro-organisms naturally present, resulting in the algae bloom. Lime is added to counteract the increased acidity of water when compounds such as fluorosilicic acid are added to fluoridate the water supply.

*"Laboratory tests... have shown that the addition of fluoride, even in the form of sodium silicofluoride, could depress the pH from around 7 to as low as 6.5, and this would necessitate the addition of about 2 to 3 ppm of hydrated lime at each fluoridation plant, in order to avoid severe corrosion and 'red' water in the reticulation system."* (Senior Executive Engineer, Operations and Maintenance, Victorian State Rivers and Water Supply Commission, quoted by Walker, p. 264).

There are similar reports from other water supply authorities.

### 17. Uptake of Fluoride by Plants adds to Human Fluoride Burden

The uptake of fluoride by plants watered with fluoridated water is dependent upon several factors, including the composition of the soil, temperature and sensitivity of the plant species. As an example, five different studies have shown significant damage and

fluoride uptake in plants including onions, spinach, cress, lettuce and cut flowers when water fluoridated at 1ppm was used. (*The Australian Fluoridation News Vol. 40, No. 5, September-October 2004*). See *Appendix V*.

### **18. Addition of Fluorides to Drinking Water Supplies to Reduce Dental Decay has not been Effective**

There have been many studies purporting to show the effectiveness of fluorides in reducing the incidence of tooth decay. However when the structure of such studies is thoroughly investigated and the published figures statistically analysed, major defects in the studies have rendered the conclusions invalid. After examining many of the major studies in USA, Canada, Britain, New Zealand and Australia (Tasmania, Melbourne/Geelong and Western Australia), it was concluded by Sutton- (*The Greatest Fraud, Fluoridation, Chapter 22*) that:

*“After analysing the results already published from trials, and considering the published data and the methods used to obtain them, one comes to the inescapable conclusion that the fifty-year-old fluoridation hypothesis has not been established scientifically”.*

Similarly, Professor Albert Schatz stated “The alleged benefits are nothing more than a statistical illusion”. (See above reference). Professor Schatz, amongst other research, had conducted an extensive investigation in Chile after artificial fluorides were added to the water supply. His reports showed an increased death rate in Chile after fluoridation commenced, resulting in the cessation of fluoridation in Chile.

Dr. John Yiamouviannis showed that there was no difference in tooth decay rates when areas were artificially fluoridated. (*Fluoride The Aging Factor, p 111*). See *Appendix W*.

Such a comparison is likely to be valid in comparing general populations with comparable water supplies with similar mineral content to each other, but as mentioned earlier in this submission, it could be that comparison with a water supply with low mineral content such as Sydney would indicate an increase in dental decay after fluoride was added.

The poor state of dental health in Sydney after 37 years of fluoridation, which was introduced on the promise of a radical reduction in tooth decay, particularly for underprivileged children, is one of the main reasons why the Parliamentary Inquiry into Dental Services in NSW was established. The need for this inquiry illustrates that artificial fluoridation is not effective as a dental decay preventive measure.

### **19.1 The Cause of Dental Decay**

The first step in overcoming any problem should be to investigate the cause. To prevent or reduce dental decay, investigation of the cause of dental decay should be the first step. This is expounded in the well known scientific principle of *Occam's Razor*, where in assessing cause and effect, the first best judgement is to consider the most probable cause. Anyone expounding an alternative cause should first be required to prove that the alternative cause is more valid than the most probable cause.

An investigation *Dental Health in Ancient Egypt*, studied the dental health of many Egyptian mummies in the period 1,000 to 3,000 years BC. The authors stated that:

*“In ancient Egypt, the greatest single problem was attrition, or wear. The teeth were badly worn down throughout life by the consumption of a coarse diet:... Comparison of the ancient Egyptians with modern Egyptians suggest that attrition and periodontal disease are common to both populations. Only in recent times, with the development of refined sugars, has dental decay become a major problem in urban areas of Egypt.... Except in cities such as Cairo and Alexandria, the types of dental malocclusion seen commonly in the Western world, such as maxillary prognathism, are not inherited, but are associated with oral habits.”* (J.E. Harris and P.V. Ponitz, in *Mummies, Disease and Ancient Cultures*).

The classic work by Dr. Weston A. Price, D.D.S., *Nutrition and Physical Degeneration – A Comparison of Primitive and Modern Diets and Their Effects*, was a landmark publication, first published in 1945 with further edition published up to 2001. The 526 page

work investigated the dental and general health as well as the diet of racial groups using both primitive and modern foods, including in Switzerland, Hebrides, Alaska, Canada, United States, Melanesians, Polynesians, Africa, Malaysia, New Zealand, Peru and Australia. The primary purpose of the study was to find the cause of tooth decay "which was established quite readily as being controlled directly by nutrition...".

Dr Price studied tens of thousands of teeth during the several years of the study, taking thousands of photographs to record his findings.

Comments on Australian Aborigines included:

- "The marvellous vision of these primitive people is illustrated by the fact that they can see many stars that our race cannot see...they can see animals moving at a distance of a mile which ordinary white people cannot see at all".
- "Their ability to build superb bodies and maintain them in excellent condition in so difficult an environment commands our genuine respect. It is doubtful if many places in the world can demonstrate so great a contrast in physical development and perfection of body as that which exists between the primitive Aborigines of Australia who have been the sole arbiters of their fate, and those Aborigines who have been under the influence of the white man."
- "Dental caries or tooth decay was exceedingly rare among the isolated groups. Those individuals, however, who had adopted the foods of the white man suffered extremely from tooth decay as did the whites."
- "It should be a matter of not only concern but deep alarm that human beings can degenerate physically so rapidly by the use of a certain type of nutrition, particularly the dietary products used by modern civilization."

Some of the concluding comments by Price were:

- Returning to the use of natural foods which provide the entire assortment of body-building and repairing food factors.
- Our modern process of robbing the natural foods for convenience or gain completely thwarts Nature's inviolable program.
- A first requisite for the control of tooth decay is to have provided an adequate intake of the body-building and repair factors by the time the hunger appeal for energy has been satisfied. A sufficient variety of food must be used to supply the body's demand for those elements which it needs in large quantities, that is, calcium and phosphorus, and the other elements which it needs in smaller quantities, though just as imperatively.
- Necessary the reinforcement of the nutrition with definite amounts of special foods to supply these organic catalysts,...including the known vitamins.
- The primitive races studies were dependent upon one of three sources for some of these fat-soluble factors, namely, sea foods, organs of animals or dairy products.
- Tooth decay is not only unnecessary, but an indication of our divergence from Nature's fundamental laws of life and health.

A long term study of children who lived at the Hopewood Home in Bowral NSW, showed an extremely low incidence of tooth decay. The water supply was free of fluoride but the children's diet consisted mainly of wholemeal bread, wholemeal biscuit, wholemeal porridge, fruits (fresh and dried), vegetables (cooked and raw), a small amount of meat, butter, cheese, eggs, milk, fruit juices, honey or molasses as a sweetening agent on occasion, and nuts. Notable for their absence from the diet were such items as sugar (white or brown), white flour products and any combination of these items. *The Medical Journal of Australia*, 20th February, 1960 attested that after a 10 year examination period, the Hopewood children continued to show a "remarkable" freedom from dental caries, following an earlier *Medical Journal of Australia* report on 20<sup>th</sup> June, 1953 which had also

showed a very low incidence of dental decay. A detailed history is published in "A Gift of Love", the history of the founder of Hopewood, Leslie Owen Bailey.

### **19.2 The Need to Treat the Cause of Dental Decay**

The logical approach to reduce the incidence of dental decay is to treat the cause, which is clearly shown to be inappropriate diet. Correction of the diet includes both an adequate supply of appropriate foods, vitamins and minerals and elimination or major reduction in decay inducing foods, particularly refined sugars and refined (white) flour.

Several investigations have shown that the proportion of vitamins in organically grown foods is of the order of three times greater than non organic foods, so there is an obvious benefit if organic products are used in the diet.

Another important factor, as mentioned by *Price* and other authors, is to reduce as far as practicable the consumption of toxic substances, even when present in small concentrations.

This includes the elimination of fluorides from water supplies.

### **20. Fluoride Toothpaste – A Major source of Fluoride**

Fluoride toothpastes contain up to 5000 ppm fluoride ion, requiring 11,000 ppm of the highly poisonous compound sodium fluoride to achieve this 5000 ppm concentration. Fluoride damage to a child's teeth caused by fluoride has resulted in a "goodwill" payment by Colgate.

The National Health and Medical Research Council have admitted the health dangers of fluoride toothpaste. "*Thus there is a need for control of fluoride exposure from these sources – particularly toothpaste and infant formula in order to avoid excess exposure to a minority of children*". (*The Effectiveness of Water Fluoridation*, p.135).

As with all poisons, to comply with poison regulations, fluoride toothpaste required prominent display of the warning that fluoride toothpaste was a S5 Poison, until the Australian Government "reclassified" this poisonous product as a "Cosmetic for sales regulations". The Government abrogated its responsibility to warn the public of the poisonous nature of a product to help commercial sales. It is now normal practice for toothpaste and similar dentifrices to only disclose the presence of fluorides in their toothpaste in tiny print, together with other toothpaste ingredients.

It is almost impossible for a small child to avoid swallowing some toothpaste when teeth are being brushed, so ingestion of some poisonous fluoride when fluoride toothpaste is used is practically inevitable. See *The Australian Fluoridation News*, Vol. 41, No. 2, March-April 2005 for further details.

### **21. Corrosion of Public and Private Water Supply Infrastructure and Equipment Caused by Fluorides; Wastage of 10% of Water in Sydney**

As the acidic fluoride compounds added to water supplies can readily bond to other elements, the most effective way to determine if fluorides added to a water supply cause corrosion is for a laboratory analysis of samples taken from water mains and other equipment to determine the fluoride content. The existence of any substantive amount of fluoride is an indication that fluoride contributed to corrosion. A concentration in the water of fluoride above the permitted concentration or a concentration of other elements or compounds to which fluorine can bond, above standard or guideline levels, is further evidence of the corrosive impact of fluoride, due to artificial fluoridation.

Numerous examples exist where laboratory analysis has shown concentrations of fluoride at extremely high concentrations of thousands of parts per million. Samples from water mains show up to 8,000 ppm fluoride, with water up to 3.5 ppm, significantly above the permitted maximum limit. In Seattle, USA, complaints of rusty water increased substantially after commencement of artificial fluoridation, the pipe corrosion rate increasing between 35% and 100% due to fluoridation.



In Australia, analysis performed at the request of this association has shown fluoride concentrations of up to 370 ppm from water mains and 39,000 ppm from part of a washing machine pump. In this case, government authorities refused to examine samples, denying that fluoride caused corrosion at 1ppm concentration but without providing supporting scientific evidence, but inadvertently admitted that fluoride did cause corrosion. This association stopped having expensive scientific analysis of rust samples carried out as elevated levels of fluoride were the common result.

A collection of some of these corrosion examples are herewith in *Appendix X*.

In a case where the Sydney Metropolitan Water Sewerage and Drainage Board advised that they analysed water for fluoride content but refused to release the analysis results, the board did provide the analysis for iron, which showed a concentration of 18.5 ppm. This is 55 times the Australian Drinking Water Guidelines and 330 times greater than what is currently a normal concentration, according to the average results now forwarded each quarter to Sydney residents. Other related evidence clearly showed that fluorides were implicated in the serious ill health and subsequent death of the resident. (*Symposium, The Impact of Environment and Lifestyle on Human Health, Burgmann College, ANU, 2-4 September 1976*). See *Appendix Y*.

Sydney Water now readily admits that 10 to 11% of water is wasted due to leaking pipes in the reticulation system. Corrosion of pipeline infrastructure is obviously a cause of some of this leakage, and artificial fluoridation of the water supply must contribute significantly to the corrosion. Sydney Water recently announced major expenditure to replacement of leaking water mains.

If all dams supplying Sydney were full and the full dams were to provide an optimistic water supply for 7 years, the loss of 10% of the water due to corrosion is equivalent to over 8 months supply of water. This water, if it had not been lost due to corrosion, would add another 33% to the current two years supply of stored water.

## **22. Commonly Used Water Filters Do Not Remove Fluoride; High Cost to Consumer to remove Fluoride from Water**

The most commonly used filters used to remove contaminants from drinking water supplies are Carbon filters. Fluoride compounds are difficult to remove from water, compared to removing chemicals which are added to treat the water such as chlorides. Carbon filters do not remove fluorides, in spite of contrary claims by fluoridation promoters. Until about 1990, some carbon filter removed about 40% of fluorides present in the water, however it was discovered that the aluminium compounds present in the filter to remove fluorides contaminated the filtered water with unacceptable levels of an aluminium compound. Aluminium compounds were therefore withdrawn from use in carbon filters, with the result that carbon filters no longer remove fluorides from water.

The only effective ways to remove fluorides as well as other contaminants from a domestic water supply are therefore by the use of expensive reverse osmosis filters; by expensive distillation filters which collect steam when water is boiled, or by the use of both a carbon filter and ion exchange resin filter. Apart from initial equipment costs, the cost of satisfactory quality carbon and resin filters totals at least \$140. A standard size under-sink household resin filter is effective for only about 6 months for a small family, using only about 500 litres of water for drinking and cooking in a six month period. The cost per litre is therefore about 30 cents per litre, compared to about 50 cents per litre if fluoride-free bottled water is purchased. This is an unnecessary cost burden to many householders, who are also forced to pay a proportion of the millions of dollars spent annually to add artificial fluorides to water.

Another concern is that to effectively remove fluorides from a domestic water supply, all other elements in the water, as well as other contaminants, must also be removed.

This means that beneficial elements in the water, such calcium, magnesium and phosphorus are removed. The quantity of such elements in the diet is therefore reduced,

which increases the adverse impact of fluorides from other sources, (such as foods and fluoride toothpaste), on the consumer, as these elements are important to combat the adverse effects of fluorides, as well as for general health.

### **23. Other countries abandoned or not commenced Artificial Fluoridation of Water Supplies**

Most countries in Western Continental Europe have either not commenced or abandoned artificial fluoridation. Scotland recently confirmed that it will remain fluoride-free. In other countries such as India, the problem is to remove fluoride from water supplies in areas where water supplies are contaminated naturally with fluorides, resulting in serious skeletal and dental fluorosis.

### **24. Fluoridation Promotion**

Artificial fluoridation of public drinking water supplies has been promoted in NSW for over 40 years, particularly by dental organizations and health department bodies and continues to be heavily promoted in fluoride-free towns by largely taxpayer-funded health department organizations, particularly during the last 12 months. Promotion campaigns include the incentive of paying millions of dollars of taxpayer funds to fluoride-free councils to install fluoridation equipment to their water reticulation systems. The fact that residents have voted strongly against the addition of fluorides to their drinking water supplies in the past, in towns such as Port Macquarie, has been ignored. The fluoridation campaign continues apace, in spite of evidence that fluoridation schemes on their own, failure to reduce dental decay, as demonstrated in Sections 10 and 18 above.

The billion dollar confectionary, soft drink and toothpaste industries have a vested interest in deflecting public perception of the cause of dental decay from over-consumption of decay-inducing products to other reasons, such as bad oral hygiene. Such industries, as well as the NSW Health Commission, have financially supported the Dental Health and Education Research Foundation as well as such bodies providing the Governors. Similarly, the Sugar Research Foundation Inc., of over 100 companies, states that it has an aim:

*"To discover effective ways of controlling tooth decay by methods other than restricting carbohydrate (sugar) consumption".*

It is clear that commercial profit, rather than improved dental and general health of the population, is the prime objective of such bodies, whether this is to sell tooth-decay causing products and dentifrices, or to continue to provide a large work load for the dental profession, which now is amongst the highest paid professionals, rather than a radical reduction in the need for dentists which was supposedly an altruistic measure when fluoridation was first promoted, in contrast to the 80% increase in dentist which actually occurred since fluoridation commenced.

Executive of industries which cause air and-or water pollution with fluorides, such as aluminium smelters, phosphate fertilizer production and coal-fired power stations, also have vested interests in promotion of artificial fluoridation of public water supplies, both as a method of disposal of their waste fluoride and to deflect any adverse impact on the dental or general health of the residents of nearby areas caused by fluoride pollution, onto fluorides in the water supply.

Promotion of artificial fluoridation of public drinking water supplies has changed very little since the infamous "secret" meeting in USA of many State Departments of Health and Dental Health Directors and fluoridation promoters. One of the principal fluoridation promoters, Dr. Francis Bull, was unaware of a stenographer in the audience taking a verbatim account of the meeting. Statements made by Dr. Bull included:

*"One thing that is a little hard to handle is the charge that fluoridation is not needed. They talk of other methods, and when they get through adding up all the percentages of decay that we can reduce by such methods, we end up in a minus. When they take us at our word they make awful liars out of us. ... Cut out sugar and do this and that."*

*"Now, why should we do a pre-fluoridation survey. Is it to find out if fluoridation works? No. We have told the public it works, so we can't go back on that. Then why do we want a pre-fluoridation survey?"*

*"The medical audience is the easiest audience in the world to present this thing (fluoridation) to."*

*"...you have just got to knock their objections down. The question of toxicity is on the same order. Lay off it altogether. Just pass it over, 'We know there is absolutely no effect other than reduction in tooth decay,' you say, and go on."*

*"You know there research people – they can't get over their feeling that that you have to have test tube and animal research before your start applying it to human beings."*

*"These fellows can just take the statements of the American Dental Association or the U.S. Public Health Service or the deans of dental schools or research workers around the country, and they can prove to you that we are absolutely crazy for ever thinking about fluoridation. You are going to have to live that down."*

*"The criterion that we have been using is that if there is some 10 to 20 percent fluorosis in the community, that would not be objectionable, because in those places the degree of intensity is not greater than the accepted designation of 'mild'".*

Dr. Robert Mick, referring to the above meeting, said "You will not believe that such a planned fraud could take place in these United States". The above extracts are from *Proceedings, Fourth Annual Conference of State Dental Directors with The Public Health Service and the Children's Bureau, June 6<sup>th</sup>, 1951, Federal Security Building, Washington, D.C.*

The N.S.W. Dental Health Education and Research Foundation, states in its achievements for 1966, that:

- "The Foundation has become strongly associated with the campaign for fluoridation.
- Its efforts contributed to bring about the Sydney Water Board's decision to fluoridate.
- Special displays of fluoridation equipment – including television films of the Minister for Health and a Member of the Water Board drinking fluoridated water.
- Foundation's Fluoridation Film... featured several times on television.
- Fluoridation Petition".

## **25. Recommendations**

The recommendations of this Association are:

- Stop artificial fluoridation of public drinking water supplies.
- Preferably ban fluoride-containing toothpastes or at least reintroduce the requirement to include an S5 POISON warning on toothpaste and dentifrices packaging.
- Direct the saving in funds to genuine education on the benefit of more natural diets to reduce the incidence of tooth decay; including wholemeal rather than refined breads; sugar free or low sugar intake; reduced consumption of soft drinks and adequate quantities of low sugar nutritional foods and drinks, as well as a balanced diet of other vitamin and mineral rich products. Particular attention should be directed to locations where poor dental health is greatest, with provision of increased dental education and dental treatment in the short term. The current television advertising campaign by the Commonwealth Government, which promotes the need for nutritional foods in the diet, would, if it also stressed the need to eliminate tooth decay causing products in the diet, be one of the types of tooth decay prevention promotions needed.
- Encourage and if necessary subsidise the provision of adequate nutritional foods in school tuck shops, similar to the provision of free milk to schoolchildren as occurred in the past.

- Provide public disclosure of sponsors of any organisation which includes in its promotional activities the consumption of sugar products and/or the addition of artificial fluorides to public drinking water supplies.
- Provide for an independent chairman and a consumer representative on any organization promoting dental health or dental health research, to include the Fluoridation of Public Water Supplies Advisory Committee (if it is not disbanded) and the National Health and Medical Research Council.
- Repair leaking water supply infrastructure from internal revenue of water supply authorities until wastage of water from leaking infrastructure is reduced to 1%.

## **26. Outcome if Recommendations Adopted**

If the recommendations are fully adopted, the expected outcome would include:

- Some improvement on the general health of the population, as the intake of one or more toxic chemicals into the body is reduced.
  - Improvement in dental health, particularly of the next generation, if correct nutrition is provided in the diet of parents.
  - Elimination of the need to add other chemicals to water supplies currently needed to combat the adverse effects of fluorides on water quality.
  - Less pollution of the environment, including on land, rivers and oceans, as fluorides chemicals in artificially fluoridated supplies would not be discharged into the environment.
  - Pipeline corrosion and water loss reduced, resulting in an increase in water storage.
  - The cost to a water supply authority reduced by many millions of dollars per annum to a body such as Sydney Water, due to the reduced need to purchase chemicals; reduced cost of repair of water mains and increase in water storage.
  - The repair cost of corroded water reticulation systems, fittings and appliances using water would be reduced for businesses and residents.
  - Filtering costs of water used in haemodialysis equipment would be reduced.
  - Cessation of one of the greatest infringement of human rights.
-