

## INQUIRY INTO DENTAL SERVICES IN NSW

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**Date Received:** 5/08/2005

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**Theme:**

**Summary**

# The Hastings Safe Water Association

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3/8/05

To the Dental Services Inquiry  
 Social Issues Committee  
 Parliament House  
 Macquarie Street  
 Sydney. 2000 NSW

To Whom it May Concern,

Professor Sir Arthur Amies then Dean of the Faculty of Dental Science (Melbourne University) said, "The passion to regulate the lives of others is deep seated in many individuals. When this is based on political expediency, it is bad, and when it is inspired by an idealism which wishes to inflict benefits on others, it can be dangerous."

**I would like to be able to speak on behalf of my association towards my submission please.**

Before I get into the main part of my submission there are some scientifically undeniable facts some facts to consider: -

1. Dental caries is not a disease from lack of fluorine. It has other causes.
2. There is no fluorine lack in the human body, at most a fluorine surplus.
3. There is no "optimal" dose for fluoride.
4. The "harmlessness threshold" of 1 ppm fluoride constructed by fluorine proponents is wrong.
5. Already at 1 ppm fluoride in drinking water produces visible dental fluorosis in about 16% of the persons affected. That is a permanent damage done to the enamel and the first visible sign of fluorine toxicity.
6. Fluoride is not an essential trace element.

7. Fluoride is ineffective against dental caries.
8. After the halt of water fluoridation in different states of Europe there was no "tide of caries" as predicted by the fluoride proponents and their societies but on the contrary a clear decline in dental caries.
9. The reasons for caries differences in fluoridation studies are other than fluoride including bad design of experiments and statistical artifacts.
10. After ten years of drinking water fluoridation the increase of dental caries rate in children with water fluoridation is significantly higher than without fluoridation.
11. Fluoride does not "harden" the enamel. Dentists claim of "enamel hardening" is physically wrong. High fluoride concentrations (local fluoride applications) etch the enamel and make it brittle, decalcify it and then soften it destructively.
12. Children with dental fluorosis tend to aplasias of the upper incisors I-2 as an early stage of lip-jaw-palatine-clefts.
13. The permanent tooth eruption is delayed by fluoride.
14. Easily water-soluble fluorides attack the gastric mucosa.
15. Sodium fluoride inhibits blood coagulation, i.e. it promotes bleedings.
16. Readily water-soluble fluorides are strong enzyme-, cell- and cumulative poisons. They inhibit numerous enzymes already in relatively small concentrations (e. g. liver enzymes) and block the glycolysis preferably in the cardiac muscle.
17. With healthy people about half of the fluoride intake is excreted by urine and faeces, with sick people (suffering from kidney disease) and with old people less. Readily water-soluble fluorides (e. g. NaF) are excreted over the urinary passage, water-soluble fluorides of low solubility (e.g. CaF<sub>2</sub>) are excreted by faeces.
18. The other half of the fluoride is stored mainly in the skeleton and disturbs the skeletal metabolism. The fluoride content of the skeleton increases with age and with the level of fluoride intake, the citrate content decreases

simultaneously. The skeleton ages earlier. Fluorosis is a recognized occupational disease.

19. Increased fluoride deposition in the skeleton leads to multiplied water incorporation and thus to corresponding loosening and higher chemical vulnerability of the sub microscopic crystal structure. The quality of the skeleton deteriorates, the fracture healing is disturbed.
20. Increasing concentration of NaF in drinking water of adult male BALB/c mice produces an increasing share of chromosome breaks in bone marrow and in spermatocytes.
21. In the USA along rising natural fluoride contents in drinking water a significantly rising number of mongoloid children per 10.000 births from mothers under 40 years was stated. The share of mongoloid children of mothers from artificially fluoridated areas (1 ppm) was clearly higher than the share of mongoloid children from areas that were naturally fluoridated.
22. Experiments with different experimental and wild animals showed that with rising fluoride concentration in their food the fertility and the breeding of the progeny decreased and later generations were disturbed. Along with rising fluoride contents in drinking water a significant decrease in the natal rate and an increased infertility of women was stated.
23. Between the cancer death rate and the fluoridation rate in the USA there exists a statistically highly significant dependency over a period of 22 years (1949-1970). Further there exists a significant relation between the number of the additionally fluoridated persons and the increase in cancer deaths in the same year in the USA 1951-1970. In the city Basle (of Switzerland) the share of female cancer dead in the female population had practically constant from 1950 -1962 (for 13 years). After introduction of water fluoridation in the year 1962 the share of female cancer dead in the female population rose significantly with the following 21 years 1963-1983. (*Rudolf Ziegelbecker*)

**So it is not a given that Fluoridation is necessary, quite the opposite.**

**Background**

The Hastings Safe Water Association has been active in the Hastings for many years, from the 1960's through till today. We became involved in the Association in 1989 and have remained active members of the group since that time. We came under the umbrella of the Hastings Health and Toxic Watch Association. Later on in 1992 the Hastings Safe Water became the name of the group and incorporated Hastings health and Toxic Watch Association.

**What happened 1989-1991**

Fluoridation of Public Water Supplies Act 1957 -amended in 1989 when Peter Collins was Health Minister – 6a (1) The Secretary may, by notification published in the Gazette (gov.) direct a water supply authority to add Fluorine to a public water supply (2) A direction may be govern only if the water supply authority (Hastings Council) has referred the question of Fluoridating the public water supply to the secretary for consideration and the secretary has received the advice of the Committee as regards the question....(5) Any water supply authority contravening a direction or any terms attached to the direction is guilty of an offence against this Act.

So this was the state of affairs in 1989 locally.

Our association was responsible for ensuring that residents were made aware of the implications of Fluoridation when Council voted to Fluoridate in 1989 without any public consultation.

That motion was rescinded and went to vote at the next Bi Election in 1991. Our association was responsible for making two documentaries on the Fluoridation issue and their copyright remains with us.

The first featured Dr Phillip R. N Sutton (1914 – 1995) D.D.Sc(Melb), L.D.S., F.R.A.C.D.S, Formerly Academic Associate and Senior research Fellow, Department of Oral medicine and Surgery, Dental School, University of Melbourne. He spoke at length about the dangers of Fluoridation. Dr Sutton is the author of three books - “Fluoridation: Errors and Omissions in Experimental Trials”, “Fluoridation 1979, Scientific Criticisms and Fluoride Dangers”, “The greatest Fraud, Fluoridation”, one of which was published by Melbourne University. Considering his qualifications and his in depth studies as a Statistician it would have been a duty for those promoting Fluoridation to have read all of Dr Sutton's scholarly books. No doubt all those within the NSW health Department promoting Fluoridation have done this as part of their duty of care to NSW taxpayers.

The second documentary was organised and funded by our Association and was a Forum with three speakers pro Fluoridation provided by the NSW Health Department and three speakers against Fluoridation provided by our Association.

Those for the Health Department were Rob Weidenhoffer, John Beard Both from the Health Department and a local, Joan Lowe. Our speakers were Dennis Stevenson independent member for the Legislative Assembly of ACT, Rodger French Diploma Of Agriculture, Diploma of Nutrition, BA Engineering and Executive Director of the Natural health Society, and John Barrett who majored in Australian Pharmaceutical history and was a practising Chemist as well as deputy Mayor at that time, later to become the Mayor.

These two documentaries still are relevant and we would be happy to provide them to you.

The vote in September 1991 was representative as out of 30,000 eligible voters 29,358 people voted either for or against Fluoridation - 71.5% against. Council passed a motion 7-3, a motion put up by Daphne Johnson that they accept the will of the people and not Fluoridate. Apparently there's a time limit on democracy.

There things stood for some time.

### What Happened in the Hastings 2003-2004

- In Aug 2003 we heard mention of a "Tele Conference" on Fluoridation to be held shortly and asked John Irving MNCAHS Oral health Project manager to be kept informed. Then the whole issue seemed to die down – we found out why later on in a radio interview given by John Irving in mid 2004 on ABC Radio in which he said and I quote from the transcript –
  - "We had numerous consultations with senior council staff and mayors over the past 18 months, and then the elections were delayed and we had them in March. Straight after the elections we then instituted the "Decay Crisis Forum" which was open to the public ..." end quote
  - The question has to be asked is why was that original Tele Conference which was to be held before the local Council Elections, and which would have made it easier for us to vote, at that election then delayed till after the election when a vote was going to be very unlikely?
  -
- The Tele Conference which should have been held before Council Elections as originally planned, was postponed until after the Elections! No chance of a vote then. **The only "public consultation" by the Health Department was a poorly run "Tele Conference" in which all speakers were Fluoridation promoters and mainly consisting of selected guests, where only one question from the floor was allowed before they broke the tele-conference link. This meeting, we only just found out about, shortly before it was**

**held. It was held in a small room in the old public hospital, a room never intended for large public meetings.**

- That was CONSULTATION according to Council and the NSW health Department.

**What the 1989 Legislation means for the Hastings and all NSW unfluoridated towns.**

All Councillors would have been aware that once they asked for "Advice" from the Health Dept... and their Advisory Committee, using that precise word Advice, they had in fact handed over responsibility legally on the issue of Fluoridation. We researched that committee & 100% hundred percent of the Committee are pro Fluoridation.

Residents have been informed by Councils that the Advisory Panel is there to "investigate" the issue of Fluoridation. We have been led to believe that this Committee are "experts" who are there to ask the hard questions and to seek to get the best health outcome for residents.

I have that list of Committee members here, and the backgrounds of all of them. **Dr Peter Hill the Chairman is the Acting Chief Dental Officer with the NSW Department of Health.** He has been publicly pro Water Fluoridation and was closely involved in our Fluoridation referendum in the Hastings in 1991. We have a news clipping of him extolling the virtues of Fluoridation way back then and he has since been promoted within the department.

**Dr Graham Craig is Associate Professor of Dentistry at Sydney University** and has been actively promoting Fluoridation for some time and is one of the most known Fluoride promoters in NSW. How our Councillors missed his CV is impossible to guess.

**Dr Diana Hart is the Northern Area Representative of the Australian Medical Association.** The AMA actively promotes and endorses Fluoridation right across Australia and has been very active here in the Hastings in all Fluoridation debates, promoting Water Fluoridation.

**Dr Shanti Sivaneswaran is the Principal Oral Health Advisor for the NSW Health Department** and was up here in Port Macquarie promoting Water Fluoridation and making pro Fluoridation statements to the Port Macquarie News (see 21/4/04). She said at the Tele Conference earlier this year that "those who don't want Fluoride can go out and buy Water Filters".

**Mr Bill Ho is with the Public Works Department and the Manager of Fish Water Supply with the Land and Conservation Department of NSW** - a NSW

Government Department and unlikely to be free to speak out against Government policy of Fluoridation.

**Cr. Jack Mallon from the Cowra Council, who is the Local Government**

**Representative** on this committee. When spoken to he said that he didn't have any expertise, but relied on other members of the committee for technical advice, such as the AMA member and Dental Professor.

**The Advisory Committee is the final door of a trap designed by the NSW Health Department to take away our freedom of choice and to render powerless local Councils. The Committee's sole purpose is to add respectability to what has to be one of the worst abuses of democracy we have ever witnessed. The outcome of that Committee has never been in doubt. They will decide to Fluoridate and that is their purpose.**

**The ignorance of the Health Dept is breathtaking – John Irving recently said that Fluoride is a “Micro Nutrient” – then after being exposed in paper he apologised and claimed that it had been a “Typo.”**

**This is what Fluoride is,**

Fluoride is any combination of elements containing the fluoride ion. In its elemental form, fluorine is a pale yellow, highly toxic and corrosive gas. It boggles the mind that a cumulative toxin and toxic waste product can be described as a “nutrient”. Nevertheless, such claims are repeatedly made by pro-fluoridationists. **They just prattle on like this and take no responsibility...there are no double blind scientific studies anywhere in the world which class Fluoride as a Nutrient, much less a micro nutrient.**

The Fluoride we get put into our water is contaminated with arsenic, lead, barium, cadmium, and mercury, no analyses of fluoro silicic acid are performed at the source, and only rudimentary analyses are performed at water treatment plants prior to their injection into public water systems. In many artificially fluoridated areas, the lead and copper content of the water exceeds EPA/Safe Drinking Water Act standards. This occurs because of the caustic nature of fluoro silicic acid and its capacity to leach copper and lead from soldered pipe joints and brass fixtures.

- "Fluoridation: License to Dump Toxic Waste In The Name of Public Health", Health Action Network, Fluoride Report No. 4, Jan (1997)

**I have here very large folder of letters we have sent out to council, councilors, dentists, doctors, politicians – years of research, months of writing, a huge effort. What is noticeable when I flick through these is the glaring lack of answers from**



**any of them. Apart from brief acknowledgements from one or two...our officials do not bother to answer.**

Maybe they just can't.

**Our State MP the Independent Rob Oakeshott was given a list of questions by us 4/2/05 – still unanswered – he was going to get back to us with them in two weeks, from John Irving from the NSW Health Dept.**

**Below please find that letter.** Maybe this committee can find the answers before Fluoridation. We would hope that from this some direction could be given to Mr. Oakeshott to answer the questions put to him in good faith by his constituents.

**Our letter starts**

4/2/05

Mr Rob Oakeshott MP  
Clarence St.,  
Port Macquarie  
NSW 2444

Dear Rob,

We are writing to you to ask you as our State Member of Parliament to write to the NSW Health Department and request the following, which should be readily available, as Fluoridation began in Australia over forty years ago.

1. We would like you to ask for all the Australian and Foreign "Double Blind Scientific Studies" which they have. We especially would be interested if they have any "Double Blind Scientific Studies" done by independent scientists. Considering that the 1991 NHMRC recommended monitoring levels of Fluorides they should now have the Double Blind studies results of those recommendations.

We realise you would know the meaning of "Double Blind" but for the benefit of the NSW Health Department we are seeking studies in which neither the researchers/scientists, nor the subjects knew which control group was receiving the Fluoridation and which was not.

We would like to see their scientific studies and monitoring of the Fluoride levels in the people in the towns about to be fluoridated, as per WHO recommendations We are especially interested to see all their scientific studies and monitoring of those living in long term Fluoridated areas, where they would have done scientific double blind studies on blood levels, fluorosis of the teeth and bones, Arthritis, Fibro myalgia, the Immune System, Genetic damage, Cancers Chronic Fatigue Syndrome and others.

Considering the widespread use of Fluoridation on the Australian population (80% Fluoridated), State and Federal Governments no doubt would have commissioned many Scientific Double Blind Studies which have been performed in a manner to make them acceptable to the worldwide scientific community.

2. As Fluoridation is a scientifically recognised medication by TGA and WHO, all Medical Dictionaries, The High Court of Edinburgh we request a direct scientific, pharmacology published statement as to “what is the ‘safe’ controlled dose of fluoride per person, babies to adults, and how is that daily dose controlled by people forced to drink fluoridated town water supplies all their lives?”

3. As Fluoridated water is prohibited in Kidney Dialysis treatment does this clearly indicate fluoride toxicity for humans?

We would also like to ask you to ask the Health Department for one double blind scientific study that shows that Fluoride claimed effect that will stand scientific scrutiny.

4. We have written to the local Hastings Council seeking the following information. We would now ask would you please pass this on to the NSW Health Department for answers, as it is really their responsibility to instruct our Council as to the proper handling and administration of Fluoridation. We are seeking answers to some questions concerning the proposed delivery of Sodium Silicofluoride and Hydrofluosilicic Acid to the Hastings Water Supply.

1. The facility to add Sodium Silicofluoride and Hydrofluosilicic Acid to the water supply will be near Wauchope according to the Port Macquarie News. Can you describe to us the delivery of this to Port Macquarie, Wauchope, Laurieton, Kew, Bonny Hills, Lake Cathie, Kew, and all other towns in the Hastings, which will be drinking this water?
2. Once the water is fluoridated, where will it be held? How will it be delivered to the various towns – could you please describe delivery to each? Where will this water be held, once it reaches the townships? Eg in concrete covered reservoirs and or storage dams.
3. We also would also like to know what is the planned safety regime for monitoring Fluoride levels in all dams and reservoirs, and at the domestic tap outlet. We are especially concerned about “first Flush” water from domestic taps, and also monitoring of Fluoride levels from taps that are infrequently used as we know and are concerned that there are problems with levels of Fluorides at from these sources.
4. Could you please give us details of the safety precautions you will have planned to protect workers handling fluorides eg protective clothing, breathing equipment, specialised training in handling and emergency procedures in case

of spillages. Will you have plans made for frequent monitoring of the workers blood levels and other physiological testing, to avoid acute and chronic poisoning of workers?

5. As there are many recorded of occasions where Sodium Silicofluoride and Hydrofluosilicic Acid have been added to the water supplies in concentrated levels, due to human and mechanical failure, what plans do the NSW Health Department and the Hastings Council have set in place to warn all affected residents not to drink or use the water? We are interested in the time frame that you would have planned, should overdosing occur, between the incident of overdosing and your being able to stop delivery of water to residents. There are Court Cases and Litigation in process in the US at this time because of this, so Councils need to have a plan.
6. Should breakdowns occur, would the Hastings Council and the NSW Health Department keep all residents and the Media fully informed?
7. Are the Fluoride Chemicals Sodium Silicofluoride and Hydrofluosilicic Acid, to be used in the Hastings Water Supplies officially registered as safe for humans in water and documented by the appropriate Government agencies such as the National Health and Medical Research Council (NHMRC) and in particular the Therapeutic Goods Administration (TGA) as the Minister states is necessary?
8. The Law relative to Potable Water states that there must not be any evidence of Pesticides or Insecticides. The World Health Association (WHO) in their publication "Evaluation of the Carcinogenic risk of Chemicals to Humans" describes Sodium Silicofluoride and Hydrofluosilicic Acid as Insecticides. How does the Health Department legally, medically and pharmaceutically circumvent this Health Law?
9. The WHO in their recommendations on Fluoridation uptake states "prior determination of prevailing Fluoride intake from all sources including drinking water, food and general environment." Please state and supply copies of your scientific study under WHO recommendations. (See Q1)

We hope you can attend to our questions as soon as possible as we are aware that the planning for the implementation of Artificial Fluoridation is well advanced, there is the need to have plans for the above monitoring and for emergencies at hand.

We realise that there is a fair bit in all of this but as no one has asked these questions there is the need for honesty in the interests of the Hastings People.

It is likely that the NSW Health Department will take some time answering, but they should have all this information at their fingertips, before they even consider Fluoridation, so therefore it should not be too onerous for them.

We also ask that you as our elected representative in State Parliament ask the above questions in Parliament as well as asking the Health Department, and that you please follow up on their responses to all the questions. WE ask this knowing that we have a large support in the community, considering the last referendum results, and present input on this issue.

We thank you for your time this morning, and for your generous offer of writing to the NSW health Department on behalf of our Community Group.

Yours sincerely,

Therese Mackay

President of the Safe Water Association.

**Our letter ends.**

**We also wrote to council questions none of which anyone has bothered to answer. We hope that this committee can find the answers before Fluoridation.**

**Our Letter starts.**

6th October 2004

The Mayor, Councillors and Council Insurer's  
Hastings Council  
Burrawan Street  
PORT MACQUARIE 2444

Dear Sir/Madam,

RE: **PROPOSED FLUORIDATION OF HASTINGS WATER SUPPLY**

**Fluoridation of the drinking water supply contravenes the United Nations International Covenant on Human Rights**

Australia has been a signatory to this since the early 1980's.

The Hastings Safe Water Association spoke with an official, a Mr Hill, in his capacity as a specialist on the UN Covenant, from the Attorney General's Office in Canberra recently on this issue. In particular discussion concerned Article 7.

Article 7 says in part, "...In particular, no one shall be subjected, without his free consent to medical or scientific experimentation". Mr Hill said that this article is an attempt to out law practices such as State sanctioned medical or scientific experimentation on people without their "**Informed Consent.**"

He went on to say “Consent must be given on a free and proper basis, knowing full well what the person is consenting to as distinct from consent that was given without the person having full knowledge of all the facts.”

The Health Department itself has stated they are still doing research on Fluoridation; therefore Fluoridation itself is still an experiment.

There are hundreds if not thousands of properly done scientific studies warning about the short and long term dangers of Fluoridation, to humans, animals and to the environment.

If the drinking water is fluoridated we are being medicated without choice as adding Sodium Silicio Fluoride or Hydro Silicic Fluoride to our water supply takes away our choice. It is virtually impossible to avoid Fluoridated water if you live in a Fluoridated community.

Reverse Osmosis Water filters are extremely wasteful of water due to their efficiency and to the difficulty of removing Fluorides. They are expensive. Also you need to filter water used in cooking, as well as drinking. Restaurants and coffee shops will not be able to properly filter all water used in cooking and making drinks, so unless you plan on staying home, you will have no choice, neither will your children have a choice at friends places or at school.

Our Health Department Bureaucrats, Doctors, Dentists and most Councillors may be comfortable with acting in contravention to UN covenants and see nothing wrong with forced medication, a medication, which is in every sense of the word an experiment, without informed choice, something one person cannot give for another, but it is unethical for them to do so.

### **Litigation**

The evidence is gathering of its disastrous effects of Water Fluoridation on all living things. Litigation will follow, and is current in some places. I doubt that there are Insurers large enough in the Hastings to cover the costs, should there be accidental overdosing in the short term, or to cover the side effects that are known to all.

We reported on the city of Escondido in California, a short while back. Within the first 24hrs of Fluoridation they had an equipment failure in which there was a large spillage of flourosilicic acid into a containment system. The City of Escondido and the California Department of Health Services are now engaged in a Litigation Action against citizens of Escondido. It happens.

They cannot ever say in future that they did no know. They know and they have been told. What they do now is a matter for the public record.

**The Hastings Safe Water Association is extremely concerned about the proposed introduction of fluoride into the water supply and our concern arises on two levels.**

The first is that there is a serious question in relation to the safety of fluoride on a long term basis and questionable value for a large proportion of the population, and secondly it is our view that introduction of fluoride as proposed is a breach of basic human rights.

**Health Issues**

Those in favour of the introduction of fluoride for the protection of children's teeth argue that this justifies the addition to the public water supply of chemicals that are known to be liable to cause severely damaging medical affects in all members of the public including those outside the specified target group.

However, the adverse affects of fluoride in the human body are now well documented and the claims of those who oppose fluoride are backed up with far more conclusive studies than those who propound fluoride. It is the fact that most, if not all of the claim to benefits of fluoride can actually be attributed to alternative factors in dental hygiene and diet and the medical damage liable to affect the general population, which includes fatal conditions, represents an unacceptable public health risk compared with the merely inconvenient or cosmetic problems associated with dental decay.

It is largely believed that the improvement in children's tooth decay is attributed to fluoridation. However, the great improvement in children's teeth in the Sydney area was 52% from 1961 – 1968 during which time Sydney was not fluoridated. Silicofluorides which are the chemicals used in water fluoridation are Schedule 5 poisons under the Australian Therapeutic Goods Act.

Silicofluorides have not been properly tested for safety in fluoridating drinking water and their use in water fluoridation has even been called an "ideal solution to a long standing problem" as a way to dispose of a highly toxic by-product that is otherwise an enormous health hazard to the local environment. Silicofluorides used in water fluoridation are waste products of the phosphate fertiliser industry.

Research has also shown that there is an association between silicofluoride treated water and elevated blood lead levels which in turn have disturbing implications in relation to neurological and sociological consequences. A search on the Internet

under the search term “Silicofluorides” reveals a number of disturbing articles in relation to harmful affects of silicofluorides.

Studies have also shown that with constant ingestion silicofluorides are extremely cumulative, cannot be eliminated and have severely debilitating and disabling effects on those exposed to it for long periods of time, particularly as its victims approach old age. It can also precipitate a dramatic increase in an otherwise rare and fatal form of bone cancer in adolescent boys, even after relatively short periods of exposure.

**The National Health and Medical research Council in 1991 published a report into the effectiveness of Fluoridation.** The main concern in this report was the concern that we were all ingesting too much Fluoride from the environment, from our foods, from toothpastes and from our water as well as other sources. Some of their recommendations were,

**“There is an urgent need to upgrade substantially our monitoring of dental health to include older children and adults, and to monitor the levels of fluoride exposure and the occurrence of dental fluorosis in Australia.”**

**“Reduce the likelihood of excessive ingestion by young children of fluoride from infant formulas and from fluoridated toothpastes”** The NHMRC recommended using only a pea sized amount of fluoridated toothpaste for children; to buy low fluoride toothpastes for children and to monitor i.e. stand with your children as they brushed their teeth so that they did not swallow any toothpaste. How many parents were made aware of this in the past 13 years since this report?

They mentioned infant formula and produced a table in their report, which shows the high levels of fluoride in unreconstituted infant formulas currently used in Australia. Nan formula has about 3.74 p.p.m and when reconstituted with fluoridated water has 4.74 p.p.m. Each bottle of milk for a baby is there for 400% higher than the recommended amount of fluoride ingestion for babies. How many parents were told this since 1991?

**The NHMRC went on to recommend that authorities**

**“develop monitoring mechanisms to document total fluoride intakes by adults with a view to estimating levels of depositions in bone, bearing in mind that water fluoridation at around 1ppm appears, on present evidence to be the main single source of fluoride intake in adults.”** We have not seen any evidence of any research being done on this nor aware of any monitoring.

Our concern is that with this body of medical research available, the addition of silicofluorides to the drinking water in the Hastings could potentially amount to negligence if the research is ignored and the potential effects disregarded.

The introduction of silicofluorides in a population which is already experiencing increased rates of cancer and auto immune in circumstances where its safety is uncertain is, in our view, not only negligent but also stupid. Litigation has already commenced in the United States following a failure of equipment in the city of Escondido which resulted in 20 or 30 gallons of the fluorosilicate acid spilling into a container system with potentially serious results had it gone undetected. There has also been reports from northern California in relation to a malfunction that delivered 250 parts per million fluoride slug in the water supply that sickened 23 workers in one commercial building with 12 suffering acute symptoms and four admitted for medical care.

### **Ethical Issues**

The health issues are important but the arguments between those in favour of fluoride and those not in favour of fluoride in terms of the health benefits tend to divert critical attention away from the central issue which is - does any state have the ethical and legal right to impose compulsory and medical interventions on the population without consent regardless of the efficacy of the intervention in the protection of some aspect of public health?

The prophylactic administration of any substance to the entire population in a form not easily avoided is an infringement of medical ethics and of basic human rights. Several international conventions deal with fundamental freedoms and the ethical limitations of medical interventions by states in the private lives of their citizens. Our major concern is the lack of information provided to the public in relation to the medical risks of silicofluorides as Schedule 5 poisons, these substances are effectively public medication contrary to the provisions of the Australian Therapeutic Goods Act and because they are publicly distributed they cannot be supervised in either individual or general cases.

The introduction of silicofluorides also seem to breach the provisions of the Water Management Act which set out the water management principles which include, among others, the following principles:

- the water quality of all water sources should be protected and, wherever possible, enhanced;
- the cumulative impact of water management licenses and approvals other activities on water sources and their dependent eco systems, should be considered and minimised.

The fluoridation of water in New South Wales is covered by the Fluoridation of Public Water Supplies Act 1957. Once fluoridation occurs a water supply authority to which an approval has been granted is not able to discontinue fluoridating the



water supply unless the approval or direction is revoked by the Secretary of the Public Water Committee. There appear to be no controls on the Committee in relation to the question of fluoridation and this is a serious concern to our organisation, given the research that we referred to above, particularly as regards the question of human rights. It is our very firm view that the individual ought to be given the option to either accept or decline the ingestion of a substance which is as potentially toxic as silicofluorides. This is particularly so when other forms of fluoride treatment are readily available to the public in the forms of tablets, drops and fluoride toothpastes. By adding fluoride to the water you are essentially committing those people who do not wish to ingest fluoride to spending large amounts of money in fitting reverse osmosis water filters. There is also a question as to whether they are viable in areas of water restriction given that they are extremely wasteful of water.

**The NHMRC in its 1991 report stated**

**“If a majority of the community does not wish to have fluoride added to its drinking water, irrespective of any health benefits, (or indeed adverse effects) that result from such addition, then that is a decision that the community and its elected representatives must make.... However, public health scientists should not take, nor be expected to take, a primary responsibility for the decision as to what is morally, ethically and politically acceptable to a community. They have no particular expertise or authority in this regard beyond that of other members of the community.”**

Again the directions of the NHMRC have not been followed by the Hastings Council or the NSW Health Department

**In conclusion** the addition of unregistered medical substances to public water supply without medical supervision of informed consent of the subjects, is both seriously unethical medical intervention on a massive scale under violation of human rights.

There has been a remarkable lack of discussion of the legality of fluoridation in Parliament, the media and in public sector information to the general public.

The designation of silicofluorides for adding to water does not constitute the issue of a licence for their use as pharmaceuticals. Without such a Product Licence, their use constitutes merely the administration of a registered poison to the public water supply, an act that implies substantial legal consequences for those promoting, authorising and implementing fluoridation.

**Conclusion.**

**Adding a controlled drug and poison to a product (water) converts that product into a medicinal product, since the objective is to medicate. The concentration may be low, but it remains a medicinal product - many medicinal products are administered in extremely low quantities (e.g. vaccines) but that does not disqualify them as medicines. So here are some of the consequences.**

- 1. Presenting the medication to the public as proposed is in contravention of their registered purpose as specified for Schedule 5 poisons - they are not provided to the public in appropriate packaging, nor is there an appropriate warning or safety directions on the product as delivered to the patients. We are all patients if we are being medicated. The medication is not 'child-resistant' - any child can open a tap and obtain an unlimited amount of the poison for its own unsupervised consumption.**
- 2. The substances are not accessible to the public in discrete and quantitatively defined doses. A concentration is not a dose - it is not possible to control the amount of the medication as presented to the public taken in by any patient, and there is no relationship between the exposure, body mass, nor the supposed officially recommended daily dose. Note that for bottle-fed infants, the daily exposure per kilogram body mass can be as much as 2.5 times as much as would be absorbed by an adult. The common and increasing presence of fluoride in other drinks and in food provides an equally uncontrolled 'dose' - the combination of unregulated access and unknown additional daily exposure invalidates any attempt to establish and administer a regulated 'dose' of fluoride to every member of the public. The concept of providing fluoride in a lawful and controllable 'medication' is therefore an absurdity.**
- 3. These registered poisons are not administered to individual patients under the supervision of pharmacologically or medically qualified specialists. Any local authority or water company, etc, adding these substances to the public water supply is guilty of administering a medicine (and/or a poison) without a relevant medical qualification, which is a very serious criminal assault on the public.**
- 4. Any medical or other person authorizing the addition of these poisons to the water supply, regardless of their personal qualifications and status, is therefore personally responsible for promoting an act of medical malpractice. Equally, any Professional Indemnity Insurance held by them, or by their employers, is invalid - it is not possible to indemnify a criminal act. This also applies to technical workers in the water sector who may be involved in the process of water purification, and whose Professional Accrediting Body requires compliance with a Code of Practice or Code of Ethics forbidding unethical behaviour.**
- 5. Professional medical and dental practitioners advocating any medical intervention to the public are required to ensure that prospective patients**

receive complete and balanced information regarding the potential effects of whatever medication they are recommending to their patients. In the case of fluoridation, no such balanced information appears in many cases to be being provided. Patients are therefore not capable of making an informed decision as to whether or not they will accept the treatment. Those professionals providing unsound advice are at best liable for professional negligence, and at worst for medical malpractice. In any case, the individual patient still retains the right to reject any medical recommendation. But they will be prevented from exercising this right if a medicinal or poisonous substance is present in the public water supply.

6. The most authoritative meta-study of the literature on the medical effects of fluoridation (The York Review, 2000) found that none of the research papers published on fluoridation reached an adequate standard for any valid scientific conclusion to be reached that the practice is either safe or efficacious. No valid clinical recommendation for water fluoridation as general medication is therefore possible, and the application of these poisons to the treatment of bad teeth by adding them to the public water supply therefore remains purely a research activity. Medical research is subject to extremely stringent ethical and procedural controls, and requires the informed, and preferably written, consent of every individual involved. Individual medical conditions must be taken into account, and every individual has the right to withdraw from the research process at any time. There must be no cumulative or irreversible effects, so that anyone withdrawing from the program remains exposed to the substances after withdrawing.

Fluoridation as proposed is therefore merely the extension of an already illegal medical research program on a very large and inadequately informed (and in many cases unconsenting) population of subjects, and is medical malpractice. Since fluoride is cumulative, no effective withdrawal is possible and the effects of exposure constitute an irreversible and increasing risk throughout life. Any public sector individual involved in the authorization or implementation of medicating the public in this fashion is guilty of participating in illegal medical research.

7. Human Rights application. There are many provisions of human rights legislation that prohibit medical intervention without consent and unlawful medical research upon human populations. The principles enshrined in the cited legislation apply equally in Australia. Also take note of the UN Convention of the Rights of the Child, which also restricts the authority of the state to interfere with the right of a child and his/her legal guardians to determine what medical interventions may be carried out on children.

Legal challenges to the practice will inevitably be instigated by individuals and groups objecting on ethical, medical and religious grounds with the potential for the

substantial loss of revenue through these claims and also claims for recovery of the costs of installing domestic water filtration units to remove the unlawful substances.

The decision to introduce fluoride into the water system in the Hastings should be very seriously considered bearing in mind the information presented above. Should you wish to discuss any of the issues or review any of the data that we have collected, please contact me on 6583 9622 at any time.

Yours faithfully

Therese Mackay

President of the Hastings Safe Water Association

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#### References

National health and Medical research Council

Fluoridation of Public Water Supplies Act 1957/ amend 1989

York Review 2000

Glen S.R. Walker F.I.M.F., E.M.E.C.S., M.A.E.S. Chairman Freedom from Fluoridation Federation of Australia and of the Anti Fluoridation Association of Victoria.

Dr Phillip R N Sutton D.D.Sc (Melb.), L.D.S. F.R.A.C.D.S.

Douglas Cross, Forensic Ecologist.

#### **Our letter ends**

#### **Our Letter to Council's Water Manager starts.**

27/1/05

Mr Murray Thompson  
Water Supply Manager  
Hastings Council  
PO Box 84 Port Macquarie  
NSW 2444

Dear Mr Murray Thompson,

On behalf of the Hastings Safe Water Association I am writing to you to seek answers to some questions our Community Group have raised, concerning the proposed delivery of Sodium Silicofluoride and Hydrofluosilicic Acid to the Hastings Water Supply.

10. The facility to add Sodium Silicofluoride and Hydrofluosilicic Acid to the water supply will be near Wauchope according to the Port Macquarie News. Can you describe to us the delivery of this to Port Macquarie, Wauchope, Laurieton, Kew, Bonny Hills, Lake Cathie, Kew, and all other towns in the Hastings, which will be drinking this water?
11. Once the water is Fluoridated, where will it be held? How will it be delivered to the various towns – could you please describe delivery to each? Where will this water be held, once it reaches the townships? Eg in concrete covered reservoirs and or storage dams.
12. We also would also like to know what is the planned safety regime for monitoring Fluoride levels in all dams and reservoirs, and at the domestic tap outlet. We are especially concerned about “first Flush” water from domestic taps, and also monitoring of Fluoride levels from taps that are infrequently used as we know and are concerned that there are problems with levels of Fluorides at from these sources.
13. Could you please give us details of the safety precautions you will have planned to protect workers handling fluorides eg protective clothing, breathing equipment, specialised training in handling and emergency procedures in case of spillages. Will you have plans made for frequent monitoring of the workers blood levels and other physiological testing, to avoid acute and chronic poisoning of workers?
14. As there are many recorded of occasions where Sodium Silicofluoride and Hydrofluosilicic Acid have been added to the water supplies in concentrated levels, due to human and mechanical failure, what plans does the Hastings Council have set in place to warn all affected residents not to drink or use the water? We are interested in the time frame that you would have planned, should overdosing occur, between the incident of overdosing and your being able to stop delivery of water to residents. There are Court Cases and Litigation in process in the US at this time because of this, so Councils need to have a plan.
15. Should breakdowns occur, would the Hastings Council keep all residents and the Media fully informed?
16. Are the Fluoride Chemicals Sodium Silicofluoride and Hydrofluosilicic Acid, to be used in the Hastings Water Supplies officially registered as safe for humans in water and documented by the appropriate Government agencies such as the National Health and Medical Research Council (NHMRC) and in particular the Therapeutic Goods Administration (TGA) as the Minister states is necessary?
17. The Law relative to Potable Water states that there must not be any evidence of Pesticides or Insecticides. The World Health Association (WHO) in their

publication "Evaluation of the Carcinogenic risk of Chemicals to Humans" describes Sodium Silicofluoride and Hydrofluosilicic Acid as Insecticides. How does the Hastings Council legally, medically and pharmaceutically circumvent this Health Law?

18. The WHO in their recommendations on Fluoridation uptake states "prior determination of prevailing Fluoride intake from all sources including drinking water, food and general environment." Please state and supply copies of your scientific study under WHO recommendations.

We hope you can attend to our questions as soon as possible as we are aware that the planning for the implementation of Artificial Fluoridation is well advanced, you would have plans for the above monitoring and for emergencies at hand.

The Hastings Council needs to address all of the above and give proper attention to the questions raised. Previously the Mayor has directed us to direct our concerns to John Irving from the Local Health Service. It is not his place to do this. The Council has a responsibility to all its residents to research fully and respond to all residents concerns in areas concerning Council's legal, ethical, moral and medical responsibility to all those living in and visiting the Hastings.

Because of the concerns of our members and of residents a copy of this letter is being sent to all media today, and we will be forwarding your detailed response to them when it arrives.

Yours sincerely,

Therese Mackay - President of the Hastings Safe Water Association.

C.C. The NSW Health Minister Mr Iemma; Media

**End Letter**

**Not one of these questions written to Government Departments has been answered adequately if at all.** In 2005 this is a disgrace.

At a time when all European Countries have banned or withdrawn Fluoridation we in Australia are pushing it harder than ever without any monitoring of ingestion levels as recommended by the NHMRC in 1991.

**"The Scottish Executive (i.e., Scottish Parliament) has just rejected Water Fluoridation on Health, Safety, Medical Ethics and Human Rights grounds. They are going back to sorting the problem of kids' bad teeth at source - bad diet and totally inadequate dental services. Scottish Health Minister Andy Kerr is expected to unveil new measures to lift Scotland's poor dental health record which are likely to include "more proactive dentistry for young children, more targeted in deprived communities where tooth decay was worse". (The Scotsman) Fluoridation is now considered by the Scottish Parliament to be an abuse of human rights."** 15/11/04

**The Welsh Parliament followed suit early in 2005. in line with all the EU countries apart from England – (not Britain) and Ireland. All these countries along with the rest of the developed world have achieved a reduction in dental caries whether fluoridated or not.**

I would like this committee to act towards advising all those parents who bottle-feed their babies that the National Health and Medical Research Council in its 1991 Report into the Effectiveness of Fluoridation reported that average fluoride levels in infant formula in Australia were of a concern in fluoridated areas.

It reported that most of the best-known brands of infant formula in powder form (un-reconstituted) contain high levels of fluoride and that one well-known brand contained 3.74 parts per million.

If this formula is then reconstituted with fluoridated water at 1 part per million (p.p.m.) than the baby would be receiving well over 400% of what the recommended daily dose is considered by the Health Department.

The National Health and Medical Research Council Report was concerned that “the duration of infant formula usage is a risk factor for dental fluorosis”. Dental Fluorosis is the first sign of Fluoride toxicity. Just a great start to life for thousands of Australian babies.

The NHMRC recommended back in 1991 the monitoring of fluoride ingestion levels in children especially and in adults. This is not being done by our Health Department who have not warned parents in fluoridated areas that their bottle fed babies are being overdosed every time they have a bottle of infant formula.

Any parent whose child drank bottled infant formula in a fluoridated area since this 1991 report was handed down has been overdosed every time they had a bottle of infant formula. The parents would be well within their rights to seek some answers from the Health department as to why they were not warned by Baby Health Services and by their medical advisors.

The authorities are shamefully lacking and in this case I would say they have been negligent. They did know but have done and said nothing.

Write to the National Health and Medical Research Council and ask them for a copy of their March 1991 Report. Then ask why the authorities have not monitored levels of Fluoride Ingestion as recommended by the NHMRC.

**Then there is the question – that Fluoride May Cause Cavities**

*Fluoride, added to water supplies to prevent tooth decay, can actually cause cavities, according to studies.*

**Before Crest, Procter & Gamble's (P&G) experimental Teel toothpaste with sodium fluoride, actually caused cavities in 1940's tests. (1) Teel was scrapped in favour of Crest, with stannous fluoride. In 1955, Crest received the American Dental Association's (ADA) seal of approval generating loads of money for P&G. Since then, even more evidence shows fluoride could cause instead of cure tooth decay.**

In February of 1972 the ADA reported that, in fluoridated cities, dentists reaped a net profit 17% higher than in nonfluoridated cities.

In fact, in their zeal to promote fluoridation as their gift to the poor, and maybe help sell more Crest, someone forgot to check tooth decay statistics against fluoridation rates. Organized dentistry actually awarded the most toothless and cavity-prone states and cities in the name of water fluoridation in 2004. (1a)

Lots of evidence shows tooth decay crises in fluoridated cities and states: (1b)

A 1992 University of Arizona study found that "the more fluoride a child drinks, the more cavities appear in the teeth."

After 50 years of water fluoridation, Newburgh, New York, children have more cavities than kids from never-fluoridated Kingston, New York.(2)

After Kentucky required fluoride chemicals be dispensed into drinking water to reduce cavities, tooth decay rates doubled in pre-school children.(3)

A majority of Asian-American children living in areas with fluoridated water suffer with the highest prevalence and the greatest amount of cavities, according to a California study.(4)

In fact, many studies show that when fluoridation ceases, cavity rates go down.(5)

African children from Uganda, enjoy fewer cavities than American children even though fluoridated toothpaste and toothbrushes are virtually unknown to them. However, Ugandan children who drink high fluoride water have more



tooth decay than their equals in low fluoride districts.(6)

Based on thirty years of study on .4 million children, Teotia and Teotia report "Our findings indicate that dental caries is caused by high fluoride and low dietary calcium intakes, separately and through their interactions." (6a)

Ireland, 73% fluoridated since the 1960's, has a higher tooth decay rate than five other European countries that don't add fluoride chemicals into the water, according to the June 30, 2001, Irish Independent.

Consistent with previous findings, Wondwossen and colleagues found a positive association between water fluoride levels and cavities. (7)

Tooth decay declined substantially in prevalence and severity when Hong Kong children consumed less fluoride, indicative of a world-wide scientific trend revealing, with fluoride, less is best; none is better.(7a)

Dentists once predicted that fluoridation would put them out of business. Instead, after 60 years of water fluoridation and 50 years of fluoridated toothpaste, dentists make much more money than physicians while working less hours, less days and with less responsibility. (7b) (S. Stride)

## Death By Fluoride

*Few people realize that fluoride, at levels just a little over "optimal," can be deadly.*

A wee bit of fluoride makes teeth and dentists happy, we're told. Dr. Happy Tooth's smiley face turns into a frown when his favourite decay buster is busted as a killer. Anything in large doses kills, bristles Drill & Fill, DDS, even Dihydrogen Monoxide, they often tease. Ha, ha, get it – water – H<sub>2</sub>O. Stop picking on fluoride, they say, you make us look bad.

Few people know that fluoride maims and kills. Dentists wouldn't want you worrying your little head off, and possibly scaring you away from twice-yearly insurance-paid-whether-you-need-it-or-not treatments. Fluoride's toxicity is downplayed—or worse, never mentioned. That way everyone stays happy including organized dentistry's biggest benefactors--toothpaste makers, and the media paid to showcase the fluoride-good-news, only.

Four stories, organized dentistry and fluoride profiteers would rather you didn't see occurred this year:

- 1) A 51-year-old committed suicide by fluoridated toothpaste, according to the American Association of Poison Control Centers (1). They won't release the who, what, where, when and why to us.
- 2) A 52-year-old women with a two-gallon, double-strength daily instant tea habit developed bone and joint pain and other abnormalities indicative of chronic fluoride toxicity or skeletal fluorosis. After breaking the tea habit her pain and discomfort alleviated. Tea is naturally high in fluoride and few doctors are trained to diagnose fluoride's adverse effects (2).
- 3) Daily high-dose fluoride home therapy caused gastric distress, difficulty in swallowing, leg muscle and knee joint soreness, and general malaise in a patient, according to the Journal of the American Dental Association (3).
- 4) Elk drinking naturally high fluoridated water in Yellowstone Park die a decade sooner than they should (3a).

In case you missed previous fluoride deaths:

- a) A two-year-old died after swallowing too many fluoride tablets (4).
- b) A three-year-old dies from swallowing too many fluoride tablets (5).
- c) Three-year-old dies from ingesting, instead of expectorating, dentist's

fluoride treatment (6).

d) Three dialysis patients died from fluoride poisoning at the University of Chicago Hospital when equipment meant to filter out fluoride from the water supply malfunctioned (7).

e) Fluoride killed an Alaskan man and poisoned 296 others after too much fluoride accidentally flowed into the public water supply (8).

f) Fluoride killed a 65-year-old kidney dialysis patient who became ill during a blood cleaning process after water supply workers left a fluoride valve for too long to allow toxic fluoride levels to flow into the public water supply (9) in Annapolis, Maryland.

Fluoride caused many industrial, occupational and environmental sicknesses and deaths also (10).

Fluoride cripples and maims too many people in the world who live on naturally high fluoridated water supplies such as in Nalgonda, India (11).

About 62 million people including 6 million children, have been suffering from fluorosis due to excessive consumption of fluoride through water, reports Newindpress.com.

One simple method of assessing the extent of fluorosis is to estimate the prevalence of dental mottling which is the most convenient 'bio-marker' of exposure to fluoride, they report (12).

### **Symptoms of skeletal fluorosis (13):**

In the early clinical stage of skeletal fluorosis, symptoms include pains in the bones and joints; sensations of burning, pricking, and tingling in the limbs; muscle weakness; chronic fatigue; and gastrointestinal disorders and reduced appetite. During this phase, changes in the pelvis and spinal column can be detected on x-rays. The bone has both a more prominent and more blurred structure.

In the second clinical stage, pains in the bones become constant and some of the ligaments begin to calcify. Osteoporosis may occur in the long bones, and early symptoms of osteosclerosis (a condition in which the bones become more dense and have abnormal crystalline structure) are present. Bony spurs may also appear on the limb bones, especially around the knee, the elbow, and on the surface of tibia and ulna.

In advanced skeletal fluorosis, called crippling skeletal fluorosis, the extremities become weak and moving the joints is difficult. The vertebrae

partially fuse together, crippling the patient.” (S.Stride)

## **Fluoride water 'causes cancer'**

Boys at risk from bone tumours, shock research reveals

**Bob Woffinden**

**Sunday June 12, 2005**

**The Observer**

Fluoride in tap water can cause bone cancer in boys, a disturbing new study indicates, although there is no evidence of a link for girls.

New American research suggests that boys exposed to fluoride between the ages of five and 10 will suffer an increased rate of osteosarcoma - bone cancer - between the ages of 10 and 19.

In the UK, fluoride is added to tap water on the advice of bodies such as the British Dental Association. The Department of Health maintains that it is a cost-effective public health measure that helps prevent tooth decay in children.

About 10 per cent of the population, six million people, receive fluoridated water, mainly in the Midlands and north-east, and the government plans to extend this, with Manchester expected to be next. About 170 million Americans live in areas with fluoridated water.

The increased cancer risks, identified in a newly available study conducted at the Harvard School of Dental Health, were found at fluoride exposure levels common in both the US and Britain. It was the first examination of the link between exposure to the chemical at the critical period of a child's development and the age of onset of bone cancer.

Although osteosarcoma is rare, accounting for only about 3 per cent of childhood cancers, it is especially dangerous. The mortality rate in the first five years is about 50 per cent, and nearly all survivors have limbs amputated, usually legs.

The research has been made available by the Environmental Working Group (EWG), a respected Washington-based research organisation. The group reports that it has assembled a 'strong body of peer-reviewed evidence' and has asked that fluoride in tap water be added to the US government's classified list of substances known or anticipated to cause cancer in humans.

'This is a very specific cancer in a defined population of children,' said Richard Wiles, the group's co-founder. 'When you focus in and look for the incidence of

tumours, you see the increase.

'We recognise the potential benefits of fluoride to dental health,' added Wiles, 'but I've spent 20 years in public health, trying to protect kids from toxic exposure. Even with DDT, you don't have the consistently strong data that the compound can cause cancer as you now have with fluoride.'

Half of all fluoride ingested is stored in the body, accumulating in calcifying tissue such as teeth and bones and in the pineal gland in the brain, although more than 90 per cent is taken into the bones.

MPs who have recently voted against fluoridation proposals in Parliament include Jack Straw, the Foreign Secretary, and Michael Howard, the Conservative leader.

Anti-fluoride campaigners argue that the whole issue has become highly politically sensitive. If health scares about fluoride were to be recognised in the courts, the litigation, especially in the US, could be expected to run for decades. Consequently, scientists have been inhibited from publicising any adverse findings.

The new evidence only emerged by a circuitous process. It was contained in a Harvard dissertation by Dr Elise Bassin at the Harvard School of Dental Medicine. The dissertation, completed in April 2001, obviously had merit because Bassin was awarded her doctorate.

However it has not been published. Environmental organisations were repeatedly denied access to it, and even bodies such as the US National Academy of Sciences could not get hold of a copy. Eventually two researchers from the Fluoride Action Network were allowed to read it in the rare books and special collections room at Harvard medical library.

Bassin told The Observer her work was still going through the peer-review process, and she hopes that it will then be published.

Dr Vyvyan Howard, senior lecturer in toxico-pathology at the University of Liverpool, has studied the new material.

'At these ages the bones of boys are developing rapidly,' he said, 'so if the bones are being put together abnormally because fluoride is altering the bone structure, they're more likely to get cancer. It's biologically plausible, and the epidemiological evidence seems pretty strong - it looks as if there's a definite effect.'

There is at present no understanding as to why males should be affected rather

than females.

A Department of Health spokesman said that the latest evaluation of research in the UK had identified no ill effects of fluoride.”

(Of course they would say that.)

There is a dearth of legitimate double blind scientific studies conducted within Australia. Nobody seems to want to research properly the effects of Fluoridation on the health of Australian people.

### Corporate reasons for the lucrative F1 industry

Water fluoridation is the ideal solution for industry's fluoride waste disposal problem. Like the tall smoke stack introduced a decade earlier, it diverts and disperses pollutants far and wide. Chemicals that would cost \$7,000 per tanker to dispose of are sold instead to cities at \$265 to at least \$722 per ton. Consequently, the phosphate fertilizer manufacturers invest millions of dollars in grants and lobbying of government officials to promote water fluoridation. US figures - "Fluoridation: License to Dump Toxic Waste In The Name of Public Health", Health Action Network, Fluoride Report No. 4, Jan (1997)

We're always being encouraged to take responsibility for our own health, which is how it should be. This submission is about taking responsibility for our own health, and the health of our children by becoming informed, and then being able to make informed choices – choices which should be respected and supported by the authorities in a democratic country. Our constitution is supposed to protect us from "Forced Medication" – Fluoride is put in the water not to treat the water but to treat the people and is thus medication... when it is put in our water ... an essential for life... it is then forced medication.

### Fluoride causes cancer.

In 1981, Dean Burk, for many decades Chief Chemist at the US National Cancer Institute, testified at congressional hearings, reporting that at least 40,000 cancer deaths in 1981 were attributable to fluoride. 40,000 cases that could have been prevented simply by NOT putting industry waste into the public water supply. Burk stated that "fluoride causes more cancer, and causes it faster, than any other chemical."

**In conclusion**

The onus is not on me or the Hastings Safe Water Association or any other community group to prove Fluoridation is unsafe, although we feel we've done that... the onus is on the NSW health Department to prove, beyond a doubt that Fluoridation is totally and completely safe and will cause no harm at all to anyone of us, be it the aged, those with Chronic illness, kidney diseases or small children.

They have not done that and will not bother to do it... too many careers depend on not rocking the boat. There are some notable and eminent professionals who know too well what happens if you speak out against Fluoridation. Still some like Dr Phillip Sutton, Professor Albert Shatz, Dr Yiamouyiannis, Sir Arthur Amies, Dr Colquhoun, Mr Glen Walker, Dr George Walbott, Dr Hans Moolenburg to name just a few, have had the courage and nobility to research honestly the subject of Fluoridation. They have sacrificed any future promotion and financial gain to serve first the wellbeing of all of us. Most of them have suffered terrible financial burden because of their stance.

Professor Albert Shatz PhD, the discoverer of Streptomycin said that Fluoridation "... is the greatest fraud that has ever been perpetrated and it has been perpetrated on more people than any other fraud has."

Yours sincerely

Therese Mackay

President of the Hastings Safe Water Association.

Reference:

Dr Phillip R. N. Sutton

Professor Albert Shatz

Dr Yiamouyiannis

Professor Sir Arthur Amies

Dr Colquhoun

Mr Glen S.R. Walker

Dr George Walbott

Dr Hans Moolenburg