

THE AUSTRALIAN FLUORIDATION NEWS



ARTIFICIAL FLUORIDATION IS WATER POLLUTION

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A NEW YEAR OF FLUORIDATION

by Glen S.R. Walker ©

The new year 2008, clinging to old past years of flunkey fluoridation science, is the Health Revolution we have to have, especially as every State Parliament in Australia and the Commonwealth Parliament is a Labor Government and their platform includes compulsory fluoridation.

The National Health Medical Research Council (NHMRC) is back into fluoridation action after their retirement about 2000 and emerging with a 200 page treatise under the title:

"A Systematic Review of the Efficiency and Safety of Fluoridation."

It is important to understand exactly who or what is The National Health Medical Research Council. Their official title and position under the Minister of Health is:

"The objective of the National Health and Medical Research Council is to advise the Australian community and the Commonwealth Parliament on the achievement and maintenance of the highest practicable standards of individual and public health and to foster research in the interests of improving those standards."

Yet the NHMRC has been endorsing fluoridation since 1953 without proper medical and dental studies! They promoted fluoridation as the wonder drug to stop tooth decay but without evidence proving its medical safety.

Their "scientific" recommendation to the Commonwealth Parliament in 1953 was made before the first ever study on artificial fluoridation was completed and published in Grand Rapids, USA 1944-1954 - a ten year study **on the first ever artificial fluoridation plant.**

We now have another N.H.M.R.C. Report 2007 struggling to maintain some scientific credibility and protecting fluoridation as a "safe and effective" process.

The N.H.M.R.C. have been endorsing fluoridation since 1953 when, without any proper medical or dental studies, they promoted fluoridation as the wonder drug to stop tooth decay, but without any evidence of its medical safety.

Committee after committee have exhibited staunch solidarity on fluoridation decisions. They have relentlessly pumped out supporting literature to protect fluoridation and reject any data or criticism that questioned its safety and effectiveness.

NO PERSON WITH DIFFERING VIEWS ON FLUORIDATION HAS EVER BEEN APPOINTED TO ONE OF THEIR COMMITTEES OVER THE PAST 54 YEARS.

This in itself is sufficient to question the scientific honesty of the N.H.M.R.C. and suggests a fear of having to face up to world scientific evidence about fluoridation that will finally

question their organisation's credibility.

Discussing a world fluoridation study that showed the danger of fluoridation and the N.H.M.R.C. attitude to such studies, the book, *Fluoridation — Poison on Tap*, page 160 makes this observation —

"... the promoters of artificial fluoridation had simply ignored it and pretended no such work existed.

Unfortunately we must conclude that the N.H.M.R.C. also pretend it did not exist."

The history of Australian fluoridation and the N.H.M.R.C. is a law of consistency which seems to be an establishment agenda on their kind of fluoridation science well protected because —

"NO PERSON WITH DIFFERING VIEWS ON FLUORIDATION HAS BEEN APPOINTED TO ONE OF THEIR COMMITTEES OVER THE PAST 54 YEARS."

NHMRC - a promotional organisation, not a scientific body

The N.H.M.R.C. 2007 "scientific" effort to promote fluoride as a perfectly safe chemical for humans seems to have travelled the time from "scientific" statements by the American Dental Association (A.D.A.) publication in 1962, a matter of just 45 years ago!

In the A.D.A.'s extensive 1962 publication particular statements illustrate their "science".

- (1) *The fact remains that fluoride is as harmless as mother's milk.*" (page 613)
- (2) *... Reduce the element of controversy to an absolute minimum by running a quiet debateless campaign.*
- (3) *Keep away from any debates which might result in giving anti-fluoridationists an audience.*

And so the N.H.M.R.C. did not invite our Organisation into their "Review of the Efficiency and Safety of Fluoridation" even though we are the inaugural and continuous organisation against fluoridation, being formed in 1960.

An example of the N.H.M.R.C. scientific "openness" was a letter to the N.H.&M.R.C., 20TH November 1978 from our Association and their reply 6th February, 1979. Their reply was to a request for scientific fluoridation evidence confirming and endorsing their published data. They stated:

"With regard to the specific detailed questions contained in your letter, I am reluctant to allocate staff to undertake such an extensive compilation of data which you have requested. Furthermore, the value of this approach is questionable. You will appreciate that,

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particularly in the current economic stringencies, staff numbers are very limited. However, I can arrange for the preparation of a bibliography concerning fluoridation if you feel that it would be of assistance to you."

A reply to the above N.H.M.R.C. relative to the above paragraph asked if the N.H.M.R.C. had a computer. No reply!

For over 30 years Australian Anti-Fluoridation Organizations have been asking, indeed demanding, the N.H.M.R.C. and their fluoridation cohorts provide positive scientific proof of fluoridation safety for all people and that this scientific evidence had been printed in world standard refereed medical journals.

To this day, the N.H.M.R.C., A.D.A., A.M.A. and all Government Health Departments together with responsible bureaucrats have been unable to produce this important scientific evidence of fluoridation safety.

Of particular concern to the Australian people living in a democratic country (?) is that the highest medical authority in the land cannot state the daily dose of fluoride of any one person, let alone the whole population forced to drink a daily fluoride cocktail via their kitchen tap.

Just commonsense, that elusive factor that haunts non-scientific commercial pharmacologists endorsing fluoridation, is that the human safety of fluoridation is scientifically bound up with the controlled (sic) **consumption rates** of fluoride at 0.9 to 1.5 ppm F, in drinking water supplies.

The commonsense factor alone makes it so perfectly clear that people in different walks of life drink enormously different daily amounts of water.

The N.H.M.R.C. in their latest 200 page fluoridation publication keep up the old decayed fluoride chestnut non-scientific rhetoric, that the health safety factor in fluoridated drinking water supplies is the "rate of 1 ppm F", but for some "strange" reason **they do not, or do not want to, understand this vital simple factor of pharmaceutical law that in medicine (fluoridation) the daily dose must be clearly noted.**

In pharmaceutical prescription, that is the law.

The amount anyone drinks seems to have escaped their thinking or perhaps their scientific knowledge.

Increase in retention of toxic fluorides in the body due to renal failure ignored by N.H.M.R.C.

Another pharmaceutical problem is that the so-called scientific fluoridation HIERARCHY does not understand another simple fact of medical chemistry, the fact of action, reaction and interaction of fluoride in the human body. A more interesting knowledge will help all people, "in the game" or the conscripted population.

That elusive commonsense factor rears its head at the lack of attention by the fluoridation "hierarchy" to the accepted fact that the minimum amount of ingested fluoride excreted from the body is 50% by people with perfect kidney function, but also medically accepted that as the kidney efficiency decreases especially with age, the accumulation of dangerous levels of fluoride in the body increases accordingly.

Court Evidence of confirmed Fluoride Retention

This important health problem was exhaustively presented by world experts from different countries in the Fluoridation Case in the High Court, Edinburgh, 1980.

Professional evidence by kidney specialists is found in the transcript of evidence and also in the "Opinion of Lord Jauncey¹", the Judge:

"However, when renal function is impaired there will come a time when the kidneys will no longer excrete the amount of fluoride which is being ingested with the

result that the plasma fluoride level rises and excess fluoride is deposited in the bones (7170, 19538).

This situation arises when the renal function is reduced to 20% and retention of fluoride increases progressively as renal function further decreases.

When renal function is reduced to 10% serious retention is likely (20788-9).

Renal failure per se can cause certain bone diseases which are generally described as renal osteodystrophy (7314-5).

It is probable that such bone diseases start when renal function is reduced to one third at which an imbalance of fluoride intake and output will not have occurred."

The NHMRC Hierarchy into fluoridation seem uninterested in this vital evidence of harm from toxic fluorides in fluoridated water.

Perhaps the world medical panic relating to the studies on cancer mortality by Burk and Yiamouyiannis, which showed a 10% increase in cancer in artificially fluoridated cities compared to non-fluoridated cities, has never been equalled.

The cover-up was scientifically disgusting and those rushing around the world to disgrace Burk and Yiamouyiannis were later found guilty of misrepresentation, but the original population groups, on which B and Y's evidence of 10% increase in cancer in artificially fluoridated cities was based, kept secret from the people of the world.

The following is a general example of the way fluoridation was protected or maybe was exposed is the label placed on it by the famous Professor Albert Schatz, who said:

"Fluoridation is the greatest fraud that has ever been perpetrated and it has been perpetrated on more people than any other fraud has . . ."

The medical history of Albert Schatz places him in the highest list of medical scientists and reading his medical (including fluoridation) credentials should surely make the NHMRC persons blush!

"Found out" but swept under the carpet in the fluoridation promoters establishments of glory and success of the great commercial use of a toxic waste and the medical government world population control.

The NHMRC publication seems devoid of scientific data. This not only questions the scientific integrity of "their data" but the lack of absolute evidence that has existed and been documented since the great non-medical invention of mass medication of populations with an uncontrollable daily fluoride dose to humans, dose unknown, safety unknown.

The NHMRC has a history of dental and medical inconsistent published data, similar to the following in their 1991 publication "The Effectiveness of Water Fluoridation", which is not addressed in their latest 2007 endorsement of fluoridation:

- "develop monitoring mechanisms to document total fluoride intakes by adults with a view to **estimating** levels of deposition in bone, bearing in mind that water fluoridation at around 1 ppm appears, on present evidence, to be the main single source of fluoride intake in adults; (Page 150, dose unknown and uncontrollable.)
- "increase immediately the support for dental public health research and evaluation in Australia. It is necessary to establish a much more detailed and higher-quality data base for the purpose of monitoring trends in dental health (including dental fluorosis) in Australia, and, specifically, for the future evaluation of the effectiveness of water fluoridation, both in children and adults. (Pages 150-151, no Australian scientific data)

Page 139:

- "It is a matter for concern that the Working Group cannot

point to a single ongoing Australian study which monitors adequately the impact and possible adverse consequences of this policy, and that in its pursuit of the terms of reference, the Working Group has had to rely on: indirect analyses of very inadequate datasets, collected not for the monitoring of this policy but for other purposes; a limited number of Australian studies; and upon overseas investigations of these matters. The Working Group's recommendations and conclusions are the consequence of its attempts to arrive at the best possible assessment of the likely risks and benefits of continuing fluoridation at the present level, or of adopting alternative policies. Those recommendations and conclusions must be qualified by emphasising the current dearth of an adequate evaluative Australian database. (Still no data because no proper research)

- "The fact that substantial (but possibly lesser) improvements in dental public health are being achieved in other countries through the application of discretionary fluorides, and without the necessity for mass supplementation through water supplies, makes it **particularly important that the NHMRC establish an effective monitoring and research programme** in relation to its water fluoridation policy. This programme must extend beyond the dental public health domain, and should include a consideration of the broad impact of fluoride supplementation on human health and ecology. The opportunity offered by the differential timing and variable use of water fluoridation in different Australian cities should be used to design studies which will inform the debate, not only here, but overseas.

But NHMRC does not do original research! Their science is - he said, they said!

The NHMRC Science Standard

The standard of Science was illustrated in their claims Victorian Government Fluoridation Studies Chapter 6, p.17, 6.17 that,

"Even the most susceptible (plants) can tolerate up to 100 ppm (parts per million) H.F. (Hydrogen Fluoride) from atmosphere sources."

The Committee used as a reference to support their "scientific" published evidence of 100 ppm H.F., National Academy of Sciences, Washington D.C. 1971 using the prefix, Vostal J.J. et.al. (Dr. Vostal was Chairman of the Committee that wrote that Report.)

Such supporting references could not be found and Vostal was contacted to confirm what the Hamer Committee had published. Vostal's reply stated their study published that:

"The threshold for susceptible plants is about 0.5 ug/m³ H.F. which is 0.58 parts per billion, a false statement by the Hamer Committee of 172,413 times more than the truth."

The NHMRC has never mentioned that error by a factor of 172,413 times!

One other classic piece of "science" in the Hamer Committee Report relates to "the principle route of excretion of absorbed fluoride is via the urine."

The above paragraph of human excretion of fluoride via the urine was referenced - "10", detailed on p.60 of their Report:

"10" - Perkinson, et.al. 1955 showed that radio fluoride given orally to a dairy cow was excreted thereafter in the milk in concentrations similar, but lower, than those in the blood."

Science at its extreme - A prohibited, out of date reference on the **milk** of a dairy cow for confirmation of human urine excretion!

The above are only some of many errors, most of which are detailed in "Fluoridation - Poison on Tap" by Glen S.R. Walker, 1982.

The Premier of Victoria, Rupert Hamer presented that study to the Parliament on 9th September, 1980 stating:

"The Report is a scholarly, erudite overview of the fluoridation controversy. As a public based measure, fluoridation of water supplies is the safest, cheapest, . . ."

That Victorian Government Report was so scientifically faulty that it allowed me to write the 480 page book "Fluoridation - Poison on Tap" filled with the most erroneous and misleading data even documented by a Government.

Premier Hamer on presentation of the Government Report stated:

"The dental decay rate in the town of Bacchus Marsh had reduced dental decay after fluoridation by half (50%)."

But on checking data we discovered that in 1963 two (2) children in Bacchus Marsh had caries-free teeth, but in 1978 the number was three (3), a difference of one child. Some top science!

The Premier also stated -

"Fluoride is a natural dietary component and an essential nutrient for proper development of bones and teeth."

But his scientific committee wrote in para 12,71:

"Although fluoride has not been shown conclusively to be essential to man . . .!"

The Fall of Artificial Fluoridation Heroes

The great heroes of fluoridation mostly fall from a great scientific height when openly faced with public opposition.

● In the American Pennsylvania Court, 17th May, 1978, Dr. Leo Kinlen, was cross-examined on his "scientific medical" article published in the Royal College of Physicians Journal, London 1976:

Fluoride, Teeth and Health

Summary of a Report on Fluoride and its effect on Teeth and Health from The Royal College of Physicians of London, 1976.

Page 59-60:

In none of these areas was there any tendency for the incidence of these cancers to be higher in the fluoridated areas than in the low-fluoride areas; and if anything, the opposite was the case.¹⁰ [Emphasis added.]

Reference 10: L.J. Kinlen, 1975, *British Dental Journal*, 138, 221.

Pittsburgh, U.S.A., 11th May, 1978

Court of Common Pleas of Allegheny County Pennsylvania. Attorney Graham's cross-examination of Dr. L.J. Kinlen on his study; Reference 10 above. (*British Dental Journal*, 138, 221).

Page 35 of official Court Transcript.

By Attorney Graham:

Question: Doctor, good afternoon. This morning we were talking about Table 2 in your *British Dental Journal* article, Exhibit L.

Answer: Yes.

Question: I was referring to the figure which was derived on the right-hand column, and I believe I said .09, and I think you would agree with me that I meant to say .98?

Answer: Yes.

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

And there is a difference of .05 between the two, or approximately 5 percentage points, is that correct?

Answer: Yes.

Question: And does that indicate, then, that for the sites

actually included in Table 2, the fluoridated areas appeared to have 5 percent higher cancer incidence rates than the non-fluoridated areas?

Answer: Yes.

Which is right? The statement in the Royal College of Physicians book - *Fluoride Teeth and Health* or Dr. Kinlen's evidence under oath in the Pittsburgh Court? Both relate to exactly the same printed paper used by the Victorian Government to promote fluoridation as "safe".

● Patrick Tennyson interviewing Dr. Graham Craig, Senior Lecturer, Department of Preventative Dentistry, University of Sydney, Friday, 12th December, 1980 - 9.15 a.m. to 10.00 a.m. Radio Station 3AW. Dr Craig said:

*"Now, without exception, all the independent studies show that there was no relationship whatsoever between water fluoridation and cancer, but one of the interesting things, and this came out in a recent report from the New Zealand Medical journal and that is that strangely enough in the . . . if there is any trend at all in the fluoridated and non-fluoridated are, when one considers cancer **the trend is that fluoride protects.*** [Emphasis added.]

● NEW ZEALAND - *The Press*, Saturday, 27th September, 1980

Canterbury is a very fluoride-deficient area. This trace mineral does more than harden your teeth. An important New Zealand study, just released, shows that higher cancer rates occur in lower fluoride regions.

In spite of various claims and reports to the contrary, all good scientific evidence shows lower cancer rates in higher fluoride areas.

The two most important weekly journals of health comment, the *British Lancet* and *The New England Journal of Medicine* have published reviews. That in the *Lancet* by Sir Richard Doll and Dr. Leo Kinlen, and that in the latter journal by Professor J.D. Erickson, show the same results as the only New Zealand survey - a lower cancer rate in towns with higher fluoride water content. [Emphasis added.]

FLUORIDATION - POISON ON TAP

Mr Malcolm Morison, Q.C. cross examined Prof. Newell. Reference: the Pittsburgh Case.

Mr. Morison: "And you say that you were not aware, in spite of giving evidence in that case, that Dr. Yiamouyiannis put forward an age, race and sex adjustment of s.m.r.?" (standard mortality rates).

Prof. Newell: "I don't think that I was."

Mr Morison: "The general point which I am making to you is this: that you gave the impression in 256 and 257 of process that in the first place Burk and Yiamouyiannis had ignored the question of race which as we have seen they didn't; and in the second place that they never made any adjustment based on age, race and sex. Don't you agree that that is the impression which you convey by the documents to which I have referred?"

Prof. Newell: "Yes, I would think so."

Mr Morison: "And would that impression be wholly misleading . . .?"

Prof. Newell: "It was not my intention to mislead and I have already pointed out the context in which these papers were given."

Mr Morison: "It is quite untrue to say it is not, that Burk and Yiamouyiannis made no adjustments?"

Prof. Newell: "Yes, I admit I was wrong. I admitted this yesterday."

One can still read some authors who keep making the above false claims to discredit the absolute link between fluoridation areas and cancer as per the Burk and Yiamouyiannis undisputed research evidence.

The latest NHMRC publication does not concur with its

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own 1991 conclusions such as page 104 that really admits the toxicity of fluoride.

On page 104 part of the first paragraph makes frightening reading when considering the bulk of their publication tells you what a wonderful "safe drug" fluoride is to the community.

They state -

*"A greater prevalence and severity of dental fluorosis is not only **the first sign of toxicity**, but has the advantage of being readily diagnosed and compared both over time and between groups. Hence a substantiated increase in dental fluorosis would be sufficient grounds for concern over total fluoride intake, **and would suggest the need for altering the current pattern of exposure to fluoride vehicles.**"* [Emphasis added]

NHMRC ignores the Failure of Artificial Fluoridation

Seems the latest NHMRC publication is totally oblivious or not interested in the publication of fluoridation failure, especially as published in Sydney newspapers recording their research showing the disgusting state of children's teeth in fluoridated Sydney.

The ubiquitous media presentation of waiting lists of 3 to 6 years for dental treatment, even identified by the last and present Prime Ministers of Australia.

The cry of the dental and health departments around Australia is -

"We need more dentists" which clearly means fluoridation is a failure. Difficult to find support for the latest NHMRC re-entry into the serious fluoride dilemma and any suggestion that their data will in any way reduce the Australia-wide dental health problem by forcing mass medication with toxic fluoride waste by-product of fertilizer factories from home and abroad.

Australia 2007

The new Prime Minister introducing his Education Revolution, stated the need for children to learn to read and understand accordingly. The *Courier Mail* 6 December 2007 published claims by the Queensland Government, the ADA, AMA, that fluoridation will reduce the waiting years for dental treatment that has not happened anywhere in Australia! Seems P.M. Rudd is correct. Read Australia wide fluoridation areas and become aware of the disastrously poor dental health in fluoridated areas of Australia.

The fluoridation promoters have a long and distinguished history of fluoride "science" that overrides democracy, honest science and questions their reasons for going to such extremes, on behalf of whom?

Reference

1. Lord Jauncey: "Scotland Finest" 1925-2007

Jauncey was an advocate and Court of Session judge, often said to be one of the finest legal minds in Scotland, and was a highly regarded lord of appeal, from 1988 to 1996, in the House of Lords. Jauncey also heard the 203-day successful challenge by a toothless grandmother to Strathclyde Council's right to add fluoride to the water supply. He played an active part in House of Lords proceedings and was a member of the Queen's Bodyguard for Scotland and of the Historic Buildings Council for Scotland.

Extracts of Obituary, *The Sydney Morning Herald*, 1 August 2007.

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