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Dental Profession Fails Its Duty of Care

PART ONE

John T. Webber, FIS NSW

Ever-increasing evidence of the failure of public health bodies and related professions to meet their duty of care obligations to the public is highlighted by straight-talking Associate Professor Hans Zoellner of the University of Sydney.

In scathing comments of dentistry in NSW, the Dental Council of NSW and the federal government, Hans Zoellner, head of oral pathology at the University of Sydney has criticised the lack of proper guidelines for dentists, stating:

"It was possible to go to 10 dentists and receive 10 different recommendations, ranging from modest care to serious extractions."

The Sydney Morning Herald (SMH), August 13-14, 2011

The *Sydney Morning Herald's* front-page leading article reported that complaints to the Dental Council of NSW had more than trebled in three years, but of the 661 complaints in the last 12 months, only 14 dentists had been disciplined, with one deregistered.

"We have so strikingly failed that failure is what we do best."

- Associate Professor Hans Zoellner, University of Sydney

Professor Zoellner stated:

"We've failed in this whole area of health. We have so strikingly failed that failure is what we do best."

In his criticism of the federal government, he stated:

"I think the federal government have proven themselves gutless here," he said. "They're frightened it might cost money. That it might be difficult. That people will complain."

The *Herald* used the example of dentist Mark Phung, who had twice been found incompetent by the NSW Supreme Court, ordered to pay \$1.6 million in settlements, but was still trading with no conditions on his practice. In the first case his

own lawyers pleaded that he was "incompetent" in the Court. He had unnecessarily removed every nerve from a patient's teeth, the judge finding the treatment:

"fell so far below proper professional standards as to be grossly negligent."

In the second case an expert witness stated the treatment was:

"inexcusably bad" and "completely outside the bounds of what any reputable practitioner might prescribe or perform."

In a front page follow-up article on 24th August 2011, the *SMH* declared:

"Health watchdog protects dentists, not patients, victims say"

The article reported that the Minister for Health was investigating the NSW government's Dental Care Assessment Committee, after it was discovered that it had negotiated legal indemnity for the dentists, although it was responsible for resolving complaints of negligence against dentists.

A day later (*SMH*, 25th August 2011) in an editorial headed **"A big gap in our smile"**, the *Herald* stated that the examples they quoted:

"highlight the abject policy failure of Australia in this important area of health."

In a revealing statement, the editorial said:

"You might have noticed how we are steadily shifting from what you might call the British-European teeth model - the snaggy row of old ivory - to the American one of gleaming white tombstones. Our local throwaways are full of ads suggesting a quick visit to get your teeth whitened, straightened and in the last resort replaced by implants to get ahead in love and work."

Readers of *The Australian Fluoridation News* will be aware that the "American model" of "gleaming" white teeth is often a dental defect, "chalky white", an early mild stage of dental fluorosis, caused by consumption of toxic fluoride compounds, or perhaps expensive dental work such as unhealthy looking white veneers to cover up the permanent dental fluorosis.

...Continued on Page 2

An early definition of dental fluorosis caused by contamination of water supplies with naturally occurring fluoride was given by Dr Black in 1916: ¹

"The teeth are of normal form but not of normal color. When not stained with brown or yellow, they are a ghastly white that comes prominently into notice whenever the lips are opened, which materially injures the expression of the countenance of the individual. When this opaque white colour is mingled with spots of brown, or a very large proportion of brown, the injury is still greater... This is much more than a deformity of childhood... it is a deformity for life."

"Opaque white... This is much more than a deformity of childhood... it is a deformity for life."

- Dr Black

In an all too common example of how "there are none so blind as those that will not see", regarding dental matters, a spokesman for the NSW Minister for Health, Mrs Skinner, said the minister was confident the Council (Dental Council of NSW) was competent and effective.

The lack of any standards in dental care and what appears to clearly be initially misplaced confidence by the "responsible" minister, who is now investigating the matter, is just the tip of the iceberg regarding failure of Health Departments and the medical profession hierarchy, but particularly the dental profession, as a quasi-medical body, to uphold normal principles of their duty of care to individual patients and the general population.

How the dental profession has failed

The wide field of failures, particularly of the dental profession hierarchy, are readily apparent to any unbiased observer who takes the time to study a little of the history of fluoridation.

Some examples of failures include: ignoring the democratic rights of the individual; ignoring and suppressing adverse evidence of harm to animals, plants, humans, indeed all life; ignoring the reasons why countries throughout continental Europe have either not commenced or stopped artificial water fluoridation after trials; accepting donations from companies with a vested interest in selling tooth-decay causing products; and attempting to silence critics of the scheme, even though the vast majority of the population vote down the measure at referenda.

Democratic Rights

There is no more important aspect of a democratic society than the basic human right for every adult individual to freely choose what one eats, drinks, and increasingly importantly, the right to breathe clean air.

Although it should be an individual choice, referenda on the subject throughout Australia in small and large populations have also shown overwhelming opposition to the scheme. Yet Australian dental professionals follow the American mantra like compliant sheep, wholeheartedly endorsing the promotional policies first exposed by statements from the *US State Dental Directors 1951 Conference*, "Proceedings of the 4th Annual Conference of State Dental Directors, 6-8 June,

1951, Library of The United States Congress, Vol. RKC 55195." [See www.fluoridationnews.com for the full proceedings in PDF format.]

Referenda on fluoridation throughout Australia have shown overwhelming opposition to the scheme

Now sixty years later, the same techniques recommended to promote fluoridation at that conference are still used. The main speaker at the Dental Directors Conference was Dr Francis Bull of Wisconsin. He stated that one of the main problems to be overcome was to explain away the incidence of dental fluorosis resulting from consumption of fluorides in a water supply, particularly when fluoride chemicals are "artificially" added. He advised that the term "artificial" should be avoided, stating:

"There is something about the term that means a phoney. We call it controlled fluoridation. Never use the word experiment, either. To say, we are going to experiment on you... is kind of rough treatment on the public... we set up demonstrations, not experiments."

He objected to mentioning one of fluoridation's chemicals, sodium fluoride, as the compound was then widely known as a (highly toxic) rat poison.

When scientific evidence indicating that fluoride could cause earlier tumour development and shorten the life span of cancer-prone mice was published by Dr Alfred Taylor, a highly respected cancer researcher at the University of Texas, Bull advised:

"The best technique is the reverse technique, not to refute but to show where the opposite is true. All we did (in Wisconsin) was to get some publicity that there is less cancer and polio in high fluoride areas."

Other extracts of his address included:

- ***"One thing that is a little hard to handle is the charge that fluoridation is not needed. They talk about other methods, and when they get through adding up all the percentages of decay that we can reduce, we end up in a minus. When they take us at our word they make awful liars out of us."***
- *"The medical profession is the easiest audience in the world to present this thing to."*
- *"This toxicity question is a difficult one. I can't give you an answer on that one. Lay off it altogether. Just pass it over - 'we know there is absolutely no effect other than reducing tooth decay' - you say, and go on."*

"The sponsors of this meeting, particularly Surgeon General Scheele and his deputy Knutson, were exceedingly influential in the scientific community, as they were in a position to distribute or withhold research grants to universities dependent upon Public Health Service support. They could therefore manipulate scientific thinking by rewarding cooperating scientists with research funds and blacklisting any who failed to fall in line." ²

Dental Fluorosis - 110 years of evidence of harm

Dr Bull's concerns on the adverse effects on teeth by consumption of water contaminated by fluorine compounds, whether naturally occurring or when artificially added in misguided attempts to emulate nature, were well-founded.

The 1962 publication "Fluoride Drinking Waters"³ by the strongly pro-fluoridation US Department of Health, Education and Welfare, commenced with a description of dental fluorosis. Page one of this 636 page publication was headed:

"ENDEMIC DENTAL FLUOROSIS (Mottled Enamel)"

The paragraph commenced:

"Mottled enamel is an endemic hypoplasia of the permanent teeth, produced by the ingestion of toxic quantities of fluoride in drinking water. ... There is a direct quantitative relation between the fluoride content of drinking water and clinical manifestations of dental fluorosis. In amounts not exceeding 1.00 ppm in the drinking water fluoride cause no [sic] significant development of mottled enamel. When climatological factors affect the intake of drinking water, the severity of dental fluorosis may be influenced by a variable ingestion of fluoride. "

So at the very commencement of this expansive publication which primarily promotes fluoridation, there is a clear admission of the damaging effects of fluorides on teeth, followed by the unscientific *opinion* that at one ppm, fluoride damage is not significant, which is then (correctly) contradicted by saying, in effect, that due to hot weather, water consumption will increase, which will increase the severity of dental fluorosis, no doubt to an extent that damage to teeth is significant!

A clear admission of the damaging effects of fluorides on teeth

- Fluoride Drinking Water, US Department of Health

The first article in *Fluoride Drinking Water*³ is a letter by JM Eager, an officer of the US Public Health Service (PHS), written from Naples, Italy, October 7, 1901, headed "DENTI DI CHIAIE TEETH (Chiaie Teeth)", so named after Professor Stefano Chiaie, a celebrated Neapolitan, who first described the dental peculiarity common among the inhabitants of the Italian littoral (lands near the coast).

"The impairment of the teeth, often not amounting to more than a mere imperfection, is of particular interest, owing to the fact that Italians who are subjects of the defect frequently present themselves before the medical practitioner in the United States. The deterioration, however, is an acquired one, due to local geological conditions and so, because of altered hygienic surroundings, will not pass beyond the present generation of Italians in America. ... The etiology seems to be connected with volcanic fumes or the emanations of subterranean fires, either fouling the atmosphere or forming a solution in drinking water. In Naples it is more often attributable to water than to the air, and since the Serino water, brought in conduits from a distant mountain height, has been in use and local wells condemned, the incidence of the disease among infants has greatly diminished. Formerly nearly all children living in the section known as Santa Lucia, along the Riviera, and at Posillipo were affected.

"The people of Pozzuoli, a town of 16,000 inhabitants, situated 5 miles from Naples, are marked off from the people of neighboring places by their distinguishing characteristic of black teeth (denti neri), apparently

strong and serviceable, but devoid of enamel and hideously dark. The environs of Pozzuoli are everywhere volcanic. Close at hand is the Solfatara, a half-extinct crater full of cracks from which gases are constantly issuing. Some of the inhabitants of Pozzuoli drink the water of springs, a water necessarily charged under pressure with volcanic fumes; all of them are constantly living in an atmosphere-filled with noisome gases.

"The theory most generally received in Italy is that these gases have a selectively hurtful effect on enamel formation in early childhood, but that the growth of the other dental tissues is not interfered with. When the cause is active during the entire period of second dentition, the whole tooth is bereft of enamel and becomes perfectly black. If the growing teeth are exposed for but a short time at the commencement of their formation, only the cutting edges of the upper incisors may be affected and the appearance, when the teeth are matured, is as if they had been browned by tobacco smoke in the same way that a meerschaum pipe is colored by smoking. Sometimes the teeth have the repulsive look of fever patients' teeth when smeared with sordes except where covered by the half-parted lips.

"Sometimes the teeth have the repulsive look of fever patients' teeth... except when covered by the half-parted lips"

- J M Eager, US Public Health Service (PHS)

"Among the better class of Italians living inland, it is the custom to go to the seashore in summer. Naples has always been a popular resort, and as a result of the temporary exposure of children brought with their parents to Naples at the time when Serino water was not used, it is frequent to see among well-to-do people an otherwise handsome face marred by a line of fine, black markings crossing the incisor teeth in a horizontal direction. This fault of development is renowned among Neapolitans as "denti scritti" or writing on the teeth. The marking, when present on finely formed, white teeth, resembles the diminutive, lettering which is sometimes done on seashells for purposes of ornamentation.

"The different forms of deterioration which are grouped under the name of "denti di Chiaie" are thus seen to be unlike any other dental disease and not at all likely to be confounded with Hutchinson's teeth, mercurial teeth, caries, or other maladies of the teeth."

Fumes emanating from volcanoes (including the notorious Mt Vesuvius, near Naples) contain fluoride gases, although this was not known in 1901. Similarly, water supplies were contaminated with fluorides, either from fallout from contaminated air into water supplies and edible crops, or by contact of the water with volcanic fluorite rocks.

Over 2000 years ago, the Roman Poet, Marcus Valerius Martialis⁴, referred to mottled teeth in one of his poems when he described the teeth of Thais, a courtesan and companion of Alexander the Great, as follows (translated):

"Thais has black teeth."

Martialis resided in Italy at the time, and was familiar with stained teeth, varying in colour from yellow to brown and black. This is the earliest known record of mottled teeth.

Fluoride Intoxication

The classic 1937 work by the brilliant biochemist and physician Danish researcher Kaj Roholm, still considered the world's greatest authority on fluorides 30 years later, *Fluoride Intoxication: A Clinical-Hygienic Study*⁵, positively related ingestion of fluorides from water supplies by animals and humans to dental fluorosis, as well as other health effects. His book covered all available data on fluoride's effects known up to that time. He proved unequivocally that fluoride induced dental fluorosis. He also showed that fluoride contaminated the air near a cryolite quarry. Cryolite (Na₃AlF₆) is used as a flux for the electrolytic production of aluminium, as it disintegrates easily at about 1000°C. The fluorine component given off is a major source of fluoride pollution during production of aluminium.

"Fluoride is a systemic poison. Its action is not confined to bones or teeth. It is liable to settle in any organ of the body and to cause damage there."

- Dr Kaj Roholm, world's greatest authority on fluorides

His research also showed that fluoride is a systemic poison. Its action is not confined to bones and teeth. It is liable to settle in any organ of the body and to cause damage there. It interferes with the activity of many enzymes, some being adversely affected at a concentration as low as one part in 15 million [0.07 ppm]. It also deprives the body of calcium, a vital element necessary for life.

Dr Roholm divided the inorganic fluoride compounds into four categories according to their poisonous effect:

- 1. First and foremost are the fluoride gases which include the very toxic hydrogen fluoride (HF) and silicon tetrafluoride (SiF₄).***
- 2. Solutions of these gases in water such as hydrofluosilic acid and hydrofluoric acid are likewise extremely toxic.***
- 3. Easily-soluble fluorine salts such as sodium fluoride (NaF), potassium fluosilicate (K₂SiF₆), and ammonium silicofluoride ((NH₄)₂SiF₆) have a high degree of toxicity.***
- 4. Fluoride compounds which do not dissolve readily such as cryolite and calcium fluoride are much less poisonous.***⁶

Lower Birth Rates and Mongoloid Births: One in every Hundred Affected

At a three day conference held in 1966, at which 33 papers were read, many by doctors and dentists, Stewart Robb, MA (Oxon), presented a paper *"The Effect of Fluoridated Water on Pregnant Humans and Animals."*⁷ Brief extracts of some of the research studies he summarised are presented below.

Lower Birth Rates

"The Czechoslovakian medical journal, Rozhl Chirurgie, for June 1963, reports that five newborn infants, whose mothers, working in an industry had to breathe fluoride fumes, had hemorrhages in the upper bowel.

"Dr F B Exner, Seattle radiologist, observes that the experiments of Himwich and co-workers, as reported in The

Journal of Biological Chemistry and The American Journal of Physiology in 1941, show that new-born animals 'have a special process for using carbohydrate which permits them to survive longer without oxygen than adults, and which is destroyed by fluoride.'

"Dr Exner comments: 'We do know that fluoride passes the placental barrier and facts lend credibility to the charge that stillbirths and neo-natal mortality rates are higher where the water contains fluoride.'

"Two authoritative and utterly independent sources have substantiated that charge. Professor Andrea Benagiano, Dean of the Eastman Dental Institute of Medicine and Surgery in Rome, having read the rosy reports put out by the US Public Health Service regarding reduced caries in children in fluoridated areas, decided to carry out his own investigations 'in the areas around Rome, where fluorides in the waters is a naturally occurring phenomenon.' The findings were sorry indeed. The one pertinent to this study states 'a lower birth rate was found in fluoridated areas, confirming the adverse effect of fluorides on fertility in humans.'

"Fluoridated areas show an exceptional number of stillbirths" - University of Wisconsin

Similarly, studies carried on over a period of years at the University of Wisconsin and published in 1963 reveal the fact that fluoridated areas show an exceptional number of stillbirths."

Downs Syndrome (known previously as Mongoloid Births)

"Related studies at the same university by the same researcher, Dr Ionel Rapaport, proved conclusively a direct correlation between the amount of fluorides in the water and the number of mongoloid births.

"The first report published in 1956, was, of course, attacked by the fluoridators, but only one of their sundry criticisms was valid. Rapaport had considered the place of birth of the child but not the place of residence of the mother during the period of pregnancy. Rapaport's second study, however, closed up all loopholes. The researcher carried out the investigation according to the lines laid down by Dr A L Russell of the US National Institute of Dental Health, the statistics were supplied by the State of Illinois to the fluoridationists, and the figures were fed through an IBM computer. The report was unanswerable. Fluoridationists do not mention the second (to them) embarrassing report, only the first, less perfect one."

One in Every Hundred Affected

The immediate adverse effect on health of fluorides on some individuals is illustrated by a study sponsored by the US PHS until severe negative evidence became apparent.

"A ten-year grant [by the US PHS] to Dr Reuben Feltman, an expert on fluoride pellet dosages was provided, so that he might study the effect on pregnant women of the tablets of sodium monofluorophosphate in a controlled dosage equivalent to one part per million, the recommended level for the public waters. He found the effects so convulsively disastrous on one percent of the women that he had to discontinue their dosages. The US PHS, in turn, discontinued Dr Feltman's grant. But, had his findings been

favorable throughout, you may be sure that the fluoridation promoters would have carried the researcher through the ten year research period and then gleefully published his findings, which would have been duly incorporated in the promotional literature sent to anyone who writes to the US PHS for information on the subject.

"However, despite the fluoridators' lack of enthusiasm for carrying out any research that might show fluorides harmful - which they are - the harm is mounting and will some day be recognized by all. Harm to humans, and harm to animals. Harm to life." 7

Dental Fluorosis and the Mitigating Effect of Calcium in the Diet

The incidence of dental fluorosis has been studied on rats, with varying amounts of fluoride in their drinking water and diet. Another paper published in *Fluoride Drinking Water*³ was an early experiment by H Trendley Dean et al.⁸

Dean was considered "The Father of Fluoridation" by US Dental and Public Health Officials. Considering the damage to health and teeth that artificial fluoridation has since caused, a more correct title would be *The Daddy of Disaster*.

The diet fed to the unfortunate rats was shown in their Table 3, "Changes in the teeth of rats on diet 411-A* with various amounts of sodium fluoride in the drinking water"

TABLE 3

Lot No.	No. of Rats	Amt of NaF in drinking water ppm	Changes in labial surface of lower incisors
1181	4	None	None
1184	4	25	Exceedingly fine brown striations clearly visible only with hand lens
1182	4	50	Very fine brown striations best seen with a hand lens
1199	4	500	White, chalky, brittle hypoplastic enamel

* No sodium fluoride in Osborne-Mendel salt mixture

Striations shown on the teeth of the rats fed 23 ppm fluoride ion reproduce tooth damage the same as that identified in 1901 on the teeth of citizens living near Naples.

"It is frequent to see... people with an otherwise handsome face marred by a line of fine, black markings crossing the incisor teeth in a horizontal direction."³

The writer has readily noticed the same striations on the incisor teeth of some Sydney children. Far more common are the chalk-white teeth, or spots of chalk-white on otherwise normal looking teeth.

This paper also noted "The possibility that fluorosis may bear a relationship to calcium metabolism." Five references to scientific papers supporting this relationship are cited.

The summary of the paper stated:

"As little as 25 ppm sodium fluoride in the drinking water of white rats produced changes in the teeth which are manifested by minute, transverse, brown striations."

Note that 25 ppm sodium fluoride provides 11 ppm fluoride ion in the drinking water and humans are more

sensitive to toxins than animals, as admitted by even Dr Gerald J Cox, then Professor of Biochemistry at University of Pittsburgh's School of Dentistry, who originated the the idea of fluoridation, using a grant from the Buhl Foundation at the Mellon Institute, Pittsburgh. He was one of the most vocal pro-fluoridationists, not surprising, as he received support from the Sugar Institute Inc. from 1933-1940.⁶

Photographs of the lower incisor teeth of a control rat, Figure 1, and those of a rat fed a diet of 50 ppm sodium fluoride in the diet, Figure 2, are reproduced below. Note: 50 ppm sodium fluoride provides 23 ppm fluoride ion.

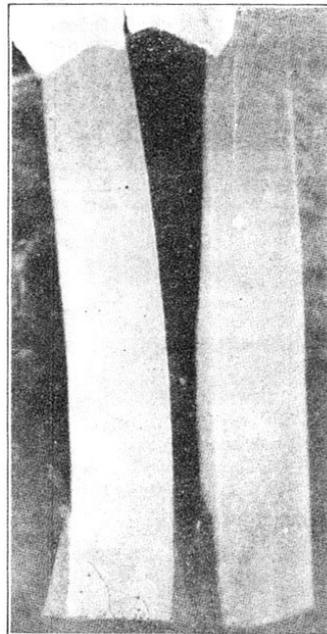


Figure 1: Normal lower incisor teeth of a control rat drinking distilled water.

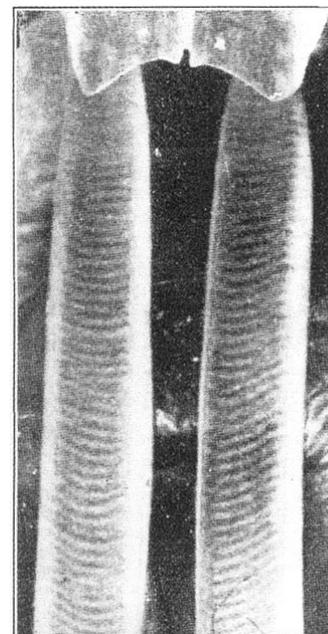


Figure 2: Lower incisor teeth of rat with 50ppm NaF in drinking water. Teeth show fine visible brown striations.

Biochemist Alfred Taylor, PhD,⁷ states:

"My contact with fluoridation came about as a result of cancer research. In one project, various chemicals were added to the drinking water of mice susceptible to cancer in order to check the possibility that some compounds might delay the onset of the disease or prevent it altogether. Among the chemicals used in this research was sodium fluoride. In the first two preliminary tests, the results obtained indicated that mice drinking fluoridated water, tended to develop cancer at an earlier age as compared with control animals maintained on fluoride-free water. These earlier tests were followed by further investigations, so that altogether twelve experiments, involving 645 mice, were used in this research.

"The data indicates that drinking water, with as little as one part per million of fluoride, shortens the life span of mice an average of nine percent." Alfred Taylor, PhD

"The data indicated that drinking water, with as little as one part per million of fluoride, shortened the life span of mice an average of nine percent. This was true, whether death was due to cancer or noncancer diseases (DENTAL DIGEST, v60, p170, 1954).

"Among the mice receiving the treated water, four developed urinary bladder stones, a condition never before observed in our mouse colony. This result was interesting in that later Herman (PROCEEDINGS OF THE SOCIETY FOR EXPERIMENTAL BIOLOGY AND MEDICINE, v91, p189, 1956) reported that the fluorine concentration of a number of human urinary bladder stones ranged from 1,500 to 1,700 parts per million.

"The two findings, one from experiments with mice and the other based on human material, strongly indicate the possibility that fluoride is related to the formation of at least some types of urinary calculi."

Dean then quoted a paper by DeEds:⁹

"A low calcium intake hastens the onset and development of chronic fluorine intoxication, whereas a liberal calcium intake tends to offset the effects of fluorine..."

The very low calcium content of water supplies in Sydney and Melbourne of just a few parts per million, contrasts with often hundreds and up to 2000 ppm calcium as well as high proportions of other minerals such as magnesium, in many water supplies in the USA, particularly those sourced from deep wells.

It is likely that this is at least part of the reason why there is such a high incidence of dental fluorosis and other health issues in these and other Australian population districts where water supplies have low amounts of minerals present naturally.

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About the Author

John T. Webber, Emeritus Surveyor, FIS NSW, FSSI, is a long-term member of the Safe Water Association of NSW, including as Chairman.

A registered surveyor, his transfer back to Sydney in the 1960s, after 15 years working in country areas of NSW, coincided with proposals to add a fluoride chemical to Sydney's public water supply.

During his professional career, he was project surveyor on some large infrastructure projects, including the Eastern Suburbs Railway, contributing papers to professional journals, and was principal surveyor in one of the state's largest public authorities for a decade.

He studied the evidence in favour and opposed to fluoridation, where it became clear that those supporting the scheme were dictatorial in nature, their case often based on illogical assumptions, incomplete, misleading or "cherry-picked" data, and downright lies. The opponents' case was logical, scientific and based on ethical and human rights principles.

With a career background based on accuracy, confirmation of facts and ethical practice, his opposition to fluoridation has continued since shortly after *The Australian Fluoridation News'* commenced publication, including as assistant editor of the journal for 30 years.

Part Two of *Dental Profession Fails Its Duty of Care* will be published in the Oct-Dec 2011 issue of *The Australian Fluoridation News*.

Sir Edward (Weary) Dunlop, AC, CMC, OBE, MS, FRACS, FACS

The following extracts are of a speech that Sir Edward Dunlop gave at a Public Meeting held in the Melbourne Town Hall on June 4th, 1975. It is remarkable how many of his comments are still applicable today.

"Some early enthusiasm arising from the dental benefits has been replaced by doubts in many countries.

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

"Crippling deformities of the skeleton due to fluoride toxicity such as "forward bending", stiffness of the spine, reduced mobility of the chest, and "sprouts on the bone", have been reported from different parts of the world. These grave abnormalities, which I've personally seen, raise the question,

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

"The fact that lesser degrees of skeletal fluorosis are closely parallel to those of rheumatic diseases lessens the alertness of doctors. Cases of kidney disease are a special risk, due to poor elimination of fluoride and considerations of thirst. Fluoride toxicity may be a greater problem with soft water. Melbourne has extremely soft water. The water supply is not a good medium for delivery or a precise dose (of a medication) to the individual. Fluoridation is a distraction, removing the focus of our attention from the basic causes of teeth decay. **We may have to think again. Perhaps it would be better to do so now.**" - First published in *The Australian Fluoridation News*, V.13 N.10, Jun-Jul '76



Reprinted from National Fluoridation News

Rise above and Reclaim our Freedom

As a generalisation, it seems true of people that "we're all doing the best we can". Once we discover the disturbing realities of fluoridation, there is no reason to support this scheme of mass-medication with toxic industrial fluoride wastes, and we can get on and do something about it. But sometimes, things get in the way.

From time to time we may feel disappointed with our progress, or feel thwarted when the "fluoridated bureaucracy" tries to stop our best efforts. We're just upset, and that's okay for a time.

But if you give up, do nothing and remain "given-up", and even begin to believe that we'll never replace fluoridation, then you are in effect helping fluoridation promoters in their waste disposal job. When we tolerate thoughts of despondency or hopelessness, these only help the promoters, as we are less likely to do anything about fluoridation.

Dis-appointment and Re-appointment

If you're **disappointed** with fluoridation, fair enough. But only we can "dis-appoint" ourselves from our own power, likewise, only we can choose to "re-appoint" ourselves. Isn't it time to **re-appoint** yourself as the 'all powerful' human being you are?

Once you re-appoint yourself, you may get straight back to it, or regroup and change strategy completely, or take a break or holiday first, or change your actions so they align better with you and what you do best. Above all, spread awareness through your local community. As "pockets of awareness" spread, freedom and democracy begin to re-establish.

The One

In the drive to replace Fluoridation with Freedom of Choice, we have identified the most important person in the country. YOU are the most important person to promote anti-fluoridation / safe water awareness in the whole country! Hard to believe? Think of it this way - only you can choose for yourself what to believe, and only you can choose to minimise your fluoride exposure and to share your choice and knowledge with others. It all rests with you. If you're waiting for a superhero to save us from fluoride, the news is, it's YOU. If you forget you're 'the one', keep coming back to this page, or better still, find others in your local

community who also take full responsibility for 'being the one'. We can choose to do this as individuals, however over time we may become side-tracked or just quietly give up. But as a team, it's easier to be "elephants" for each other, remembering and reminding everyone that we each make a difference. Remember, always, that *"If it's meant to be - it's up to me!"*

And as Edmund Burke said, *"The only thing necessary for the triumph of evil is for good men to do nothing."* If you do something, anything, to spread awareness of fluoridation, even the tiniest actions, know right now that it contributes. Of course, the bigger actions, the more of them, and the more people doing them, the better it is for all.

Everyone has a part to play

For some it is to go out and talk with people and distribute information, for others it is to contribute money, and for others it is to write, while a few heroic characters chain themselves to the gates at the local water dosing station to gain media attention to the poisoning of our communities. All these individual expressions are unique contributions. Everything helps. If you did contribute something extra, what could it be? What is your expression of action that puts a smile on your face? You may look to your skills or talents. Keep it legal, it's important to retain our integrity as we 'rise above' the level of toxic fluoridation promoters and reclaim our freedom.

Look to the long-term. It is unlikely fluoridation will be removed Australia-wide this year or next. But we are counting down to the year when this happens. For those who have chosen, so far, to know the realities of fluoridation, it is imperative that we minimise our fluoride intake as much as possible. We are building awareness. The more we can influence businesses and people around us to adapt to minimise fluoridation's effects, the better it is for everyone involved, and the sooner comes "Goodbye to Fluoridation Day" when fluoridation is switched off.

US Fluoride Promoters Put More 'Writing on the Wall'

The world of fluoridation is changing, as indicated in recent years by the large North American fluoride promoting organisations, the ADA and CDC, adjusting their public advice.

According to mercola.com, the most widely visited natural health website:

"A study in the *Journal of the American Dental Association* finds once again that, contrary to what most people have been told, fluoride is actually bad for teeth."

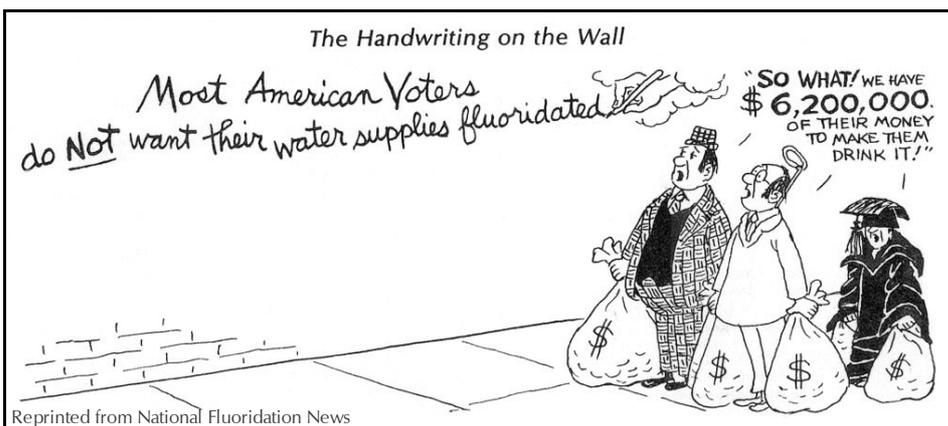
"Exposure to high levels of fluoride results in a condition known as fluorosis, in which tooth enamel becomes discolored. The condition can eventually lead to badly damaged teeth. The new study found that fluoride intake during a child's first few years of life is significantly associated with fluorosis, and warned against using fluoridated water in infant formula." ^{1, 2}

In 2007, the American Dental Association first admitted that baby formula should be mixed with little or no fluoride.¹

The Centers for Disease Control and Prevention (CDC), one of the largest organisations in the United States government health hierarchy, has been promoting fluoridation actively for decades but now states on its website:

"Recent evidence suggests that mixing powdered or liquid infant formula concentrate with fluoridated water on a regular basis may increase the chance of a child developing... enamel fluorosis." ³

The intriguing renaming from "dental fluorosis" to "enamel fluorosis" attempts to divert our attention from the fact that the teeth are a visual indicator of what is happening throughout the skeleton and the rest of the body. If teeth (made of special types of bone cells) are affected like this, we can begin to see the effects occurring elsewhere in bones and organs. At last the CDC are acknowledging its effects on babies and infants.



The obvious next step is to communicate this information widely and clearly so the whole population is informed.

With Australia being one of the most fluoridated countries, when will Australian 'health' authorities signal that their wonder-drug isn't "safe or effective" as is often claimed? If the American Dental Association can accept it, how long before our Australian Dental Association does? And how many more infants will be affected before the problem is acknowledged?

The "writing was on the wall" of fluoridation's dangers decades before it began in the 1950s. Many scientists at the time were sceptical that fluoride, an enzyme inhibitor and poison, could benefit teeth at all. Meanwhile, more and more "writing" appears on the "wall". We must continue to raise our awareness of this "writing", keep believing that fluoridation will be replaced, and to campaign actively to that end.

References:

- 1: www.mercola.com - Search for the story "cdc and ada now advise to avoid using fluoride" (13 Nov 2010). (Copyright 1997-2011 Dr Joseph Mercola)
- 2: JADA - www.ncbi.nlm.nih.gov/pubmed/20884921?dopt=Abstract
- 3: CDC www.cdc.gov/fluoridation/safety/infant_formula.htm, 28-5-'10

Updates:

Carnarvon: Western Australia's government committee for toxic-fluoride-waste-disposal is heading to Carnarvon for their September 19th meeting to see if they can get away with releasing industrial fluoride wastes into the tap water. A strong group of residents has been successful in knocking back such proposals in the past and we wish them the best this time as well. Carnarvon has naturally occurring fluoride in its water already, which is quite variable throughout the year, and so is already concerning, but government meddling to add industrial fluorides would make town water much worse.

National Press Club, 17 May 2011: Federal Health Minister Nicola Roxon, talking about plain paper packaging for cigarettes, said "the tobacco industry's trying to protect its profits. We're trying to protect people's lives."

So, why then would Australian governments continue to dispose of carcinogenic industrial fluoride wastes through kitchen taps? Any politician, on any 'side' of politics, who supports fluoridation - mass medication with unrefined industrial smokestack fluoride pollution, on the pretence that it's

good for us - ought to resign and make way for representatives who actually care about their fellow human beings.

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