Report

Water Fluoridation/Pollution Must End

“Exposing the Hazardous Waste Poisoning of a Nation”
‘Damning Evidence Against Water Fluoridation’

by Diane Drayton Buckland
14th January, 2013

Use this link
http://fluorideinformationaustralia.wordpress.com/
to access all additional documents
The Politics of Fluoride
‘The political pro-fluoridation stance has evolved into a dogmatic, authoritarian, essentially anti-scientific posture, one that discourages open debate of scientific issues’. Dr. Edward Groth, Senior Scientist, Consumers Union, 1991.

http://www.fluoridealert.org/fan-tv/politics/

“EPA has more than enough evidence to shut down fluoridation right now.” (Dr. Robert Carton)

“Fluoridation,” says former EPA senior scientist Robert J. Carton, PhD, “presents unacceptable risks to public health, and the Government cannot prove its claims of safety. It is clear that fluoride is mutagenic, and that it may well cause cancer. EPA has attempted to silence scientists who do not follow the party line” And with that, he is just warming up. “Fluoridation,” he adds, “constitutes unlawful medical research. It is banned in most of Europe; European Union human rights legislation makes it illegal.”

http://www.doctoryourself.com/carton.html

Dr Phillip R N Sutton, Ddsc (Melb), LDS, FRACDS.
Formerly Academic Associate And Senior Research Fellow, Department Oral Medicine And Surgery, Dental School, University Of Melbourne.

Author of "The Greatest Fraud: Fluoridation" (1996) Quote from page 1:
"We are all affected by this potentially dangerous fraud: The convincing of governments and people generally that it is ethical, safe and beneficial to medicate, compulsorily, many millions of people throughout their lives with small but uncontrollable doses of a cumulative and very toxic substance because of the notion that it reduces the prevalence of dental decay.
All this, although neither its safety nor any scientifically-proved reduction in the number of decayed teeth has been demonstrated”

http://home.vicnet.net.au/~fluoride/

"In point of fact, fluorine causes more human cancer death, and causes it faster, than any other chemical.”
--Dean Burk, PhD, former chief of cytochemistry at the U.S. National Cancer Institute.

Effects of the fluoride on the central nervous system
2011June; 26Universidad de Guadalajara, Guadalajara, Jalisco, México.

CONCLUSION: The prolonged ingestion of F may cause significant damage to health and particularly to the nervous system. Therefore, it is important to be aware of this serious problem and avoid the use of toothpaste and items that contain F, particularly in children as they are more susceptible to the toxic effects of Fluoride.

The ADA asked for and received $200,000 from Bligh’s Health Minister, Stephen Robertson to promote ‘fluoridation’ and their pals at the AMA sent a letter to Dr. Jeannette young, Chief Health Officer Queensland Health extract from FOI: - “The AMA believes the ‘strategic approach' referred to in your letter must be for Government to mandate water fluoridation throughout the State. The approach to encourage individual councils to adopt fluoridation of their own volition has failed.” These letters from ADA and AMA form part of this Report and can be accessed on the link mentioned front page - also referred to page 87/88. Some view this allegedly, as tantamount to ‘conspiring’ to ‘mandate’ ‘water fluoridation’ and you can take no other action but to ban ‘water fluoridation/pollution’ now and for all time.

Fluoridation Fraud - Portland City Council. Anti-Fluoride Group Submits More than 35,000 Signatures to Portland, Oregon in ‘Confident’ Bid to Force Vote - November 29, 2012. In a country where fluoride is added to 70 percent of U.S. public drinking water supplies to supposedly aid in the prevention of cavities, Portland, Oregon stands out from the crowd. Portland is the largest city in the United States that has yet to add fluoride to its water supply, a stance that was set to change thanks to a unanimous City Council vote in September 2012. However, Portland residents were not content to sit still while a proven neurotoxin was added to their drinking water … so, in a move that may inspire other cities around the U.S. to follow suit, they did something about it. 


**Observe:** Tooth decay: a sad national epidemic caused by lack of dentists who care and not a fluoride need. Extensive lobbying, political maneuvering and expensive public relations campaigns by organized dentistry sway legislators to add fluoride chemicals into public water supplies, 2/3 of which already are, to benefit those whom dentists neglect. Protecting their high-salaried monopoly, dentists lobby against dental groups offering quality, cheaper fixes. Fluoride product makers benefit most. Water fluoridation = Much increased Business for Dentists!

Portland, Oregon:

<table>
<thead>
<tr>
<th>Water Status: Never Fluoridated</th>
<th>(Oct. 2012 Devious Plan to do so)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 Population: 550,396</td>
<td>(US Census Bureau Pop. Fact Finder)</td>
</tr>
<tr>
<td>Number of Dentists: 629</td>
<td>(AnyWho Yellow Pages, current listing)</td>
</tr>
</tbody>
</table>

Grand Rapids, Michigan

<table>
<thead>
<tr>
<th>Water Status: FLUORIDATED SINCE 1945 (First In US And World) <strong>Also in dental crisis</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 Population: 193,627</td>
</tr>
<tr>
<td>Number of Dentists: 924</td>
</tr>
</tbody>
</table>

For More Information go to Fluoride News Tracker

**Why Dentists Are Big Political Players - protecting their Agenda**

[http://live.wsj.com/video/why-dentists-are-big-political-players/4ADDACA4-8F50-43D4-B694-D541A38FBF3A.html?%23!4ADDACA4-8F50-43D4-B694-D541A38FBF3A#!4ADDACA4-8F50-43D4-B694-D541A38FBF3A](http://live.wsj.com/video/why-dentists-are-big-political-players/4ADDACA4-8F50-43D4-B694-D541A38FBF3A.html?%23!4ADDACA4-8F50-43D4-B694-D541A38FBF3A#!4ADDACA4-8F50-43D4-B694-D541A38FBF3A)

Every person should view this DVD “The Great Culling: Our Water" Official Movie (FIRST 33 MIN) [https://www.youtube.com/watch?v=tx0ROlnM3C4&playnext=1&list=PLEC9F7BEE7E63D305&feature=results_main](https://www.youtube.com/watch?v=tx0ROlnM3C4&playnext=1&list=PLEC9F7BEE7E63D305&feature=results_main)

Australian Safe Water Letter Archive (ASWLA)


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ALZHEIMER’S DISEASE - Epidemic - Fluoride/Aluminium

This should be of the utmost concern for every Queenslander, Australian and any other countries who are failing all duty of care to protect the health and safety of the population and environment by ignoring all evidence of harm and negligently, arrogantly, wilfully and recklessly continuing with ‘water fluoridation’ schemes.

You've been warned - Australia already faces Alzheimer's Disease (and kidney disease) epidemics - stop 'water fluoridation/pollution' immediately, permanently and irrevocably for all time or face the ruin.

Dementia, including Alzheimer's Disease (AD) is fast becoming the greatest public health issue, ever. In the UK the Alzheimer’s Society recently stated that one in three persons over the age of 65 will die from AD - and it's increasing so fast that in thirty years time the prevalence is expected to treble (do the maths and shiver!). Your children will live with fluorosis, but they will die with dementia.

Since the evidence that environmental exposure to ionic aluminium salts, such as the aluminium sulphate used in water treatment, is a leading cause of AD. There is a 50% and 150% increase in AD in areas where the water contains only half the permitted maximum of 0.2ppm. Fluoride in water increases the speed at which it is absorbed and transferred to the brain. Adding fluoride to drinking water is literally insane.

Fluoridation is bad on its own, but in the presence of aluminium its effects are becoming catastrophic as our 'aluminium clocks' tick away the countdown to Alzheimer's - fluoride speeds up that lethal clock..

By Doug Cross, United Kingdom Councils Against Fluoridation  http://ukcaf.org/

Expert in Environmental Analysis and Forensic Ecology
CV  http://www.intota.com/expert-consultant.asp?bioID=778541&perID=728108

Introduction
Greetings to All; my name is Diane Drayton Buckland, a Citizen of Queensland Australia my entire life. I became an Independent Researcher after discovering that the very people supposedly protecting our health and safety are failing woefully and the extent of the corruption, collusion and conflicts of interests is a very real and serious threat to our health and safety. ‘Rubbing salt into the wound’ of this shocking state of affairs, is a ‘seemingly controlled/highly biased’ mainstream ‘puppet’ media, failing to report anything adverse to protect our population on this critically important health matter and some of the journalists in mainstream media say some appalling things about anyone speaking out against ‘fluoridation’. For a considerable number of years, I have been fighting alongside many brilliant Researchers and Safe Water Advocates in Australia and around the world and for all these years we have been doing the job that mainstream media should have been doing and that is, to do extensive Investigative Research, without bias/conflicts of interests and to alert the public to the truth of ‘water fluoridation schemes’ which is the hazardous waste pollutant poisoning of Australia’s drinking water supplies (and hence the contamination of our entire food chain, environment, us and all life) with dangerously corrosive fluorosilicic acid/silicofluorides and co-contaminants of lead, mercury, arsenic, cadmium etc., (the hazardous waste from phosphate fertilizer industries) (via the “health” policy known as “water fluoridation”). This ‘water fluoridation’ ‘fluoride’ S6 & S7 poisons, is different from the sodium fluoride used in toothpastes S5 poison (which is the toxic waste from Aluminium Smelting). (Years ago, also shockingly, the Australian Government changed the status of toothpastes to enable the removal of the Poison Warning Labels - see page 233 for more detail).

I wish to draw particular attention to the latest developments in the State of Queensland, where recently the decision-making process on whether to fluoridate or not to fluoridate the drinking water supplies, has been transferred to local councils after Premier Campbell Newman’s Government rescinded the Bligh Government Mandate. Out of the fray, enters an LNP Member of Parliament, who has courageously risen to seize the headlines with his fearless, moral and ethical opposition to fluoridation/pollution along with some courageous others. For his efforts, he has been attacked and ridiculed by the usual pro-fluoridation propagandists and their army of cronies.

If you find the information in this report alarming, shocking, disturbing and a threat to your health and long term health, a total loss of your rights as a citizen to have freedom of choice, Health Rights Freedom and that you do not wish to allow Governments and their interests, Councils, Dentists, Doctors or anyone else to have the right to forcibly medicate/drug/chronically poison you and your loved ones including your pets with these hazardous waste pollutants known as ‘fluoridation’ in your water supplies and hence all through the food chain, the best way you can support and be a part of the ongoing efforts of all of us here in Queensland and Australia wide and the tens of thousands of safe water advocates around the world – is to share this Report with friends, family, neighbors, workmates, Bosses, Mayors, Councillors, Lawyers, Solicitors,
Barristers, Queens Counsels, Professionals, Environmentalists, Health Groups, Animal Protection Groups, Schools, Kindergartens, Child Care Centres, Human Rights Groups, Citizens’ Rights Groups and all Citizens from All Walks of Life who care about the complete health and safety of themselves, the population, all life and our entire environment; and to protect us all from the consequences of the revolving door of Industries/Organisations/Associations to Governments and to convince those in Government and Councils that this chronic poisoning of the population by way of ‘Water Fluoridation’ must once and for all, cease and desist.

The information in this Report is only the ‘tip of the iceberg’, the extensive evidence of harm from world experts is in fact, staggering, and this evidence has been consistently ignored, dismissed and suppressed by all Australian Authorities, their interests and Mainstream Media, ADA, AMA and remember to note well, that we are in dental crisis Australia wide after decades of ‘water fluoridation/pollution’ first commencing Beaconsfield, Tasmania in 1953 and all States of Australia 1964, 1965, 1968, 1971, 1972, 1977 and December, 2008 Brisbane, Gold Coast and surrounding areas and ongoing all throughout Queensland; this proves the abysmal failure of ‘water fluoridation’ schemes. The USA is in dental crisis also after 67 years of ‘water fluoridation/pollution’.

The power to protect and substantially improve the future of the Australian Population’s health, quality of life, dental health, safety and our entire environment is in your hands, take action please for all our sakes. I call on all people to fully support and commend, any and all Councils who refuse to continue or commence chronically poisoning their citizens with ‘water fluoridation/pollution’ and ask that everyone continue working with remaining Councils to ensure they are fully aware and informed of the truth of water fluoridation/pollution and thereby placing the citizens in Harm’s Way if they commence or continue ‘water fluoridation/pollution’. All Councils in Queensland (and Australia wide) in view of such extensive evidence of harm, have no alternative but to cease permanently and irrevocably for all time, all water fluoridation/pollution schemes; our health and particularly our long term health and the health of all life depends on it.

I note another Council continuing with water fluoridation/pollution; this article 7 January, 2013 ‘Fluoride’ to stay in Somerset Water - this is unethical that these people can make such decisions to impact our health, safety and our lives; but because of The Fluoridation Propaganda Machine/Web of Deception and a pro-fluoridation mainstream media, many people including Mayors, Councillors, MP’s and others, still have not been given the truth of the evidence of harm and the truth of fluorides/silicofluorides/fluorosilicic acid. The Mayor Graeme Lehmann of Somerset Regional Council has decided to stay with ‘water fluoridation/pollution’, stating they are staying with it because of the cost of opting out - No not so, Graeme. NZ, USA, Canada and other places just stopped adding the hazardous waste ‘fluoride’. You must not continue with this and you do yourselves serious harm by listening only to the Pro-Fluoride Australian Dental Association and Australian Medical Association and their Associates. Remember to refer to pages 87/88 to see the ADA & AMA’s part in forced/mandated ‘fluoridation’.

http://www.abc.net.au/local/stories/2013/01/07/3665469.htm

The population, MP’s, Mayors and Councillors when armed with all this evidence of harm, must demand an immediate irrevocable ban on all ‘water fluoridation schemes’. The evidence of harm in this report is ‘the tip of the iceberg’.

Dental journal article admits that dentists know little about the science of fluoridation but urges them to promote the practice anyway - Press Release - 8 January, 2013

NEW YORK, Jan. 8, 2013 /PRNewswire via COMTEX/ -- In an article in the January issue of the Journal of the American Dental Association (JADA) authors Armfield and Melbye indicate that "Studies of dentists' attitudes about water fluoridation suggest that a lack of knowledge and preparedness are barriers to discussing the topic ... more than one-half of the respondents believed they needed more information and training on the issue," reports the Fluoride Action Network (FAN). Fluoridation, touted as a decay-preventive, is the addition of fluoride compounds (mainly hydrofluosilicic acid derived from the phosphate fertilizer industry) to public water supplies. Despite dentists' lack of knowledge, these authors urge them to promote fluoridation, anyway.

Honourable Man of Action protecting the Health and Safety of the People

A Rare MP who truly cares - I call on all of you to stand up with Jason Woodforth MP

Recently a very Honourable MP, Jason Woodforth – Nudgee, Brisbane, Queensland LNP Member (and some of his Honourable colleagues have joined with him) who has researched ‘water fluoridation’ extensively and as a result thereof have very grave concerns for the health and safety of our entire population) has spoken out and as a result thereof some in mainstream media, have come forth with attacks, insults, ridicule and name calling such as the ‘tin foil hat brigade’. This is such a serious matter regarding the hazardous waste pollutant chronic poisoning of a nation and Redneck Journalism should have no place. Similar unacceptable comments by other members of the population is evident in newspaper comment sections and on forums, some people appearing to have been chemically dumbed down to an extent that they are incapable of any intelligent discussions and consideration of any Independent Non-Biased Research, never-mind opening their minds to consider the massive problem of corruption, collusion and conflict of interests and the revolving doors between industries and Governments. The Fluoridation Propaganda Machine/Web of Deception is a prime example. Investigative Journalism and Journalistic Integrity have never seen the light of day in most mainstream media in Australia on this topic certainly and this needed to change long ago.

It is noted with interest that the Bundaberg Doctors are ‘bucking badly’ and getting mainstream publicity regarding Bundaberg Regional Council opting out of water fluoridation/pollution and are appearing to be bullying and making ridiculous statements such as ‘keep the conspiracy theories out of this’. The people against water fluoridation/pollution have never accepted any ‘conspiracy theories’ only damning Independent Non-Biased Evidence and Evidence of Harm - free from any and all conflicts of interests/corruption and the obvious abysmal failure of ‘water fluoridation/pollution’ as the dental crisis Australia wide proves after ‘water fluoridation/pollution’ high percentage of saturation in all States of Australia from 1953, 1964, 1965, 1968, 1971, 1972, 1977, and Brisbane, Gold Coast and much of Queensland from Dec. 2008 ongoing and the USA dental crisis after 67 years of WF. No Lobby Groups ever, e.g. ADA & AMA should be allowed to continue to have such massive political power, control and clout that they can continue to push/demand Governments/Councils’ to instigate/continue the reckless and fraudulent policy of ‘water fluoridation/pollution’ with their usual propaganda and spin doctoring – their only claims of proof are their repetitive statements that it’s ‘safe and effective’ ‘safe and effective’ repeat, repeat. Note: See pages 87/88 of this Report re: ADA & AMA (underFOI), and their part in the forcing/mandating of ‘water fluoridation/pollution’.
In addition to this Extensive Report and documentation – anyone wishing for more information, should continue their own Independent and honest research, free from the Industry Funded Propaganda Machine and Spin Doctoring of pro-fluoridationists and their massive interests and Political Power, Control and Clout, but experienced Independent Researchers have discovered, that Independent Non-Industry Funded Research Resources unfortunately are becoming as scarce as ‘rocking horse poo’ due to those Revolving Doors from Industries to Governments and Industry Sponsored Schools of Dentistry at Universities etc. and Australian Governments hell bent on this obscene ‘fluoridation machine’. In this Report I also refer to Shiv Chopra - Chief Scientist and Whistleblower fired from Health Canada and his book “Corrupt to the Core”. The problem of Industry Frontmen stacked everywhere is a clear and real threat to the populations’ health and safety and our entire environment.

The International Society for Fluoride Research Inc.
Albert W. Burgstahler Professor Emeritus – Department of Chemistry – University of Kansas
http://www.chem.ku.edu/people/faculty/aburgstahler

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Fluoride Action Network (USA)  www.fluoridealert.org
Fan Bibliography  http://www.fluoridealert.org/researchers/fan-bibliography/

The Case Against Fluoride How Hazardous Waste Ended Up In Our Drinking Water And The Bad Science And Powerful Politics That Keep It There by Paul Connett, James Beck, Spedding Micklem
"Alfred North Whitehead said the scientific method means leaving 'options open for revision.' An ancient Roman adage says that 'whatever touches all must be approved by all.' These characterizations of science and democracy are the reasons for reading this book. Especially if you and your family are drinking administratively mandated fluoridated water."  —Ralph Nader  National Health Information Award Winner - 2011

When the U.S. Public Health Service endorsed water fluoridation in 1950, there was little evidence of its safety. Now, six decades later and after most countries have rejected the practice, more than 70 percent of Americans, as well as 200 million people worldwide, are drinking fluoridated water. The Center for Disease Control and the American Dental Association continue to promote it--and even mandatory statewide water fluoridation--despite increasing evidence that it is not only unnecessary, but potentially hazardous to human health.

In this timely and important book, Dr. Paul Connett, Dr. James Beck, and Dr. H. Spedding Micklem take a new look at the science behind water fluoridation and argue that just because the dental and medical establishments endorse a public health measure doesn't mean it's safe. In the case of water fluoridation, the chemicals that go into the drinking water that more than 180 million people drink each day are not even pharmaceutical grade, but rather a hazardous waste product of the phosphate fertilizer industry. It is illegal to dump this waste into the sea or local surface water, and yet it is allowed in our drinking water. To make matters worse, this program receives no oversight from the Food and Drug Administration, and the Environmental Protection Agency takes no responsibility for the practice. And from an ethical standpoint, say the authors, water fluoridation is a bad medical practice: individuals are being forced to take medication without their informed consent, there is no control over the dose, and no monitoring of possible side effects.

At once painstakingly documented and also highly readable, The Case Against Fluoride brings new research to light, including links between fluoride and harm to the brain, bones, and endocrine system, and argues that the evidence that fluoridation reduces tooth decay is surprisingly weak.
About the Authors

Paul Connett

Dr. Paul Connett is the Director of the Fluoride Action Network (FAN), and the Executive Director of its parent body, the American Environmental Health Studies Project (AEHSP). He has spoken and given more than 2,000 presentations in forty-nine states and fifty-two countries on the issue of waste management. He holds a bachelors degree from the University of Cambridge and a Ph.D. in chemistry from Dartmouth College and is a retired professor of environmental chemistry and toxicology at St. Lawrence University. He lives in Canton, New York.

James Beck

Dr. James S. Beck is a Professor Emeritus of Medical Biophysics at the University of Calgary and holds doctorates in medicine from Washington University School of Medicine and biophysics from the University of California, Berkeley. He lives in Calgary, Alberta, Canada.

Spedding Micklem

H. Spedding Micklem is a Professor Emeritus in the School of Biological Sciences at the University of Edinburgh. He holds a D.Phil from the University of Oxford. He lives in Edinburgh, Scotland.

I. [http://www.chelseagreen.com/bookstore/item/the_case_against_fluoride](http://www.chelseagreen.com/bookstore/item/the_case_against_fluoride)
IRELAND - Enviro Management Services  - Extensive reports – See Main Report - Human Toxicity, Environmental Impact and Legal Implications of Water Fluoridation, Hexafluorosilicic Acid, Raw Materials, Manufacture, Toxicity and Public Health Concerns as an Active Ingredient in Drinking Water and more. Declan Waugh is an Independent Environmental Scientist, Strategic Risk Management Consultant, Chartered Water Manager, Chartered Environmentalist, Chartered Waste Manager, Renewable Energy Consultant and Expert in the field of Environmental Acoustics. Mr. Waugh has worked in the public, private and not for profit sector for over twenty years. He was awarded the 2008 Cork Environmental Forum Award for outstanding individual contribution to the Environment.

Mr. Waugh’s past Roles.  
http://www.enviro.ie/past_roles.html
This link for all the Reports.  
http://www.enviro.ie/downloads.html

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UK Councils Against fluoridation
Doug Cross has an extensive scientific background to provide in-depth analyses of the Scientific and Legal Issues behind recent news and developments in the field of water fluoridation. A Professional Biologist for the past 46 years, Mr. Cross has worked in Toxicological Research, as a University Lecturer in Applied Ecology and a Consultant to most of the international Development Agencies and leading Civil Engineering consortia. He has extensive experience as an Expert Witness in Forensic Ecology and Legal Compliance Analysis – and even qualified as a Medical Radiographer in the Royal Army Medical Corps (skills that he still employs on occasion). He is a Chartered Biologist and Fellow of the Society of Biology and a Grade 1 Consultant to the European Commission.

His detailed CV  
United Kingdom Councils Against Fluoridation website  
http://ukcaf.org/

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Fluoride Toxicity Research Collaborative
Second Look – A Bibliography of Scientific Literature on Fluoride

Fluoride Poisoning Bibliography

Second Look’s increasing focus on the toxicity of fluorides and fluorine compounds and related health effects is largely the result of fluoride's ongoing “invisibility”. We have been striving to convey the scientific information that is known about fluoride/fluorine compound toxicity to those who ought to know but do not. We are also trying to stimulate scientific, public, and government interest in fluoride-related issues that have been virtually ignored.

Fluoride toxicosis (poisoning), both chronic and acute, is one of these neglected areas. New approaches are badly needed to address this critical lack of attention and knowledge. Second Look is actively developing our new research-based program, Fluoride Toxicity Research Collaborative (FTRC), in order to find progressive solutions!

http://www.slweb.org/bibliography.html
http://www.slweb.org/ftrcbibliography.html

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Fluoridation proponents often assert that there is no legitimate scientific controversy over the benefits or safety of artificial water fluoridation. These web pages clearly show that controversy existed from the outset and continues to this day. Dental fluorosis is recognized by scientists world-wide as the first clinical sign of fluoride poisoning. The Skyrocketing increase in dental fluorosis rates in fluoridated communities clearly indicates that Fluoride ingestion is out of control. The health problems caused by fluoride in other countries is well-documented and staggering.

http://www.fluoridation.com/abstract.htm

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Fluoride Class Action  - Washington USA

Documents  http://fluoride-class-action.com/docs

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The Australian Anti-Fluoridation Association – Established in 1960 formerly the Anti-Fluoridation Association of Victoria – Australian Fluoridation News

Glen Walker an International Expert on ‘Fluorides’ spent almost 4 decades of his life bringing the true facts of Fluoridation to the population.

Extensive information  
http://home.vicnet.net.au/~fluoride/about_afav.htm

Dr Phillip R N Sutton, DDSc (Melb), LDS, FRACDS. 
Formerly Academic Associate And Senior Research Fellow, Dept Oral Medicine And Surgery, Dental School, University Of Melbourne. 

Author of "The Greatest Fraud: Fluoridation" (1996). From page 1:

"We are all affected by this potentially dangerous fraud: The convincing of governments and people generally that it is ethical, safe and beneficial to medicate, compulsorily, many millions of people throughout their lives with small but uncontrollable doses of a cumulative and very toxic substance because of the notion that it reduces the prevalence of dental decay.

All this, although neither its safety nor any scientifically-proved reduction in the number of decayed teeth has been demonstrated"

http://home.vicnet.net.au/~fluoride/
International Anti-Fluoridation Database
Floyd Maxwell, BASc - Chemical Engineer
Cities/Counties/Water Districts/Countries poisoning with fluoride
Nevada: Here is what Nevada thinks of Fluoride!
http://www.just-think-it.com/the-f-db.htm

Fluoride Australia
http://www.fluorideaustralia.org/default.asp

Australian Action to End Water Fluoridation
http://australianfluorideaction.com/

The very first thing every person should do is watch the Film The Great Culling
"The Great Culling: Our Water" Official Movie (FIRST 33 MIN) - Shown on the video link where this critically important video can be purchased.

Information to Councils from AFAM Research for your assistance:
If any of you have any doubts as to the scientific or ethical validity behind the arguments against fluoridation, then we strongly suggest you read the book, The Case Against Fluoride (ISBN: 9781603582872) by Dr. Paul Connett, Dr. James Beck & Dr. Spedding Micklem. Or, if you prefer, click here for some key online resources.

The eyes of the world are watching all Councils, trusting that they will make the right decision, thus ending the archaic and risky practice of water fluoridation in your community, once and for all and ensuring safe water for all communities.

Anti-Fluoridation Association of Mildura
AFAM Research Division
afamildura.wordpress.com
http://www.afamildura.webs.com/

Queensland Council fights against addition of ‘fluoride’ 2012
http://youtu.be/TcCxSlVm3dg

Effects of the fluoride on the central nervous system. June, 26, 2011
"Fluoride (F) is a toxic and reactive element, and exposure to it passes almost unnoticed, with the consumption of tea, fish, meat, fruits, etcetera and articles of common use such as: toothpaste additives; dental gels, non-stick pans and razor blades as Teflon. It has also been used with the intention of reducing the dental cares... Fluoride can accumulate in the body, and it has been shown that continuous exposure to it causes damaging effects on body tissues, particularly the nervous system directly without any previous physical malformations... The prolonged ingestion of F may cause significant damage to health and particularly to the nervous system." Therefore, it is important to be aware of this serious problem and avoid the use of toothpaste and items that contain F, particularly in children as they are more susceptible to the toxic effects of F.

Included in the hundreds of documents forming part of this Report (link shown on front page) are emails from Sapphire eyes Productions and Jay-Mah Research regarding Courier Mail Editor in Chief David Fagan and Journalist Paul Syvret and their personal opinions which unfortunately, get published, condemning anyone speaking out against ‘water fluoridation/pollution’ and likewise, the Education Minister and “Pro-Fluoride Dentist” John Paul Langbroek also dismisses and rejects all evidence of harm. In addition, years ago after Anna Bligh and her Government mandated fluoridation/pollution of our drinking water supplies and hence our entire food chain, many Independent Researchers who were desperately trying to stop Queensland being ‘fluoridated/polluted’ sent evidence of harm to many including a Principal Dentist in Queensland Health, a Dr. Foley I believe it was; over a period of time, and he wrote saying ‘take me off your email list and stop sending me that rubbish’. When these people are at the top of the ‘fluoridation chain’ without even basic duty of care or concern, responsibility or accountability in Health Departments/Fluoridation Committees/Governments, you know the population is in deep trouble with this obscene Water Fluoridation Machine/Fluoridation Web of Deception/Fluoridation Dictatorship of Australian Governments.

Townsville Regional Council which has been fluoridated/polluted since 1965 (they certainly have their ‘issues’ of health and dental problems and very lucrative Dentistry - I compiled a Response document which can be accessed using link on front page) – they have lots of Dentists and Dental Vans going to the Schools) Townsville City Council - The Mayor of Townsville is Cnr. Jenny Hill; she and some of her Councillors are on the Committee of the Townsville Waste and Water.

Most Mayors, Councillors and most MP’s have accepted my email contacts sending them Evidence of Harm of ‘water fluoridation/pollution’. I actually have great sympathy for all our Mayors and Councillors because many of them have been fooled by the Fluoridation Propaganda Machine/Web of Deception; now with this Report I have compiled, they will have a clear and fully informed view of exactly what has been going on and the contents of my Report are only ‘the tip of the iceberg’. I have great faith that once all Mayors, Councillors and MP’s view this Report and the numerous supporting documentation detailing the extensive evidence of cumulative harm from ‘water fluoridation’ (pollution); that they will all call for an immediate and irrevocable ban also.

The corruption, collusion, conflicts of interests, complacency, reckless negligence, lack of ethics, failure of key figures to research independently and without bias, arrogant dismissal and rejection of independent and extensive evidence of cumulative harm to health and the abysmal failure of WF as the dental crisis Australia wide attests, failure of duty of care and the outrageous political pull, power, clout and stranglehold that the Fluoridation Industry Machine, Dentists, Doctors, ADA, AMA, Corporations/Industry have and their paths to Governments which must be stopped and cease and desist the dumping/disposal of these dangerously corrosive hazardous waste pollutants known as ‘water fluoridation’ using the populations’ kidneys as hazardous waste pollutant disposal/filtration units under the Fluoridation Fraud ‘public health policy’.

This is Australia’s Disgrace.

The evidence of harm from world experts is unquestionable and so is the fact that we are in dental crisis after decades of ‘water fluoridation/pollution’ Australia wide commencing 1953, 1964, 1965, 1968, 1971, 1972, 1977, and Brisbane, Gold Coast and surrounding areas December, 2008 and continuing on right throughout Queensland.

N.B.  See page 71 - Government-Funded British Fluoridation Society - they are delighted with the massive expansion of the hazardous waste pollutant poisoning of Australia’s drinking water supplies - we are insane !
Oh! Anna, you should have listened to we the people and not hazardous waste poisoned our water

Anna Bligh – the previous Premier of Queensland who forced/mandated ‘fluoridation/pollution’ in December, 2008 stated ‘Queensland’s decision to fluoridate our public water supplies was based on the strongest of science from around Australia and around the world.  I’ve heard many claims of fluoridation being linked to cancer, low IQ and a range of other medical problems.  The Scientific Data consistently proves these concerns to be baseless”.  http://www.youtube.com/watch?v=tI5B1_0_l3Q

Anna you know your sources of information on ‘fluoridation’ were wrong and you still stormed ahead with your wicked agenda and hazardous waste pollutant poisoned our drinking water supplies and hence our food chain.

The evidence of harm is absolutely staggering – the Evidence used by Anna Bligh was from her pro-fluoride Advisers and she and her people just stormed ahead at astronomical cost to the Taxpayers, to chronically poison/drug/medicate and chemically dumb down our population with these potent neurotoxins!  Anna Bligh was sent extensive evidence of harm from world experts, which was sent in by many people including myself which she ignored, dismissed and rejected.

Fluoridation plants: Fluoride bulk bag unloading system contains toxic dust
7 January, 2013

SYDNEY, AUSTRALIA — For many years various Australian authorities have been slowly installing water-fluoridation plants in a general endeavor to promote dental health. In the last few years, though, the pace of fluoridation has quickened as various states have introduced fluoridation programs, backed by state government subsidies. Queensland, for example, decreed in 2006 that 90% of Queenslanders would have access to fluoridated water by 2012.

The Flexicon system is the only one that ProMinent uses for fluoridation plants, says McKee. “We have only ever promoted Flexicon bulk bag unloaders with double-wall telescoping tubes for fluoride, as we found it to be the best available to handle a toxic powder with minimum risk of dust,” he says. “I think it would be a brave water supply authority to try a different brand at the moment, as we have promoted this since the application arose for bigger bulk type fluoride installations (about three years ago).”

Campbell Newman – voted in by the people as Premier after Anna Bligh got the boot.

Campbell Newman stated ‘In the past my approach to fluoridation was to wait and see what the medical and dental experts had to say about it’s effectiveness and safety. Since then the Australian Research Centre for Population Oral Health led a review that included more than 30 experts into the use of fluoride. See ** hereunder. Water fluoridation has been safely used in other States and Territories in Australia for between 30 and 50 years and indeed in Townsville for a number of years and it’s also been backed by the NHMRC. After careful consideration of all the issues and opinions that were expressed, the LNP arrived at its decision to support the Water Fluoridation Bill 2008.’ (See my Report on Townsville as per link front page)

Campbell your sources of information on ‘fluoridation’ were ‘controlled’ and you too were fooled by the massive Fluoridation Propaganda Machine/Web of Deception. I just wished you had listened to us a lot earlier, we anti-fluoridationists (anti-hazardous waste poisoning) do extensive Independent Research and do this ‘for love’ solely to protect the health and safety of our population and environment. … I level this most severe criticism and blame at every person in Government in Australia for the last 59 years when they first commenced the hazardous waste pollutant poisoning of our drinking water supplies (WF) and continued it and since then everyone in Government sat on their hands and just went along with it. Campbell you can NOW CHANGE QUEENSLAND (AND AUSTRALIA) FOR THE BETTER. You did the right thing in rescinding the Mandate, but that is not enough, you need to ‘kill the Water Fluoridation Bill’ outright. Campbell as Premier of Queensland, you need to step up to that Plate of Honour and end all ‘water fluoridation schemes’ urgently, to be irrevocable forever more, which will bring you enormous redemption and this will set a most positive precedent for all of Australia and eventually we will see a substantially healthier, happier, safer and more prosperous Australia, of that there is no doubt when you see all the Evidence of Harm in this Report which, as I said earlier, is the ‘tip of the iceberg’. I say here, there has been a clear and real threat to the populations’ health and safety at large; The Stench of Corruption, Collusion, Greed/Power Hungry, Money Grabbing without Conscience, Conflicts of Interests, Industry Funded Research and Industry sponsored Dental Clinics at Universities, Industry Frontmen stacked everywhere and it’s out of control, Cover-Ups, Lobbying by ADA & AMA and their political power and clout, lack of ethics at the very top and down the ladder and the revolving doors from Industries to Governments. We The People, must no longer stand for this Medical, Population and Environmental Terrorism. Ensure you see pages 87/88 what the ADA & AMA did to force ‘fluoridation’ - SHOCKING.
Cambell & Lawrence you should have listened to we the People - you eventually ended the mandate but you must ban all water fluoridation schemes

Campbell Newman, Premier and Lawrence Springborg, Health Minister were sent extensive evidence of harm, also to Campbell when he was Lord Mayor of Brisbane - but tragically, he believed the data that was given to him from the Fluoridation Propaganda Machine but as I have stated, at least Campbell Newman killed the Mandate of ‘Fluoridation’ and handed it over to Councils - but I repeat, this is unacceptable and some Councils are continuing with fluoridation, but many of them likewise, have been fooled by The Fluoridation Propaganda Machine - ensure you see page 87/88 what the ADA & AMA did to force ‘fluoridation’ - SHOCKING. Sadly we have already seen the pro-fluoridation stance of Lord Mayor of Brisbane and a couple of other Mayors, but many Mayors and Councillors have been fooled and do not know the truth, so they can learn the truth in this Report. We say also, that they are not ethically in a position either, to drug/medicate/chronically poison the population through our drinking water supplies and hence our entire food chain. Water Fluoridation must be banned outright! Nothing less is acceptable for the health and safety of our nation.

http://www.youtube.com/watch?v=gmZgn8zPzHI


** Same School of Dentistry, The University of Adelaide, S.A. Colgate Australian Clinical Dental Research Centre (CACDRC)  http://health.adelaide.edu.au/dentistry/colgate/
With regard to the hazardous waste poisoning aka 'water fluoridation' of the population of Queensland, I and countless others, still can scarcely believe how the Fluoridation Propaganda Machine continues to get away with it for decades; and the shocking massive political power and clout of the ADA, AMA and their interests to continue to enforce their agenda of water fluoridation/pollution which is chronically poisoning the population and our environment, the Queensland Fluoridation Committee comprises:-

The Chief Health Officer and the Chief Dental Officer and 6 persons (the appointed members) appointed by the Minister ie 1 nominated by Australian Medical Association, 1 nominated by Australian Dental Association, 1 by Local Government Association of Queensland with expertise in local government matters, 1 person with expertise in Water Engineering, 1 person with expertise in Chemistry or chemical Analysis and 1 person with knowledge and experience in an area relevant to the Committee's functions and all evidence of harm from world experts continues to be covered up/ignored. The number of informed and aware people, groups and organisations vehemently opposed to forced or unforced hazardous waste poisoning of our drinking water supplies (aka 'water fluoridation') and hence the contamination of our entire food chain, these same 'pro-fluoridationists' and their powerful ties, continue to get away with this chronic poisoning of the population. The Government of Queensland and all Australian Governments have failed all duty of care and ethics and are negligent in failing to protect the health and safety of the population in favour of 'The Fluoridation Fraud' / 'The Fluoridation Machine'.

The ADA asked for and received $200,000 from Bligh’s Health Minister, Stephen Robertson to promote ‘fluoridation’ and their pals at the AMA sent a letter to Dr. Jeannette Young, Chief Health Officer Queensland Health extract from FOI :- “The AMA believes the ‘strategic approach’ referred to in your letter must be for Government to mandate water fluoridation throughout the State. The approach to encourage individual councils to adopt fluoridation of their own volition has failed.” These letters from ADA and AMA form part of this Report and can be accessed on the link mentioned front page - also referred to page 87/88. Some view this allegedly, as tantamount to ‘conspiring’ to ‘mandate’ ‘water fluoridation’ and you can take no other action but to ban ‘water fluoridation/pollution’ now and for all time.

- THE USE OF FLUORIDES IN QUEENSLAND -

- (Deputy Director General Policy, Strategy and Resourcing, Queensland Health)

.................Exact quotes from the policy document below, with comments....................

3.7 The widespread use of fluoride toothpaste has been a major factor in the reduction of tooth decay since the late 1960’s. However, when used on very young children, adult strength fluoride toothpaste (1000 parts per million fluoride) is also associated with a higher risk of developing dental fluorosis. To reduce this risk, low fluoride toothpaste (0.5 mg/g fluoride) should be used for children up to 6 years of age.

.....Comment: The Qld Government ‘Health’ Policy 3.7 has not been enacted upon... It is a secret withheld from parents raising children in this high-risk fluoridated State.

5.2.2 Ingestion of fluoride toothpaste should be discouraged.

.....Comment: Potentially fatal dose = 5 mg of fluoride per kg of bodyweight. This is "the minimum dose that could cause toxic signs and symptoms, including death, and that should trigger immediate therapeutic intervention and hospitalisation... This does not mean that doses lower than 5.0 mg F/kg should be regarded as innocuous." (SOURCE: Journal of Dental Research 1987; 66:1056-1060).

5.2.3 Children under 6 years of age should use toothpaste under adult supervision. Toothpaste should be stored out of the reach of young children.

.....Comment: Stored in a gun and ammunition safe, perhaps? It is socially unacceptable that a hazardous poison-contaminated hygiene product should be legally sold at all, to anyone. Do our politicians supervise their children in such mandated manner?
5.2.3 For infants, from as soon as teeth appear up to 6 months of age, the teeth should be cleaned twice a day with a wet toothbrush or wet cloth by a parent or carer without toothpaste.

.....Comment: ‘...without toothpaste’ – another State secret... No mention of non-fluoride toothpastes produced by ethical companies. Qld ‘Health’ only recognises and promotes fluoride-containing products produced by corporate polluting industrial cartels.

5.2.3 From six months of age up to six years of age, the teeth should be cleaned twice a day with low fluoride toothpaste (containing approximately 0.5 mg/g fluoride) under adult supervision. A small pea-sized amount of toothpaste should be used on a child-sized, soft toothbrush. Excess toothpaste should not be swallowed...

Children should not rinse after brushing as the very small amount of toothpaste left in the mouth, after spitting, continues to protect against tooth decay.

.....Comment: Saliva, from a well nourished child, is the true mode of tooth protection... Not exposure to a classified poisonous and corrosive protoplasmic compound; – a rodent,roach & dog bait, in fact... And, weasel words with ‘pea-sized’ amount of toothpaste. When pressed (in USA) to define pea-sized the answer was a baby-pea sized amount of contaminated toothpaste: A big percentage difference.

5.3.2 Fluoride supplements should not be taken (swallowed) directly by an adult or child in the form of drops or tablets.

.....Comment: Under what permit were ‘fluoride’ tablets ever allowed to be administered to the public. A packet of Colgate NeutraFlor sodium fluoride tablets (0.25mg) are coded Aust R66616... I asked the Courier Mail to investigate what Therapeutic Goods Administration (TGA) practice this coding entailed - with no response from this corporate rag. But weeks later fluoride tablets were withdrawn from public availability. A local newspaper reported because we now had fluoridated water they were no longer necessary, yet they have been available in fluoridated regions such as Townsville; and foisted indiscriminately on schoolchildren and any adult unfortunate to believe the propaganda promoted by our ‘Health’ department..... Sodium Fluoride is a rat poison – period.

5.3.3 Inappropriate use of fluoride supplements can significantly increase the risk of dental fluorosis, and lack of sustained daily compliance limits the benefits for oral health. These risks and benefits should be clearly explained to anyone considering fluoride supplements.

.....Comment: Is this from a George Orwell novel? It is Orwellian double-speak at its best. ‘Significantly increase the risk of dental fluorosis’ – it certainly does that; but this is more Qld ‘Health’ weasel wording... Fluorosis is a symptom of fluoride toxic effect against collagen production. Dental fluorosis is evidence of systemic poisoning of children’s exposure in, obviously, their formative years. It is rampant in water fluoridated regions. Fluoride ingestion by adults (later exposure to water fluoridation) shows as tight tendons and musculo-skeletal complaint. The weasel words implying dental fluorosis is ‘merely’ a cosmetic issue is an outright lie... fluorosis is a biomarker for fluoride poisoning – a poison that impacts upon the thyroid gland, and all cellular function – remember, fluorides are classified accumulative protoplasmic poisons..........................

‘The risks and benefits should be clearly explained to anyone considering fluoride supplements’ – Such products are trumpeted and promoted incessantly by Qld ‘Health’ and their corporate masters, without any risk warnings whatsoever. We have a sick and corrupt system of total control over normal people’s lives, without any proper democratic recourse to remedy such corruption. It’s called fascism.
5.3.4 If supplements are recommended, the correct dosage of fluoride for each individual should be diluted in a single container of water for personal consumption throughout the day, to allow the maximum topical benefit to be gained.

...... Comment: Ludicrous! And should this ‘container’ of contaminated water be kept in the obligatory gun-safe between quaffing – in case a child finds it?

5.3.5 Fluoride supplements should be kept in a child proof container and kept out of reach of children at all times.

...... Comment: So, the only real ‘benefit’ of fluoride is huge sales in gun safes? There is no ‘benefit’ from fluoride supplements, or in ‘water fluoridation.’ It is all risk, no ‘benefit.’

Note: “Benefit” is, however, gleaned by phosphate fertiliser and aluminium refiners in disposing of hazardous toxic wastes that previously required expensive containment... Now the public pays for and drinks that very same waste product.

Even George Orwell would be amazed at this scientific miracle discovery for the public’s oral hygiene... Toxic industrial waste – who would have thought it had any ‘benefit’ at all? Especially when ‘fluorides’ are placed between lead and arsenic on a chemical toxicological scale. These same ‘fluorides’ progressively accumulate against elimination, resulting in brittle bone structure.

The ‘Use of Fluorides in Queensland’ policy statement 3.1 claims ‘There is overwhelming scientific evidence to support water fluoridation as a safe and effective public health measure to prevent tooth decay (dental caries) in both children and adults’ – A blatant lie, as are all 3.1 through 3.11 statements. The cost against the public purse is multi-millions in establishing and running (practically and bureaucratically) this obscenity. The true cost against public health is inestimable..... ‘Safe and effective’ – so safe that fluoride promoters need to indemnify themselves from prosecution for harm done to the public...

And I may add, so democratic that it was mandated, with no disclosure of detail whatsoever. A quote from Dr Shanti Sivaneswaran (Principal Advisor, NSW Ministry of ‘Health’) - ‘To achieve fluoridation in these councils meant understanding the existing legislation governing fluoridation and looking at legal option to circumvent the use of referenda and plebiscites by councils.’

This ‘Sivaneswaran shonk’ will be applied nationwide to deny any democratic intervention against corporate polluters’ financial needs and gains.

Any rational person - with full knowledge of what water fluoridation truly entails - would be outraged that a self assessed democracy could even entertain imposing this obscenity upon its people, let alone actually doing it. by Terry Robinson (Independent Fluoride Researcher) Caboolture, Brisbane - 5th January, 2013

Massive Corruption, Collusion and Conflict of Interest

The same individuals promoting the addition of fluorides to the water supplies also serve on the FDA Dental Products Advisory Board. Fluoridation equipment makers, fluoride suppliers, and federal and state health department staff serve on the American Water Works Association's "Fluoride Standards Board." The American Dental Association, who receives public funds, also receives hundreds of thousands of dollars from Proctor and Gamble, Lever Brothers, Colgate, Warner Lambert, Johnson & Johnson, and others in the fluoride business. After the American Dental Association endorsed "Crest" toothpaste in October 1960, it became known that the officials responsible for the endorsement of Crest toothpaste had personally profited financially from the immediate rise of $8 per share in Proctor and Gamble Stocks.

http://afgen.com/fluoridation.html

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Fluoridation – Just Say No!

July, 28, 2007

For over 100 years, science and medicine have understood the poisonous nature of fluoride. In the 1930's and 40's, giant US companies, e.g. ALCOA, were sued for millions of dollars due to toxic fluoride waste escaping from factory smokestacks killing crops and livestock. ALCOA's owners (Mellon) figured that if people could be persuaded fluoride isn't poisonous but is good for teeth, profits could be protected. So, to introduce water fluoridation, they hired the brilliant 'father of propaganda' Edward L. Bernays. Joined later by other fluoride polluting industries (e.g. nuclear) and the multi-billion dollar sugar, toothpaste, confectionary and soft drink industries, they became strong financial supporters of dental associations that promoted fluoridation. One such support group, the Dental Health Education & Research Foundation (DHERF) was founded in Australia in 1962. Its Governors, Members and donors comprised key representatives from Coca-Cola, CSR, Kelloggs, Colgate-Palmolive, Wrigleys, Arnotts, Scanlens, Cadbury Schweppes, etc.

Dennis Stevenson is a former Parliamentarian and Member of the ACT Legislative Assembly 'Fluoridation Inquiry' (1989-91). The majority of inquiry members would not report the scientific, medical, dental and court evidence received in worldwide submissions proving that fluoridation causes disease, deaths, tooth decay and is useless and environmentally destructive. Dennis put this evidence in a 177 page Dissenting Report, part of this major government report, but longer than the 131 page section which attempted to suppress the evidence. [http://www.americanchronicle.com/articles/33574](http://www.americanchronicle.com/articles/33574)

Graham Quirk - Lord Mayor - Brisbane City Council - refuses to stop water fluoridation/pollution

"The announcement comes after estimates put the cost of dismantling existing systems and setting up a new water distribution network at more than $150 million or about $350 per rateable property."

Cr Quirk rejected calls for a plebiscite on the issue, citing his personal support and medical counsel as other factors contributing to his decision. He said the Australian Medical Association, World Health Organisation and the Australian Dental Association reported fluoride in drinking water was beneficial, and that there was widespread popular support for the treatment. “Almost two-thirds of the public support fluoridation,” Cr Quirk said. [http://www.brisbanetimes.com.au/queensland/fluoride-to-stay-in-brisbanes-water-supply-20121217-2bj6n.html](http://www.brisbanetimes.com.au/queensland/fluoride-to-stay-in-brisbanes-water-supply-20121217-2bj6n.html)

Comment from UK on Fluoride Australia website:  Looks like Lord Mayor Graham Quirk is indulging in a little creative accounting here! Since `fluoride is not essential to human health` - several expert committees have conceded that - its presence or absence in the water supply is absolutely irrelevant to the infrastructure itself. So if there’s a need for £150 million to be spent on the infrastructure, then it’s needed regardless of whether there’s fluoride there or not. If that work really does need to be done, then removing the fluoride won’t magically upgrade and repair an existing inadequate system! He really does seem to think that you are all remarkably stupid. [http://www.fluorideaustralia.org/articleView.asp?Article=62](http://www.fluorideaustralia.org/articleView.asp?Article=62)
Ipswich City Council – Mayor Paul Pisasale has declared the controversial fluoride debate over after Brisbane City Council decided to keep it in the capital's drinking water. 

Why turn off the hazardous waste ‘fluoride’ tap? To stop chronically poisoning the population and for People like little Jessica, that is why. Let load this time-coded footage: 
http://www.youtube.com/watch?feature=player_detailpage&v=XfiCP3HYxFg#t=6650s

The gullibility and complacency of those still falling for The Fluoridation Fraud

There is no Evidence of Safety or Effectiveness of Fluorosilicic acid/silicofluorides in existence
http://dianabuckland.webs.com/nosafetydatafl.htm

Doctors in Bundaberg, AMA & ADA and their interests are bucking about ‘stopping water fluoridation/pollution’
29 October, 2010 - Super Clinic Builders to be named
Who Owns Branyan Super Clinic Bundaberg? - The Australian Government Does


Remember refer pages 87/88 to see what the AMA and ADA did to force this ‘fluoridation/pollution’.

Thankfully, it would seem that more informed and aware people who have independently researched without bias, have woken up to what they have said is so obvious, with statements such as ‘now we know why the AMA and ADA et al push this fluoridation fraud band wagon so hard - a chronically sick - slow - poisoned population with dental damage from consuming dangerously corrosive fluorosilicic acid/silicofluorides laced with arsenic, cadmium, mercury, lead, etc., and also aluminium sulphate in their drinking water and hence all through the food chain, the effects of which are cumulative = consistently big business with a sick and diseased population (and their pets !) The synergistic effects of fluoride/aluminium are catastrophic – see information in this Report particularly in regard to ‘fluoride – aluminium = Alzheimers Disease/Dementia Epidemic (and kidney disease epidemic). Think about it - this is absolutely obscene and none of the pro-fluoridationists are at all interested in looking at the unbiased independent research! All they do is continue bleating ‘safe and effective’ - nothing could be further from the truth as you continue to learn in this Report.

The People of Australia hereby caution any Council/Government going ahead with ‘water fluoridation/pollution’: That you need to carefully examine and consider all the information in this Report and documents attached (which is the tip of the iceberg) and anyone, Group, Organisation, Government, Council or other who continues with or commences ‘water fluoridation/pollution’ schemes is making a catastrophic error of judgment, and you are negligent, reckless and failing all duty of care in continuing to ignore the extensive evidence of harm and the abysmal failure of such ‘water fluoridation/pollution’ schemes and thus continuing to chronically poison the population and our environment.

This is absolutely criminal for this Fluoridation Fraud Machine to continue due to the pro-fluoridationists and their interests still maintaining a stranglehold of massive political power, control and clout. Superclinics, Doctors Surgeries, Medical Centres, Dental Practices/Surgeries/Corporations everywhere and many of the population cannot afford the high cost of dental health care and the astronomical costs of private health insurance which continues to be out of reach for more and more of the population due to rising costs/burden of a sick and diseased population. Water Fluoridation/Pollution causes sickness and disease and fluoridation is an abysmal failure proven by the fact of our dental crisis after decades of water fluoridation/pollution in every State of Australia. (Brisbane and ongoing ‘fluoridated’ December, 2008 on going through Queensland reaching a saturation rate of this hazardous waste known as ‘fluoride’ of 92% of Queensland according to a delighted Government-Funded British Fluoridation Society (see page 71) – Townsville was ‘fluoridated’ in 1965 – some information on Townsville is an attachment to this Report. All other States of Australia ‘fluoridated’ for decades in dental crisis Australia wide. The only answer EVER was to provide access to affordable dental health care services for all the population not hazardous waste pollutants known as ‘fluoride’.
The population should be asking why mainstream dental and medical lobbies (ADA, AMA) and their affiliations/associates/interests are so dogmatic in pushing these hazardous waste pollutants known as ‘water fluoridation’ in view of such extensive evidence of harm and the abysmal failure of fluoridation as the dental crisis attests - I’d like to remind them all - First Do No Harm, The Precautionary Principle, Ethics, Medical Ethics, our supposed Freedom to Choose in a supposed Democratic Country, the Health and Human Rights of we the people and the rights of an entire population to not be medicated/drugged/poisoned (especially without consent! ) by the ‘Hazardous Waste pollutant fluoride machine’. I think the letters obtained under FOI sent by ADA and AMA explains their ‘sinister’ position and we call on Queensland and Australian Governments to totally ban the practice of ‘water fluoridation/pollution’ Australia wide as a matter of extreme urgency, irrevocably and for all time.

More medical rights deprived Down Under - I am including this to show again, the bullying tactics of some extreme organisations and the real threat they pose to our Health Rights Freedoms and the very core of Democracy

This story comes on the heels of another medicine-related story from Australia regarding the punishment of an organization that advocates patient choice when it comes to deciding whether or not they want to receive vaccines. A government entity, the New South Wales Department of Fair Trading, is requiring the Australian Vaccination Network, an advocacy group, to change its name after 16 years over what sounds like the most dubious of reasons: concerns from "within the community," according to a blog site LivingWisdom.com. According to the site, the AVN is a community-based information and support group that advocates for the right of people "to make free and informed health choices" - namely, whether or not they choose to receive vaccines. Two groups appear to be behind the harassment campaign directed at AVN.

One is called Stop the AVN (SA VN), "a hate group whose sole reason for existence is to force the AVN to close in any way they can," said LivingWisdom.com, whose tactics have "included harassment, death threats, posting of violent pornography, hacking the AVN's website and a flood of vexatious complaints" to local and federal government agencies - complaints that have led to "investigations which may have cost the Australian taxpayers millions of dollars." The second group is the Australian Medical Association (AMA), an industry lobbying organization that represents about half of all Australian physicians (who obviously have a stake in administering vaccines). "The collective prestige of the medical profession obviously suffers each time vaccination is called into question," said the website.

Sources:
http://www.abc.net.au
http://nocompulsoryvaccination.com
http://www.naturalnews.com/035871_vaccination_immunization_myths.html
Learn more:
http://www.naturalnews.com/038526_psychiatric_hospital_innocent_man_arrested.html
+

The Bolen Report - Australian Skeptics Dragged into Court over Rape, Mutilation, a Death Threats Against the Australian Vaccination Network Leadership. Opinion by Consumer Advocate Tim Bolen - In my series on who the quackbuster/skeptics really are I ask the question:-

"What kind of people would create this horror for Americans and others around the world? Who would do this to other humans?. Are they sociopaths, psychopaths, sub-humans with pervasive personality disorders?

Today's story is one of horror. It will be VERY DISTURBING to most of my readers. For, even as never before, with this example, it graphically identifies the core values of the quackbuster/skeptics. It depicts who they really are. I apologize, in advance, for what you are about to read, but someone must expose this situation. No matter how uncomfortable the information we need to see, for ourselves, exactly what we are dealing with, so we can make decisions on how to proceed. So, let's proceed.

Warning - horrific images

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Fluoridation at any Cost
http://www.youtube.com/watch?v=911WeM9IT4U&feature=player_detailpage#t=543s

The continuing fraud of water fluoridation/pollution is obscene:
Fluoridation & The Web Of Deceit. - Conflicts of Interests

The Girl Against Fluoride Independent Researcher and Activist - Ireland --
Professor Denis O Mullane is Vice Chairperson of the Executive Committee of the Irish Expert Body of fluorides & health. Although he calls himself "an independent objective research worker in the field of Dental Public Health", this man has promoted water fluoridation around the world for many years. He has pushed water fluoridation in South Africa along with Seamus Hickey. Despite Mr Mullane's pro fluoride bias, in 2002 Michael Martin gave him a grant estimated at a million to investigate the benefits and risks of water fluoridation.

The British Fluoridation Society includes Denis Mullane in their information leaflets. He is also connected with the British Nutrition Foundation - this was set up in the 1960's by sugar & pharmaceutical companies such as Tate and Lyle ltd, Cadburys, Proctor & Gamble. Denis Mullane's uncle was chief chemist of Irish Sugar Company.

Mr Mullane is part of a group rewriting a document on "Fluorides and Oral Health", for the WHO. This is one of the men who continues to say that water fluoridation is safe & yet the chemicals used in water fluoridation in Ireland were banned for their use as a wood preservative.

The Bully Boys are Relentless to protect their Fluoridation Fraud
THE fluoride storm stepped up yesterday when four Bundaberg health professionals sent a clear message to Mayor Mal Forman - take the misinformation and conspiracy theories out of the debate. "Numerous studies have found that water fluoridation does not cause cancer, osteoporosis, bone fractures or any other disease," says a letter signed by Daud Yunus, Cathy Speight, Martin Strahan and Margaret Young. "We urge council to take a positive lead in implementing this important health initiative for the good of the children and the community." Here are the ‘Bully Boys of the Fluoridation Fraud’ and their ridiculous nonsense they speak of ‘take the misinformation and conspiracy theories out of the debate’ - the Spin Doctors doing what they do, which is wilfully and recklessly ignoring the extensive evidence of harm and the abysmal failure of ‘water fluoridation/pollution’, failing all duty of care and medical ethics and general ethics and being a party to chronically poisoning our nation’s population.
Refer pages 87/88 to see what the AMA and ADA did to force this ‘fluoridation/pollution’


NOTE WELL:  k. Respect your patient's right to choose their doctor freely, to accept or reject advice and to make their own decisions about treatment or procedures.

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Paul Connett, PhD,
Director, Fluoride Action Network

Quite frankly it is embarrassing to see professionals dismissing the arguments against fluoridation in this insulting way. If anyone doubts what I am saying then I urge them to read the solid scientific arguments raised against fluoridation in the book The Case Against Fluoride (Chelsea Green, 2010). It is absurd to dismiss the opponents of fluoridation as conspiracy theorists. Every argument raised in this book is backed up with references to the scientific literature (80 pages in all). I challenge any of these four professionals to read this book and then repeat the nonsense that they are spouting here. If the book is too long for them to muster the time to read then they could simply watch the 28-minute DVD Professional Perspectives on Water Fluoridation, (available online for free at www.FluorideAlert.org, click on FAN-TV on top of the home page) where 15 top notch professionals take a diametrically opposed view to their own. If having done either of these, these four professionals still believe that fluoridation is a safe, sensible and ethical thing to do then I challenge them to demonstrate the confidence in their position by debating me in person, if and when I can get to Bundaberg.

This is a response to this article. http://www.news-mail.com.au/news/stop-fluoride-conspiracy-say-experts-health-expert/1688923/

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Dr. Paul Connett is the Director of the Fluoride Action Network (FAN), and the Executive Director of its parent body, the American Environmental Health Studies Project (AEHSP). He has spoken and given more than 2,000 presentations in forty-nine states and fifty-two countries on the issue of waste management. He holds a Bachelors Degree from the University of Cambridge and a Ph.D. in Chemistry from Dartmouth College and is a retired Professor of Environmental Chemistry and Toxicology at St. Lawrence University. He lives in Canton, New York. In his fascinating presentations Dr. Connett shares his wealth of information with you, bringing new research to light, including links between fluoride and harm to the brain, bones, and endocrine system, and informing us about how the evidence that fluoridation reduces tooth decay is surprisingly weak.

Professor Paul Connett’s CV at 2005

Queensland fluoridation, based on FRAUD from DAY ONE.
Paul Connett Speaking Tour of New Zealand 2013
Walmart gives Fluoride Action Network a wonderful Christmas present
24 December, 2012 - In fact, Walmart has given not only FAN a wonderful Christmas present but also many bottle-fed babies a better start in life. Following up on reports that some of supporters had sent us, namely that they had not seen any fluoridated nursery water on Walmart’s shelves recently, our media officer Carol Kopf wrote to Walmart asking what the situation was. Today she got back this message from their customer care department:- ‘Hi Carol,  Thank you for contacting Walmart.com regarding information for Nursery Water…we are writing to let you know that we have just this kind of Nursery water. Gerber Pure Purified Water, 1 gal
Ingredients: Purified Water, Calcium Chloride, Magnesium Sulfate, Potassium Bicarbonate this water does not have fluoride… Happy Holidays  Sincerely, Walmart.com Customer Care

Queenslanders, Australians and all other populations reading this Report and all the documents attached, which is the ‘tip of the iceberg’, will be left in no doubt as to the most serious negligence, failure of duty of care and breach of even basic ethics of these ‘Bully Boys of Fluoridation’, The Fluoridation Machine, AMA, ADA, their interests and their unrestrained massive Political Power and Clout that has continued to keep the Fluoridation Fraud/ these hazardous waste pollutants known as ‘water fluoridation’ going for so long and why this must be stopped urgently, irrevocably and for all time for the health and safety of the population and our environment. The hazardous waste pollutants and co-contaminants of lead, mercury, arsenic, cadmium etc., used as ‘water fluoridation chemicals’ must be dumped in ‘proper hazardous waste dumps’ not in the population’s drinking water supplies and hence also contaminating our entire food chain under the disgrace of the Fluoridation Fraud under the guise of A Public Health Measure and using the populations’ kidneys as hazardous waste disposal/filtration units. This is criminal.

Professional Perspectives on Water Fluoridation
This FAN production (one of FAN’s most popular) presents a powerful indictment of the water fluoridation program through interviews with a Nobel Laureate in Medicine, three scientists from the National Research Council’s landmark review on fluoride, as well as dentists, medical doctors, and leading researchers in the field. http://www.fluoridealert.org/fan-tv/prof-perspectives/

Dr. Paul Connett At University of Texas - Thompson Conference Center
http://www.youtube.com/watch?v=3bhIx7oFIDc

Health care in USA - sounds just like Australia
Leadup (listen for at least two minutes) http://www.youtube.com/watch?feature=player_embedded&v=mQw7SxhMDNg#t=655s

And MORE 'precisely':
http://www.youtube.com/watch?feature=player_embedded&v=mQw7SxhMDNg#t=682s
"A nation of medical parasites."

Original source:
http://anticorruptionsociety.com/2012/10/09/war-on-health/
Full clip - very, very good info!
http://www.youtube.com/watch?feature=player_embedded&v=mQw7SxhMDNg#

What can we do? War on Health, FDA’s Cult of Tyranny - Broken Governments
http://youtu.be/mQw7SxhMDNg

~
May 13, 1965

Mr. R. Fulton
70 Thorne Street
Toronto
New South Wales, Australia

Dear Mr. Fulton:

In acknowledgment of your letter of May 10, 1965 to the Secretary of the American Medical Association I am attaching a copy of the "AMA Policy Statement: Fluoridation of Public Water Supplies."

You will notice that this Association endorses the principle of fluoridation of public water supplies to reduce the incidence of dental caries; it does not become involved in endorsement of fluoridation of water supplies of specific cities.

The American Medical Association is not prepared to state that "no harm will be done to any person by water fluoridation."

The American Medical Association has not carried out any research work, either long-term or short-term, regarding the possibility of any side effects.

Sincerely yours,

Joseph E. Flanagan, Jr.
Assistant Director
Department of Environmental Health

JEF:WS
Encl.
We are not impressed at all Dr. Jeanette Young, Chief Health Officer for Queensland Health as one of the many Promoters/Enforcers of water fluoridation/pollution. Your Bio is under Promoting a Healthy Australia - Australian National PREVENTATIVE Health Agency - and the ‘Expert Committee on Research’ in ‘supposed’ Preventative Health. What an absolute sham Ms Young, you and all those part of ‘The Fluoridation Machine’ should be on criminal charges as you all are a party to the chronic hazardous waste pollutant chronic poisoning of the population through their drinking water supplies and hence our entire food chain - you have no choice but to put an end to The Fluoridation Fraud as a matter of extreme urgency, irrevocably and for all time. Refer pages 87/88 to see what the AMA and ADA did to force/mandate this “fluoridation/pollution”.


"In the 1930s and 1940s, smoking became the norm for both men and women in the United States, and a majority of physicians smoked. At the same time, there was rising public anxiety about the health risks of cigarette smoking. One strategic response of tobacco companies was to devise advertising referring directly to physicians. As ad campaigns featuring physicians developed through the early 1950s, tobacco executives used the doctor image to assure the consumer that their respective brands were safe." "These advertisements also suggested that the individual physicians’ clinical judgment should continue to be the arbiter of the harms of cigarette smoking even as systematic health evidence accumulated. However, by 1954, industry strategists deemed physician images in advertisements no longer credible in the face of growing public concern about the health evidence implicating cigarettes."

And this sort of thing is still happening today with water fluoridation, but there's starting to be that "However!" moment from the last sentence of the abstract, that's now coming into question about water fluoridation/pollution.
DR WONG, DEAD WRONG: A CRITIQUE OF PRO-FLUORIDATION CLAIMS

By AFAM Research Division [ afamildura.wordpress.com ]

Introduction

In this post, we critique the pro-fluoridation claims made by former ADA Queensland Branch President, Dr Andrew Wong, on December 11, 2012. In Dr Wong's radio interview (4BC 2012) with Greg Cary, he attempts to reassure the Queensland public that water fluoridation is a safe, effective and vital public health measure for reducing or preventing dental decay. November-December 2012 witnessed a unique flurry of media activity (fluorideaustralia.org 2012) on the fluoridation issue, in light of legislative changes that restore fluoridation choice to local councils. The claims made by Dr Wong are listed below our critique.

Critique of claims made by Dr Wong

PART 1: Body of scientific evidence | NHMRC review (2007)

The idea that the 'science is settled' on water fluoridation lies at the heart of the pro-fluoridation belief system. Dr Wong's claim that the "overwhelming body of evidence," drawn from a "a vast number of scientific studies," demonstrates the safety and effectiveness of fluoridation, is misleading. Fluoridation promoters, including Dr Wong, rely heavily on systematic reviews of the literature to back their public statements on fluoridation. The York Review (2000) and the NHMRC Review (2007) are particular favourites, but one that receives little attention is the NRC Report (2006). There is a very good reason promoters prefer to steer clear of the NRC Report, which will become evident in the following paragraphs. Whilst Dr Wong does not mention the York Review or the NRC Report directly, they are fair game for this critique: a) Because the review that Dr Wong does mention, the NHMRC Review, relies heavily on the York Review for its assumptions and methodology; b) Because the NRC Report is dismissed outright by the NHMRC Review authors. We know what Dr Wong has told the public; now, let us examine what he has not told the public, about this "overwhelming body" of scientific evidence.

According to the NHMRC authors, the York Review 'found' that:

"The introduction of water fluoridation into an area significantly increased the proportion of caries-free children, and decreased mean dmft/dmft scores compared with areas which were non-fluoridated over the same time period. The findings... also suggest that cessation of fluoridation resulting in a narrowing of the difference in caries prevalence between the fluoridated and non-fluoridated populations." (NHMRC 2007, p. 9)
Yet, according to the authors of the York Review, this alleged 'benefit' is not so clear-cut:

"The studies were of moderate quality (level B), and limited quantity. The estimates of effect could be biased due to poor adjustment for the effects of potential confounding factors." (McDonagh et al 2000a, p. xii)

"What evidence we found suggested that water fluoridation was likely to have a beneficial effect, but that the range could be anywhere from a substantial benefit to a slight disbenefit to children's teeth. This beneficial effect comes at the expense of an increase in the prevalence of fluorosis (mottled teeth). The quality of this evidence was poor." (CRD 2003)

For overall safety and efficacy, how much high quality evidence did the York Review authors actually find?

"No randomised controlled trials of the effects of water fluoridation were found... It is surprising to find that little high quality research has been undertaken." (McDonagh et al 2000a, p. xi, p. xiv)

"We were unable to discover any reliable good-quality evidence in the fluoridation literature worldwide." (CRD 2003)

Thus, it is clear that the NHMRC Review (in which Dr Wong fervently invests his faith) derives its assumptions and methodologies from a previous review that was unable to identify a single Grade A study of any kind, nor a single randomised controlled trial to prove either the safety or effectiveness of fluoridation (Conn et al 2000, #4.8, Conn et al 2012, #10). This is far from the only shortcoming of the NHMRC Review. A closer analysis reveals – in the words of Dr Wong's radio interview opposite Dr Paul Conn – "at best, it is a work of professional incompetence or, at worst, an example of scientific fraud, in which scientific information is manipulated to support a preordained conclusion." (Conn 2008).

Leaving aside the other flaws of the NHMRC Review (SEP 2011), for the purpose of this critique, we will focus on what is arguably the most glaring oversight by the NHMRC authors – i.e. the dismissal of the NRC Report; in a single sentence:

"The [NRC] report refers to adverse health effects from fluoride at 2 - 4 mg/L, the reader is alerted to the fact that fluoridation of Australia's drinking water occurs in the range of 0.6 to 1.1 mg/L." (NHMRC 2007, p. 15)

As highlighted by Conn (2008) and Burgstahler et al (2009), such a dismissal is cavalier, and virtually beyond belief. There are four major problems with the above statement by the NHMRC authors:

i.) It highlights the issue of concentration, whilst failing to acknowledge the issue of dose (e.g. an individual drinking 4 litres of water per day at 1mg/L concentration, will be getting the same dose as an individual drinking 2 litres of water per day at 2mg/L concentration). (Limeback 2000, #4, Conn 2002, Conn 2011)

ii) It does not take into consideration fluoride exposure from sources additional to drinking water (FAN 2012), which also contribute to daily intake/dose. (NRC 2006, p.23)

iii) It fails to note that amongst the NRC Report's recommendations, were health studies to be conducted within the concentration range 1mg/L–4mg/L (NRC 2006, p. 303) (nb. obviously these recommendations are relevant to Australia, which is fluoridated at up to 1.1mg/L).

iv) It fails to acknowledge that the NRC research team did in fact review studies below the concentration of 2mg/L, even down to 1mg/L. Testimony from Panelist Dr Hardy Limeback (Limeback 2011), well and truly clarifies this matter.

Most alarming is the 'highway-long' list of research gaps exposed by the NRC Report, as evidenced by the research recommendations of the authors (NRC 2006, pp. 87, 88, 101, 102, 130, 180, 204, 222, 223, 266, 267, 302, 303, 338, 339, 352, 353, FAN 2012). This prompted the Panel Chair Dr John Doull to acknowledge, "when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should." (Scientific American, in FAN 2012)

It is interesting to note that the authors of the York Review likewise confirmed the existence of such research gaps, stating in 2003, "only high-quality studies can fill in the gaps in knowledge about these and other aspects of fluoridation." (CRD 2003)
So, who has done these studies? Who is monitoring for health effects in the population, in any rigorous, high quality manner? Certainly not the Health Departments of Australia; certainly not the NHMRC; and certainly not Queensland dentist, Dr Andrew Wong.

**PART 2: Endorsements**

Dr Wong notes that water fluoridation is "supported by the World Health Organisation, the National Health and Medical Research Council of Australia, the Australian Medical Association, and the Australian Dental Association." This is a typical ploy by fluoridation promoters, yet in light of the research gaps highlighted in PART 1 (above), endorsements substituted for scientific research, mean absolutely nothing. ([Connett 2009, Summary, Connett et al 2011, #15, Connett et al 2012, #46-47]

In fluoridating nations, such as Australia, Canada and elsewhere, the glaring dearth of adequate research data, precludes any fluoridation promoter – including Dr Wong – from accurately claiming that fluoridation is "safe" ([Connett et al 2008, Connett 2011, Connett 2011]) and "effective." ([Connett 2011]) Self-serving reviews, such as the NHMRC (2007) review, have failed the public dismally in terms of resolving these matters of safety and efficacy. ([Connett et al 2010, pp. 240-242])

**PART 3: Fluoride's topical 'and' systemic effects**

Dr Wong claims that water fluoridation has 'both' topical and systemic benefit, thus providing a 'universal' benefit for children and adults alike. Numerous experts and researchers disagree with Dr Wong on this point. ([Limeback 2000, Carlsson 2005, FAN 2011, FAN 2012])

**PART 4: Personal responsibility**

Dr Wong claims that since people cannot be trusted to (because of human nature) maintain good individual oral hygiene and dietary habits, water fluoridation is essential to protect their teeth. Leaving aside the scientific flaws of the claim that water fluoridation is "essential," moreover, the arrogance of this statement reeks of a 'nanny state' mentality, which is plain to see. If human nature dictates a tendency towards poor oral hygiene, it is little wonder why Dr Wong had trouble explaining how this logic applies to people in nations with no water fluoridation and no salt fluoridation (e.g. Sweden, Denmark, Netherlands), who have better teeth ([WHO 2012, in FAN 2012]) than people in nations with fluoridated drinking water.

**PART 5: Fluoridation chemicals**

Dr Wong delivers a masterclass in 'spin,' when discussing the chemicals used to fluoridate drinking water. Apparently, 'hazardous industrial waste, laced with toxic contaminants', doesn't sound as good as 'from rocks in the soil and tested for purity.' Dental students, get your notepads out, because you are in for a shock:

"Hydrofluorosilicic acid is recovered from the smokestack scrubbers during the production of phosphate fertilizer... Fluorosilicates have never been tested for safety in humans. Furthermore, these industrial-grade chemicals are contaminated with trace amounts of heavy metals such as lead, arsenic and radium that accumulate in humans... Long-term ingestion of these harmful elements should be avoided altogether." ([Limeback 2000])

"I could not believe that we were actually dumping lead, and arsenic, and even radium [into the drinking water], which is produced in the process of making this pollutant... my concern is that we're building up the contaminants in our system." ([Limeback 2000])

"To answer your first question [Professor Masters] on whether we have in our possession empirical scientific data on the effects of fluosilicic acid or sodium silicofluoride on health and behavior, our answer is no... our colleagues at NHEERL were [also] unable to find any information on the effects of silicofluorides on health and behavior." ([EPA 2000])

"Further recognizing that, claims to the contrary, SiF treated water is not like NaF treated water because [SiF6] 2- (a) is unlikely to dissociate completely under water plant conditions, producing only free fluoride and silicic acid without side reactions; (b) is likely to react with Al(OH)3 to produce several derivative compounds; (c) dissociation status depends on pH and concentration so that incompletely dissociated SiF residues may re-associate both at intra-gastric pH around 2.0 and during food preparation, producing SiF species including silicon tetrafluoride, (SiF4), a known toxin; and (d) commercial SiFs are likely to be contaminated with fluosiloxanes, arsenic and heavy metals, and radionuclides, since they are waste products from fertilizer manufacture and uranium extraction from phosphate rock." ([Coplan & Carton 2001])
"In plain English, senior EPA research staff now believe their staff needs to go back to the lab for at least another year or two to find out if the EPA's longstanding confidence in the “virtually total” dissociation of SiFs may have been misplaced." (Coplan & Masters 2001)

"If this stuff gets out into the air, it’s a pollutant; if it gets into the river, it’s a pollutant; if it gets into the lake it’s a pollutant; but if it goes right into your drinking water system, it’s not a pollutant. That’s amazing… There’s got to be a better way to manage this stuff." (Hirzy 2000, in FAN 2003)

"Silicofluorides... a class of fluoridation chemicals that includes hydrofluosilicic acid and its salt form, sodium fluorosilicate. These chemicals are collected from the pollution scrubbers of the phosphate fertilizer industry. The scrubber liquors contain contaminants such as arsenic, lead, cadmium, mercury, and radioactive particles, are legally regulated as toxic waste, and are prohibited from direct dispersal into the environment. Upon being sold (unrefined) to municipalities as fluoridating agents, these same substances are then considered a "product." (NTEU280 2003, I)

"Essentially no studies have compared the toxicity of silicofluorides with that of sodium fluoride, based on the assumption that the silicofluorides will have dissociated to free fluoride before consumption." (NRC 2006, p. 53)

"This is a hazardous waste – no question about it." (Connett 2010)

"I didn't realise that we weren't using natural fluoride, so-called natural fluoride... but we were using a common industrial waste. This industrial waste is coming mainly from the super-phosphate industry, but also recently, industrial waste from China, of which we really don't have a good idea of the origins... it's not a pharmaceutical grade; it's an industrial grade. Some of the contaminants are aluminum, mercury, low levels of uranium, beryllium, cadmium; and this has quite shocked me." (Harms, in SEP 2011) (SEP, FOI 2010)

"If you ask most dentists... what they're putting in the water, most dentists would say, sodium fluoride - pharmaceutical [grade] sodium fluoride, the same stuff that is in toothpaste." (Connett, in FAN 2011)

"In the process of converting phosphate rock into soluble fertilizer, two very toxic fluoride gases are released: hydrogen fluoride and silicon tetrafluoride. In the past, the phosphate industry used to let these two gases vent freely into the atmosphere. This, however, caused severe environmental damage among downwind communities, including widespread cattle poisonings, scorched vegetation, and various human health complaints. Eventually, as a result of both litigation and regulation, the phosphate industry installed “wet scrubbers” to trap the fluoride gases. The collected liquid in these scrubbers (hydrofluorosilicic acid) is entered into storage tanks and shipped to water departments." (FAN 2012)

"Fluosilicic Acid is an aqueous solution of 20% H2SiF6 used for the Fluoridation of drinking water. Incitec Pivot manufactures the product in Geelong and Portland, Victoria, and distributes it nationally. Fluosilicic Acid is the most widely used fluoridation agent in Australia, and has several advantages over powdered fluoridation products, including the elimination of manual handling, dust control, and slurриfication. The product is particularly suitable in mid sized to larger water treatment plants." (Incitec Pivot 2012, Product Information)

"[Fluosilicic Acid is] classified as a Schedule 7 (S7) Poison using the criteria in the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP)." (Incitec Pivot, Fluosilicic Acid MSDS, p. 6)

"Fluorosilicic acid is a particularly aggressive and hazardous chemical and requires specific operator training and awareness." (Hydramet 2012)

Dr Wong says, "the compound is pure and free from contaminants." We rest our case.

PART 6: Europe

Dr Wong claims, "a lot of the water supplies are small, independent water suppliers; so, logistically and economically, it is difficult to implement water fluoridation over in Europe. Instead, what they have done is to choose to fluoridate their salt." The truth is, nothing could be further from the truth!

European nations generally cite both ethical and medical reasons for not fluoridating their water supplies. In fact, some started and then ceased for reasons of ethics, public and parliamentary opposition, or ineffectiveness. (FAN 2012) Obviously, if they started and maintained fluoridation programs in the past (FAN 2012), Dr Wong's claim, is completely false.
His claims of widespread salt fluoridation are also misleading. A number of European nations fluoridate neither their salt, nor their water (FAN 2012), with just as good if not better teeth than fluoridated nations.

**PART 7: Dental fluorosis**

Dr Wong very sneakily focuses on the result of toxic overexposure to fluoride, avoiding the cause, mechanism and implications. Dental fluorosis is a well-known biomarker of systemic overexposure to fluoride in the developing years, yet Dr Wong focuses only on the visible effects, downplaying these as easily and economically treatable.

The truth is, “it is illogical to assume that tooth enamel is the only tissue affected by low daily doses of fluoride ingestion” (Limeback 2000, in FAN 2012); and that, “common sense should tell us that if a poison circulating in a child’s body can damage the tooth-forming cells, then other harm also is likely.” (Colquhoun 1999, in FAN 2012). Thus, when the promoters of fluoridation first began the program in the United States, "the key gamble... was that fluoride could damage the child’s growing tooth cells, by some undetermined biochemical mechanism, without damaging any other growing tissues or organs in the child’s body." (Connett 2009, The Great Fluoridation Gamble)

This 'gamble' is still being played out by Dr Wong and other promoters, and the chips on the table are the children of Australia.

**PART 8: Mass medication | dose**

Dr Wong states, "with any sort of substance, you want to have the appropriate dose that is of therapeutic/health benefit." He is correct! But, one wonders how he plans on ensuring the appropriate 'dose,' considering the vastly different quantities of water people consume on a daily basis (Mullenix et al, in FAN 2011), not to mention, the fluoride they receive from other sources. (FAN 2012)

Dr Wong's claim that fluoridation is not mass medication is countered by basic logic: A foreign substance (i.e. a toxic industrial waste product, see PART 5, above) is being added to drinking water, with the express intent of delivering both a systemic and topical treatment, to a mass number of patients, to treat or prevent a disease within the bodies of those patients – hence, 'mass' and 'medication' = 'mass medication.' Regardless of the effectiveness, safety or ethical issues surrounding the practice, the fact remains unchangeable, that the treatments is – by any logical definition – 'mass medication.' (FAN 2012)

Dr Wong uses the example of Vitamin A as an essential nutrient, and equates fluoride with the same principle – essential, in the right amount. Whilst Vitamin A is a scientifically-proven essential nutrient, fluoride is not. There is no scientific evidence to prove that fluoride is essential to human health. (Connett et al 2012, #6) If fluoride withdrawn from the diet, a disease will not develop as a direct result of the withdrawal (this includes tooth decay). Dr Wong's use of the Vitamin A example alongside fluoride, is scientifically 'shifty,' but a great public relations tactic. He knows most consumers are 'vitamin-conscious,' in a world where vitamins are 'big business', thus they will naturally equate fluoride with 'health,' if it appears in the same sentence as Vitamin A and emanates from the mouth of one of their respected Queensland health professionals.

**PART 9: No evidence of health issues**

"The absence of studies is being used by promoters as meaning the absence of harm." (Connett et al 2012, #45. Refer to PART 1, above).

**Conclusion**

It is clear that Dr Wong has made numerous superficial, incorrect or misleading statements. Whether he has consciously misled the public; or whether he is simply blinded by the all-pervasive fluoridation religion and thinks he is telling the truth, we will leave the reader to speculate. Either way, however, we strongly suggest that Dr Wong spends less time on the ADA website, and more time reading the work of his more qualified opponents.

**Claims made by Dr Wong**

- The overwhelming body of scientific evidence shows that water fluoridation is a safe and effective means of reducing dental decay, particularly amongst children.
- Water fluoridation is supported by organisations such as the World Health Organisation, the National Health and Medical Research Council of Australia, the Australian Medical Association, and the Australian Dental Association.
- Water fluoridation has beneficial effects, both topically and systemically. Children, as their teeth are forming, benefit particularly from the systemic effect.
• Water fluoridation has a universal benefit to the community. Since people cannot be trusted to (because of human nature) maintain good individual oral hygiene and dietary habits, water fluoridation is essential to protect their teeth.

• Even with good oral hygiene habits, water fluoridation is still necessary, since water fluoridation acts in combination with fluoridated toothpaste to further reduce dental decay amongst adults and children. Water fluoridation is a way of helping prevent dental decay across an entire population. You need good oral hygiene and diet, and also fluoridated water, for maximum benefit/protection.

• At the appropriate level of 0.9 ppm, it has been scientifically shown by a vast number of scientific studies that water fluoridation is safe an effective. The NHMRC review (2007) looked at the top quality scientific studies that have been done on water fluoridation to answer two questions: 'is it safe?' and 'is it effective at reducing dental decay?' The answer, emphatically, to both questions, was 'yes, it is safe' and 'yes, it does reduce dental decay between 20-40%, compared to communities that are not fluoridated.'

• The fluoride that we get in Australia is derived from rocks in the soil. The only fluoridation chemicals that are allowed in Queensland's water supply are: fluorosilicic acid (liquid), sodium fluorosilicate (powder), and sodium fluoride (powder). The reason only these three compounds are allowed to be used in the Queensland water supply, is that they all dissolve 100% in water. In terms of safety, before these compounds are placed in the water supply, they all undergo regular testing to ensure two things: 1) that the compound is pure and free from contaminants; 2) that the compound is of the appropriate concentration.

• The reason why they (i.e. European nations) do not universally adopt water fluoridation, is that in Europe, a lot of the water supplies are small, independent water suppliers; so, logistically and economically, it is difficult to implement water fluoridation over in Europe. Instead, what they have done is to choose to fluoridate their salt, and that's how people in Europe get the protective benefits of fluoride. Salt fluoridation does not provide the topical benefits/protection that are provided by water fluoridation; salt only provides systemic benefits/protection.

• One of the associated/possible complications with fluoridating the water supply, is dental fluorosis (mottling of the teeth – white or brown specs). The incidence of fluorosis in a populations, where the water supply is fluoridated, is about 20%. Having said that, the vast majority of dental fluorosis in a fluoridated community is not detectable to the naked eye; although a dentist may be able to identify it. Of that 20%, an even smaller percentage may have moderate dental fluorosis, which is easily treatable with conservative and economical measures. Very rarely, people get severe fluorosis (where pits occur in the teeth – some discoloration), which is also quite conservatively treated, and the teeth can look excellent again (the patient's smile can be restored virtually to normal).

• It is surprising that the public fluoridation debate continues, because the vast majority of Australia (regional and metropolitan) is fluoridated. Queensland was the last state to come on line with water fluoridation. Queensland, prior to water fluoridation, had one of the highest decay rates in all Australia (second only to the Northern Territory, which has more rural/remote towns, and a higher indigenous population). Water fluoridation is safe, it's effective, it's a community benefit [re-stated]; and the primary reason that public debate continues in Queensland, is primarily because Queenslanders are a passionate, opinionated people.

• Fluoridation is not mass medication; it is basically just altering something that's naturally-occurring in the water supply, to a level that will benefit the health of all.

• With any sort of substance, you want to have the appropriate dose that is of therapeutic/health benefit, and not at high levels where it could potentially cause issues. For example, Vitamin A is an essential nutrient for health, but too much of it can cause serious health issues.

• In terms of thyroid issues, skeletal fluorosis, or cancer – which some people claim could be a potential side-effect of water fluoridation – we just have to look at the evidence; and over many decades of water fluoridation throughout other states and other countries in the world, there is not an increased rate of those issues compared to a state such as Queensland, which has only recently introduced water fluoridation.

Anti-Fluoridation Association of Mildura
http://afamildura.webs.com/
Books: http://afamildura.wordpress.com/books/
How I became involved in the fluoridation battle  By Declan Waugh - IRELAND

To begin, I must confess that I am both honoured and to a degree ashamed that I have been asked to write about how I became involved in the global struggle against water fluoridation. After all it is a struggle for human rights and environmental justice, two issues which concern me greatly. Also, when you know the details it is an issue that challenges common sense: i.e. mass medicating the population with untested industrial chemicals.

Ireland has the dubious honour of being the very first country in the world, to practice mandatory fluoridation. This came about courtesy of the late H. Trendley Dean who paid us a visit in 1960 promoting water fluoridation. He, with other American experts, including the notorious Manhattan project toxicologist Harold Hodge, encouraged the Government through the Minister for Health to introduce national legislation mandating that all local authorities must fluoridate their drinking water supplies. Since that time thanks largely to failed government health and childcare policy Ireland now has the shocking distinction of having the lowest prevalence of breast feeding in the Europe, if not world. This also sadly means we have the highest exposure of children to fluoride with over 90% of infants consuming formula milk made with fluoridated tap water at 6 months of age. I represent the first generation of this country to have been exposed to the dangers of fluoride from the moment I was born.

A silent catastrophe

Ireland is currently facing a severe economic and health care crisis alongside social and environmental issues that at times make it almost impossible for the voice of reason to be heard above the din of one catastrophe after another. Yet fluoridation is a silent catastrophe, one that impacts every family in this country today, as it does for other countries around the world that continue to support such a crude and dangerous policy.

I am first and foremost embarrassed because as an environmental scientist with a background in resource management, including water and waste management, environmental impact assessment and environmental due diligence, I should have been educated and aware of the concerns surrounding artificial fluoridation; yet I was blissfully ignorant on this subject until relatively recently. I have often asked myself why this was?

Kept in the dark

Why was I not taught about the environmental risks of fluoride as an environmental contaminant in college? Why likewise do so many of my peers and colleagues who practice in various scientific disciplines in Ireland know so little about this subject, which directly and indirectly impacts on their quality of life, their families and communities as well as their natural environment?

With no one questioning them, false perceptions can take on a life of their own. Fluoride was seen largely and incorrectly as a nutrient, not as a pollutant or dangerous substance. We simply were not informed of the risks it posed and were denied the opportunity to examine this subject scientifically and in a manner that would allow for open and transparent debate.

Fluoridation has been going on so long in Ireland (since 1963) that most people are oblivious of the ethical violation involved: i.e. the fact that Irish citizens have been denied the right to give their informed consent to this medical practice. A political policy has been blindly pursued by the Irish Government for nearly 50 years while the public and health practitioners have been kept in the dark about the human health and environmental costs of this dangerous and unethical practice.

So how did I come to be where I am at today? What was the motivation that drove me to dedicate the best part of the last 16 months of my personal and professional life to educating myself and others within my community to the dangers posed by water fluoridation?
A chance encounter

As with most journeys it started with a chance encounter. That came one Saturday morning in the autumn of 2011 during a conversation with an individual at my local farmers market in Bandon, West Cork. The subject of fluoridation was brought up and I was asked by this person - an engineer by profession - if I would examine the evidence about the harm that fluoridation may be causing. He informed me that this was of great concern to him personally. This was the very first time that anyone had ever raised this issue with me. I must admit I was sceptical at first but gave my word that I would look into the subject. Thus the awakening from my slumber began.

This event also coincided with the birth of our first child and it was in the late hours of the night - while my newborn infant slept in her Moses crib and my wife was asleep between feeds - that I began to examine the evidence. I started by reading the U.S. National Research Council’s report on fluoride in drinking water (NRC, 2006) and then the EU Commission’s Scientific Committee on Health and Environmental Risks (SCHER) report on fluoride published in 2010.

Putting the pieces together

Slowly over the next few weeks my appetite for information grew and the more I read the more alarmed I became. Alarmed is an understatement, I was shocked, livid, astounded and flabbergasted. As I looked with great concern at my innocent newborn baby I slowly pieced together the health statistics for this country while collating the published international scientific evidence demonstrating potential harm to human health from exposure to fluoride and silicofluorides.

It was instantly clear to me that what I was uncovering in my research was of such enormous importance that it had to be documented in a manner that could be used to educate others. This is what I attempted to do.

A mammoth task

To complete this mammoth task I shelved all my professional work and spent the next few months reading every scientific paper on the subject that I could find. This work would have proved almost impossible without the previous efforts of the Fluoride Action Network and their incredible website of information, particularly their Health Database.

I finally finished my report at the end of February and published it in hardcopy form for circulation to Government Ministers, the Irish EPA, Inland fisheries, Department of Environment as well as submitting copies to the European Parliament, the EU Commission, the European Environment Agency and the World Health Organisation, to name but a few.

Irish school children getting involved

Unknown to me - at the same time - a group of secondary students from Mercy Mounthawk School in Tralee in County Kerry were also asking questions and undertaking their own research on fluoridation with the help of an amazing lady Martha Brassil.

I believe that these students are the first group of teenagers in Ireland to demand an end to water fluoridation. The highlights of their year were:

1) Making a presentation to a group of politicians in the Irish parliament.
2) Recording an anti-fluoridation song.
3) Winning honours from the President of Ireland in the 2012 national young social innovators awards programme.

From this seed has sprung a new generation of fluoride and human rights advocates. For example, Aisling Fitzgibbon a occupational/nutritional therapist -along with a remarkable group of volunteers – has spearheaded a nationwide public campaign against fluoride under the banner of ‘The Girl Against Fluoride.’

This year a new group of transition year students from Mercy Mounthawk have launched an educational campaign, organised by the students themselves to raise awareness of fluoride in other schools under the banner ‘Little Miss Fluorides.’ You can follow the progress of both these groups on facebook under both these names.

It is wonderful to see these green shoots of optimism beginning to sprout in Ireland. We are seeing a new generation of Irish citizens demanding - what 98% of the citizens within the rest of Europe expect and enjoy - access to safe non-fluoridated drinking water.
In addition membership of Irish anti fluoride social networking groups continues to rise with in the region of 10,000 members on various forums on facebook alone. In the meantime long time activists such as Walter Graham and Robert Pocock continue with their selfless efforts while others such as Steve Kerr and Terry Lawton, to name but a few, join the ranks of fluoride educators in raising awareness on this critical issue.

**The push to fluoridate Northern Ireland**

However significant dangers lie ahead, the Minister for Health in Northern Ireland has been lobbied heavily by the public health authorities in the Republic of Ireland to introduce water fluoridation across the border. This has resulted in over 3500 people from Northern Ireland in a very short period of time joining an activist group on facebook called No Fluoride in Northern Ireland.

From a scientific point of view it is crucially important that fluoridation is not introduced into Northern Ireland as it provides clear population-based health evidence of how fluoridation is impacting the citizens of the Republic of Ireland. We live on the same island yet a comparison of the health statistics for both regions are astonishing. Not only are cancer rates up to 30% higher in the Republic for a wide range of cancers but the prevalence of diabetes is over 100% higher as is osteoporosis.

**Since my report**

Since completing my report, which examined over 1200 scientific papers from 250 peer reviewed medical and scientific journals, my quest for knowledge continues and as a result of my work I have now been introduced thanks largely to FAN to a dedicated community of likeminded volunteers around the world. We collaborate on a daily basis sharing information and knowledge, for which I am most grateful.

I am no longer just one scientist struggling to master this complex issue but part of a worldwide community of activists and professionals sharing information for the betterment of all our communities.

I am also in contact on a weekly basis with every local elected politician throughout the country in addition to every county and city manager as well as every nationally elected representative in parliament, not to mention the Environmental Protection Agency, other State Departments in addition to environmental, health and consumer organisations.

Slowly we are making progress. Elected politicians from every political party as well as independents have raised concerns in the national parliament on water fluoridation. Local politicians across the nation are voicing concerns at local authority level demanding answers to questions and an end to the mandatory fluoridation.

Even the European Commission has informed me that they have recommended my report to the World Health Organization (WHO) as well as raising concerns with Member States regarding water fluoridation.

**Fluoridation contributing to disease in Ireland**

From my research I have no doubt whatsoever that the fluoridation of drinking water is the single biggest contributor to the catastrophic disease burden prevalent in Ireland today, where we have one of the highest incidences in the world of cancer, diabetes, hypothyroidism, neurological disorders, cardiovascular disease, dental fluorosis and other medical ailments. In the scientific literature many of these diseases have been associated with exposure to fluoride compounds.
A worldwide effort

2013 promises to be an eventful and exciting year in the struggle for human rights and environmental justice in Ireland and elsewhere. However, we must remember that this work cannot be left entirely to unpaid volunteers. If it is, we will not succeed. If we truly wish to succeed in this ‘struggle against titans’ as Dr. Waldbott referred to this battle in his remarkable book, we must adequately resource a professional support and networking team. For this purpose I ask that you support FAN either financially or in some other manner, and if you are lucky to have a national group in your country support them as well. In this way we all have a better chance of succeeding in our respective countries. Together we have to fight the lethargy of the media and academia –and the blind eyes of the medical profession – and get the information about fluoridation’s dangers directly to the people in fluoridated communities worldwide. In this digital age I am hopeful that the marvels of internet communication, social media and organizations such as FAN will finally set us free of the unnecessary burdens of water fluoridation. A new dawn of consciousness is coming, let us all rise to the challenge for the sake of own health, our families and future generations.

A pdf copy of Declan’s report on fluoridation (328 pages) here.

Fluoridated Irish public betrayed by one-sided government spin.

By Robert Pocock

This article first appeared on the website Ireland Against Fluoridation on December 15, 2012.

This week’s unanimous censure by the Irish Supreme Court of its government’s improper promotion of only one side of an issue simply highlights how individual citizens are kept in the dark on many risks that directly affect them, including those from fluoridating their drinking water.

For fifty years an Orwellian Ministry of Truth has propagated only supposed benefits to teeth while denying any risks, the result being that most citizens in Ireland still remain woefully misinformed about the risks of fluoridation.

Thanks to the internet however, the truth about these risks can now be readily accessed, with the result that citizens are at last realizing how they have been hoodwinked about fluoridation. They learn that like Ireland, other victims trusted the US Public Health Service (USPHS) on the issue. US dollars were also pumped in to other European countries to promote fluoridation, but the only ones to be taken in were Ireland and to a lesser extent, the UK (1).

The USPHS’s push for a positive public perception of fluoride was nothing to do with public health but all to do with protecting several strategic military-industrial corporations from likely pollution litigation in the US. So what could reassure the fluoridation sceptics at home and abroad better than for the USPHS to publicly endorse its ‘benefits’? Christopher Bryson’s The Fluoride Deception unearths the truth, including the alarming implications for Ireland, the only country in Europe to introduce compulsory (no opt-out) state-wide treatment with this very same pollutant.

The Irish government’s prime witness in the ensuing court case, Dr Harold Hodge was actually pushing the secret US PHS agenda but so plausible was this fluoride expert before Irish high court judge Kenny that Kenny cheerfully accepted ‘the whole of’ his evidence’. Kenny disbelieved the opposing expert witnesses from Europe, South Africa and in particular Dr George Waldbott, the world’s leading clinician on fluoride’s toxic effects. Dr Hodge’s assurances on the complete safety of fluoridation were of course entirely bogus, however the enormity of his betrayal of the Irish people is unlikely to ever emerge since access to his papers (some are still classified) has been denied.

Today’s Irish government has learned nothing – all fluoridation spin emanates from the government-appointed and grandly titled Irish Expert Body on Fluorides and Health. Pointedly ignoring the European Commission’s statement in Feb 2012 that ‘People do not need fluoride for normal growth and development’ this agency which commands little public credibility is anything but independent:-

It has no representative from the very many Irish dentists opposing fluoridation. Its only legal expert Prof William Binchy never attends its meetings and it has been unable to engage a toxicologist. This is perhaps not surprising because what independent toxicologist could ever endorse as safe the ingestion of industrial fluorosilicates?
The national consumer interest is definitely not served by the membership of the chairman of Consumers Association of Ireland, Mr Michael Kilcoyne now vice-chairman of the expert body. Perhaps the absurdity of claiming to advocate consumer choice while also endorsing mandatory mass medication explains why this association is in terminal decline.

Neither *The Fluoride Deception* nor 2010’s best book on fluoridation, *The Case Against Fluoride* by Paul Connett and others, have ever been reviewed by the Irish media. But Internet users can learn how Dr Connett’s evidence (2) of Oct 2000 to the Fluoridation Forum was shamefully dismissed by Irish fluoridation promoters, including several who still operate under the moniker of the *Irish Expert Body on Fluorides and Health*.

At least internet users in Ireland, the UK and elsewhere can now see that the official Irish spin on fluoridation, like the recent flawed referendum claiming to protect Irish children, is blatantly unreliable and not in the public interest.

(1) Promotion of fluoridation.

During the 1950’s and 1960's the United States Public Health Service gave MILLIONS of taxpayers dollars to Western European countries (including UK and Eire), and Australia, New Zealand and Canada in a huge push TO PROMOTE FLUORIDATION. Poster campaigns in hospitals, doctors and dentist’s surgeries, libraries, schools, works canteens etc, proliferated UK and Eire institutions received AT LEAST the following sums:

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<tr>
<th></th>
<th>1958</th>
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<tr>
<td>Eire</td>
<td>$19,078</td>
<td>$62,250</td>
<td>$78,730</td>
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<td>UK</td>
<td>$232,035</td>
<td>$900,048</td>
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Currently Eire is approximately 73% fluoridated and the UK approximately 10% fluoridated mainly in the West Midlands and North East.

Source: Briefing paper by UK National Pure Water Association, April 1999.

(2) http://www.amazon.com/The-Case-Against-Fluoride-Hazardous/dp/1603582878

Action – you must turn off the flow of the fluorosilicic acid/silicofluoride hazardous waste pollutants known as ‘water fluoridation’ permanently and irrevocably and make Queensland and Australia ‘water fluoridation/pollution free’ for all time.

Paul Connett, PhD, Director, Fluoride Action Network

“Quite frankly it is embarrassing to see professionals dismissing the arguments against fluoridation in this insulting way. If anyone doubts what I am saying then I urge them to read the solid scientific arguments raised against fluoridation in the book *The Case Against Fluoride* (Chelsea Green, 2010). It is absurd to dismiss the opponents of fluoridation as conspiracy theorists. Every argument raised in this book is backed up with references to the scientific literature (80 pages in all). I challenge any of these four professionals to read this book and then repeat the nonsense that they are spouting here. If the book is too long for them to muster the time to read then they could simply watch the 28-minute DVD Professional Perspectives on Water Fluoridation, (available online for free at www.FluorideAlert.org , click on FAN-TV on top of the home page) where 15 top notch professionals take a diametrically opposed view to their own. If having done either of these, these four professionals still believe that fluoridation is a safe, sensible and ethical thing to do then I challenge them to demonstrate the confidence in their position by debating me in person, if and when I can get to Bundaberg.  This is a response to this article.

Dr. Paul Connett is the Director of the Fluoride Action Network (FAN), and the Executive Director of its parent body, the American Environmental Health Studies Project (AEHSP). He has spoken and given more than 2,000 presentations in forty-nine states and fifty-two countries on the issue of waste management. He holds a Bachelors Degree from the University of Cambridge and a Ph.D. in Chemistry from Dartmouth College and is a retired Professor of Environmental Chemistry and Toxicology at St. Lawrence University. He lives in Canton, New York. In his fascinating presentations Dr. Connett shares his wealth of information with you, bringing new research to light, including links between fluoride and harm to the brain, bones, and
endocrine system, and informing us about how the evidence that fluoridation reduces tooth decay is surprisingly weak.

Professor Paul Connett’s CV at 2005

Queensland fluoridation, based on FRAUD from DAY ONE.

Paul Connett Speaking Tour of New Zealand 2013

Walmart gives Fluoride Action Network a wonderful Christmas present

December, 2012

In fact, Walmart has given not only FAN a wonderful Christmas present but also many bottle-fed babies a better start in life. Following up on reports that some of supporters had sent us, namely that they had not seen any fluoridated nursery water on Walmart’s shelves recently, our media officer Carol Kopf wrote to Walmart asking what the situation was. Today she got back this message from their customer care department:

Hi Carol,

Thank you for contacting Walmart.com regarding information for Nursery Water…we are writing to let you know that we have just this kind of Nursery water.

Gerber Pure Purified Water, 1 gal
Ingredients:Purified Water, Calcium Chloride, Magnesium Sulfate, Potassium Bicarbonate this water does not have fluoride…

Happy Holidays
Sincerely,
Walmart.com Customer Care

Revisited - "Fluoride, the Freedom Fight" - By Dr Hans Moolenburgh M.D.

The history of how fluoridation was defeated in Holland, is a lesson to every one. It describes the passion for lies used to gain acceptance of fluoridation.

The following are a few quotes from Fluoride - The Freedom Fight, the 208 page book by Dr. Hans Moolenburgh.

"It could therefore be the case that in the Netherlands we have found something which may be of help to other nations. It is now more than ten years since we stopped fluoridation; dental health has improved all over the country, without fluoridation. We have, moreover, gained some vital insight into what a free democracy can or cannot tolerate from its elected representatives. In our technocratic twentieth century it is of paramount importance that we formulate this one question: what is the limit of power, allowed to our elected representatives?

I know quite well that the Dutch, because they are such a tiny nation, see everything they do through a magnifying glass, but it was, and still is, my opinion that what happened in the Netherlands can be seen as an example of how moral right can prevail over the thought-patterns of a sick society." He wrote: "The story of 50% tooth decay is like an empty bus. Only two passengers are in that bus. I he driver stops and one of the passengers alights. And the driver says to himself: "I have lost 50% of my passengers"."

You can see how we had to fight and struggle all the time with the material, the false statistics, the untruths and how we had to try to find better arguments, better illustrations. I am absolutely convinced that fluoride is an immune suppressive substance (one which paralyses our resistance). This means that fluoridation would lower the resistance of a whole population against sickness in general, and illnesses related to the immune system in particular, for instance cancer.
But there is another side to this question. The 'silent majority' let things be. Yes, they were against fluoridation; yes, they grumbled. But by not protesting loudly and clearly, they condoned the attitude of their elected representatives, who had betrayed their trust. A whole population was guilty of allowing such a situation to develop. The situation was new, it is true, but even when people had to fetch water from the pump, the elected representatives in The Hague did not receive one angry telephone call. Children should be taught at school exactly what their democratic rights are and when to protest. Dictatorship can come from within, but only if enough people are asleep.

The question of water fluoridation is the first instance of a question which asks whether the authorities have the right to force citizens to consume certain substances while some of them do not want it, and must therefore be seen as an important precedent. If the issue were whether the authorities have the right to force citizens to swallow their daily fluoride in tablet form, the majority would probably be against it. It would be anomalous if the presence of the waterworks as a handy and cheap means of transport were to lead to a different conclusion.

The existence of the means does not make their use morally right. Secretary of State Hendriks of the Department of Health said last week: 'In my opinion it is high time that the emancipation of the patient becomes a fact.' Fluoridation would mean that all of us would be proclaimed to be patients, and very un-emanacipated patients at that! This was the central issue: not the medical problems, important as they may be, but the problems of freedom, of civil liberty.

And so the battle, thanks to a group of people who had voluntarily given all their time and energy to it, had finally come to a good conclusion. That group of fighters had not received any grants. The whole project was sustained by the odd coin given by an elderly couple; spare time given by do overworked housewife; evening hours put in by a harassed schoolteacher and risks taken by sympathetic officials. It had been the victory of the man in the street. No scientific laboratories had brought this about, but the undaunted conviction of the citizens that it had gone 'just so far, but no further'.

At this point I asked myself if what we had been fighting all along was superstition, pure and simple; if we had been up against the power of an idol, the horrific strength of the false religion of consumerism. Perhaps this had caused the fanatic light and glazed look in the eyes of so many proponents. Of course there were also those gigantic financial benefits for the industries who could at last sell a poisonous waste product for stupendous amounts of money, but behind those financial assets loomed another spectre: the small powerful elite feeling the thrill of chemically manipulating a whole population. The satirical song by Farce Majeur I mentioned earlier was maybe not so funny after all. Today it is teeth but if we had let them have their way what would it be tomorrow?

VICTORY

But above all, thank you hidden Stage Manager for letting it all happen exactly at the right time, even if for us it often looked like an accident or pure chance.

I am very grateful to You. What a privilege to be alive!"


There are many animal studies of fluoride’s impact on the bone and brain, as well as on the endocrine and reproductive systems. These are discussed in subsequent chapters along with some important human studies.

**Farm And Domestic Animal Studies**

Normally, when we talk about animal studies, we are thinking about animals used in lab studies, like rats, mice and guinea pigs. However, in the history of fluoride pollution (see chapter 9) the fluoride poisoning of farmyard animals has been of great concern. Grazing cows have literally been brought to their knees by fluoride emissions from aluminium smelters.

One of the pioneers in researching the impacts of fluoride on farmyard animals was **Dr. Lennart Krook**, a veterinary pathologist at Cornell University. Dr. Krook passed away in April, 2010. One of his last studies involved investigating the mysterious illnesses affecting a number of quarter horses on Cathy and Wayne Justus’ farm in Pagosa Springs, Colorado. Some of the horses died. It was only when Cathy and Wayne Justus changed the horses’ water supply that the symptoms of the remaining animals began to clear up. Dr. Krook was able to show that the likely cause of the horses’ ailments was fluoride. This event led to the halting of fluoridation in Pagosa Springs. A very disturbing videotape of these horses can be viewed online. The Justus and Krook study was published in the journal Fluoride in 2006. The problem for both cows and horses is that they drink very large quantities of water, so should they be exposed to fluoridated water, their fluoride exposure can be very high indeed.

Another animal that might be very sensitive to fluoride is the dog. The dog is one of the few animals that succumbs to osteosarcoma, and larger dogs commonly lose strength in their rear legs. Fluoride is known to cause arthritic-like symptoms and is suspected of causing osteosarcoma in both rats and humans (see chapter 18). With the possibility that dogs are getting high levels of fluoride in pet food, especially pet food that contains bonemeal, there is a very real chance that fluoride may be the causative agent for these conditions. These speculations need to be investigated.

**Summary**

The chemistry and biochemistry of fluoride and its kinetics in the body, are such that fluoride can function as a cumulative poison when small amounts are ingested over a long period by drinking fluoridated water. Fluoride circulates in the blood and accumulates in calcifying tissues, which include the bone, the teeth, and the pineal gland. It can inhibit the function of a variety of enzymes in vitro (‘in vitro’ literally means ‘in glass’ and is used to indicate an experiment performed outside the whole body). Also in vitro, in combination with traces of aluminium, fluoride can interfere with G proteins, used by many water-soluble messengers, such as hormones and growth factors, to deliver their messages to the inside of the cells of tissues they help regulate. Although more difficult to prove, it is reasonable to assume that many of the effects seen in vitro can occur in the whole body. End Extract
Albert W. Burgstahler, PhD., Professor Emeritus of Chemistry, The University of Kansas, Editor, Fluoride Research

It is my hope that this book will enable good science to prevail over dogma on this issue. This is important not only to end a significant health threat to fluoridated populations but also because it is critical for a civil society to be informed by honest science. This change can occur only if enough people – especially new generations of scientists, doctors and dentists – want it to happen.

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**Dr Bull promoting fluoridation (the 'missing' minutes):**
Infamous US Dental Conference 1951  (PDF): 1.9MB.

**London Anti-Fluoridation Campaign (1960s):**
The Fluoridation Fraud  (PDF):  Dr Bull's key quotes.

Source:  http://home.vicnet.net.au/~fluoride/

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Photo: **Fluoride from a nearby aluminium smelter is making Portland kangaroos ill. (Margaret Burin : ABC Local)**

**Kangaroos poisoned by fluoride**
Tue Feb 23, 2010

The Environment Protection Authority (EPA) says fluoride from Alcoa's aluminium smelter at Portland is making kangaroos sick. The EPA's Bruce Dawson says the fluoride is being absorbed by the nearby vegetation which is then being eaten by the kangaroos. He says the fluoride poisons the kangaroos and makes lesions grow on their bones, which renders them lame. "Once kangaroos have restricted movement [it] has a significant impact on their welfare. So this is something that needs to be managed and avoided." He says there is not a lot of information around about the impact of fluoride on kangaroos. The problem is more common in cattle. "There was a lot of research done in the 60s and 70s in the United States but this really has just started to emerge in terms of the impacts on kangaroos."  http://www.abc.net.au/news/2010-02-23/kangaroos-poisoned-by-fluoride/340324
Roos Victims of Factory Fluoride

February 21, 2010

SCORES of starving and pain-ridden kangaroos have been culled after developing tooth and bone deformities from breathing and ingesting fluoride emissions. Many more are believed to be suffering from growths that will kill them. The affected kangaroos are living near the Alcoa aluminium smelter in Portland, in the state's south-west, and the Austral Bricks factory at Craigieburn. Autopsies performed at Melbourne University on 49 kangaroos culled at Alcoa on a single day last year found all but one were suffering from fluorosis, which leads to excessive bone growths, or lesions, on joints in the paws, ankles and calves. It can also cause tooth and jaw deformities that hinder eating and foraging.

The Sunday Age has been told more than 200 ill kangaroos living near both affected sites have been culled in recent years, but this figure could not be confirmed. The Environment Protection Authority was first warned of the effect of fluoride dust and fumes on kangaroos living near the Alcoa smelter in 2005, although lameness was detected in some animals grazing there as early as 2001. Jenny Charles, associate professor in veterinary pathology at Melbourne University, said research had found that up to 90 per cent of the roughly 130 kangaroos living at the Portland site had some form of fluorosis on their teeth and a quarter had visible limb lumps. Dr Charles said autopsies on Craigieburn kangaroos showed lower levels of fluoride in their systems, but the effects of fluorosis seemed to be worse. Other foraging animals may also be affected.

Wildlife Victoria alerted the Department of Sustainability and Environment to the plight of the Craigieburn kangaroos in 2008. Wildlife shelter operator Manfred Zabinskas told The Sunday Age last week that he had been horrified when he saw how many kangaroos were sick. "They were in real pain," he said. EPA director of environmental services Bruce Dawson denied the authority had been slow to reduce maximum emission levels. He said that while the levels were safe for humans, it was now clear they were too high for some animals and a new level was likely. However it could take years before research indicated what that level should be. "We are taking this seriously. Clearly the impact on the local kangaroos and vegetation is not acceptable and action is required," Mr Dawson said. He said research by Melbourne University would help guide the EPA's actions. Neither Alcoa nor Austral Bricks has been in breach of their licences to emit fluoride, but Mr Dawson said the EPA had demanded that Austral "significantly reduce" its fluoride emissions by building new facilities and upgrading technologies.

He said Alcoa had been advised to limit the kangaroos' access to contaminated foliage and the EPA was investigating whether the smelter could reduce its emissions. Mr Dawson said there were plans to herd the kangaroos away from the most polluted areas. Latest Federal National Pollutant Inventory figures show Alcoa's Portland plant is Victoria's largest emitter of fluoride dust, with 120 tonnes a year. Austral Bricks' three plants at its Craigieburn site is second largest with a combined total of 66 tonnes a year.

The largest Victorian emitter of fluoride overall is Melbourne Water.

Austral Bricks' Victorian general manager, Peter Caughey, said a $75 million expansion of the company's newest plant, which would phase out old technologies, was expected to reduce fluoride emissions by between 76 and 86 per cent once works were completed in 2011. He did not admit emissions from the brickworks were affecting the nearby kangaroos, but said the company had taken steps over the years - including incrementally reducing its emission level and funding the Melbourne University research - to tackle the kangaroo problem. "We are deeply concerned by the potential for low-level emissions to affect the health of any animal grazing close to the smelter and will look for further improvement opportunities," he said. Wildlife Victoria chief executive Sandy Fernee said the situation was urgent. Kangaroos were being forced out of their territories and left with contaminated land.

Fluoride in Dog Food: Bone Meal and Cheap Fillers May Deliver Toxic Dose

Is what you’re feeding your dog delivering toxic doses of fluoride and putting your pet at risk?

An independent lab study of 10 dog food brands commissioned by the Environmental Working Group (EWG) found that eight out of ten of them contained levels of fluoride up to two and a half times higher than the standard set by the EPA for drinking water, highlighting the need for more stringent guidelines for pet foods. "Our findings point to the need for basic health protections that require companies to prove their products are safe before they are sold. Bringing public health laws in line with the newest scientific research..."
is a critical step in protecting the health of all members of American households, whether they walk on two legs or four.” – Olga Naidenko, Ph.D, lead researcher of the study

The findings of the study, hot on the heels of the melamine in pet food scandal, claim that the levels of fluoride in the dog foods were higher than those associated with bone cancer in boys (Harvard, 2006), but because no limits have been set for dogs, the study raises more questions than it answers. “Due to a failed regulatory system and suspect practices by some in the pet food industry, countless dogs may be ingesting excessive fluoride that could put them at risk.” – Naidenko – The sources of the fluoride were most likely from animal byproducts and bone meal, and EWG stated that the brands found to contain excess fluoride had contents which included chicken by-product meal, poultry by-product meal, chicken meal, beef and bone meal. These ingredients are so-called “filler” used to bulk up the food. The levels of fluoride found in the dog foods ranged between 7 and 11.2 mg per kilogram (kg) with an average of 8.9 mg/kg in the 8 brands. Two of the dog food brands did not contain detectable levels of fluoride. According to the report, a 10-pound puppy that eats a cup of dog food per day would consume 0.25 milligrams of fluoride per kg of body weight per day, which is five times higher than the safe level set by the U.S. Department of Health and Human Services. EWG recommends purchasing dog food which is free from bone meal and “byproducts” to be on the safe side, and doing some research to find the healthiest, cleanest food for your pet. 

"Dogs, Cats, Osteosarcoma, Dysplasia and Pet Food Fluoride"

by George Glasser, NPWA Bulletin

The recent cover-up scandal about osteosarcoma and drinking water fluoridation brought to mind research I had done several years ago into canine osteosarcoma which is fairly common among certain breeds of dogs and cats. Because of the association between osteosarcoma and drinking water fluoridation, I contacted people whose dogs developed the cancer to see if they lived in fluoridated areas, but there was not even a credible anecdotal connection. It appeared to be a universal problem. I dropped the investigation until the new flap came up about fluoride and osteosarcoma and I decided to take a fresh look at the issue again.

Osteosarcoma is the most common bone cancer in humans, cats and dogs. Osteosarcoma mostly occurs in male humans, dogs and cats. In dogs, the disease is more frequently seen in larger breeds such as rottweilers, greyhounds, golden retrievers, etc. Recent studies have also shown that osteosarcoma is also more common in taller people. Osteosarcoma accounts for 85% of all primary bone tumours in dogs, and in the US - 8,000-10,000 dogs per year in U.S develop osteosarcoma. In cats, osteosarcoma accounts for 70% of primary bone tumours. In humans, about 5 children out of a million develop osteosarcoma each year. Osteosarcoma accounts for five percent of all primary bone tumors in children. Osteosarcoma is the most common type of bone cancer/tumors seen in humans, dogs and cats.


Environmental Working Group

**Fluoride, Thyroid and Dogs - Dog Food Comparison Shows High Fluoride levels**

An investigation by the [Environmental Working Group](http://www.ewg.org/pets/fluorideindogfood) found that commercial dog food contains very high levels of fluoride (due, in part, to the presence of fluoride-rich bone particles). Since dogs have been found to suffer a high incidence of hypothyroidism, the relationship between fluoride contamination and thyroid disease in dogs deserves further attention, particularly since it was fluoride’s production of goiter in dogs that first prompted the idea that fluoride could be an anti-thyroid agent. (Maumene 1854).
LIVESTOCK HEALTH  FLUOROSIS IN SHEEP
Primary Industries and Fisheries within the Department of Employment, Economic Development and Innovation

Key points

• Ensure water and feed contain low levels of fluorine by testing water and using low-fluorine or defluorinated rock phosphate.
• If sheep ingest large quantities of fluorine rapidly it can cause death.
• Continuous consumption of toxic levels of fluorine by young sheep causes chalky, mottled and pitted teeth; thickening of the lower jaw and bony outgrowths that impairs foraging.
• There is no treatment, so prevention is aimed at restricting the opportunity for sheep to consume high levels of fluorine, particularly young sheep that are most susceptible.

Acute fluorine toxicity occurs when sheep ingest large quantities of fluorine rapidly and death occurs. In Queensland this is rare as sheep are seldom exposed to high-fluorine phosphorus supplements.

Inserted comment:  Forced fluorosilicic acid/silicofluoride poisoning (water fluoridation) of the water supplies in Brisbane and other areas commenced end Dec. 2008 ongoing forced ‘fluoridation’ throughout extensive areas of Queensland’s drinking water supplies.  DDB

Chronic fluorine toxicity is the main type observed. It is caused by the continuous consumption of toxic concentrations of fluorine while the sheep are young and teeth and bones are growing. The teeth become chalky white, mottled and pitted. They wear excessively, unevenly and sheep rapidly become 'broken-mouthed'. Foraging is impaired. The bone of the lower jaw thickens and bony outgrowths may develop. In rare instances the bones become chalky white, soft and thickened and this can lead to lameness and fractures. Outgrowths can occur on the bones as well.

There is no treatment. Fluorine is a cumulative poison.

850 to 6935 ppm fluoride). Mineral supplements were the main sources of excess fluoride. Fluoride lesions were on some cows of all herds suggesting that fluoride may affect the health and performance of some cows in "normal" herds. Fluoride lesions were on young cattle and calves in fluorosis herds. 


+ 2009 - FLUORIDE WEAKENS RACEHORSE BONES -- KEEP IT OUT OF DRINKING WATER

To: Governor Arnold Schwarzenegger, Sacramento, CA. From: Richard Sauerheber, Ph.D., (760) 744-1150 ext. 2448
Richard Sauerheber, Ph.D is the author of Toxicity of Artificially Fluoridated Water.

Adverse health effects are now ongoing in So CA due to fluosilicic acid injections into public water supplies, designed to ‘decrease teeth cavities’. The graph below depicts data presented by the Equus Memorial, dedicated to horses mostly in the U.S. that have lost their lives since 1970 while participating in the ‘sport of kings’. Many of the deaths include the recent precipitous rise of bone breakage deaths noted in So CA’s Santa Anita, Hollywood Park and Del Mar racetracks. Del Mar alone had 8 LETHAL BONE breaks in 2008 and in the first week in 2009 already has 7 such deaths.

These are memorial descriptions after strict criteria for inclusion, where the actual total lethal racehorse deaths mostly due to bone breakage has been published to be 800 deaths just last year, 2008 in the U.S.

I cannot tell what all the possible reasons might be for this precipitous increase in broken bones in racehorses, but I do not agree that it is simply abrupt changes in breeding practices or worn-out track surfaces or synthetic polytrack alone that could be responsible. I am certain that fluoride, that accumulates from unnaturally drugged drinking water, into horse bone plays a significant role. Fluosilicic acid (a crude hazardous waste from the fertilizer industry) or sodium fluoride injections into public water initially spread widely in the 1960's into many U.S. cities, but ranchers typically use wells to water livestock.

In So CA however, city water is commonly used for horses so when acid injections began in 2006-2007 over the wide greater Los Angeles and North San Diego County area, suddenly 18 million So CA residents and animals began treatment with this insecticide (Merck Index) used as though it is a drug useful for children’s cavities. The FDA has never approved of fluoride for human ingestion because its toxicity compares with that for arsenic and lead in tested animals and there is no way to regulate dosage through public water supplies.

Source: http://www.shirleys-wellness-cafe.com/fluoride.htm
MELBOURNE, AUSTRALIA — April, 2009  FOUR HORSES HAD TO BE EUTHANIZED IN FOUR DAYS FROM INJURIES SUFFERED IN STEEPLECHASE RACES IN VICTORIA STATE, RENEWING CALLS FOR THE RACES TO BE BANNED


(note Melbourne ‘fluoridated’ since 1977 - Victoria 90% + fluoridated/polluted.)

+ Another example:  CATASTROPHIC INJURIES TO RACEHORSES SPIKE AT TURFWAY KENTUCKY

March, 11, 2009 (Kentucky 100% ‘fluoridated/polluted’ - they in dental crisis also !)

After going a month with no fatalities, Turfway Park in Northern Kentucky was the site of five catastrophic injuries during an eight-day period in February, according to state veterinarian Dr. Bryce Peckham. Read more: http://www.bloodhorse.com/horse-racing/articles/49581/catastrophic-injuries-spike-at-turfway#ixzz1HNjW8Kng


From Dr. Richard Sauerheber, B.A. Biology, Ph.D. Chemistry, University of CA, San Diego http://fluoride-class-action.com/tag/horses

More on Animals http://washingtonsafewater.com/category/animals/

+ FLUORIDE TOXIC EFFECTS ON ANIMAL ORGANS


+ EFFECTS OF FLUORIDE INGESTION ON WHITE-TAILED DEER


+ Sodium Fluoride/Copper Naphthenate Toxicosis in Cattle

Brad M. DeBey1,3  Binod Jacob1  Fred W. Oehme1  Paula Imerman2

10. 1Department of Diagnostic Medicine/Pathobiology, College of Veterinary Medicine, Kansas State University, Manhattan, KS

11. 2Veterinary Diagnostic Laboratory, College of Veterinary Medicine, Iowa State University, Ames, IA

12. 3Department of Diagnostic Medicine/Pathobiology, College of Veterinary Medicine, Kansas State University, 1800 Denison Avenue, Manhattan, KS 66506.

Fourteen cattle on a Kansas pasture died from ingestion of a wood preservative compound containing sodium fluoride and copper naphthenate. Clinical signs included depression, anorexia, ataxia, diarrhea, and recumbency. Grossly visible lesions included perirenal edema, pale kidneys, and fore stomach ulceration. All 3 cows that had postmortem evaluations had extensive renal cortical tubular necrosis. Tissue concentrations of fluoride were slightly elevated above expected background levels, while copper tissue concentrations were not elevated. The findings indicated that the sodium fluoride caused renal tubular necrosis leading to renal failure. Copper naphthenate may have contributed to abomasal ulceration; however, tissue copper concentrations indicated that copper from the formulation was not appreciably absorbed from the gastrointestinal tract. Full: http://vdi.sagepub.com/content/19/3/305.full

+
When San Diego was fluoridated, Elephants did poorly
http://fluoride-class-action.com/dr-sauerheber-on-elephants-dead-of-aluminum-fluoride

Elephants are doing poorly in Seattle and most other US zoos
http://seattletimes.com/html/nationworld/2019809167_elephants02m.html

Horses get sick and die when they drink fluoridated water
http://fluoride-class-action.com/poisoned-horses
http://baltimorepostexaminer.com/poisoned-horses-fluoride-debate-continues/2012/08/18
http://www.fluorideresearch.org/413/files/FJ2008_v41_n3_p177-183.pdf

Camels are sickened by drinking water high in fluoride

Fluoride Pollution and Decline in Salmon Stocks

For the Industrial Waste Industry, Artificial Fluoridation is an ideal "Solution" to Pollution

Conclusion:- The decline in salmon stocks, especially Chinook and Coho, is a major economic problem for both commercial and sport fisheries. "Critical habitat restrictions" are currently (April 1994) being formulated. Fluoride pollution should be included. There are many questions. But, until evidence to the contrary based on impartially, conducted field studies, is available, the "critical level" of fluoride, in fresh water, to protect salmon species in the US Northwest and British Columbia, should be 0.2 mgF/L. Acceptance of this level would condemn both the direct metering into fresh water of fluoride wastes from such activities as smelting and phosphate fertilizer manufacture and the entry of fluoride after its deliberate addition to community water supplies.

THE STRATEGY FOR ELIMINATING UNACCEPTABLE LEVELS OF FLUORIDE FROM THE "CRITICAL HABITAT" OF NORTHWEST PACIFIC SALMON CONSISTS IN THE IMMEDIATE BANNING OF ARTIFICIAL FLUORIDATION and the rapid sunsetting of the current disposal practices of fluoride-producing industries.

Full document:  http://www.fluoridation.com/enviro.htm

Publications on Fluoride Toxicity and Fluorosis: On Human Subjects

Publications in Journals
http://www.fluorideandfluorosis.com/Publications/Publications_Human.html

Fluoride Action Network   FAN TV
The Fluoride Deception: An Interview with Christopher Bryson
http://www.fluoridealert.org/fan-tv/bryson/
1997 John Colquhoun – Principal Dental Officer - Auckland New Zealand

Why I Changed My Mind About Water Fluoridation
by John Colquhoun, Perspectives in Biology and Medicine, 41, 1, Autumn 1997

Former Advocate
To explain how I came to change my opinion about water fluoridation, I must go back to when I was an ardent advocate of the procedure. I now realize that I had learned, in my training in dentistry, only one side of the scientific controversy over fluoridation. I had been taught, and believed, that there was really no scientific case against fluoridation, and that only misinformed lay people and a few crackpot professionals were foolish enough to oppose it. I recall how, after I had been elected to a local government in Auckland (New Zealand's largest city, where I practised dentistry for many years and where I eventually became the Principal Dental Officer) I had fiercely — and, I now regret, rather arrogantly — poured scorn on another Council member (a lay person who had heard and accepted the case against fluoridation) and persuaded the Mayor and majority of my fellow councillors to agree to fluoridation of our water supply.

Environmental scientists, as well as many others, tend to doubt fluoridation. In the United States, scientists employed by the Environmental Protection Agency have publicly disavowed support for their employer's pro-fluoridation policies [73]. The orthodox medical establishment, rather weak or even ignorant on environmental issues, persist in their support, as do most dentists, who tend to be almost fanatical about the subject. In English-speaking countries, unfortunately, the medical profession and its allied pharmaceutical lobby (the people who sell fluoride) seem to have more political influence than environmentalists.

Interview with Dr. John Colquhoun 1998 – New Zealand Researcher, Dental Practitioner and Public Health Official

John Colquhoun, BDS, PhD 1924 – 1999
A dentist and historian, John Colquhoun lived in Auckland, New Zealand while pursuing a career as a researcher, dental practitioner and public health official. He graduated from the University of Otago in New Zealand in 1948 with a Bachelor of Dental Surgery degree and received his diploma for education in Sydney. After 7 years service in the national School of Dental Service, as a teacher and administrator, he entered private practice. In 1971, he became Principal Dental Officer for the Auckland Health District. During this period he carried out research in both dentistry and Auckland social history.

Until 1980, Colquhoun was a keen advocate of water fluoridation. In that year, he was sent on a world study tour by the New Zealand Department of Health for the purpose of investigating recent research into fluoridation. Upon his return he was appointed to the post of Chairman of the Fluoridation Promotion Committee of the New Zealand Dental Health Foundation.

After returning from his study tour, Dr. Colquhoun reported the new discovery (for 1980) that dental decay was declining in "western" counties, with or without fluoridation, and that the differences between decay rates in fluoridated versus non-fluoridated locations were much less than had been claimed would occur.

Nonetheless, like many of his professional colleagues of the day, Colquhoun was very reluctant to admit that fluoridation was a failure. He advocated, and his superiors agreed to a new approach based on the belief that fluoridation still provided a marginal benefit. Colquhoun felt he was reinforced in that belief by his superiors' claim that new statistics, collected for all New Zealand School Dental Service patients (98% of the childhood population) revealed such a benefit.

He was shocked to discover, when the statistics were sent to him, that they revealed no such benefit. In fact, in most Health Districts the percentage of children who were "caries-free" was higher in the non-fluoridated areas of New Zealand. Colquhoun disagreed sharply with his superiors' action in circulating a document, "overview of fluoridation statistics," which omitted the Health District statistical information on fluoride and "disgracefully doctored" the remaining statistics, claiming that a marginal benefit existed. When, in addition, he discovered that dental fluorosis prevalence (a sign of fluoride toxicity) was much higher than expected in fluoridated areas, Colquhoun publicly changed his stance on fluoridation in 1983.

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Dr. Colquhoun continued his research, which contributed to the earning of a Doctor of Philosophy degree in 1987, and was appointed to the post-doctoral position of Honorary Research Fellow of the University of Auckland. In 1992 he became editor of the Journal of the International Society for Fluoride Research (Fluoride), a position which provided a good overview of fluoride research in different academic disciplines. Dr. Colquhoun passed away peacefully in his home on March 23rd, 1999 at the age of 75, remaining intellectually active almost until his final moments.

Watch video: http://www.youtube.com/watch?v=e8th-Bbb0LQ
Fluoride Causes Cancer – Dr John Yiamouyiannis

“Our studies show that cancers of the gastrointestinal tract, kidney, bladder, breast and ovaries are those primarily associated with fluoride intake”.

John Yiamouyiannis PhD, Cancer Control Journal, Vol. 5, no’s1 + 2, p. 75.

They should have all listened to Dr. Yiamouyiannis and Dr. Dean Burk and others – but they kept endangering entire populations with their reckless greed and revolving doors to industries.

Fluoride / Fluoridation - Dr. John Yiamouyiannis Fluoride, Cancer, Arthritis and ors.

This was at the Cancer Control Convention in Pasadena, California, about 1991-1992. Tribute To John Yiamouyiannis (1943-2000) Translation from the Japanese Journal of Fluoride Research, No. 19, Nov. 2000, p. 1, excerpts... Dr John Yiamouyiannis, biochemist and founder of the Safe Water Foundation, USA, died October 8, 2000, passing away peacefully in sleep at his home in Delaware, Ohio, surrounded by members of his family. Undergraduate Degree from the University of Chicago and afterward, in 1967; PhD in biochemistry at the University of Rhode Island. Postdoctoral research at Western Reserve Medical School; became a Biochemical Editor at Chemical Abstracts Service. There, he became aware of the health-damaging effects of fluoride.

His opposing water fluoridation prompted efforts by the National Institute of Dental Research to have CAS silence him or risk losing substantial US Public Health Service funding.

He resigned from the CAS. His experience is described in his book, Fluoride the Aging Factor. Dr Yiamouyiannis’s studies with Dr Dean Burk to determine whether cancer death rates increased after fluoridation in the 1950s caused great concern among many Americans and prompted Congressional hearings in 1977 followed by a 21-day court trial in Pennsylvania. There the presiding judge was compellingly convinced of the adverse effects of fluoridation and ordered its halt as a public health hazard. His decision, however, was overruled on jurisdictional grounds, and at an administrative level fluoridation policy remained unchanged.

Tohru Murakami, DDS, PhD Editor, Japanese Journal of Fluoride Research 1-5-16
Kamikoide-machi Maebashi-shi Gunma-ken, 371 0037, Japan
http://www.youtube.com/watch?v=B9ifyVJUMK0&feature=gv&hl=en

FLUORIDE CAUSES CANCER - Dr. Dean Burk - Former Chief Of Cytochemistry At National Cancer Institute For 30 Years

Fluoride's Link To Cancer - Dr. David Kennedy

Fluoride And Cancer

Fluoride Health Effects Database

Fluoride & Cancer click on cancer link

Cancer Prevention Coalition Winning the war on cancer means preventing cancer. Yet cancer is a multi-billion dollar business. Isn’t preventing cancer bad for business? It is for the pharmaceutical and mammography businesses. These industries have intricate ties to U. S. policy makers, directing research funds to insure their continued profits in cancer diagnosis/treatment. It’s time for reform. Congressional leaders are calling for an investigation of the U. S. National Cancer Institute for its indifference to cancer prevention, other than smoking, and for denying the public of its Right-to-Know, and for failing to inform Congress and regulatory agencies. You can add your voice on one or all fronts: Stop cancer before it starts.

The U. S. National Cancer Institute (NCI) - giving up control to corporate interests;
“a governmental pharmaceutical company”-- Samuel Broder, former NCI director;
“plagued by lack of public participation and openness”-- Senator John Glenn

The American Cancer Society (ACS) - world's wealthiest non-profit;
“more interested in accumulating wealth than saving lives”--Chronicle of Philanthropy

The medical-industrial complex and U. S. agencies - FDA, EPA, USDA “allowing American citizens to be guinea pigs” for Monsanto, Dupont, Amgen, Bristol-Myers-Squibb, American Cyanamid…

Leading Cancer Researcher Opposes Water Fluoridation
On 29 May 2003, Professor Epstein wrote:
"Fluoridation of water reflects high receptivity to the fluoride industry, and indifference with significant public health penalties to the U.K. population. I should further note that some 100 leading national and international cancer prevention scientists, and representatives of consumer and environmental organizations have endorsed the Cancer Prevention Coalition's opposition to fluoridation in its The Stop Cancer Before It Starts Campaign Report. "I strongly support EDM 1258 opposing fluoridation of water. Fluoride used for this purpose comes from highly contaminated industrial grade fluorosilicic wastes; contaminants include heavy metals.

Furthermore, there is significant experimental evidence that fluoride induces a dose-related incidence of bone cancer in rats. This is further supported by epidemiological studies incriminating fluoride and bone cancer in young men. "The imposition of fluoridation on the U.K. public presents a significant public health hazard. It should further be stressed that simple filtration will not remove fluoride. Expensive reverse osmosis units are required for this purpose. This would impose undue economic burden among lower socioeconomic groups, as also would the alternative of purchasing bottled water."It should further be noted that fluoride is currently added to the water supply of about 60% of the U.S. population. This is in sharp contrast to only 2% of the European population, which has much lower rates of dental caries."
Many of the speakers at the Total Health 81 conference referred to the problem we have with our fluoridated drinking water:

DR. JAN DE VRIES, Dr. H.Med., Ph.D., D.Ac., D.O., N.D. "I was very shocked that you poor people in Toronto have to drink this water. We have had a tremendous fight in Holland, which we won.

DR. WILLIAM ELLIS, D.O. "The environmental protective agency in the United States has shown that the water in the 90 largest cities in the United States' all cause cancer. It's been proven in U.S. federal court that fluoridation of the inorganic form, which is the end product of aluminium manufacturing, is a cancer causative agent."

DR. WILLIAM MORRIS, D.C., N.D. "Fluoride hardens the arteries and it does a lot more damage. It's toxic, but it happens to be a waste product of a very influential type of industry. We don't need the fluoride in our water. It's an infringement on our freedom. That's what Consumer Health is all about. We must make our rights known, and we must fight for it. Air and water are our first two needs, and they are being politically polluted. I think you should get behind Consumer Health and let's put some pressure and lobby to get better air and water."

DISEASES CONNECTED WITH FLUORIDE

Diseases Connected With Fluoride Ingestion Are Cancer (Of The Mouth, Oesophagus, Stomach, Large Intestine, Rectum, Kidney, Bladder, Urinary Organs, Breast, Ovary), Goiter, Mongolism, Kidney Disease & Osteoporosis. Additional Problems Are Caused By Fluoride In Anaesthetics, Gases And Aerosol Propellants. Symptoms can appear as long as 20 to 30 years later, as fluoride is so very prone to accumulate, not only in the bones and teeth, but also in the soft tissues of the body. Physiologically, the fluoride ion is an avid bone seeker and a potent enzyme inhibitor according to Dr. Albert Burgstahler, University Of Kansas. He states that fluoride depresses growth rate of human cells, causes dermatitis, affects thyroid and heart function, circulation and reproduction, is more potent than cyanide as an inhibitor of respiration, disturbs hormonal balance, and increases the incidence of mongolism by 15%. Upon its accumulation in tissues, fluoride may incorporate itself into naturally occurring compounds to form, for example, fluorouracil, capable of producing cancer or giving rise to deformed babies. Symptoms associated with low-grade fluoride poisoning include excessive thirst, headaches, blurred vision, arthritis, gastrointestinal disturbances and excess urination. These will usually disappear if fluoridated water is replaced by distilled or spring water with a low fluoride level.

CANCER AND FLUORIDATION

In 1971, Dr. Dean Burke, Ph.D., began a study of the effects of fluoridation in drinking water in the United States. Dr. Burke was for 35 years, Head of the Cytochemistry section, and was Co-founder of the National Cancer Institute, U.S.A. He has received many awards for cancer research and biochemistry, including the Domagh Prize, 1965, for cancer research. He has been involved in cancer research for 50 years.

Results of his studies show that a large increase in human cancer mortality in the U.S. is associated with public water fluoridation. "One-tenth of the 350,000 cancer deaths per year in the U.S. are linked with artificial public water fluoridation." (See graph on last page)

"We took the ten largest cities that had been fluoridated and compared them with the ten largest cities that had not been fluoridated. The fluoridation didn't start until 1952 to 1956, and has been continued ever since in the fluoridated group. Between 1940 and 1952 these two groups were identical, could not be distinguished on this curve. But from 1952 on, the curves have been continually widening to the point that there's now a difference of approximately 35,000 a year. There's no question about the data or our particular arrangement of it. The data is from government sources, which any high school student can look up and confirm. Nearly all of the fluoridation-linked cancer deaths are found to begin at the age of about 45 and then steadily increase with age. This situation is sharply different from the increased cancer deaths resulting from cigarette smoking, asbestos or hormones given to expectant mothers. Here a lag of 15 to 30 years is common.
Increased death rates due to fluoridated water commence within a few years after initiation of fluoridation with marked continued increase thereafter. 

In conclusion:

**On April 14, 1981, Dr. Dean Burke, Stated On A Canadian Radio Station, Cfrt: "We estimate that since fluoridation was introduced into the U.S., there have been almost as many excess deaths associated with fluoridation as the sum total of all American military deaths since the founding of U.S.A. 1776. Now that's an awful burden for pro-fluoridationists to bear if they can come to see that they have been responsible for this. The underlying clandestine force behind water fluoridation is a need by various industries to get rid of various toxic fluoride by-products, about as tough to get rid of as radioactive wastes. The dentists are by and large pawns."**

**Complete document:**

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**FLUORIDE CAUSES CANCER - Dr. Dean Burk - Former Chief of Cytochemistry at National Cancer Institute for 30 years**

**Fluoride and genetic damage and cancer**

"In point of fact, fluoride causes more human cancer death, and causes it faster, than any other chemical." Dr. Dean Burk, Chief Chemist Emeritus, U.S. National Cancer Institute

**Fluoride and genetic damage**

When drinking water is artificially fluoridated, it is at the arbitrary concentration of 1 part per million. Dr. W. Klein and colleagues at Austria's Siebersdorf Research Centre found in 1977 that even this small amount of fluoride inhibited DNA repair enzyme activity by 50 percent and caused genetic and chromosome damage(1). This was confirmed in 1982 at the University of Missouri(2).

Sperm cells were damaged by fluoride in a test carried out at Holland's Leiden University leading to a "highly significant increase in mutation"(3).

Scientists at the West German Central Laboratory for Mutagenicity Testing(4) and at Columbia University(5) came up with similar findings showing that it also caused genetic damage to eggs in both insects and mammals.

**Fluoride and cancer**

Substances which cause mutations also tend to cause cancer. Scientists in several countries have demonstrated that this is the case with fluoride. In the USA, a comparison between the ten largest fluoridated cities and the ten largest non-fluoridated cities showed that, while cancer rates had been similar initially, after 20 years the fluoridated cities had 10 percent more cancer deaths than the non-fluoridated ones(6). These figures were checked and confirmed in 1976 by the U.S National Cancer Institute.

There were attempts by the U.S National Cancer Institute to refute this study in 1977 with the claim that during the period of the study there were changes in the age, sex and racial composition of the populations of the cities which had not been taken into account. However, the Institute had made an error in their figures which left out almost 90 percent of the relevant data. At a Congressional Hearing, the data were corrected and agreed, and the National Cancer Institute confirmed the original results.

In Poland, scientists at the Pomeranian Medical Academy reported that as little as 0.6 parts per million produced chromosomal damage to human white blood cells(7). The world's leading authority on the biological effects of fluoride, Dr. John Yiamouyiannis, estimates that 30,000 to 50,000 deaths each year in the USA are directly attributable to fluoride(8). Agreeing with Yiamouyiannis, Dr. Dean Burk, the Chief Chemist Emeritus of the U.S. National Cancer Institute, stated: "In point of fact, fluoride causes more human cancer death, and causes it faster, than any other chemical."(8).

Osteosarcoma is a rare form of bone cancer but it is the most common form of bone cancer and one of the principal cancers of childhood. In the light of a strong correlation between osteosarcoma and fluoride in a study conducted on rats by the U.S. National Toxicological Program in 1990, and epidemiological evidence of osteosarcoma increase in boys and young men, especially in fluoridated areas, Dr. Perry Cohn of the New Jersey Department of Health surveyed its incidence in seven counties of New Jersey relative to water fluoridation. He found that, as demonstrated in Table I, in the fluoridated areas, the incidence of osteosarcoma in boys under the age of 10 was 4.6 times higher than in the unfluoridated areas, 3.5 times higher in the 10 to 19 age group and over twice as high in the 20
to 49 age group(9). In a similar study of three New Jersey municipalities, the figures for osteosarcoma were over twice as high for the 0-9 age group and nearly 7 times as high for the 10 to 19 age group in the fluoridated areas.

Table I: Fluoride and osteosarcoma in young males

Seven Counties, New Jersey, 1979-1987

<table>
<thead>
<tr>
<th>Age</th>
<th>Cases</th>
<th>Population</th>
<th>Rate/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>Fluoridated 2</td>
<td>48,129</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>Unfluoridated 1</td>
<td>102,123</td>
<td>1.0</td>
</tr>
<tr>
<td>10-19</td>
<td>Fluoridated 10</td>
<td>62,990</td>
<td>17.6</td>
</tr>
<tr>
<td></td>
<td>Unfluoridated 7</td>
<td>151,384</td>
<td>5.1</td>
</tr>
<tr>
<td>20-49</td>
<td>Fluoridated 5</td>
<td>141,429</td>
<td>3.9</td>
</tr>
<tr>
<td></td>
<td>Unfluoridated 5</td>
<td>348,570</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Municipalities, NJ, 1979-1987

<table>
<thead>
<tr>
<th>Age</th>
<th>Cases</th>
<th>Population</th>
<th>Rate/100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>Fluoridated 2</td>
<td>38,654</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>Unfluoridated 1</td>
<td>46,708</td>
<td>2.3</td>
</tr>
<tr>
<td>10-19</td>
<td>Fluoridated 10</td>
<td>50,297</td>
<td>20.0</td>
</tr>
<tr>
<td></td>
<td>Unfluoridated 2</td>
<td>67,678</td>
<td>3.2</td>
</tr>
<tr>
<td>20-49</td>
<td>Fluoridated 4</td>
<td>115,367</td>
<td>3.8</td>
</tr>
<tr>
<td></td>
<td>Unfluoridated 2</td>
<td>153,713</td>
<td>1.4</td>
</tr>
</tbody>
</table>

"fluoride is a carcinogen by any standard we use. I believe EPA should act immediately to protect the public, not just on the cancer data, but on the evidence of bone fractures, arthritis, mutagenicity and other effects."

William Marcus, senior science adviser and toxicologist, US Environmental Protection Agency.

References:

Source:
http://www.youtube.com/watch?v=ClqK7Xvflg0

~~~~~

Takahashi K, Akiniwa K, Narita K.

Department of Physical Medicine, Faculty of Medicine, University of Tokyo, Japan.

Abstract

Age-specific and age-standardized rates (ASR) of registered cancers for nine communities in the U.S.A. (21.8 million inhabitants, mainly white) were obtained from IARC data (1978-82, 1983-87, 1988-92). The percentage of people supplied with "optimally" fluoridated drinking water (FD) obtained from the Fluoridation Census 1985, U.S.A. were used for regression analysis of incidence rates of cancers at thirty six sites (ICD-WHO, 1957). About two-thirds of sites of the body (ICD) were associated positively with FD, but negative associations were noted for lip cancer, melanoma of the skin, and cancers of the prostate and thyroid gland. In digestive organs the stomach showed only limited and small intestine no significant link. However, cancers of the oral cavity and pharynx, colon and rectum, hepato-biliary and urinary organs were positively associated with FD. This was also the case for bone cancers in male, in line with results of rat experiments. Brain tumors and T-cell system Hodgkin's disease, Non-Hodgkin lymphoma, multiple myeloma, melanoma of the skin and monocytic leukaemia were also correlated with FD. Of the 36 sites, 23 were positively significant (63.9%), 9 not significant (25.0%) and 4 negatively significant (11.1%). This may indicate a complexity of mechanisms of action of fluoride in the body, especially in view of the coexisting positive and negative correlations with the fluoridation index. The likelihood of fluoride acting as a genetic cause of cancer requires consideration.

PMID: 11512573

Take Notice: Stop Fluoride Diseases By Robert C. Olney, M.D. Remove Fluorides From Food, Water, Air And Drugs - To Promoters Of Fluoridation:

Do you know the diseases caused by the "cumulative effect" of fluorine? If not, why not? Don't you think you should know these facts before you advocate forcing more of this most powerful and indestructible poison on innocent people? Don't you believe that anyone forcing helpless, innocent people to take in more fluorides should be held morally and legally liable for any damage to these people? Don't you believe that the medical profession and Public Health officials have a great responsibility in protecting the people from the serious, harmful effects of fluorides? Have you read any of the many articles on the harmful effects of fluorides taken from the world's medical and biochemical literature (some of which have been abstracted by John J. Miller, Ph.D., Chicago, Illinois, abstractor for many years for "Chemical Abstracts," one of the most important publications in the chemical world)?

Do you know one of the most serious effects of fluorine is on the brain and nervous system? As a result of the work of so many authorities all over the world, it is shown that fluorine acts to tie up magnesium-forming magnesium fluorine - an insoluble compound which thus prevents the essential enzymes from using magnesium. As a result, mental processes are seriously interfered with and nerve reactions throughout the body are depressed. Fluorine is known as a powerful enzyme inhibitor and a poison, thus gradually destroying enzymatic function. This is the same process by which all vital organs are slowly and seriously damaged. The more vital the organ, the more serious the damage. Fluorine is such a powerful, destructive force that it takes only a minute amount to do great damage. This damage is then permanent to the person, and becomes gradually worse due to the accumulation of fluorine in the enzymes. Fluorine appears to be the cause of many mental and physical defects in the newborn.

From the "Archives of Environmental Health" (published by A.M.A.), February 1961, there is an interesting article compiled from authorities all over the world showing the amount of fluorides in diseased tissues. This shows that in some diseased tissues, such as aorta, tumor, cataract, etc., there are fluorides from 39 to 158 PPM compared with adjoining tissues having from 0.0 to 6.9 PPM. This is evidence that fluorine is an
important factor in the cause of these diseases. Doctors Alfred and Nell Taylor, working in the University of Texas and reporting on the effect of fluorine as a cause of cancer, made the following statement: "The terrifying conclusion of the studies was that fluorine greatly induced cancer tumor growth. If doctors and the public can be made aware of this catastrophe, fluoridation shall quickly end. It will some day be recognized as the most lethal and stupid 'Health Program' ever conceived by the mind of man, with doctors and bloodletters not excepted."

Everyone must know that fluorides constitute the most serious pollution problem in air, food, water and drugs. From all forms of combustion - industrial, automobile, etc. - large amounts of fluoride enter the atmosphere. In some highly industrialized areas it is estimated that each person will absorb 1/2 mg of fluorine through his lungs from the air daily. Large amounts of fluoride, the amount of fluoride in food, has greatly increased There is also a problem of increased use of fluorides in drugs. It is important to know that when any fluoride is taken into the stomach in the presence of the normal hydrochloric acid, the fluorine, being a much more powerful element than chlorine, replaces the chlorine and we have hydrofluoric acid produced, which is one of the most caustic and destructive substances known. Hydrofluoric acid is absorbed into the body (stable fluorides are almost insoluble) and can also cause serious ulceration of the stomach and duodenum.

Extensive research has also shown that fluorides change the chemical structure of the living enamel of the tooth, making it a dead chalky substance. Fluorides also cause calcific plugs in the dentin, greatly disturbing the nutrition and circulation. Thus, fluorides are harmful to teeth and cause periodontal diseases from which people lose their teeth in mid-life. Public Health officials and Boards of Health should be protecting innocent people from this killer instead of promoting fluoride diseases. For the U.S. Public Health Service to use hundreds of millions of dollars of tax money to promote fluoridation of the public water supply and deceive the American Dental Association, the American Medical Association and many millions of citizens, is an organized attack on the health of the people. Reprinted from Cancer News Journal, Vol. 9, No.

Allergies and Chemical Sensitivities:

Innumerable numbers of the population suffering allergies and chemical sensitivities to fluorosilicic acid/silicofluorides known as ‘water fluoridation chemicals’. One example a poor woman named Maz in North Geelong paying a fortune for bottled safe water and thereby refusing to pay water rates for these dangerously corrosive hazardous waste pollutants known as water fluoridation and apparently they ‘are coming after her’ for the money – News article dated 17th August, 2012 headlining Bitter Tears of Allergy Victim is an attachment to this Report. See Article Bitter tears of allergy victim.

Letter to Editor - Bitter Tears, Deaf Ears - In Defense of Maz

Dear Editor,

I am writing in response to the article, Bitter tears of allergy victim (17th August 2012).[1]

In 1991, the Australian National Health and Medical Research Council stated, "it is desirable to explore in a rigorous fashion" the claimed symptoms of hypersensitivity to fluoride, since these claims are being made "with sufficient frequency to justify well-designed studies."[2]

In 2006, the US National Research Council made a similar call for rigorous studies to be conducted, to determine which fluoridation chemicals may cause hypersensitivity in certain individuals.[3]

These studies have not been conducted in Australia, nor in any other fluoridating nation, yet the Government seems quite happy to proceed with a "business as usual" approach, casually sweeping claims by those like Maz under a very dirty, moldy and heavy carpet.

According to former Environmental Chemistry and Toxicology Professor, Dr. Paul Connett, "it is certainly a very distinct and plausible possibility" that these anecdotal reports have medical validity.[4]

As noted by Connett, Beck & Micklem (2010), "it is long past time that governments that promote fluoridation investigated this matter in a rigorous scientific manner, as recommended by a number of independent observers."[5]
Former Chemistry Professor, Dr. Albert Burgstahler – co-author of Fluoridation: The Great Dilemma (1978), in the foreword to Dr. Bruce Spittle's book, Fluoride Fatigue (2008) – remarks, "those who deny reality and persist in discounting sensitivity to fluoride in drinking water are like ostriches with their heads in the sand."[7]

Until the Australian Government can produce the necessary primary health studies[8] that establish an adequate margin of safety[9] to protect the population, then no matter how many times they repeat their "safe and effective" mantra, it's just hot air.

'Spin' is not science, it's the specialised bureaucratic art form of public relations. Only science is science, and sadly, the health departments of Australia are more interested in protecting their fluoridation policy than the health of the people.

References:

+ Annals of Allergy Vol. 25 July, 1967 Allergy To Fluoride

Six children and one adult exhibited various allergic reactions after the use of toothpaste and vitamin preparations containing fluoride. The following conditions were encountered: Urticaria, exfoliative dermatitis, atopic dermatitis, stomatitis, gastro-intestinal and respiratory allergy.

Full document: http://www.nofluoride.com/presentations/Allergy.pdf

+ Fluoride Sensitivity

People can be fluoride-intolerant (toxicity, illness or pain reactions from non-histamine response) or fluoride-allergic (histamine response) from birth or from exposure and accumulation (acquired). They are the same problem with different routes of expression.

Learn more: http://www.slweb.org/ftrcpossiblesymptoms.html

+ Allergy, Sensitivity & Environmental Health Association Qld. Inc (ASEHA Qld. Inc.)

Fluoride Allergy sufferer speaking out
http://www.sonic.net/kryptox/medicine/a/beitzel.htm

+ Fluoride Toxicity Research Collaborative - Personal Stories: Hilary P.

A Medical Student’s personal experience with Dental Fluorosis - from South Australia

My Exposure to Fluoride - I come from a happy home with a Mum and Dad that loved me and took really good care of me. When I was a little girl my Mum was very proud of the fact that I brushed my teeth twice every day and she didn’t give me soft drinks and cordials because they were high in sugar and not good for me. My Mum was a stay-at-home Mum and she made sure I ate healthy home-cooked meals and drank lots of milk for healthy bones and healthy teeth. I didn’t have many childhood infections or a lot of antibiotics. For most of my childhood we lived in the suburbs in NSW and Victoria where we had a fluoridated water supply. I was given fluoride tablets when we went to Brisbane for several months in 1984. I brushed with regular toothpaste because that was all that was available back then, and I sometimes swallowed the toothpaste instead of spitting it out. My baby teeth were completely normal and I didn’t have any cavities.

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The Effects of Fluorosis

When my adult teeth erupted they were badly discoloured. Several dentists have told me that this is caused by fluoride. I guess I sneer a bit at people who complain when they have a little white mark on one tooth because all my teeth were a ghastly chalky white. The two top front teeth were the worst because they also had two dark coffee-coloured stains that covered about half of each tooth.

I remember my first year of high school we had to write anonymous ‘warm fuzzies’. We had to write our name down on a piece of paper and then pass it around the class and everyone was supposed to write a compliment about you. When I got my paper back five people had written, “You are ugly”. Someone else had tried to set up one of the boys and had written, “I love you, from Grant”, and there were a few nice comments from my friends. It is silly, but that memory has stayed with me for many years.

It is a bit of a cliché but children can be cruel and they can ask brutally honest questions. When I was a teenager I remember one of my younger cousins asking me, “Why are your teeth rotten?” It hurt inside but I told them, “because when I was younger I sometimes swallowed my toothpaste instead of spitting it out, and that is very bad for your teeth”. Like most people I have always disliked speaking in public but I was a much quieter child than most. I became a good listener because I didn’t like people looking at me when I talked, and I only really talked to people that I felt safe with. I went through a phase where I smiled without opening my mouth so that I could hide my teeth in photographs. In year 12 one of my friends wrote in my yearbook, “You are a lovely friendly person but you should smile more because you have a nice smile”.

Up until recently, I thought that dental fluorosis was just a cosmetic problem. When I went to the dentist they were always really nice about it and said that although my teeth look awful they are really strong teeth and I probably won’t ever need a filling. I started to get scared about two years ago when I noticed my teeth were becoming pitted where the enamel had started to chip off. This is a problem that many dentists don’t know about because it is fairly rare. When teeth are really badly affected by fluoride they become porous and brittle, and are very prone to damage.

Treatment

My teeth were crooked and a lot of my friends have had braces. I would have liked them too but I felt “why bother?” For most people, a year or two in braces and they have nice, white, perfectly straight teeth. My teeth would still be discoloured.
Bleaching doesn’t work for severe fluorosis. The already very white bits get whiter (not desirable), and the brown bits will only lighten by a few shades. I have had micro-abrasion and that has helped. It is not a complete fix, as you can see for yourself in the photos. Unfortunately the only thing that can be done is to remove the outer part of the enamel and cover it up with a veneer, which is very expensive, especially when you have a mouth full of “rotten” teeth.

It took a long time but I feel like I have reached a turning point in my life. To you it might not sound much, but for me it is huge. It was late one night and I was chatting with a boy that I was romantically interested in. He made a comment about having had orthodontics and I said, “I hate my teeth”. He said, “Get them fixed then”. More than that, he wanted to make an appointment for me with his orthodontist and made me promise that I would do it before the end of the year. “Don’t be useless,” he said. He made me show him my teeth and it was extremely difficult for me – it really made me realize how self-conscious I had become.

I am a medical student so it is important that I can communicate with people and present a professional appearance. I’m now 3 months into my treatment and I really believe it is one of the best things I have ever done. I wish I had done it sooner. I plan to have veneers once the orthodontics are complete and I am really excited about it!

All up I am expecting to pay about $14,000 to straighten and veneer the teeth that are visible when I smile. I realise this is a cosmetic fix to an irreversible structural problem. The teeth that are not veneered will continue to deteriorate, and the veneers will not last forever.

Last Comments

I was at a BBQ recently with some other medical students when one of them brought up the topic of fluoride in drinking water. It made me quite cross to realise that there is really very little knowledge about the harm fluoride can do, even in the medical community.

I think there is sufficient evidence to say that ingesting high amounts of fluoride is harmful. As a medical student, we are taught that all drugs are poisonous in high doses, and that side effects need to be balanced against the benefits of a treatment. It concerns me that when fluoride is put in drinking water the dose that a person gets isn’t monitored or controlled. There is no weighing up of the risks and benefits to that individual, and they don’t have a choice whether or not they take the drug. The side effects in children aren’t obvious until several years down the track when their adult teeth erupt.

Water is a basic commodity and all children and adults should have access to a clean and safe supply. I have heard it quoted that as many as one third of children in Adelaide have some degree of dental fluorosis. If you are a parent of a young child, you should be using low fluoride toothpaste that has been especially designed for children. I urge you to consider carefully the risks and benefits of drinking fluoridated water, and to write your concerns to your local member of parliament. __http://www.slweb.org/ftrcpersonaltories_aus.html
**MEET A FLUORIDE POISONING SURVIVOR - Medical Professionals Didn’t Recognize the Symptoms**

She did not have the stamina to work or hold down a job. Doctors could find nothing wrong; medications (some containing fluoride) made things worse. They began to tell Aliss it was all in her head or “normal” for a busy mom who had “waited too long” to start her family. But after learning that fluoride was toxic to the thyroid and bones, she began to avoid fluoride toothpaste, tap water and tea with immediate improvement.

Aliss developed a non-genetic type of breast cancer at age 47, as did her grandmother before her in Grand Rapids. **Inserted comment by DDB (Grand Rapids Michigan was first place in USA to be ‘fluoridated’ in 1945)** Surgery to remove the tumor under general anesthetic provided a large dose of fluoride her body was unable to tolerate. Aliss developed life-threatening consequences of fluoride poisoning, the early stage of osteoporosis, thyroid disease, damage to kidneys, and extreme hypersensitivity to fluoride as a result. Full document: [http://hartkeisonline.com/natural-health/meet-a-fluoride-poisoning-survivor/](http://hartkeisonline.com/natural-health/meet-a-fluoride-poisoning-survivor/)

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**The Effects Of Fluoride On The Thyroid Gland**

By Dr Barry Durrant-PEATFIELD MBBS LRCP MRCS

Medical Advisor to Thyroid UK

9th September, 2004

There is a daunting amount of research studies showing that the widely acclaimed benefits on fluoride dental health are more imagined than real. My main concern however, is the effect of sustained fluoride intake on general health. Again, there is a huge body of research literature on this subject, freely available and in the public domain.

But this body of work was not considered by the York Review when their remit was changed from "Studies of the effects of fluoride on health" to "Studies on the effects of fluoridated water on health."

It is clearly evident that it was not considered by the BMA (British Medical Association), British Dental Association (BDA), BFS (British Fluoridation Society) and FPHM, (Faculty for Public Health and Medicine) since they all insist, as in the briefing paper to Members of Parliament - that fluoridation is safe and non-injurious to health.

This is a public disgrace, I will now show by reviewing the damaging effects of fluoridation, with special reference to thyroid illness.

It has been known since the latter part of the 19th century that certain communities, notably in Argentina, India and Turkey were chronically ill, with premature aging, arthritis, mental retardation, and infertility; and high levels of natural fluorides in the water were responsible. Not only was it clear that the fluoride was having a general effect on the health of the community, but in the early 1920s Goldemberg, working in Argentina showed that fluoride was displacing iodine; thus compounding the damage and rendering the community also hypothyroid from iodine deficiency.

**Highly damaging to the thyroid gland**

This was the basis of the research in the 1930s of May, Litzka, Gorlitzer von Mundy, who used fluoride preparations to treat over-active thyroid illness. Their patients either drank fluoridated water, swallowed fluoride pills or were bathed in fluoridated bath water; and their thyroid function was as a result, greatly depressed. The use in 1937 of fluorotyrosine for this purpose showed how effective this treatment was; but the effectiveness was difficult to predict and many patients suffered total thyroid loss. So it was given a new role and received a new name, Pardinon. It was marketed not for over-active thyroid disease but as a pesticide. (Note the manufacturer of fluorotyrosine was IG Farben who also made sarin, a gas used in World War II).
This bit of history illustrates the fact that fluorides are dangerous in general and in particular highly damaging to the thyroid gland, a matter to which I shall return shortly. While it is unlikely that it will be disputed that fluorides are toxic - let us be reminded that they are Schedule 2 Poisons under the Poisons Act 1972, the matter in dispute is the level of toxicity attributable to given amounts; in today's context the degree of damage caused by given concentrations in the water supply. While admitting its toxicity, proponents rely on the fact that it is diluted and therefore, it is claimed, unlikely to have deleterious effects.

They could not be more mistaken

It seems to me that we must be aware of how fluoride does its damage. It is an enzyme poison. Enzymes are complex protein compounds that vastly speed up biological chemical reactions while themselves remaining unchanged. As we speak, there occurs in all of us a vast multitude of these reactions to maintain life and produce the energy to sustain it. The chains of amino acids that make up these complex proteins are linked by simple compounds called amides; and it is with these that fluorine molecules react, splitting and distorting them, thus damaging the enzymes and their activity. Let it be said at once, this effect can occur at extraordinary low concentrations; even lower than the one part per million which is the dilution proposed for fluoridation in our water supply.

The body can only eliminate half

Moreover, fluorides are cumulative and build up steadily with ingestion of fluoride from all sources, which include not just water but the air we breathe and the food we eat. The use of fluoride toothpaste in dental hygiene and the coating of teeth are further sources of substantial levels of fluoride intake. The body can only eliminate half of the total intake, which means that the older you are the more fluoride will have accumulated in your body. Inevitably this means the ageing population is particularly targeted. And even worse for the very young there is a major element of risk in baby formula made with fluoridated water. The extreme sensitivity of the very young to fluoride toxicity makes this unacceptable. Since there are so many sources of fluoride in our everyday living, it will prove impossible to maintain an average level of 1ppm as is suggested.

What is the result of these toxic effects?

First the immune system. The distortion of protein structure causes the immune proteins to fail to recognise body proteins, and so instigate an attack on them, which is Autoimmune Disease. Autoimmune diseases constitute a body of disease processes troubling many thousands of people: Rheumatoid Arthritis, Systemic Lupus Erythematosis, Asthma and Systemic Sclerosis are examples; but in my particular context today, thyroid antibodies will be produced which will cause Thyroiditis resulting in the common hypothyroid disease, Hashimoto's Disease and the hyperthyroidism of Graves' Disease.

Musculo Skeletal damage results further from the enzyme toxic effect; the collagen tissue of which muscles, tendons, ligaments and bones are made, is damaged. Rheumatoid illness, osteoporosis and deformation of bones inevitably follow. This toxic effect extends to the ameloblasts making tooth enamel, which is consequently weakened and then made brittle; and its visible appearance is, of course, dental fluorosis.

The enzyme poison effect extends to our genes; DNA cannot repair itself, and chromosomes are damaged. Work at the University of Missouri showed genital damage, targeting ovaries and testes. Also affected is inter uterine growth and development of the foetus, especially the nervous system. Increased incidence of Down's Syndrome has been documented. Fluorides are mutagenic. That is, they can cause the uncontrolled proliferation of cells we call cancer. This applies to cancer anywhere in the body; but bones are particularly picked out. The incidence of osteosarcoma in a study reporting in 1991 showed an unbelievable 50% increase. A report in 1955 in the New England Journal of Medicine showed a 400% increase in cancer of the thyroid in San Francisco during the period their water was fluoridated.
My particular concern is the effect of fluorides on the thyroid gland

Perhaps I may remind you about thyroid disease. The thyroid gland produces hormones which control our metabolism - the rate at which we burn our fuel. Deficiency is relatively common, much more than is generally accepted by many medical authorities: a figure of 1:4 or 1:3 by mid life is more likely. The illness is insidious in its onset and progression. People become tired, cold, overweight, depressed, constipated; they suffer arthritis, hair loss, infertility, atherosclerosis and chronic illness. Sadly, it is poorly diagnosed and poorly managed by very many doctors in this country. What concerns me so deeply is that in concentrations as low as 1ppm, fluorides damage the thyroid system on 4 levels.

1. The enzyme manufacture of thyroid hormones within the thyroid gland itself. The process by which iodine is attached to the amino acid tyrosine and converted to the two significant thyroid hormones, thyroxine (T4) and liothyronine (T3), is slowed.

2. The stimulation of certain G proteins from the toxic effect of fluoride (whose function is to govern uptake of substances into each of the cells of the body), has the effect of switching off the uptake into the cell of the active thyroid hormone.

3. The thyroid control mechanism is compromised. The thyroid stimulating hormone output from the pituitary gland is inhibited by fluoride, thus reducing thyroid output of thyroid hormones.

4. Fluoride competes for the receptor sites on the thyroid gland which respond to the thyroid stimulating hormone; so that less of this hormone reaches the thyroid gland and so less thyroid hormone is manufactured.

These damaging effects, all of which occur with small concentrations of fluoride, have obvious and easily identifiable effects on thyroid status. The running down of thyroid hormone means a slow slide into hypothyroidism. Already the incidence of hypothyroidism is increasing as a result of other environmental toxins and pollutions together with widespread nutritional deficiencies.

141 million Europeans are at risk

One further factor should give us deep anxiety. Professor Hume of Dundee, in his paper given earlier this year to the Novartis Foundation, pointed out that iodine deficiency is growing worldwide. There are 141 million Europeans at risk; only 5 European countries are iodine sufficient. UK now falls into the marginal and focal category. Professor Hume recently produced figures to show that 40% of pregnant women in the Tayside region of Scotland were deficient by at least half of the iodine required for a normal pregnancy. A relatively high level of missing, decayed, filled teeth was noted in this non-fluoridated area, suggesting that the iodine deficiency was causing early hypothyroidism which interferes with the health of teeth. Dare one speculate on the result of now fluoridating the water?

Displaces iodine in the body

These figures would be worrying enough, since they mean that iodine deficiency, which results in hypothyroidism (thyroid hormone cannot be manufactured without iodine) is likely to affect huge numbers of people. What makes it infinitely worse, is that fluorine, being a halogen (chemically related to iodine), but very much more active, displaces iodine. So that the uptake of iodine is compromised by the ejection, as it were, of the iodine by fluorine. To condemn the entire population, already having marginal levels of iodine, to inevitable progressive failure of their thyroid system by fluoridating the water, borders on criminal lunacy.

I would like to place a scenario in front of those colleagues who favour fluoridation. A new pill is marketed. Some trials not all together satisfactory, nevertheless, show a striking improvement in dental caries. Unfortunately, it has been found to be thyrotoxic, mutagenic, immunosuppressive, cause arthritis and infertility in comparatively small doses over a relatively short period of time.
Do you think it should be marketed?
Fluoridation of the nation's water supply will do little for our dental health; but will have catastrophic effects on our general health. We cannot, must not, dare not, subject our nation to this appalling risk.

Dr Barry Durrant-Peatfield
obtained his Medical degrees in 1960 at Guy's Hospital London. He left the NHS in 1980 to specialise in thyroid illnesses drawing inspiration from the work of infamous Dr Broda Barnes, at the Foundation that bears his name, Connecticut, USA. He has been a medical practitioner for over forty years specialising in metabolic disorders during which time he became a leading authority in the UK for thyroid and adrenal management. For over twenty years he also ran a successful private clinic and became a nation-wide leading authority on thyroid and adrenal dysfunction, but clashed with establishment medicine in the management of thyroid illness. He is the author of The Great Thyroid Scandal (see opposite page), he currently lectures at nutritional colleges in London as well as conducting his own teaching seminars. Barry will shortly be opening a diagnostic clinic in the UK for thyroid and adrenal disorders where he will provide advice on diagnosis and treatment with special interests in nutritional aspects. Source: http://rense.com/general57/FLUR.HTM

Paul Connett - No Margin of Safety - Thyroid Disease Epidemic Australia & USA

Fluoride Action Network  Thyroid

Related Videos Dr. Vyvyan Howard
Dr. Robert Isaacson  Fluoride & the Thyroid Gland

When people think of fluoride being prescribed for medicinal purposes, they generally think of fluoride supplementation to reduce tooth decay. Fluoride, however, has also been prescribed as a drug to reduce the activity of the thyroid gland. Up through the 1950s, doctors in Europe and South America prescribed fluoride to reduce thyroid function in patients with over-active thyroids (hyperthyroidism). (Merck Index 1968). Doctors selected fluoride as a thyroid suppressant based on findings linking fluoride to goitre, and, as predicted, fluoride therapy did reduce thyroid activity in the treated patients. (McClaren 1969; Galletti 1958; May 1937). Moreover, according to clinical research, the fluoride dose capable of reducing thyroid function was notably low — just 2 to 5 mg per day over several months. (Galletti & Joyet 1958). This dose is well within the range (1.6 to 6.6 mg/day) of what individuals living in fluoridated communities are now estimated to receive on a regular basis. (DHHS 1991).

The effects of fluoride on various aspects of endocrine function should be examined further, particularly with respect to a possible role in the development of several diseases or mental states in the United States. Major areas for investigation include the following:

Thyroid disease (especially in light of decreasing iodine intake pineal function (including, but not limited to, melatonin production) development of glucose intolerance and diabetes. 

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FLUORIDE: WORSE THAN WE THOUGHT - Written by Andreas Schuld
Tuesday, 13 April 2004

The ever-increasing fluoride levels in food, water and air pose a great threat to human health and to the environment as evidenced by the endemic of fluorosis worldwide. It is of utmost urgency that public health officials cease promoting fluoride as beneficial to our health and address instead the issue of its toxicity.

About the Author
ANDREAS SCHULD IS HEAD OF THE GLOBAL ORGANIZATION PARENTS OF FLUORIDE POISONED CHILDREN (PFPC). He is considered by many to be the world's foremost authority on the effects of inorganic and organic fluorides on the thyroid gland and on thyroid hormone metabolism. Learn more: http://newresearchfindingstwo.blogspot.com/2010/04/fluoride-worse-than-we-thought.html

THE ARTHRITIS TRUST OF AMERICA ON "FLUORIDE"
FLUORIDATION: GOVERNMENTALLY APPROVED POISON
THE RHEUMATOID DISEASE FOUNDATION

The City Commissioners turned to me, and asked my opinion. Being somewhat naive and sans research, I agreed with the nurse, and so together we naively, innocently, and stupidly added fluoride to the City of Fairview's (Tennessee) water supply, and that addition continues to this date, despite the fact that the citizens of the City of Fairview, TN have never had an opportunity to know the pros and cons of fluoridation or to vote for or against the issue.

We unknowingly doomed hundreds of Fairview citizens to Arthrosis, vertebral and hip fracture, osteosarcoma (cancer), infertility, birth defects, bone damage, damage to the immune system, fluorosis, fluoride neurotoxicity, and many other poorly diagnosed conditions, as fluoride affects every human system, often by inhibiting enzymes which are essential for the functioning of every human system.

Besides the damaging of human tissue by 1 ppm of fluoride added to our public water systems, the health problem is also one of massive over-consumption of fluoride. We are being bombarded with fluoride from all our dental products and also many industrial sources.
Learn more: http://www.arthritistrust.org/Articles/Fluoride.pdf

Fluoride Action Network
Arthritis
http://www.fluoridealert.org/issues/health/arthritis/

Why EPA Headquarters Union Of Scientists
Opposes Fluoridation

The following documents why our union, formerly National Federation of Federal Employees Local 2050 and since April 1998 Chapter 280 of the National Treasury Employees Union, took the stand it did opposing fluoridation of drinking water supplies. Our union is comprised of and represents the approximately 1500 scientists, lawyers, engineers and other professional employees at EPA Headquarters here in Washington, D.C.

The union first became interested in this issue rather by accident. Like most Americans, including many physicians and dentists, most of our members had thought that fluoride's only effects were beneficial - reductions in tooth decay, etc. We too believed assurances of safety and effectiveness of water fluoridation.

Then, as EPA was engaged in revising its drinking water standard for fluoride in 1985, an employee came to the union with a complaint: he said he was being forced to write into the regulation a statement to the effect that EPA thought it was alright for children to have "funky" teeth. It was OK, EPA said, because it considered that condition to be only a cosmetic effect, not an adverse health effect. The
reason for this EPA position was that it was under political pressure to set its health-based standard for fluoride at 4 mg/liter. At that level, EPA knew that a significant number of children develop moderate to severe dental fluorosis, but since it had deemed the effect as only cosmetic, EPA didn't have to set its health-based standard at a lower level to prevent it.

We tried to settle this ethics issue quietly, within the family, but EPA was unable or unwilling to resist external political pressure, and we took the fight public with a union *amicus curiae* brief in a lawsuit filed against EPA by a public interest group. The union has published on this initial involvement period in detail.1

Since then our opposition to drinking water fluoridation has grown, based on the scientific literature documenting the increasingly out-of-control exposures to fluoride, the lack of benefit to dental health from ingestion of fluoride and the hazards to human health from such ingestion. These hazards include acute toxic hazard, such as to people with impaired kidney function, as well as chronic toxic hazards of gene mutations, cancer, reproductive effects, neurotoxicity, bone pathology and dental fluorosis. First, a review of recent neurotoxicity research results.

In 1995, Mullenix and co-workers \(^2\) showed that rats given fluoride in drinking water at levels that give rise to plasma fluoride concentrations in the range seen in humans suffer neurotoxic effects that vary according to when the rats were given the fluoride - as adult animals, as young animals, or through the placenta before birth. Those exposed before birth were born hyperactive and remained so throughout their lives. Those exposed as young or adult animals displayed depressed activity. Then in 1998, Guan and co-workers 3 gave doses similar to those used by the Mullenix research group to try to understand the mechanism(s) underlying the effects seen by the Mullenix group. Guan's group found that several key chemicals in the brain - those that form the membrane of brain cells - were substantially depleted in rats given fluoride, as compared to those who did not get fluoride.

Another 1998 publication by Varner, Jensen and others \(^4\) reported on the brain- and kidney damaging effects in rats that were given fluoride in drinking water at the same level deemed "optimal" by pro-fluoridation groups, namely 1 part per million (1 ppm). Even more pronounced damage was seen in animals that got the fluoride in conjunction with aluminum. These results are especially disturbing because of the low dose level of fluoride that shows the toxic effect in rats - rats are more resistant to fluoride than humans. This latter statement is based on Mullenix's finding that it takes substantially more fluoride in the drinking water of rats than of humans to reach the same fluoride level in plasma. It is the level in plasma that determines how much fluoride is "seen" by particular tissues in the body. So when rats get 1 ppm in drinking water, their brains and kidneys are exposed to much less fluoride than humans getting 1 ppm, yet they are experiencing toxic effects. Thus we are compelled to consider the likelihood that humans are experiencing damage to their brains and kidneys at the "optimal" level of 1 ppm.

In support of this concern are results from two epidemiology studies from China\(^5,6\) that show decreases in I.Q. in children who get more fluoride than the control groups of children in each study. These decreases are about 5 to 10 I.Q. points in children aged 8 to 13 years.

Another troubling brain effect has recently surfaced: fluoride's interference with the function of the brain's pineal gland. The pineal gland produces melatonin which, among other roles, mediates the body's internal clock, doing such things as governing the onset of puberty. Jennifer Luke\(^7\) has shown that fluoride accumulates in the pineal gland and inhibits its production of melatonin. She showed in test animals that this inhibition causes an earlier onset of sexual maturity, an effect reported in humans as well in 1956, as part of the Kingston/Newburgh study, which is discussed below. In fluoridated Newburgh, young girls experienced earlier onset of menstruation (on average, by six months) than girls in non-fluoridated Kingston \(^8\).

From a risk assessment perspective, all these brain effect data are particularly compelling and disturbing because they are convergent.

We looked at the cancer data with alarm as well. There are epidemiology studies that are convergent with whole-animal and single-cell studies (dealing with the cancer hazard), just as the neurotoxicity research just mentioned all points in the same direction. EPA fired the Office of Drinking Water's chief toxicologist, Dr. William Marcus, who also was our local union's treasurer at the time, for refusing to remain silent on the cancer risk issue 9 . The judge who heard the lawsuit he brought against EPA over the firing made that finding - that EPA fired him over his fluoride work and not for the phony reason put forward by EPA management at his dismissal. Dr. Marcus won his lawsuit and is again at work at EPA. Documentation is available on request.
The type of cancer of particular concern with fluoride, although not the only type, is osteosarcoma, especially in males. The National Toxicology Program conducted a two-year study in which rats and mice were given sodium fluoride in drinking water. The positive result of that study (in which malignancies in tissues other than bone were also observed), particularly in male rats, is convergent with a host of data from tests showing fluoride's ability to cause mutations (a principal "trigger" mechanism for inducing a cell to become cancerous) e.g.11a, b, c, d and data showing increases in osteosarcomas in young men in New Jersey, Washington and Iowa based on their drinking fluoridated water. It was his analysis, repeated statements about all these and other incriminating cancer data, and his requests for an independent, unbiased evaluation of them that got Dr. Marcus fired.

Bone pathology other than cancer is a concern as well. An excellent review of this issue was published by Diesendorf et al. in 1997. Five epidemiology studies have shown a higher rate of hip fractures in fluoridated vs. non-fluoridated communities. 15a, b, c, d, e. Crippling skeletal fluorosis was the endpoint used by EPA to set its primary drinking water standard in 1986, and the ethical deficiencies in that standard setting process prompted our union to join the Natural Resources Defense Council in opposing the standard in court, as mentioned above.

Regarding the effectiveness of fluoride in reducing dental cavities, there has not been any double-blind study of fluoride's effectiveness as a caries preventative. There have been many, many small scale, selective publications on this issue that proponents cite to justify fluoridation, but the largest and most comprehensive study, one done by dentists trained by the National Institute of Dental Research, on over 39,000 school children aged 5-17 years, shows no significant differences (in terms of decayed, missing and filled teeth) among caries incidences in fluoridated, non-fluoridated and partially fluoridated communities. 16 The latest publication on the fifty-year fluoridation experiment in two New York cities, Newburgh and Kingston, shows the same thing. The only significant difference in dental health between the two communities as a whole is that fluoridated Newburgh, N.Y. shows about twice the incidence of dental fluorosis (the first, visible sign of fluoride chronic toxicity) as seen in non-fluoridated Kingston.

John Colquhoun's publication on this point of efficacy is especially important. Dr. Colquhoun was Principal Dental Officer for Auckland, the largest city in New Zealand, and a staunch supporter of fluoridation - until he was given the task of looking at the world-wide data on fluoridation's effectiveness in preventing cavities. The paper is titled, "Why I changed My Mind About Water Fluoridation." In it Colquhoun provides details on how data were manipulated to support fluoridation in English speaking countries, especially the U.S. and New Zealand. This paper explains why an ethical public health professional was compelled to do a 180 degree turn on fluoridation.

Further on the point of the tide turning against drinking water fluoridation, statements are now coming from other dentists in the pro-fluoride camp who are starting to warn that topical fluoride (e.g. fluoride in tooth paste) is the only significantly beneficial way in which that substance affects dental health. However, if the concentrations of fluoride in the oral cavity are sufficient to inhibit bacterial enzymes and cause other bacteriostatic effects, then those concentrations are also capable of producing adverse effects in mammalian tissue, which likewise relies on enzyme systems. This statement is based not only on common sense, but also on results of mutation studies which show that fluoride can cause gene mutations in mammalian and lower order tissues at fluoride concentrations estimated to be present in the mouth from fluoridated tooth paste. Further, there were tumors of the oral cavity seen in the NTP cancer study mentioned above, further strengthening concern over the toxicity of topically applied fluoride.

In any event, a person can choose whether to use fluoridated tooth paste or not (although finding non-fluoridated kinds is getting harder and harder), but one cannot avoid fluoride when it is put into the public water supplies.

So, in addition to our concern over the toxicity of fluoride, we note the uncontrolled - and apparently uncontrollable - exposures to fluoride that are occurring nationwide via drinking water, processed foods, fluoride pesticide residues and dental care products. A recent report in the lay media, that, according to the Centers for Disease Control, at least 22 percent of America's children now have dental fluorosis, is just one indication of this uncontrolled, excess exposure. The finding of nearly 12 percent incidence of dental fluorosis among children in un-fluoridated Kingston New York is another. For governmental and other organizations to continue to push for more exposure in the face of current levels of over-exposure coupled with an increasing crescendo of adverse toxicity findings is irrational and irresponsible at best.
Thus, we took the stand that a policy which makes the public water supply a vehicle for disseminating this toxic and prophylactically useless (via ingestion, at any rate) substance is wrong.

We have also taken a direct step to protect the employees we represent from the risks of drinking fluoridated water. We applied EPA's risk control methodology, the Reference Dose, to the recent neurotoxicity data. The Reference Dose is the daily dose, expressed in milligrams of chemical per kilogram of body weight, that a person can receive over the long term with reasonable assurance of safety from adverse effects. Application of this methodology to the Varner et al.
4 data leads to a Reference Dose for fluoride of 0.000007 mg/kg-day. Persons who drink about one quart of fluoridated water from the public drinking water supply of the District of Columbia while at work receive about 0.01mg/kg-day from that source alone. This amount of fluoride is more than 100 times the Reference Dose. On the basis of these results the union filed a grievance, asking that EPA provide un-fluoridated drinking water to its employees.

The implication for the general public of these calculations is clear. Recent, peer-reviewed toxicity data, when applied to EPA's standard method for controlling risks from toxic chemicals, require an immediate halt to the use of the nation's drinking water reservoirs as disposal sites for the toxic waste of the phosphate fertilizer industry.

This document was prepared on behalf of the National Treasury Employees Union Chapter 280 by Chapter Senior Vice-President


Floyd Maxwell, Chemical Engineer, having earned my B.A.Sc. from the University of British Columbia in 1984.

Fast facts on ‘fluorides’

Videos on ‘fluoride’
Selection of educational videos on ‘fluoride’

Fluoride in Drinking Water: A Scientific Review of EPA’s Standards | 2006
Committee on Fluoride in Drinking Water, National Research Council, National Academy of Sciences
> Panelist statements | Thiessen interview | Limeback clarifications
> Relevance to Margin of Safety: 2008 overview | 2011 overview
From: http://afamildura.wordpress.com/reports-reviews/
Fluoride Action Network
Fluoride Pollution “The most damaging environmental pollutant of the Cold War”.

Fluoride is a major industrial pollutant, one which has caused widespread damage to fluoride-exposed workers and downwind communities. During the Cold War, fluoride was responsible for more litigation against U.S. industry than all other air pollutants combined. Although the development of modern pollution control technology has resulted in significant reductions in fluoride emissions, millions of workers around the world remain at risk for respiratory, neurological, and bone diseases from fluoride exposure, and downwind communities remain at risk in countries with weak environmental regulation.

http://www.fluoridealert.org/issues/pollution/

Fluoride and fluorinated pesticides
Fluoride Action Network Pesticide Project
Ellen Connett, Director
http://www.fluoridealert.org/f-pesticides.htm

Teratogen:
• an agent that has the potential to cause birth defects if exposure to a fetus occurs at a critical time in pregnancy.
• any agent that interferes with normal embryonic development: alcohol or thalidomide or X-rays or rubella are examples
• a chemical that can cause birth defects by adversely altering the development of an embryo or fetus without necessarily altering the organism's genetic structure.
• anything which produces nonheritable birth defects is said to be teratogenic.

Teratogenic: Fluorinated and Fluoride Pesticides
http://www.fluoridealert.org/pesticides/effects.teratogenic.htm

PERFLUORINATED CHEMICALS CONTAMINATION
Marvel chemicals pop up in animals all over world Report 2004
Teflon and Scotchgard, found from the Arctic to Lake Michigan, are raising health concerns
Known as perfluorinated compounds, the chemicals also were recently detected for the first time in the Great Lakes, one-fifth of the Earth's fresh water and the source of drinking water for more than 7 million people in Illinois and 33 million others in the United States and Canada.

http://www.fluoridealert.org/pesticides/effect.pfos.class.news.63.htm

CLEANING UP A DEADLY LIFESAVER
Thursday, 18 January 2007
Australian scientists are pioneering a way to clean up one of the world’s most toxic and widely-used environmental pollutants — fire fighting foam.

“These fluorinated compounds – known as PFOS – are highly persistent, both in humans and in the environment, more so even than DDT. They last for years and may have serious health and ecological consequences,” Megha says.

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From 1982 Former NIH (National Inst. of Health) scientist opposed to fluoride

Statement by James B. Patrick, Ph.D. at the Joint Congressional Committee on Health and Appropriations Against the Inclusion of Fluoridation in the Preventive Health & Health Services Block Grant, Held August 4, 1982.

Dr. Patrick earned his B.S. from the Massachusetts Institute of Technology and his M.A. and Ph.D. from Harvard University majoring in chemistry. His experience as Antibiotics Research Scientist was with the National Institute of Health and Lederle Laboratories.

Dr. Patrick is Senior Professor and Chairman of the Department of Chemistry, Mary Baldwin College, Stauton, Virginia, 1967 to date. He is author of 28 technical papers and holder of 7 U.S.. patents.

"A number of scholarly volumes and numerous technical articles have been written showing the biochemical and toxicological hazards of deliberately exposing the population to continuous dosages of such a potent chronic toxin as fluoride. I cannot summarize them in the time of space at my disposal here, but will confine myself to sketching three points.

1. **Fluoride is an enzyme poison, in the same class as cyanide**, oxalate, or azide, which means that it is capable of a very wide variety of harmful effects, even at low doses. This characteristic of fluoride has long been known and accounts for the opposition to fluoridation of such eminent scientists as Sumner (co-author of Sumner and Myrback, “The Enzymes,” which was the Bible of enzymology for an entire generation); Laubengayer, also of Cornell, and a leading authority on all aspects of fluoride chemistry; Theorell and Von Euler, both Swedes and both Nobel Prize winners for work in enzymology; Waldbott, one of the country’s foremost allergists who first described penicillin allergy; and a number of others. This enzyme toxicity is the principal cause of the very low margin of safety involved in fluoridating water. A concentration of about 1 part per million is recommended for fluoridation whereas in several countries severe skeletal fluorosis has been documented from water supplies containing only two or three parts per million. In the development of drugs, even for life-threatening diseases, we generally insist on a therapeutic index (margin of safety) of the order of 100; a therapeutic index of 2 or 3 is totally unacceptable, yet that is what has been proposed for public water supplies.

2. Because of this well-known toxicity, the vast majority of civilized nations with advanced standards of public health have rejected fluoridation and in most cases prohibit it. The Swiss Ministry of Health studied fluoride administration for years but never adopted it and it is now prohibited: a canton can not put fluoride in its water under any circumstances. In Sweden the government sought the opinion of the Nobel Medical Institute, one of the most prestigious in the world. The Institute recommended against fluoridation, based largely on the toxicity I have described above, and Swedish water is not fluoridated. In a similar way the French government consulted the Pasteur Institute; that Institute strongly recommended against fluoridation and France remains unfluoridated. West Germany experimented with a few limited local fluoridation projects and then dropped the whole idea. Denmark adopted fluoridation a number of years ago, but then sharply reversed itself and now strictly prohibits the addition of fluoride to public water supplies. The only nations that I know of that have advance standards of public health and permit fluoridation are the U.S., Great Britain, and a few of the British Dominions. The reason seems to be that dentists campaigned vigorously in the English-speaking countries very early and got fluoridation adopted because of its claimed dental benefits. But the opposition of fluoridation is not concerned with dental effects nearly so much as whole body toxicity. Dentists are not trained in toxicology or enzyme biochemistry and are in no position to assess the public health hazards of fluoridation. In all of the countries that have rejected fluoridation it is conspicuous that biochemists, physiologists, pharmacologists, and enzymologists have been consulted and listened to.
3. Over 20 years ago the U.S. public health authorities who were pushing fluoridation admitted that raising the level of fluoride in the drinking water much above one part per million, or otherwise increasing the fluoride intake of the population, was hazardous. But since the introduction of fluoridation in the United States the average fluoride intake has risen sharply. Canned goods prepared with fluoridated water have elevated fluoride content because of concentration. Marier and Rose first demonstrated the significant rise in total fluoride burden, and later Jerard and I studied the question in more detail and concluded that most people are already receiving more fluoride than the public health guidelines permitted. But Jerard and I did our work when fluoride toothpastes were only beginning to be used, and fluoride mouthwashes had not yet come on the market. It is clear that fluoride intake is rising year by year, and this is a serious matter. When Jerard and I did our work Rapoport had already shown the increase in mongoloid births associated with fluoride intake, and Waldbeott’s work on fluoride allergies was becoming widely known. Since then the Indian, Chinese, and East German work on skeletal fluorosis has made it plain that this insidious ailment can easily masquerade as intractible arthritis if physicians are not looking for it, and the statistical association of heart disease and fluoridation of soft water has been shown. Most recently, the massive Burk-Yamouyannis survey has revealed an association between cancer and fluoridation that is a good deal more convincing than some of the more widely publicized associations such as saccharin, benzene, etc.

For these three reasons, as well as for a number of others that I have not attempted to cover here. I strongly advise against the legislature of this Commonwealth having anything to do with fluoridation. It is a scientific disgrace that a well organized lobby of the American Dental Association ever managed to stampede American legislators into ignoring the highly technical but very cogent objection to fluoridations.”

Source: [http://www.nofluoride.com/eight.cfm](http://www.nofluoride.com/eight.cfm)
Once the government could be seen as approving this chemical to "protect" our children's dental health, it became impossible for attorneys to convince juries of the widespread and lethal toxicity of fluorine compounds. A tube of fluoridated toothpaste waved in front of a jury was the "fig leaf" for the industrial devastation on trial. Opposing scientists found their careers terminated, funds cut off, totally discredited by their colleagues. Devastated workers and their families were callously abandoned by their governments and employers. As time progressed, further industrial uses were found for fluoride, including Teflon[R], CFC propellants, GoreTex[R] and other fabrics. Each required worker and community exposure to fluorine, thus causing more suffering in the name of profit. Bryson documents his statements with long-suppressed studies, interviews with scientists, executives, physicians, victims and others, letters, memos, publications. Fully one third of the book is endnotes.

THIS IS A POWERFUL INDICTMENT OF THE CALLOUS AND DEADLY COLLUSION BETWEEN GOVERNMENT AND INDUSTRY, IN TOTAL DISREGARD FOR THE HEALTH AND WELFARE OF THE SURROUNDING POPULATION, WORKERS, CUSTOMERS. It is well worth a read. By Howard Straus, Editor

"In point of fact, fluorine causes more human cancer death, and causes it faster, than any other chemical." -Dean Burk, PhD, former chief of cytochemistry at the U.S. National Cancer Institute.

Medical Toxico-Pathologist - his concerns about fluoride’s impact particularly on fetal and infant health.

Dr. Vyvyan Howard, President of the International Society of Doctors for the Environment, explains his concerns about water fluoridation. Dr. Howard is a medical toxico-pathologist who specializes in the impact of toxins on fetal and infant health. In this video, Dr. Howard discusses his concerns about fluoride's impact on infant health.

To learn more, see: [http://fluoridealert.org](http://fluoridealert.org)

Poisoned Babies - Metropolitan Water District public hearing where Dr Kathleen Thiessen & Dr David Kennedy DDS explain how many people will be injured by their decision to add hydrofluorosilicic acid to the drinking water of 18 million people in Southern California.

[http://www.youtube.com/watch?v=2DTQlfYHnY](http://www.youtube.com/watch?v=2DTQlfYHnY)

These dangerously corrosive hazardous waste pollutants fluorosilicic acid/silicofluorides from the phosphate mining industries and co-contaminants of lead, mercury, arsenic, cadmium, etc. (and also ‘aluminium sulphate’) known as ‘water fluoridation’ must be banned from all drinking water supplies Australia wide as a matter of urgency, irrevocably and for all time.

Fluoride Action Network (nz) inc.
[www.fannz.org.nz](http://www.fannz.org.nz)


Professional Perspectives on Water Fluoridation

To sign the Professionals Statement Calling for an End to Fluoridation see: [http://professional.fluoridealert.org](http://professional.fluoridealert.org)
[http://www.youtube.com/watch?v= Ys9q1cvKGk](http://www.youtube.com/watch?v= Ys9q1cvKGk)
Canadians Opposed to Fluoridation - Videos and other information
http://ffo-olf.org/selectedFluoridationVideos.html
http://cof-cof.ca/
http://www.waterloowatch.com/home.html

Fluoridation news, articles, videos and information:
http://www.naturalnews.com/fluoridation.html
CHANNEL 7 & ABC FLUORIDE REPORT
http://www.youtube.com/watch?v=9Fj7yqit_lc&feature=related

FLUORIDE TRUTH HITS THE TV IN AUSTRALIA
http://www.youtube.com/watch?v=nZBRBPgTOt0&feature=player_embedded

PORT MACQUARIE SILICOFLUORIDE POISONING BEGINS
http://www.youtube.com/watch?v=txigSOzPpks
Another DENTIST SPEAKS OUT AGAINST ‘FLUORIDE’ NZ
http://www.youtube.com/watch?v=mZy-WsHSk58

CORINNE VIZCARRA DDS - FLUORIDES ARE CUMULATIVE TOXINS
http://www.biodentistrydrvizcarra.com/?s=8&sub=5

PROFESSOR PAUL CONNETT YOUR TOXIC TAP WATER Oct. 2010
http://www.youtube.com/watch?v=zo6SnvmMP9k&feature=player_embedded


FLUORIDE HEALTH EFFECTS: http://www.fluoridealert.org/health/

PAUL CONNETT, PROFESSOR OF CHEMISTRY
PART 1: http://www.youtube.com/watch?v=Bjn04-HqVDY
PART 2: http://www.youtube.com/watch?v=x_oRv-vbBVc
PART 3: http://www.youtube.com/watch?v=dKzZTVb40qo


FLUORIDATION OF COMMUNITY WATER/KIDNEY DISEASE
FLUORIDE TOXIC TO KIDNEY http://www.ncbi.nlm.nih.gov/pubmed/8602675
http://ndt.oxfordjournals.org/cgi/content/full/gfm663v1
http://www.fluoridealert.org/health/kidney/

Institute of Science in Society - Fluoridation increases dental disease six fold - No to Fluoridation
http://www.i-sis.org.uk/NotoFluoridation.php
The Government-Funded British Fluoridation Society delighted with the massive expansion of the hazardous waste pollutant poisoning of Australia’s drinking water supplies:

Massive expansion of fluoridation in Australia

- Coverage rockets from 5% to 92% in Queensland (print friendly version)
- 95% of New South Wales residents now benefit from fluoridation (print friendly version)
- 90% of Victoria's residents receive optimally fluoridated water (print friendly version)


They should be charged with crimes against Humanity.

Healthy Dentistry
Dr. Robert Gammal
Merimbula, N.S.W.
Dental Students are being Poisoned by the Deans of Dentistry
http://www.robertgammal.com/

Abstracts - Pub Med - Fluoride

Atlanta Civil Rights Leaders Call for Halt to Water Fluoridation

Wednesday, January 26, 2011

Black Pastors Calls For Fluoridegate Investigations
Cites Disproportionate Fluoride Risks for African Americans

Memphis, TN: Reverend William Owens, President of the Coalition of African American Pastors, is joining a growing chorus of leaders calling for federal and state hearings and investigations into new revelations about risks from drinking fluoridated water.

In 2006 the National Research Council published a report that listed diabetics, kidney patients, babies and children, seniors, and outdoor workers as "susceptible subpopulations" that are especially vulnerable to harm from fluorides.

Owens is an outspoken advocate for assisting children in their education and is concerned about reports of IQ impacts from children ingesting fluorides.

A recent study published in Environmental Health Perspectives, a publication of the National Institute for Environmental Health Sciences, documented diminished IQ in children from fluorides in water.

In 2009 a study in the Journal of Public Health Dentistry noted that black children ingest significantly more fluorides than white children. CDC's Morbidity and Mortality Weekly Report published data in 2005 showing that blacks have significantly more of the worst forms of dental fluorosis than whites. Owens wants to know why African Americans leaders weren't openly given this and other important information.

The U.S. Department of Health and Human Services proposed somewhat reducing the level of fluoride in water in a statement on January 7, 2011.

The HHS actions don't go far enough, according to Rev. Owens, citing the issue that some people drink dramatically more water than others, have medical susceptibilities to fluorides, and have numerous other uncontrolled sources of fluoride in their diet. (William Owens)

Story Here:
David C. Kennedy  D.D.S.
Fluoride Is Ineffective And Dangerous

Jul 26, 2010  This is an interview I conducted with David C. Kennedy, DDS, and former head of the International Academy of Oral Medicine and Toxicology. For more information about the history of fluoridation and its health effects/ http://mediaroots.org/the-fluoride-facts.php

View Video  http://www.youtube.com/watch?v=nNXN1LZ1ToA

A Case Of Fluoride Poisoning  (Dental Fluorosis)
Back In November, 1996

SAN DIEGO--(BUSINESS WIRE)--Nov. 29, 1996--
Declassified documents, studies showing lower IQ bolster voter rejection of fluoridation

As citizens of California prepare to introduce an initiative to repeal a questionable state mandate scheduled to go into effect Jan. 1 calling for fluoridation of most of California's public water supplies, evidence continues to be presented around the world showing the danger of forcing entire populations to ingest fluoride in their water without considering its harmful cumulative effect, or being able to control total intake.

Once considered untouchable, topical applications such as toothpaste and fluoride rinses are also coming under fire.

In what is believed to be the first of many such cases, Colgate-Palmolive made a 1,000-English-pound "goodwill" payment to the parents of a 10-year-old boy in Essex, England, who was diagnosed by an independent specialist as suffering from dental fluorosis: having mottled and/or stained enamel that appears as the first visible sign of fluoride poisoning.

A letter from Colgate-Palmolive shows the company believed the amount to be the cost of coating the young boy's teeth again when he reaches 17. He has already had the mottled enamel removed. The boy's mother, Sharon Isaacs of Highams Park, Essex, told The Sunday Telegraph, Nov. 24 edition, that her family did not drink fluoridated water and had never used fluoride tablets. "I always used Colgate's Minty Gel and the pea-sized amount as recommended. Kevin didn't eat sweets, and I used to make sure he brushed his teeth twice a day. He did use to swallow the toothpaste. I rang Colgate, but they said he would be all right."  Isaacs said her son Kevin was teased at school over his "rotten teeth."


Irish Dentists Slam Harney Over Fluoride Poisoning - Press Conference - 12/04/2005

Irish Dentists Opposing Fluoridation (IDOF), a group of over 100 dentists, has published an article in The Irish Dentist slamming Minister Harney and the Department of Health for doing nothing to combat the near epidemic levels of dental fluorosis in Irish children. Here, dental fluorosis, fluoride damage to teeth, has sky-rocketed with a seven fold increase from 1984 to 2002 and the Republic of Ireland (artificially fluoridated since 1960s) now has three times more fluorosis than Northern Ireland which still rejects water fluoridation on health and safety grounds.

We are opposed to water fluoridation for the following reasons:  Source
Overdosed on Fluoride: The Dental Fluorosis Problem
Published on Aug 29, 2012

When fluoride was first added to water in the 1940s as a means of preventing tooth decay, not a single dental product contained fluoride: no fluoride toothpastes, no fluoride mouth rinses, no fluoride varnishes, and no fluoride gels. In the past 60 years, as one fluoride product after another entered the market, exposure to fluoride increased considerably, particularly among children. Exposure from other sources has increased as well. Other sources include processed foods made with fluoridated water, fluoride-containing pesticides, bottled teas, fluorinated pharmaceuticals, teflon pans, and mechanically deboned chicken. Taken together, the glut of fluoride sources in the modern diet has created a toxic cocktail, one that has caused a dramatic increase in dental fluorosis (a tooth defect caused by excess fluoride intake) over the past 60 years. The problem with fluoride, therefore, is not that children are receiving too little, but that they are receiving too much.

http://www.youtube.com/watch?v=FAUU7dNr0bY&feature=player_detailpage#t=142s

Professor Paul Connett: Your Toxic Tap Water
Uploaded on Dec 24, 2010
Dr. Paul Connett, Professor of Chemistry at St. Lawrence University in New York, gives a damning interview on the history of water fluoridation, the collusion of major industries to put certified toxic waste into your drinking water, and why government health authorities refuse to conduct scientific studies into the dangers of fluoridation. After watching this video, you will never look at tap water the same way again.

Connett describes how he initially thought people who opposed fluoridation were "a bunch of whackos," before conducting his own research which found that sodium fluoride was a toxic substance that contributed to a wide array of health defects. Heavy industry is barred from dumping this toxic waste into the sea by international law, but being able to sell it enables them to remove its hazardous characteristic and it becomes a product, explains Connett, polluting not only our water supply but also toothpaste and thousands of different foods.

Connett provides a detail run down of the many health problems caused by fluoride consumption, including dental fluorosis, which the Centers For Disease Control just recently announced was a problem for 41 per cent of children aged 12-15 in the United States, clearly indicating that children are being over-exposed to fluoride and that this is affecting other tissues and organs in the body, including bone disorders, a problem also wreaking havoc amongst adults in the United States as one in three now suffer from arthritis, which again is being caused by a build-up of toxic fluoride in the body. Connett also points to fluoride's connection with thyroid disorders. There have now been over 100 studies involving animals which show that fluoride damages the brain, stresses Connett, which is a particular concern for newborn babies who are susceptible to fluoride build up because of their weak blood-brain barrier. Connett cites numerous studies which prove a link between moderate exposure to fluoride and lowered IQ in children.

Fluoride's impact on the pineal gland, which is a piece of brain tissue that sits in-between the two hemispheres of the brain, is key because fluoride attracts to this gland like a magnet. Researchers have found through animal studies that fluoride lowers the ability of the pineal gland to produce the hormone melatonin, which in turn shortens the time it takes to reach puberty, correlating with studies of fluoridated communities that show girls are on average menstruating 5 months earlier than those in non-fluoridated communities. Children are entering puberty at increasingly early stages and this is causing widespread concern, but health authorities have made no effort whatsoever to conduct any studies regarding this development and its link to fluoride.

http://www.youtube.com/watch?v=zo6SnvmMP9k&feature=player_embedded

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Fluoridegate: Fluoride Spots On Teeth The Tip Of The Iceberg

The Lillie Center, Inc. - Press release
January 12, 2011
Calls for investigation accelerate as Documents, Conflict of Interest questions emerge
Contact Daniel G. Stockin, MPH   Phone 706-669-0786 or email stockin@yahoo.com

NOTE: This press release was released by Dan Stockin of The Lillie Center, Inc.

Decades of assurances that consuming fluoride in drinking water is a safe and an effective way to prevent cavities are being called into question as a jarring Fluoridegate controversy erupts across the nation. A series of disclosures are surfacing about the actions of water fluoridation promoters that point to a likely tsunami of Fluoridegate investigations, hearings, and explosive courtroom entanglements.

Tennessee state legislator Frank Niceley states, "There is a real Fluoridegate scandal here. Citizens haven't been told about harm from fluorides, and this needs to be investigated by the authorities and the media." Washington D.C. toxic tort attorney Chris Nidel says, "I think when we look back we'll ask why Fluoridegate didn't surface earlier. There are serious concerns about possible conflict of interest and heavy editing of information being fed to the public about fluoride risks and impacts."

On January 7, 2011 officials at the U.S. Dept. of Health and Human Services recommended lowering the amount of fluoride in drinking water. Health officials stated that their recommendation was simply a fine-tuning of fluoride levels to prevent a largely unnoticeable teeth staining called "dental fluorosis." But information now being shown to law firms, legislators, and investigative journalists affirms that the tooth staining is often disfiguring, that fluorides pose multiple other risks, and that questions about conflict of interest, undue influence and improper actions warrant investigation.

Americans are surprised to learn that the Centers for Disease Control's Oral Health Division is in charge of making assessments and statements for CDC about outside-the-mouth fluoride safety and research. The apparent conflict of interest is drawing fire from several angles. “This is clearly the fox guarding the henhouse,” states Daniel G. Stockin about the CDC. Stockin is a career public health professional and former manager of the EPA Western Regional Lead Training Center. He works at The Lillie Center, a small firm in Georgia known for its efforts toward ending fluoridation. "A number of groups, law firms, and journalists now want the names and job descriptions of persons inside CDC, both now and previously, that have been responsible for CDC's promotion of water fluoridation," Stockin says.

Other key issues are surfacing: Was improper influence by dental groups the reason CDC did not issue a press release four years ago about risks related to baby formula and fluoride? At the time, CDC quietly admitted on a little-noticed web page that because of possible dental fluorosis, parents may want to mix infant milk formula with unfluoridated water. The Gerber baby products company now sells an unfluoridated water so parents of babies can avoid using fluoridated water for mixing milk formula. Additional explosive questions offer to ignite investigative hearings: Why did CDC not openly share with the black community CDC's own data showing black Americans to be disproportionately harmed by the worst forms of dental fluorosis? Who is to pay for expensive teeth repair for persons unwilling to live with disfiguring dental fluorosis? In a 2010 letter the President of the 5,000-member Coalition of African American pastors voiced his opposition to fluoridation, citing concern about higher amounts of fluorosis in black citizens.
The Fluoridegate developments also threaten to embroil private sector organizations. Stockin says law firms are investigating legal strategies for personal injury, failure to warn, negligent misrepresentation, consumer fraud, environmental justice harm, and medical malpractice. "Actions against private sector groups will bring public sector fluoride proponents to the witness stand, for the first time exposing the relationships and communications between government fluoridation promoters and private sector groups," Stockin says. "This will expose the fluoride money trail and tell Americans about kidney risks, thyroid issues, and dental fluorosis," he adds. The National Kidney Foundation quietly withdrew its endorsement of fluoridation in 2008 and did not put up a visible link to its new statement on its website or issue a press release to alert its members. NKF is a recipient of grant funding from the Centers for Disease Control.

In 2006 a National Academy of Sciences report designated kidney patients, diabetics, infants, and seniors as "susceptible subpopulations" that are particularly vulnerable to harm from ingested fluorides. A 1999 statement about fluoride supplements in the journal Community Dentistry and Oral Epidemiology predicted fluoride trouble ahead: "It is only a matter of time until a case is brought that gets public attention. The risk is that noticeable fluorosis will be perceived by the public as a toxic consequence of fluoride ingestion -- which, arguably, it is -- and there will be a reaction against all uses of fluoride."

Laura Seydel, well known Atlanta environmental activist and daughter of CNN founder Ted Turner says, "As a parent and citizen, I am outraged at what hasn't been told to Americans about potential harm from fluorides to susceptible groups." "I call on our political leaders to hold Fluoridegate hearings to investigate CDC and other groups that have not openly shared vital information about fluorides with Americans," Seydel says. "The world is not flat, and fluoridation is not safe," Stockin concludes.

Reference Links / Sources:
Toxic tort law firm with fluoride questionnaire: [http://www.nidellaw.com/Forms/Fluoride/FluorideForm.html](http://www.nidellaw.com/Forms/Fluoride/FluorideForm.html)
Fluoride health effects database and professionals petition to end fluoridation: [http://www.fluoridealert.org](http://www.fluoridealert.org)
CDC's now-revised statement on fluoridated water in formula (updated since originally published): [http://www.cdc.gov/fluoridation/safety/infant_formula.htm](http://www.cdc.gov/fluoridation/safety/infant_formula.htm)
Disproportionate moderate/severe fluorosis harm to blacks (79% higher than whites, see Table 23): [http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5403a1.htm)
National Center for Health Statistics dental fluorosis data brief: [http://www.cdc.gov/nchs/data/databriefs/db53.htm](http://www.cdc.gov/nchs/data/databriefs/db53.htm)

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Learn more: Fluoride Action Network | [info@fluoridealert.org](mailto:info@fluoridealert.org)
Open Letter – Independent Researcher Daniel Zalec to all Councils

Dear Mayors and Councillors,

As you will all be aware by this point, the issue of water fluoridation is once again heating up. This time round, the choice to fluoridate is in the hands of Councils rather Government. I write to you to offer crucial information that will stand you in good stead, when the pro-fluoridation lobby urges – or even bullies you – into believing that you are somehow 'betraying' public health by ceasing your water fluoridation programs. (see links below). I have already seen ample evidence in the media that pro-fluoridation forces are mustering all resources at their disposal, to ridicule the opponents of fluoridation and to make a concerted effort to maintain artificial water fluoridation across Queensland.

You will be told that fluoridation is completely safe and effective and only fringe nut jobs oppose the measure.

You will be told that fluoridation is one of the top ten public health achievements of the 20th Century.

You will be told the science is so overwhelming for fluoridation, that no real debate even exists.

You will be told that if you discontinue fluoridation, you will be potentially facing a dental health crisis.

You will be told not to obtain information on fluoridation from the Internet, because it is all garbage.

You will be told that the "optimal level" for fluoridation is 1 part per million and that this tiny amount of fluoride cannot possibly hurt you.

You will be told not to worry because the engineers at your local water treatment facilities control the fluoride concentration at the plant with advanced modern equipment, to ensure an "optimal" level at all times.

You will be told that all major health and scientific organisations around the world fully endorse water fluoridation.

You will be told that any suggestion these organisations may be relying on weak evidence, is evidence in itself that you are a wild conspiracy theorist and a menace to public health.

And you will told a lot more.

But...

I remind you that 'spin,' does not constitute science.

I remind you that simplistic public relations mantras, do not constitute science.

I remind you that vast lists of endorsements, do not constitute science.

I remind you that 'authority,' is not science.

I remind you that rubber-stamp reviews, do not constitute science.

I will remind you that dentists are not qualified to make decisions on systemic health issues.

Only SCIENCE constitutes SCIENCE.

Only EVIDENCE constitutes EVIDENCE.

Pro-fluoridation extremists will insist that there is endless warehouses full of evidence for the safety and effectiveness of fluoridation. Fluoridation has NEVER been proven SAFE, nor has it ever been proven EFFECTIVE. The burden of proof is upon they who make these claims. Demand no less of them.

More importantly, no fluoridation promoter can guarantee an adequate margin of safety to protect your community from potential harm, once the water supply is used as a drug delivery mechanism.

Report - Water Fluoridation/Pollution Must End - by Diane Drayton Buckland - Independent Researcher 79
None of them can control the dose (i.e. how much people drink per day and consume through the food chain); and none of them care to conduct the necessary studies to monitor for potential health effects; and none of them care to monitor your communities for total exposure to fluoride from all sources, including fluoridated water.

So do yourselves a favour, before the pro-fluoridation extremists come into your town with their bullying and their spin:

Read this book: http://www.chelseagreen.com/content/isfr-reviews-the-case-against-fluoride/

Watch this film: http://www.fluoridealert.org/fan-tv/prof-perspectives/

Watch this presentation: http://www.youtube.com/playlist?list=PL53E25EFBF102EF37

Consult this research database: http://www.fluoridealert.org/researchers/

Learn at least 50 good reasons to oppose fluoridation: http://www.fluoridealert.org/articles/50-reasons/

Demand answers to the questions posed in this article: http://www.fluoridealert.org/news/opinion-citizens-are-being-misled/

Learn how to counter typical pro-fluoridation arguments: http://www.fluoridealert.org/uploads/proponent_claims.pdf


Learn more about fluoridation chemicals: http://www.fluoridealert.org/issues/water/fluoridation-chemicals/

Circulate the Professionals’ Statement to End Fluoridation: http://www.fluoridealert.org/researchers/professionals-statement/

Discover more about the history of fluoridation: http://www.fluoridealert.org/content/fluoride-deception/


Discover the pathetic weakness of the 2007 NHMRC review: http://www.thenhf.com/article.php?id=1259

Learn more about the 2000 York Review: http://www.fluoridealert.org/content/a-critique-of-the-york-review-by-paul-connett-phd/

Understand the full implications of the 2006 NRC Report: http://www.fluoridealert.org/researchers/nrc/

Understand the drawbacks of fluoridation in greater detail: http://www.youtube.com/watch?v=1sRWgDff8zY

Learn why fluoride does not need to be swallowed: http://www.fluoridealert.org/articles/limeback/

And for goodness' sake, at the VERY LEAST, bloody well DEMAND protection for the next generation:

Infant Exposure
Brain

Smoke Mirrors and Journalism
Firewater Film Press Kit

Dr Paul Connett on Australia’s Fluoridation
Also on Australia’s Fluoridation
Dr. Paul Connett – Deadly Fluoride Hoax on the Run

Water fluoridation: Read the transcript of our Q&A with Paul Connett of Fluoride Alertons now

Phyllis Mullenix, PhD, Neurotoxicologist discusses the toxicity of water fluoridation IAOMT 2009

Sincere Plea to Senator Sue Boyce Stop Fluoridation
Dear Senator Boyce

Please help to stop fluoridation, which is a violation of human rights to choose whether to be medicated or not. There are too many sub-groups in the population that are having adverse health effects from accumulating toxic levels of fluoride. This cannot be controlled because with fluoridation you can't control the dose. The therapeutic claims for reduction of caries in children are irrelevant when the gravity of mass medication and potential poisoning to toxic levels of population sub-groups is considered.

Fluoride accumulates in the body over time, and it is now pervasive in the food supply. Therefore we get large exposures when all the sources are now considered. Ask the ADA about that one. They are not toxicology experts. But expert toxicologists from around the world are warning that fluoride levels in tissue cells can accumulate to toxic levels, causing a host of degenerative diseases such as thyroid disease, chronic fatigue, osteoporosis, kidney disease, diabetes, cancer, hypercalcaemia and more. That is because fluoride acts as a systemic poison. It inhibits enzyme activity in every cell. It is not a nutrient. It is a toxic chemical. As for those doctors who support fluoridation, challenge them to read this book - The Cast Against Fluoride: How Hazardous Waste ended up in our Drinking Water and the Bad Science and Powerful Politics that Keep It There http://www.chelseagreen.com/content/isfr-reviews-the-case-against-fluoride/

Sandy Sanderson, Independent Researcher, Nerang, Queensland

Westendorf’s Research on Incomplete Dissociation of Silicofluorides Under Physiological Conditions Westendorf’s PhD Thesis

The Kinetics of Acetylcholinesterase Inhibition and the Influence of Fluoride and Fluoride Complexes on the Permeability of Erythrocyte Membranes
Dissertation to receive Ph.D. in Chemistry from the University of Hamburg
By Johannes Westendorf
Hamburg, Germany – 1975

(Click here to read Westendorf’s thesis) cont’ over...
A Foreword intended to place the Westendorf research in current context indicating why it is relevant to a wide range of contemporary health and behavioral problems has been prepared by Myron J. Coplan and Roger D. Masters whose credentials are also attached.

Foreword by MJ Coplan and RD Masters, April 2001

Westendorf’s 30-year PhD research work is important for reasons beyond its specific scientific findings. First his work was motivated by the assumption that ingested fluoride was beneficial. Knappwost, his thesis supervisor, believed that fluoride in saliva afforded protection against tooth decay and was seeking a means of enhancing the output of fluoride-bearing saliva for that purpose. Therefore, it can hardly be said that Westendorf’s work was biased against water fluoridation.

Second, Westendorf’s research was based an knowledge that fluoride ion is an enzyme inhibitor. Indeed, that feature of ingested fluoride seemed to offer multiple benefits. Knappwost believed that ingested fluoride, by inhibiting cholinesterase, could achieve both greater expression of total saliva and an increase in its fluoride content. The research of his student quite logically examined different forms of ingestible fluoride for their effect on several variants of cholinesterase. Westendorf’s results showed that fluoride in the form of the silicofluoride complex (SiF), as well as several other complexes, was a substantially more powerful inhibitor of cholinesterases than the simple fluoride ion released by sodium fluoride (NaF). This was simply an objective finding.

Third, to account for the more powerful inhibition effect of SiF, Westendorf studied the course of its fluoride release in fine detail. He found that under physiological conditions, dissociation was no more than 66% in the concentration range considered “optimum” for fluoridated water by United States health authorities. If the released fluoride came uniformly from all of the initially injected SiF, the molar concentration of the residual non-dissociated species would be the same as that of the injected SiF. It would follow that dilution of fluosilicic acid to a nominal 1 part per million of free fluoride in water at pH 7.4 induces each [SiF6]2- to release 4 fluorides to be replaced by hydroxyls. The partially dissociated residue would be the ion [SiF2(OH)4]2- which would then be present in the water at the same concentration as the originally introduced SiF. The biological consequences of ingesting such a species are probably not innocuous, with enzyme inhibition being only one of several possibilities.

Westendorf’s visualized course of SiF dissociation, based on actual experimental evidence, is materially at odds with the dissociation route assumed by US EPA and CDC, based on theory. In judging the reliability of the theoretical approach and claims of health safety presented by these government agencies, one should be aware that both the nature of the complicated mixture called “fluosilicic acid” and the course of its dissociation upon dilution remain unresolved despite nearly a century of research. Two recent documents demonstrate this. In the first, an expert in the recovery of fluoride in phosphate rock processing, addressing a group of his peers at a 1999 International Fertilizer Association (a) meeting held in the former USSR, said:

“The chemical formula of fluosilicic acid is H2SiF6. However, things are not as simple as that due to the fact that rarely is fluosilicic acid present as pure H2SiF6. . . There are well reported references to the existence of H2SiF6 SiF4. . . Hereon in this presentation, FSA [fluosilicic acid] means a mixture of HF, H2SiF6 and H2SiF6 SiF4.”

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This is a highly significant statement coming from someone who ought to know the subject under discussion. It means that a key intermediate dissociation product postulated by CDC and EPA theories to be transient species only fleetingly after SiF is introduced into the water at the water plant, may be present in concentrated fluosilicic acid before dissociation begins. Such a starting condition would cast serious doubt on the postulated theoretical equations predicting “virtually 100%” dissociation that supposedly “guarantee” no adverse health effects from undissociated SiF residues in drinking water treated with these compounds.

Equally important is a letter (b) dated March 15, 2001, written by the Director of the EPA Water Supply and Water Resources Division, which concludes with the statement:

“In January, representatives from the [EPA] Office of Research and Development (ORD) and the Office of Science and Technology and Ground Water and Drinking Water met to discuss a number of water related issues including Fluoridation. Several fluoride chemistry related research needs were identified including; (1) accurate and precise values for the stability constants of mixed fluorohydroxo complexes with aluminum (III), iron (III) and other metal cations likely to be found under drinking water conditions and (2) a kinetic model for the dissociation and hydrolysis of fluosilicates and stepwise equilibrium constants for the partial hydrolysis products.”

In plain English, senior EPA research staff now believe their staff needs to go back to the lab for at least another year or two to find out if the EPA's longstanding confidence in the “virtually total” dissociation of SiFs may have been misplaced. Whatever the outcome may be of their new study of SiF dissociation, it is clear the EPA does not intend to perform animal tests to ascertain health effects of chronic ingestion of SiF treated water under controlled conditions.

Animal experiments according to accepted toxicology testing protocols would be the logical way to examine health effects of enzyme inhibition by SiF that Westendorf observed at the cellular level. Three published reports bearing directly on this matter should be noted. In the early 1930s, the Ohio agriculture department wanted to develop a replacement for bone meal as a source of calcium and phosphorus in the feed ration of farm animals. Natural “rock phosphate,” comprising largely calcium phosphate, was a candidate, but it was known to carry about 2 to 5% of fluoride bound in some chemical form. Thus it was necessary to study possible adverse health effects due to ingestion of fluoride from several sources.

A report (c) issued in 1935 compared health effects primarily from calcium fluoride, sodium fluoride, and rock phosphate. Highly significant for present purposes was one small experiment that included sodium fluosilicate. With equal dosage and equal amounts of fluoride retained, rats fed sodium fluosilicate excreted three times as much non-retained fluoride in urine as rats fed sodium fluoride, who eliminated more fluoride in feces. Apparently about three times as much fluoride had crossed the gut/blood membrane into the bloodstream from SiF than from NaF. A second report, this one by the US PHS, (d) was published about ten years after water fluoridation had begun. The study compared the time, starting from the date of fluoridation either with sodium fluosilicate or sodium fluoride, for urinary fluoride level to reach equilibrium with ingested fluoride from fluoridated water. The study populations were boys and men. There were two noteworthy results. First, for either fluoridating agent, urine fluoride levels in older males reached equilibrium with ingested fluoride levels sooner than in younger males. The longer time for young males can be accounted for by the fact that the weight of the older males was essentially constant, while the younger males were adding bone mass over the several years of the experiment. The bodies of younger males were therefore providing a time-related increase in storage compartment capacity for ingested fluoride.

A more important finding was that for the younger males it took longer for their urine level of fluoride to reach equilibrium with ingested water fluoride from SiF than from NaF. Apparently in growing boys SiF fluoride must have been metabolizing differently from NaF fluoride.

A third relevant study (e), conducted around the same time as Westendorf’s research, involved feeding water treated with the same fluosilicic acid used to fluoridate the local water supply to squirrel monkeys for up to 14 months. Morphological and cytochemical effects were reported for the liver, kidney, and nervous system due to ingestion of 1-5 ppm of fluoride in water. Although the study did not compare results from exposure to NaF, the report emphasizes the fact that the kidneys of monkeys ingesting SiF treated drinking water “showed significant cytochemical changes, especially in the animals on 5 PPM fluoride intake in their drinking water.”
The report later observes that work by others in the 1940s and 1950s “showed that fluoride has an inhibitive effect on the activity of succinate dehydrogenase. These studies indicate that under the effect of fluoride intake, a serious metabolic distress may develop in the kidneys.” In concluding, the report notes that “Earlier, some workers had also indicated that inorganic fluorides have a strongly adverse effect on the activity of some enzymes and of these, mitochondrial enzymes, acid and alkaline phosphatases and ATP-utilizing enzymes and aldolase may be the most affected (Batenburg & Van den Bergh, 1972; Katz & Tenenhouse, 1973).”

This study of squirrel monkeys is a rare (possibly singular) American experiment with SiF. If the research team had known that Westendorf was finding greater effects of silicofluoride than sodium fluoride on enzyme activity at virtually the same moment, the U.S. study might have taken a different turn. In any case, two of these three American experiments compared effects from NaF and SiF, and both found that SiF and NaF do not produce the same effect. Moreover, all three studies found the strongest adverse clinical effect of silicofluoride in the kidney. But damage to the kidney is hardly the only possible health effect of ingested SiF.

“Life” involves an incalculable number of chemically active molecules initiating, continuing and terminating a bewildering variety of chemical events. Throughout this panoply of events and in every organ where they occur, various enzymes play crucial roles. A particularly important example is the quenching by enzymes of muscle stimulation induced by the neurotransmitter acetylcholine (ACh), an ester comprising the acetyl moiety bound by an oxygen bridge to the choline molecule. The principal “quenching” enzyme, acetylcholinesterase (AChE), comes in several variations and the ACh/AChE dyads operate in numerous ways in many organs. Related enzymes called pseudocholinesterases are found in serum and include the butyrylcholinesterases. At latest count over 7,000 enzymes have been detected and catalogued, (f) and there is no reason to suppose that the effect of SiF is limited only to a sub-class. In any event, one would be hard put to identify a more important enzyme subclass than “esterases,” which cleave molecules called “esters” at the right time and place in the healthy organism. While a great deal is known about many of the ways these enzymes function, there are still large knowledge gaps to be filled. To do just that, an extensive survey of contemporary knowledge about cholinesterases has recently been published (g) by an employee of the Office of Prevention, Pesticides and Toxic Substances in EPA's Health Effects Division. The published article carries this disclaimer:

“Although this article was written as part of the author’s official duties as an EPA scientist, the opinions and conclusions expressed in it are his alone, and do not reflect the position of the Environmental Protection Agency.”

Dementi’s review deserves a great deal of attention, so one wonders why it was not published as official work of the EPA. The EPA has acknowledged (h) that it has no data on health effects of the SiFs, shown by Westendorf to be a significant cholinesterase inhibitor and being added to the diets of 140 million people at the rate of 200,000 tons a year. The many different biochemical responses this dosage can be expected to elicit may well support a recently published (l) hypothesis proposing an explanation for Fibromyalgia, Multiple Chemical Sensitivity, and Chronic Fatigue Syndrome. It is not at all unlikely that chronic ingestion of SiF treated water also bears on ADD/ADHD, teen violence, and even some of the ambiguities associated with Gulf War Syndrome.

Common sense suggests that wide-spread, albeit clinically vague, adverse health effects should be expected when a strong enzyme inhibitor is added to the daily diets of over half of US residents, as would be the case given the results of the research work described herein. With millions of people suffering from one or another poorly understood condition with likely roots in environmental toxins, it is time to reexamine entrenched governmental doctrines in the light of Westendorf’s research which, while 30 years old, has received little or no attention heretofore.

(Read Westendorf’s thesis)
NOTE 1. The following English language text, translated from the German in which it was written by Dr. Johannes Westendorf, (Toxicology Department, Eppendorf-Hamburg University Hospital) was submitted to him in March 2001 for his comments with a series of questions. This was his response:

“With respect to my thesis I finished this kind of work in 1976, when I changed to the Medical faculty, where I still am. After my thesis I continued the work on fluoride for another year and we especially worked on the stability of hexafluoro complexes of silicon and iron. We used radioactive isotopes, such as F-18 and Si-31 . . . when we analyzed the electrophoretic mobility. In the presence of silicon and iron, fluoride ions showed a different mobility compared to fluoride [ion] itself. Unfortunately I have no access to these old experiments and we did not publish it.

. . . During hydrolysis we got a continuous shifting of the mobility, indicating that the different forms of hydrolysis with 2-6 fluorine at the Si are present at the same time, ending up at the more stable form of Si (OH)4F2. If we increased the pH to 9 and higher, a total hydrolysis occurs.

…In answering your final paragraph I can say:
1) The English translation of my thesis is excellent.
2) I have no evidence from others that contradict to my old findings.
3) Your idea of the enzyme inhibition by the complex could be right, however slight changes in the pH, caused by the hydrolysis of hexafluoro silicate, would also result in an increased inhibition of acetylcholinesterase. Nevertheless, I agree with you that the toxicology of hexafluoro silicate should be investigated because it may be different from simple fluoride.

Please let me know if I can be of further assistance to you. Johannes Westendorf” Westendorf@uke.uni-hamburg.de

NOTE II. Although the main body of the Westendorf thesis was not published in a circulating journal as such, three short articles based on this work were. Copies of the two most relevant ones appear at the end of the English text of the full thesis.

CREDITS: The thesis was called to our attention and photocopied from the document on file in the archives at the University of Hamburg by Peter Meiers (Weissenburgerstr. 28, D-66113 Saarbrucken; the translation was prepared by Jakob von Moltke (Dartmouth College); final proof editing was done by Myron Coplan with the aid of Norman Mancuso.

References:

a) Smith, PA. “History of Fluorine Recovery Processes”: Paper delivered at the IFA Technical Sub-Committee and Committee Meeting in Novgorod, Russia; Sept 15-17, 1999 (http://www.fertilizer.org/ifa/publicat/techpprs/tech0999.asp)

b) Gutierrez, SB. (signed by Thurnau RC); Letter from the Director of the US EPA National Risk Management Laboratory to Roger D. Masters, dated March 15, 2001.


f) On February 7, 2001, the Brookhaven Registry of Enzymes listed 7,164 enzymes on their web-site, http://www.biochem.ucl.ac.uk/bsm/enzymes/
g) Dementi, B. “Cholinesterase Literature Review and Comment”; Pesticides, People and Nature; 1 (2); 59-126; 1999.


Synopsis of Foreward Authors’ Relevant Professional History

Roger D. Masters, Ph.D., is President of the Foundation for Neuroscience and Society and Nelson A. Rockefeller Professor of Government Emeritus at Dartmouth College. For the last 30 years, he has studied the implications of modern biological science in understanding human behavior. He serves as editor of the “Biology and Social Life” section of Social Science Information (an international journal published at the Maison des Sciences de l’Homme in Paris) and member of the Council of the Association for Politics and the Life Sciences. He is a published expert in the history of Renaissance politics, especially the contribution of Niccolo Machiavelli.

After undergraduate studies at Harvard (where his instructors included Henry Kissinger), he served in the US Army before graduate studies at the University of Chicago. Despite his work in other areas, he retained a strong professional interest in military and international affairs. In addition to writing The Nation is Burdened: American Foreign Policy in a Changing World (Knopf, 1967), he served as US Cultural Attache to France. Among his many other books are The Political Philosophy of Rousseau (Princeton, 1968), The Nature of Politics (Yale, 1989), Machiavelli, Leonardo, and the Science of Power (Notre Dame Press, 1996) and Fortune is a River: Leonardo da Vinci and Niccolo Machiavelli’s Magnificent Dream to Change the Course of Florentine History (Free Press, 1998). Before turning to issues of environmental pollution, health and behavior, he also published widely on the effectiveness of leaders’ nonverbal behavior on television (working with colleagues on experiments in France and Germany as well as in the US).

Among many other publications on biological factors in human behavior, he was co-editor (with Michael T McGuire) of The Neurotransmitter Revolution, Serotonin, Social Behavior and the Law (Southern Illinois University Press, 1994); senior author (with Brian Hone and Anil Doshi) of “Environmental Pollution, Neurotoxicity, and Criminal Violence,” in J. Rose, ed., Aspects of Environmental Toxicity (London: Gordon & Breach, 1998), pp. 13-45; and co-author (with MJ Coplan) of “Water Treatment with Silicofluorides and Lead Toxicity,” International Journal of Environmental Studies, 56: 435-449 (July-August 1999) as well as of other publications. In addition to an earlier teaching position in political science at Yale, he served as US Cultural Attache to France, Fellow of the Hastings Center, Chair of the Executive Committee of the Gruter Institute for Law and Behavioral Research (a foundation specialized in linking biology to the study and practice of law), a visiting professor at Yale Law School and Vermont Law School, and a consultant to Upjohn Corp, to the Commissioner of Corrections of Vermont, and to several agencies of the Federal Government. As a result of these varied professional activities, Dr. Masters has had extensive experience applying new scientific research in biology of human behavior to the establishment of successful government policies.

Myron J. Coplan, PE is a consultant in chemical engineering and chemical sciences, doing business at “Intellequity” after retirement in 1987 as Vice President and General Manager of the Albany International Co. Membrane Development Venture. The fruits of this latter activity include a product line of membranes now used by a major multi-national company to supply a market for industrial gases measured in the $ billions.

Coplan’s working career started during WWII first as a civilian employee of the US War Department and then as a production chemist for a firm supplying the military with two crucial commodities: DDT, without which the S. Pacific campaign might not have been successful, and a wire insulating chemical, without which the US Navy’s capacity to deal with disastrous convoy damage by Nazi mines might not have been achieved. He was one of the few civilians deferred throughout WWII for his critical occupation status.

Post WWII, while pursuing his own advanced degree studies, Coplan headed an academic chemical engineering department, supervising doctoral research of others. This was followed by a 37-year relationship
with an independent consulting and r/d firm specializing in material sciences (chemistry, polymer systems, statistical analysis, physics, fluid dynamics, statistical mechanics, etc.) which eventually became the central research laboratory of a large multinational corporation.

Coplan is recognized in American Men of Science, holds 32 patents, is a member of several professional organizations and has published many technical papers. He authored a series of bench-mark articles on mathematical probability statistics and wrote a manual on statistical quality control for internal corporate use. He also personally carried out a wide range of laboratory research and engineering tasks and supervised the work of as many as 35 other professionals of many disciplines. He has been consulted by research staffs and corporate executives from some of the world’s largest corporations. To mention only one example, over about ten years he had 28 assignments from GE.

His services were also engaged by NASA, USDA, EPA, Interior Dept, Post Office Dept and several other government agencies, including virtually every branch of the DOD. In these assignments, Coplan was cleared on a “need-to-know” high level security basis several times for consulting and research work in such diverse fields as “decoy” chaff used to frustrate radar-tracked anti-aircraft fire to protective measures for ground-troops at risk of exposure to chemical, biological and nuclear attack.

In due course, Coplan’s activities became more focused on the interests of the large company which in 1972 had acquired the firm he had joined in 1951. After 1972, he took on the corporate mission of identifying and exploiting science-based new business opportunities, including direct management of scientific entrepreneurial r/d for new products and technologies. He became Senior Corporate Scientist and then Vice President and General Manager of a membrane development venture that eventually licensed his patented inventions to other large corporations. Membrane treatment of phosphate waste pond waters was among the applications studied. Coplan, therefore, has first-hand knowledge of the processes from which the principal water fluoridating agents (the silicofluorides) are derived.

http://www.fluoridealert.org/studies/westendorf-foreword/

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**Phyllis Mullenix, PhD Neurotoxicologist, discusses the toxicity of water fluoridation**

Phyllis Mullenix, PhD discusses the toxicity of water fluoridation IAOMT 2009 Las Vegas She presents the related receptor malfunction that can occur from chronic fluoride poisoning that can be attained at doses consistent with that of fluoridated water. http://www.youtube.com/watch?v=eou_UMhHlm4

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If you want to swallow industrial fluoride I don't deny your right to choose (just put it in a labelled container and regulate it like other medications), but don't force it on people who make a conscientious decision not to have it. You should give people freedom of choice. That doesn't mean the choice of buying an expensive fluoride filter (reverse osmosis)... You remember what happened to Marie Antoinette when she said, "Let them eat cake."  Our pensioners are the most vulnerable and chemically sensitive, yet they are the least able to afford such expensive equipment. Fluoridation discriminates against the poor and infirm.

Fluoridation is certainly not 'safe' as touted and there is a growing army of scientists and health professionals from around the world calling for the end of this archaic practice from the 50's http://www.fluoridealert.org/researchers/
The rest of the world is stopping.  Europe is 99% fluoridation free and the US has recently legislated to reduce to .7ppm.  One city after another is voting to stop altogether.  USA is now less than 70% fluoridated, which is much less than Australia. More and more Canadian cities are also voting to stop.  Australia looks like becoming the fluoride toxic waste dumping ground of the world (using Chinese industrial fluoride wastes - silicofluoride chemicals contaminated with heavy metals and arsenic).
Fluoridation: a violation of medical ethics and human rights.

Cross DW, Carton RJ.

Abstract
Silicofluorides, widely used in water fluoridation, are unlicensed medicinal substances, administered to large populations without informed consent or supervision by a qualified medical practitioner. Fluoridation fails the test of reliability and specificity, and, lacking toxicity testing of silicofluorides, constitutes unlawful medical research. It is banned in most of Europe; European Union human rights legislation makes it illegal. Silicofluorides have never been submitted to the U.S. FDA for approval as medicines. The ethical validity of fluoridation policy does not stand up to scrutiny relative to the Nuremberg Code and other codes of medical ethics, including the Council of Europe's Biomedical Convention of 1999. The police power of the State has been used in the United States to override health concerns, with the support of the courts, which have given deference to health authorities.


I have also attached for your reference a recent published Australian legal review regarding the ethics of fluoridation.

I believe that governments now should be re considering their risk exposure regarding future litigation and fluoride poisoning. Already in USA there is a class action in progress. The UK is also in the throws of legal action to enforce upon the UK government the new EU ruling that fluoride is a medicine, and therefore must only be supplied in a labelled container and via prescription by a qualified medical practitioner.

Yours sincerely,


Queenslanders for Safe Water, Food and Air Inc.


Attached –(1) FOI - Australian Dental Assn ( Qld ) asking and receiving $200,000 to lobby for water fluoridation (2) RTI - Qld Medical Association lobbying that fluoridation be mandated Qld wide.

Dear Mayor and Councillors

You may not know however the Qld Dental Association in 2006 asked the Queensland Health Minister for $200,000 to lobby for water fluoridation, Stephen Robertson gave the ADAQ this money – no strings attached. Briefing Notes reveal that the ADAQ received tax payers money so it could undertake lobbying activities inappropriate for the Government.

The Queensland Medical Association Executive in early 2007 wrote to the Queensland Chief Health Officer saying that water fluoridation MUST be mandated across the whole state. With this lobbying for forced fluoridation of four million Queenslanders the AMAQ executive trashed the AMA Code of Ethics. The AMA Code of Ethics (1.1.k) states: "Respect your patient's right to choose their doctor freely, to accept or reject advice and to make their own decisions about treatment or procedures." www.ama.com.au/codeofethics

The AMAQ advocated doing to 4 million Queenslanders what a doctor can’t do to a single patient – forcibly medicate them – in this case through their own public drinking water. While forced fluoridation in Qld was enabled by the endorsements and lobbying activities of the ADAQ and the AMAQ, neither of these two associations have ever provided any proof of safety, nor would they accept any liability for harm. Forced fluoridation is unethical mass medication, the Queensland Government Position Statement of 2003 acknowledged this. This position was the same in 1997.
Fluoridation is mass medication. Councillors, do you believe that you are entitled to forcibly mass medicate all the individuals in your community without each individual's informed consent? The only ethical decision that can be made is to cease water fluoridation.

Authorised by M Haines on behalf of Queenslanders For Safe Water, Air and Food Inc  PO Box 149 Archerfield 4108 Mob 0418 777 112

Extracts of 2007 FOI – Letter from Qld Dental Association asking for $200,000 to promote water fluoridation. Briefing notes for Health Minister -

Extract April 2007 letter from Australian Medical Association (Qld branch – AMAQ) to Qld Chief Health Officer – fluoridation must be mandated across the state

The Association believes the 'strategic approach' referred to in your letter must be for Government to mandate water fluoridation throughout the State. The approach to encourage individual councils to adopt fluoridation of their own volition has failed.

2 attachments — Download all attachments

- FOI_qld_ADA grant.pdf
  - View
  - Download

- AMAQ_FORCED_Letter - AMAQ to CHO.pdf
  - View
  - Download

Queenslanders for Safe Water, Air and Food Inc.
http://www.qawf.org/
Fluoride Action Network Australia  http://fluoridealertaustralia.org/
American Dental Association (Ada) Ethics

The ADA fails to honor their own American Dental Association ethics requirements as evidenced by their continued support of the fluoridated drinking water fraud. Several years ago I discovered some fluoridation research data that had been omitted from my formal education. As I studied the American Dental Association (ADA) and United States Public Health Service (USPHS) data and ethics, I found that some serious errors and/or misinterpretations were made (intentionally) concerning the claimed value of artificially fluoridated water. I encourage you to study the ADA and USPHS research data listed in the bibliography and draw your own ethical conclusion. Based on the ADA and USPHS data, the reasons why I no longer recommend fluorides are discussed in the below document. Click Here to view a PDF about my studies on American Dental Association (ADA) ethics and fraud.

http://www.dentalconfessions.com/ada_american_dental_associtaion_ethics.htm

INTERNATIONAL JOURNAL OF OCCUPATION AND ENVIRONMENTAL HEALTH:

Fluoridation: A Violation of Medical Ethics and Human Rights


"Silicofluorides, widely used in water fluoridation, are unlicensed medicinal substances, administered to large populations Without informed consent or supervision by a qualified medical practitioner. Fluoridation fails the test of reliability and specificity, and, lacking toxicity testing of silicofluorides, constitutes unlawful medical research. It is banned in most of Europe; European Union human rights legislation makes it illegal. Silicofluorides have never been submitted to the U.S. FDA for approval as medicines. The ethical validity of fluoridation policy does not stand up to scrutiny relative to the Nuremberg Code and other codes of medical ethics, including the Council of Europe's Biomedical Convention of 1999. The police power of the State has been used in the United States to override health concerns, with the support of the courts, which have given deference to health authorities."

http://www.ingentaconnect.com/content/maney/oeh/2003/00000009/00000001/art00004?token=005615ff6f8f941333c4a2f7a7338765747674c23743e5f4f6d6222346b6268763050210aeb0caaa77637c

Ethics of Artificial Water Fluoridation in Australia

Public Health Ethics Advance Access published August 21, 2012

Public Health Ethics 2012 1–12 1

Niyi Awofeso, School of Population Health, University of Western Australia, and School of Public Health, University of New South Wales, Australia

The Australian Health Authorities insist on continuing to artificially fluoridate water within the 0.7–1.2 parts per million band. At least on ethical grounds, a reconsideration of current artificial water fluoridation policies is warranted, and a parliamentary debate is a good start to such policy review in Australia.

Medical Law International

http://mli.sagepub.com/

Weeping and wailing and gnashing of teeth: The legal fiction of water fluoridation

- David Shaw

Medical Law International 2012 12: 11 originally published online 14 March 2012 DOI: 10.1177/0968533212438642

The online version of this article can be found at: http://mli.sagepub.com/content/12/1/11  Published by: http://www.sagepublications.com

UK legislation currently permits water fluoridation, but we have also seen that the FSA's and MHRA's views on the regulation of fluoride do not bear up to scrutiny, and it seems likely that FW does meet the UK and EU definitions of a medicinal product. If this is the case, then UK legislation currently permits the addition of a medicine to public water supplies, which in effect makes the water itself a medicine. It is unsurprising that government agencies would prefer to deny that this is the case through the use of a legal fiction, but it is not obviously unethical to provide a medication to the public in this way (although Lord Jauncey clearly
thought it was outwith a council’s remit to do so). Whether it is ethical to provide fluoride to the public in this way is another question, but if the arguments in this paper are correct, there are major implications for the continuation of water fluoridation in the UK.

The Fluoridation Controversy
Review Rubina Mumtaz, BDS, MPH (Harvard)

* Assistant Professor, Community Dentistry Department, Islamic International Dental College, Riphah University, Islamabad, Pakistan Correspondence: Dr. Rubina Mumtaz, 70, Nazimuuddin Road, F-7/4, Islamabad, e-mail: rmumtaz@post.harvard.edu

Conclusion

Since topical benefits of fluoride are as good as systemic but the risks are maximal on ingestion, the ideal recommendation would be to limit fluoride to dentifrices and mouthwashes. Adopting The Precautionary Principle Categorizes Fluoridation Of Community Drinking Water Supply As An Unreasonable Risk.

On the international front, most of the west European countries have rejected water fluoridation including Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Italy, Luxembourg, Netherlands, Norway, Sweden, and Switzerland. The only three western European countries which still practice water fluoridation are Ireland (100%), Spain (10%), and the United Kingdom (11%). The WHO collected DMFT (Decayed, Missing & Filled teeth) status for 12-yr-olds from developed countries and found no significant association of DMFT index with fluoridation. (Table 1) http://www.podj.com.pk/PODJ/Vo1.%2027%20%281%29%20June%202007%29/26-Podj.pdf

UK Councils Against Fluoridation

Extensive information
"Councillors have a responsibility to uphold the basic Human Rights of the people they represent to choose what medication they and their family wish to take, and not have it enforced through their water supply."

Extensive Information - UK Councils Against Fluoridation http://www.ukcaf.org/

Mandatory Water fluoridation - Ethical and legal questions arise

Is mass medication of public water supplies with an uncontrolled dose of fluoride wrong?

How Science Can Illuminate Ethical Debates A Case Study On Water Fluoridation
By Mark Diesendorf, Fluoride, 1995 May, 28:2

Summary: Some of the fundamental questions about the fluoridation of public water supplies are ethical in nature: e.g. Is medication with an uncontrolled dose wrong? Is mass medication, which is either compulsory or expensive to avoid, wrong? Is fluoridation right if its risks are less than its benefits? Some leading proponents of fluoridation attempt to evade such ethical issues by quasi-scientific argument. For instance, they claim that fluoridation is not medication, but merely an 'adjustment' of the natural fluoride concentrations in drinking water to the 'optimal' level for reducing tooth decay. Or they allege that fluoride is an essential nutrient, rather than a medication.

But, ethical questions cannot be so easily transformed into scientific and technical ones to be answered glibly by dentists and medical practitioners. This paper assists the elucidation of several ethical questions about fluoridation by first clarifying several related questions of science, technology and logic. This clarification leads to the conclusions that fluoride, at the levels recommended by pro-fluoridationists for reducing tooth decay, is not an essential nutrient; is not a natural substance for babies or for most adults; is not a compulsory medication, but is an expensive-to-avoid medication with an uncontrolled dose; and is harmful to some people. There is scientific evidence that the benefits of fluoridation have been greatly overestimated, but the actual magnitude of benefits is still unclear. It is now clear that any benefit comes from the action of fluoride on the surface of teeth, but there is negligible benefit from swallowing fluoride. It is not possible to weigh risks against benefits in a value-free manner.
These scientific, technical and logical conclusions prepare the way for ethicists and others to examine the fluoridation issue, unencumbered by the usual 'scientific' myths. The original ethical concerns about fluoridation are found to be well-posed questions, an ethical question used by proponents to justify fluoridation is found to be improperly posed, and a new ethical question arises from the analysis.

Mark Diesendorf is with the Human Ecology Program, Department of Geography, School of Resource and Environmental Management, Australian National University, Canberra ACT 0200. Australia. The entire article is available. Click here.

The need for a Code of Ethics at the EPA became critical. Without an enforceable code of ethics with sanctions, the distortion of truth caused by the pressures of politics would continue.

**Duties Of Legislators Regarding Fluoridation Of Water Supplies**

By the Late Dr. Frederick B. Exner, M.D., F.A.C.R.

There is a sharp difference of opinion as to both the effectiveness and safety of fluoride as a drug to prevent tooth-decay; but however safe and effective it may be in proper dosage, it can be neither safe nor effective when in the water supply, where the dose depends on the amount of water consumed. This is highly variable and totally unrelated to any possible need for the drug. So much is self-evident, and claims to the contrary CANNOT be soundly based.

But even if the water supply were medically suitable as a vehicle for the drug, there are compelling moral reasons why it should not be so used. Many people seem to think that if a majority can be persuaded to vote in favour of doing something, it is in line with democracy for that something to be done. This indicates a misconception about the nature of democracy, which is primarily concerned with the rights of people as human beings, and not with the dominance of the majority. A majority vote which violates ethical or moral principles or deprives individuals of rights they should be free to enjoy, is not democracy but tyranny. It is a subversion of democracy that will bring democracy to an end in the degree that it is allowed to operate.

The survival of democracy depends, first and foremost, upon preserving the rights of individuals. Each and every one of us has a personal responsibility for making sure this is done, and we can enjoy to the full benefits of democracy only if we play our individual parts in protecting those rights, both for ourselves and for each other. In the Declaration at Independence, we read: 'That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed'; and it doesn't say "from the majority of the governed."

**Without any question, the first duty of our elected representatives in our legislatures and city councils is the protection of our basic rights as individuals.** High in the list of these is the right of every individual to look after his own body in ways of this own choosing. Fluoridation automatically violates this right. That is why we, who oppose fluoridation of water supplies, maintain that it is the manifest duty of legislators and city councils to reject all proposals to fluoridate the water, giving as their reason their duty to protect the rights of the individual citizen from possible tyranny by a misled and thoughtless majority.

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Douglas W. Cross, Robert J. Carton, PHD

Int. J. Occup Environ Health 2003; 9:24-29

Silicofluorides, widely used in water fluoridation, are unlicensed medicinal substances, administered to large populations without informed consent or supervision by a qualified medical practitioner. Fluoridation fails the test of reliability and specificity; and, lacking toxicity testing of silicofluorides, constitutes unlawful medical research. It is banned in most of Europe; European Union human rights legislation makes it illegal. Silicofluorides have never been submitted to the U.S. FDA for approval as medicines. The ethical validity of fluoridation policy does not stand up to scrutiny relative to the Nuremberg Code and other codes of medical ethics, including the Council of Europe’s Biomedical Convention of 1999. The police power of the State has been used in the United States to override health concerns, with the support of the courts, which have given deference to health authorities. Full document: [http://www.ukcaf.org/files/cross_carton_ijoeh.pdf](http://www.ukcaf.org/files/cross_carton_ijoeh.pdf)

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Forced Fluoridation is a Civil Rights Violation
Monday, September 19th, 2011

NEWS RELEASE: Influential National Hispanic Civil Rights Organization Votes to Oppose Water Fluoridation

League of United Latin American Citizens Condemns Fluoridation as a Civil Rights Violation

Ellijay, GA – In an action with far-reaching national ramifications, the League of United Latin American Citizens (LULAC), the oldest Hispanic civil rights organization in the United States, has adopted a resolution opposing the practice of water fluoridation.

The resolution was passed at the 2011 LULAC national convention in Cincinnati.

The news adds Hispanic leaders to a growing list of groups and prominent individuals now speaking out against the controversial practice of fluoridation, including former Atlanta mayor and U.N. ambassador Andrew Young, Dr. Martin Luther King Jr.’s daughter and niece Dr. Bernice A. King and Dr. Alveda King, Coalition of African American Pastors President Rev. William Owens, and civil rights leader and minister Dr. Gerald Durley.

“The Hispanic community is no longer going to be silent on this issue,” says Henry Rodriguez, LULAC’s Texas civil rights chairman. “This is about forcing us to be medicated through our drinking water without our consent or full disclosure of the risks.” “Fluoridation is a civil rights violation,” he says. “Opposition to fluoridation is going to continue building and there is no stopping it. There are millions of Hispanics and other minorities in the U.S. who don’t have the funds to avoid fluoridated water for making their babies’ milk formula. And millions of families don’t know they’re being medicated in their drinking water, or about possible risks for kidney patients and diabetics.”

Human rights advocate Dr. Bernice A. King states, “Water fluoridation needs to end. It is good that organizations are lending their support to help push this outdated and harmful practice of fluoridation toward collapse. This is wonderful news.” Babies, diabetics, kidney patients, and other groups are listed by the National Research Council as susceptible groups especially vulnerable to harm from ingested fluorides. Water utilities add fluoride chemicals to drinking water to help
prevent cavities. They are the only chemicals specifically added to treat or prevent a health
condition in the body, rather than to treat the water itself.

“Fluorides are listed in the ‘Drug Facts’ information on boxes of fluoridated toothpaste sold to help
prevent cavities,” says Daniel G. Stockin of The Lillie Center Inc., a firm working to end water
fluoridation. “But water utilities haven’t been acknowledging fluorides as a medication when they
are added to drinking water for the same purpose.” The Gerber company now sells an unfluoridated
bottled water so parents of young babies can avoid using fluoridated water when mixing milk
formula. Major toothpaste manufacturers are also now selling unfluoridated toothpaste for toddlers
marked “Fluoride-free. Safe if swallowed.”

After decades of water fluoridation, data from the U.S. Centers for Disease Control indicates that
Hispanics have significantly higher levels of untreated cavities than whites, and that Hispanics have
disproportionate amounts of “fluorosis” stains disfiguring their teeth. “Fluoridation certainly hasn’t
been very effective at preventing cavities in Hispanics,” states Stockin. “Oral health education and
access to dental care for disadvantaged families, this is what Hispanic families need.” The LULAC
resolution notes the National Research Council’s 2006 acknowledgement of large gaps in research
on fluoride’s effects on the body, and that these gaps contradict assurances made by public health
officials that fluorides and fluoridation have been exhaustively researched. The resolution also
demands to know why health agencies are “more protective of the public policy of
fluoridation than they are of public health.”

“Watch what develops now as members of the Hispanic legal community are awakening to this
issue,” Stockin says. “This issue of disproportionate fluoride harm to minorities is gaining attention
because it is real and we have science supporting it. The train has left the station. Fluoridation is
ending. You can look for a quickening cascade of cities, water utilities, health officials and others
distancing themselves from fluoridation.”

Reference Links / Sources:
* LULAC resolution, full text
* Contact information for Henry Rodriguez of LULAC: phone: 210-857-5329; email:
lulaczapatista@yahoo.com
* Contact information for Dr. Bernice A. King: contact Carmen L. Cruz, phone: 404-408-2103; email:
elruz@effectivemediagroup.com
* Hispanics experience significantly more untreated cavities than whites:
http://www.cdc.gov/Features/dsUntreatedCavitiesKids/
http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesAdults20to64.htm
* CDC’s data showing minorities with disproportionate amounts of dental fluorosis (see table 23): http://
www.cdc.gov/mmwr/pdf/ss/ss5403.pdf
* Sample photos of dental fluorosis: www.SpotsOnMyTeeth.com
* National Research Council report on fluorides: see “Susceptible Subpopulations” section pp. 350-51:
http://books.nap.edu/openbook.php?record_id=11571&page=350 and “sensitive populations,” page 30:
* Hispanics at increased risk for kidney disease: http://www.kidney.org/kidneydisease/ckd/index.cfm
* Hispanics at nearly double the risk for diabetes compared to non-Hispanic whites:
utm_source=WWW&utm_medium=DropDownIMC&utm_content=Latino&utm_campaign=LA
* Trend: 1 in 2 minorities will develop diabetes: http://forecast.diabetes.org/news/co-workers-families-and-
* Centers for Disease Control’s “60 years of extensive research” statement (see “Safety and Fluoridation”):
http://www.sboh.wa.gov/Meetings/2010/06-09/docs/Tab16h-Fluoridation_CDC_FAQs.pdf

NEWS RELEASE CONTACT:
Daniel G. Stockin, MPH  The Lillie Center, Inc. P.O. Box 839 Ellijay GA 30540  
http://www.chelseagreen.com/content/forced-fluoridation-is-a-civil-rights-violation/
Fluoridation is Morally Unacceptable - NHMRC comments on Water Fluoridation & Human Rights

"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. Public health scientists can evaluate the scientific evidence pertaining to health benefits and health risks. They can assess the relative effectiveness and the cost effectiveness of different approaches. They can assess data on the distribution of exposures and health consequences within the community. They can advise on the usual approach to the balancing of risks and benefits, and to the accommodation of margins of safety. 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. (NHMRC 1991:7.6.2).

World Health Organisation & Water Fluoridation
Community water fluoridation should only be introduced where it is “socially acceptable” (WHO 94:35).

What about Informed Consent?
Water fluoridation as now practised violates the medical principles of INFORMED CONSENT and the ETHICAL EXPERIMENTATION because authorities neither warn the community about known and documented risks to health nor inform themselves of the actual health-risk situation

REFERENCES
http://www.offgridaustralia.com/node/1056

Evidence based Medical Science used to end policy of fluoridation of drinking water in the Netherlands

This is a summary of information complied from public record and published peer reviewed journals on the history of fluoridation in the Netherlands. It explains how medical based science resulted in the termination of fluoridation in this Country, thanks largely to Dr. Hans Moolenburgh, a Medical Physician, Cancer Specialist, and Clinical Ecologist who with a team of medical doctors and medical researchers conclusively demonstrated that fluoridation of drinking water resulted in the population being subjected to low grade poisoning by fluoride with wide ranging medical side effects. Hans C. Moolenburgh, M.D., graduated as a medical doctor from the University of Leyden in 1952. He was a general practitioner in the city of Haarlem in the Netherlands since April 1953. Apart from being a G.P., his main interests were clinical ecology and complementary forms of cancer treatment. Dr. Moolenburgh wrote three books on the subject of fluoridation. Two of these are in Dutch: “Fluoridering van het leidingwater,” 1973 and “Fluur Liever niet” in 1990. The third book is in English: “Fluoride, the Freedom Fight,” 1987. Dr. Moolenburgh was actively involved in the campaign to end fluoridation in the Netherlands and spent many years researching the science surrounding fluoridation. http://2012indyinfo.com/2013/01/09/fluoride-free-water-evidence-based-medical-science-used-to-end-policy-of-fluoridation-of-drinking-water-in-the-netherlands/
The Dr. Russell Blaylock Interview  Sept. 2011

Dr. Russell Blaylock Is A Nationally Recognized Board-Certified Neurosurgeon, Health Practitioner, Author and Lecturer.

Dr. Blaylock attended the Louisiana State University School of Medicine in New Orleans and completed his Internship and Neurosurgical Residency at the Medical University of South Carolina in Charleston, S.C. For the past 26 years, he has practiced neurosurgery in addition to having a nutritional practice. He recently retired from his neurosurgical duties to devote his full attention to nutritional studies and research. Dr. Blaylock has authored three books on nutrition and wellness, including Excitotoxins: The Taste That Kills, Health and Nutrition Secrets That Can Save Your Life, and his most recent work, Natural Strategies for The Cancer Patient. An in-demand guest for radio and television programs, he lectures extensively to both lay and professional medical audiences on a variety of nutrition-related subjects. Also, Dr. Blaylock has been appointed to serve on the Scientific Advisory Board of the Life Extension Foundation. He is the 2004 recipient of the Integrity in Science Award granted by the Weston A. Price Foundation.

Dr. Blaylock serves on the editorial staff of the Journal of the American Nutraceutical Association and is the associate editor of the Journal of American Physicians and Surgeons, official publication of the Association of American Physicians and Surgeons. He previously served as clinical assistant professor of neurosurgery at the University of Mississippi Medical Center in Jackson, Miss., and is currently a visiting professor of biology at the Belhaven College, also in Jackson.

Dr. Russell Blaylock Video 5 parts:
http://www.youtube.com/watch?v=Ie6gJHqkJSc

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NTEU CHAPTER 280 - U.S. ENVIRONMENTAL PROTECTION AGENCY, NATIONAL HEADQUARTERS, WASHINGTON, D.C. - 2002 STATEMENT OF CONCERN ABOUT FLUORIDE

NTEU Chapter 280 and its individual Executive Board members have signed on to the following Statement of Concern about the science of fluoridation. The goal is to stimulate a Congressional hearing on this national policy, which has not been aired before Congress and the public since 1978. Since 1978, a wealth of peer reviewed literature has been published on the carcinogenic, genotoxic and neurotoxic effects of fluoride, as well as on the efficacy of fluoridation. We believe that a full, open debate on the merits of the science underpinning fluoridation - and EPA's drinking water standards - is long overdue.


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Professor Roger D. Masters, Nelson A. Rockefeller Professor Emeritus at Dartmouth College, has recently focused on eliminating dangerous toxins like silicofluoride and lead in the public water supplies because their harmful effects on children are even greater than on adults (if a child under 6 has high blood lead levels, recent studies indicate that individual brain volume will be reduced throughout adult life). Poisoning innocent children for the selfish benefit of some members of society is corroding our social bonds. As a first step, he is devoted to ending the use of silicofluorides since this will not be costly (at present, the supplies used to treat water are imported from China) and will reduce the harm from heavy metals. Implicit in this effort is the need for better collaboration between specialists in different areas of activity, epitomized by his collaboration with Myron J. Coplan, a chemical engineer who was Vice President of Albany International and principal of Intellequity, Natick, Mass.

Professor Masters also found that doing research at an undergraduate College like Dartmouth had the benefit of leading to collaborative work with undergraduates who (like Brian Hone) sometimes became co-authors of scientific publications and life-long friends. Professor Masters' work and research linking political science to other disciplines is highly-recognized, especially due to growing public awareness of the need to rid our public water systems of silicofluorides and act more aggressively to reduce the harmful effects from other toxins like lead and manganese.

Dr. Roger D. Masters, Nelson A. Rockefeller Professor Emeritus at Dartmouth College, is a specialist on issues linking neurotoxicology, brain chemistry, and behavior to public policy who continues active scholarship as Research Professor in the Department of Government. As one of the founders of the new research field of "biology and politics," his extensive research and publication explores factors that influence brain chemistry and behavior and allows him to study hitherto unrecognized effects of toxic chemicals on behavior which are modified by both genetic and environmental factors.

Professor Masters is a student of political philosophy who studied with Leo Strauss at the University of Chicago. In this field he has written most extensively on Rousseau (co-editing & co-translating the 12 volume English edition of his Collected Writings) and Machiavelli (focusing on his collaboration with Leonardo da Vinci in an ill-fated attempt to change the course of the Arno river and make Florence a seaport after Columbus' first voyages). Professor Masters offers his services most frequently as a consultant on issues linked to the harmful effects of exposure to silicofluorides in public water supplies. Roger Masters earned a Ph.D. in Political Science from the University of Chicago, and has over 50 years of professional experience (including government service and consulting as well as scholarly work). He is a member of the American Political Science Association, the Association for Politics and the Life Sciences, and the American Academy of Environmental Medicine.

http://drrogermasters.com/biography2.aspx
Roger D. Masters Seeks Reduced Exposure to Toxins like Silicofluorides & Heavy Metals

Roger D. Masters Marks 50 Years in Research and Higher Education at Dartmouth College

HANOVER, NH, November 5, 2010, Roger D. Masters, Research Professor at Dartmouth College, has been recognized by Cambridge Who’s Who for demonstrating dedication, leadership and excellence in scientific research.

Dr. Roger D. Masters has enjoyed a fruitful five-decade career in the complementary fields of research and higher education. He lends his talents to Dartmouth College. As a research professor, he is known for his work with toxins and toxic chemicals affecting behavior, and his studies of the connections between biology and human behavior. In this field of expertise, Dr. Masters is a sought-after consultant who advises those seeking elimination of toxic harm from chemicals in the public water systems.

He is currently focused on the dangers of water treatment using either hydrofluosilicic acid or sodium silicofluoride, bringing to public attention their extremely costly side effects of higher blood lead levels and increased rates of violent crime, substance abuse, and learning deficits that apparently cost our country billions each year. He is also concerned by the need for better integration of scientific knowledge and natural scientists in our schools and universities.

The benefits of better personal working relationships integrating distinct disciplines has been evident in his experience collaborating with Myron J. Coplan, whose knowledge as a chemical engineer both informed him of the dangers from silicofluorides and brought to their collaboration the specialized chemical expertise requisite to effective research and public policy action. This--and prior collaboration in various fields with others including Denis G. Sullivan, Lionel Tiger, Michael T. McGuire, Christopher Kelly, and Judith Bush--have been the highlights of his career. Having witnessed one of the first successful stem cell therapies in history, Dr. Masters is especially concerned that rapid technical advances in many areas will create ever increasing tensions without leaders who are comfortable working with others to bridge the gaps between scientific disciplines.

An alumnus of the University of Chicago, Dr. Masters obtained his Ph.D. in 1961. He maintains affiliation with the American Political Science Association, the Association for Politics and the Life Sciences, and the American Academy of Environmental Medicine.

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With over 400,000 members representing every major industry, Cambridge Who's Who® is a powerful networking resource that enables professionals to outshine their competition, in part through effective branding and marketing. Cambridge Who's Who® employs similar public relations techniques to those utilized by Fortune 500 companies and makes them cost-effective for members who seek to take advantage of its career enhancement and business advancement services. Cambridge is pleased to welcome its new Executive Director of Global Branding and Networking, Donald Trump Jr., who is eager to share his extensive experience in this arena with members.

Cambridge Who's Who® membership provides individuals with a valuable third party endorsement of their accomplishments and gives them the tools needed to brand themselves and their businesses effectively. In addition to publishing biographies in print and electronic form, it offers an online networking platform where members can establish new professional relationships.

http://drrogermasters.com/pressrelease2.aspx
Professor Of Anatomy And Chief Of The Fluoride And Fluorosis Research Laboratories
Dr. A.K. Susheela

1. I, Dr. A. K. Susheela, have spent more than 20 years doing scientific research in the field of Fluoride Toxicity and Fluorosis.
2. I am a full Professor of Anatomy (Histocytochemistry) and Chief of the Fluoride and Fluorosis Research Laboratories, at the All India Institute of Medical Sciences, New Delhi.
3. I have held Faculty positions at the same Institute since 1969.
4. I am a Ph.D from India, with Post-doctoral training under LORD WALTON (Neurologist) of U.K. and Dr. Ade Milhorut of the Muscle Institute, New York, USA, (which no longer exists).
5. I was a Visiting Professor at the Allan Hancock Fn. at the University of Southern California during 1974-76.
6. I am a Fellow of the Indian Academy of Sciences and the National Academy of Medical Sciences.
7. I have won the prestigious Ran Baxy Research Foundation Award (Cash Prize) for outstanding research in medical sciences.
8. I have been involved in teaching medical students of all levels and carrying out research and guiding research in the field of muscle diseases and Fluorosis for more than 20 years.
9. My field of interest for the last 20 years has been Fluoride and Health Hazards.
10. Numerous funding organizations have been calling upon me during that time for evaluating projects for funding in the field of Biomedical Research.
11. I have been a member of several National Committees since early 1970s, where issues related to Fluoride are debated and discussed.
13. I have been invited to speak on my experience in the field of Fluoride Research at various scientific meetings held in: (1) Japan; (2) Denmark; (3) Switzerland; (4) Kenya; (5) U.S.A. (several times); and (6) Hungary.
14. I have guided 6 Ph.D theses in the subject of Fluoride and Health Hazards. A 7th Project is ongoing.
15. I have more than 80 scientific publications in leading Western and Indian Journals.

Extensive Information on Professor A.K. Susheela.
THE GREATEST FRAUD FLUORIDATION by Philip R.N. Sutton (1914-1995)

Extract:

PREFACE This book has been written in response to numerous requests to ‘update’ the second edition of my monograph Fluoridation: Errors and Omissions in Experimental Trials. (Melbourne University Press, 1960). The first part of the present volume considers material published since the monograph was printed in 1960. At that time very few other comments had been made which questioned the efficacy of fluoridation.

The main section of the latter part of the book (Chapter 19) is a reprint of the second edition, which considered the reports from the five fluoridation trials which had been completed at that time. These had been established between 1945 and 1947 in Grand Rapids, Newburgh and Evanston, USA and two of them in Brantford, Canada. Although the monograph is now thirty years old and has been out of print for many years it is still cited. As no errors have been found in it and as it is still in demand and remains as relevant in the 1990’s as it was in 1960, it is reproduced unchanged in Chapter 19 of the present volume.

The four studies which are considered at length in Chapters 19 to 21 are still very important in the fluoridation discussion. In a report prepared for the Canadian Dental Association in 1981 by Lang and Clark, they were stated to have provided ‘….much of the justification for water fluoridation.’ Also, these four studies were cited prominently in a WHO book in 1984, its latest publication on this subject.

The title of this book is based on a comment made in 1982 by Professor Albert Schatz, the co-discoverer of streptomycin. He stated: ‘Indeed fluoridation is the greatest and potentially the most dangerous medical hoax not only of the present century but of all time. In other words, it is the greatest fraud that has even been perpetrated and it has been perpetrated on more people than any other fraud has.’


Dr. Sutton wrote his first article pointing out errors in fluoridation trials, in the Medical Journal of Australia, thirty-five years ago. He continued to study & write about fluoridation, published numerous articles & two previous books on this subject. In 1935, on his twenty-first birthday, he graduated with honours from the University of Melbourne, having completed the five year course of the Bachelor of Dental Science. He immediately undertook post-graduate study and research in Physiology and Biochemistry & established a private practice in Brighton, Victoria which he conducted for twenty-five years.

On the outbreak of war in 1939 he enlisted in the Australian Army, serving in the Dental Corps for a total of five years. In North Borneo he was a member of an Australian Army medical team which saved British and Australian servicemen who had just been released from a small prisoner-of-war camp where they had been dying from starvation at the rate of six a day. Observations he made at that time formed the basis of a thesis submitted to the University of Melbourne which gained him the degree of Doctor of Dental Science – the highest dental research degree. After the war he persuaded the Professor of Statistics at the University of Melbourne to establish a course, now called Statistics for Research Workers, & having completed the course, joined the Statistical Society and was later elected Chairman of the Biometric Society.

He was invited to become one of the Foundation Fellows to form the Royal Australasian College of Dental Surgeons. Dr. Sutton was elected to the Council of the Victorian Branch of the Australian Dental Association which appointed him as its representative on the Preventative Dentistry Committee which employed a public relations consultant to promote fluoridation, which had just been introduced into Australia. Therefore, because of that association, at that time he could have been said to be a promoter of fluoridation. In 1956 he was appointed a Senior Research Fellow of the University of Melbourne and took his family for a year to Raratonga Island, South Pacific, where he provided free dental treatment & studied tooth abnormalities in Polynesians which resulted from their diet and habits.

On his return to Melbourne in 1957, Professor Sir Arthur Amies, Dean of the Faculty of Dental Science, asked him to check the numerical data published from the original fluoridation trials & the scientific methods used in them. He discovered so many errors that to record them he was forced to write a 72 page monograph Fluoridation: Errors and Omissions in Experimental Trials (Melbourne University Press, 1959). He published a second 142 page edition in 1960 which answered the criticisms of the first edition, showing that they were false. This book remains scientifically unchallenged. In 1964 Sir Arthur Amies invited him to become the first Senior Lecturer in Dental Science, a position from which he resigned eleven years later to have more time to continue his Pacific Islands studies of Polynesians.
and Micronesians. During a year’s leave, in 1970-1971, he worked in London at the Maudsley Hospital for psychiatric patients, with the cooperation of Dr. Denis Leigh- the Secretary General of the World Psychiatric Association and Editor of the Journal of Psychosomatic Research. The aim was to extend his knowledge of the relation between mental stress and acute dental caries (which he had published in Nature in 1962; N.Y. State Dental Journal, 1965; Advances in Oral Biology, Vol. 2, 1966, Academic Press).

He published a second Fluoridation, 1979; Scientific Criticisms and Fluoride Dangers as a 285 page submission to the Victorian Government-sponsored Committee of Inquiry into the Fluoridation of Victorian Water Supplies. This led to him being flown to Edinburgh to give evidence for several days before the inquiry into fluoridation in the High Court. Dr. Sutton had wide-ranging research interests and publications apart from fluoridation, such as his series of papers on the relation between mental stress & dental decay, the initial article being his first publication in Nature. He became a regular contributor to the ‘ideas’ scientific journal Medical Hypotheses, which has published all the eleven papers he has submitted.

Philip Sutton was internationally respected as a dentist & medical researcher & a great gentleman. Almost without exception, Philip Sutton is mentioned in the references of world publications on fluoridation. Philip Sutton was noted as a strong fluoridation critic, but never once stooped to personalities because of his strong conviction that honest science is where debate should be confined. Philip, as he was affectionately known around Australia, was always available for discussions and advice on fluoridation and practical help in dentistry. Philip Sutton published the first warning about fluoridation deceptive claims made about the first experimental fluoridation plants. His book Fluoridation: Errors and Omissions in Experimental Trials, published 1959 is only now acknowledged by the fluoridation hierarchy as correct, even though throughout the years since he published his research, the Health Departments of the USA & government employed dentists throughout the world aggressively attacked his printed data. It is now documented in the Australian Government National Health and Medical Research Council 1991 Study into Fluoridation that:

“...The quality of the early intervention trials was generally poor.” So it took over 30 years before Philip Sutton’s research data was acknowledged as correct by the Australian Government and other international organizations. It would be difficult to find a more academically qualified and practical dental doctor with qualifications that set him above the so-called ‘experts’ foolish enough to criticize his work. Philip Sutton gave evidence at fluoridation enquiries around Australia, he also attended public meetings, often speaking on fluoridation. He always answered the questions that usually came fast & furiously. The world has lost a great scientist, but he left a standard of quality research in his publications (including articles published in most countries of the world), and in his books, suggesting a standard that should continue to form the basis of proper debate on fluoridation.

To the end of his life Dr. Sutton was a seeker of truth. Unfortunately he did not live to see this his final work published as he died on 12th march, 1995.

THE GREATEST FRAUD FLUORIDATION by Philip R.N. Sutton

+
Fluoridation: Errors and Omissions in Experimental Trials (Chapters 19, 20 and 21)

Author: Philip R.N. SUTTON, D.D.Sc (Melb), L.D.S. (Vic.)
Senior Research Fellow, Department of Oral Medicine and Surgery
Dental School, University of Melbourne
Published by Melbourne University Press, 1960.

IMPORTANT NOTICE: Permission has been granted for "Fluoridation: Errors and Omissions in Experimental Trials (Chapters 19, 20 and 21)" to be published on the web-site of Australian Fluoridation News (AFN). As a consequence of the AFN being a sub-domain of www.fluoride.org.uk, it will therefore also appear on the latter mentioned web-site (this has been conditionally agreed by the AFN author, Glen Walker).

This monograph has been split into 11 sections.

Index

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General introduction and foreword: Introduction

Errors and Omissions in Experimental Trials 1a to 1d: 1a | 1b | 1c | 1d

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Fluoride and the Pineal Gland

The first 'domestic' use for the fluorides used in Water Fluoridation' was as pest poisons...
Roach, rodent, and fox/wild dog baits...
The active ingredient in 1080 (ten eighty) dog bait is sodium fluoride (NaF).....
(sodium monofluoro acetate 1080)........... NaF is the corporate poison of choice in our toothpaste.

The single animal study of pineal function indicates that fluoride exposure results in altered melatonin production and altered timing of sexual maturity. Whether fluoride affects pineal function in humans remains to be demonstrated. The two studies of menarcheal age in humans show the possibility of earlier menarche in some individuals exposed to fluoride, but no definitive statement can be made. Recent information on the role of the pineal organ in humans suggests that any agent that affects pineal function could affect human health in a variety of ways, including effects on sexual maturation, calcium metabolism, parathyroid function, postmenopausal osteoporosis, cancer, and psychiatric disease. SOURCE: National Research Council. (2006). Fluoride in Drinking Water: A Scientific Review of EPA's Standards. National Academies Press, Washington D.C. p221-22. "In conclusion, the human pineal gland contains the highest concentration of fluoride in the body. Fluoride is associated with depressed pineal melatonin synthesis by prepubertal gerbils and an accelerated onset of sexual maturation in the female gerbil. The results strengthen the hypothesis that the pineal has a role in the timing of the onset of puberty. Whether or not fluoride interferes with pineal function in humans requires further investigation." SOURCE: Luke J. (1997). The Effect of Fluoride on the Physiology of the Pineal Gland. Ph.D. Thesis. University of Surrey, Guildford. p. 177.

http://www.youtube.com/watch?v=XSZQ3ixu7a4

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Queensland and Australian Governments and the Fluoride Propaganda Machine/Web of Deception have been very stealth and have 'fooled' some of the population into believing they are topping up the 'natural fluoride levels' not telling the population that the 'chemicals' used in water fluoridation are hazardous waste pollutants, dangerously corrosive fluorsilicic acid/silicofluorides and co-contaminants of lead, mercury, arsenic, cadmium etc., being the hazardous waste pollutants from the pollution scrubbers of the phosphate mining industries. In addition to this hazardous waste dangerous cocktail they then add aluminium sulphate. They have to be insane to continue doing this in view of the evidence of harm.!
**Time to End this 'Fluoridation/Pollution' Fraud**

The extensive Evidence of Cumulative Harm from world experts coupled with the fact that despite numerous decades (up to 6) of ‘water fluoridation/pollution’ in Australia we are in dental crisis, (likewise USA after 67 years) proves the inescapable fact that water fluoridation/pollution is not safe and not effective and completely and dangerously unviable. The extent of the evidence that has thus far been ignored/suppressed/covered-up by Australian Governments is so vast, that it could literally re-sink “The Titanic” in sheer volume.

No longer must Queenslanders and Australians be victims of our own Government and their interests in allowing this action of chronically poisoning us all and our environment and the disgrace of this 'Water Fluoridation/Pollution Fraud' has to be ended immediately, permanently and irrevocably for all time by the united actions of Queenslanders and Australians. As we said all along, **the only answer ever, was to provide access to affordable dental health care services for all the population**, not the dumping of hazardous waste into the drinking water supplies and hence the food chain, and using the populations' kidneys as hazardous waste disposal/filtration units. It is completely unethical, immoral and disgusting, for any individual, group, organisation, lobby group, Association, Company, Dentist, Doctor, Councillor, Mayor or anyone to chronically poison/medicate/drug anyone let alone the entire population with hazardous waste pollutants known as ‘fluoride’ dumped into the drinking water supplies and hence through the food chain.

Report from Tasmania Independent Researcher Bernard Needham.

Dear Jodie Stephens,

I write in response to your article in the Sunday Examiner of February 26th 2012 regarding the situation of oral health contributing to pressure on hospitals. Dr Dobromilsky states that Tasmania has the worst oral health in the country and this may well be true although there is no mention of the source of this alarming statistic. Even more alarming because the introduction of water fluoridation, with industrial toxic waste, was promoted by the ADA and other so called peak bodies to prevent just such a scenario from occurring. Dentists are amongst the highest paid professionals in Australia so is it any wonder that average working class people cannot afford reconstructive dentistry.

Nutrition has always been the best prevention and tooth decay is more closely associated with socio-economic circumstances than environmental fluoride exposure. Of course chronic ill health is associated with chronic poverty as is oral health in particular and poisons from decaying teeth can circulate in the blood stream and contribute to the overall state of ill-health. Silicofluorides, the industrial toxic waste used in water fluoridation have not been tested for safety or efficacy by the TGA or any other reputable medical research organization yet it is hailed as the cure all of modern dentistry. Surely these claims by Dr Dobromilsky demonstrate the fallacy of this. Dental Fluorosis, the mottled staining on many people’s teeth is evidence of the harm caused at the cellular level by this toxin. It is not merely a “cosmetic effect” of no medical consequence but enamel hypoplasia resulting from fluoride incorporation into the hydroxyapatite structure of the enamel.

The promoters of water fluoridation are protected by law from prosecution if it is ever found to cause harm yet they continue to assure the gullible public of its safety and effectiveness. If they are claiming that it is effective in preventing tooth decay among the general population then clearly they are misleading the public. An assurance is a statement offering a personal guarantee but when that person cannot be held accountable and they knowingly make such an assurance they are lying. **Since this is a political agenda and not supported by the science then this should come as no surprise.**

I welcome Dr Dobromilsky’s call for the Government to provide an effective safe and affordable level of health care, including dental services, to the Tasmanian public who are paying for that service. The Government can spend money on erecting edifices to house the hardware of medical technology but that won’t help a single person if they can’t pay staff. It is people who care for people, not machines.

**I call on Dr Dobromilsky to support my efforts to reverse the current flawed water fluoridation policy and bring dentistry and medical practice into the 21st century.** Evidenced based medicine and the ethics
of prior informed consent should be able to provide a better level of care to the Tasmanian community than is currently provided.

I can be contacted at tasdntl@gmail.com for further information on the effects and symptoms of Chronic Fluoride Toxicity Syndrome.

Bernard Needham
Fluoride Researcher, Author “Killer Smile” report on ill health from water fluoridation, Tasmania.
This “Killer Smile” Report forms an Attachment to this Report on Water Fluoridation.

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Tasmania Tooth Decay Shock, the figures also showed older children had high rates of decay, with 39 per cent of children aged 12 and 60 per cent of 15-year-olds showing some decay in permanent teeth. Comment I (Diane Drayton Buckland) and others have written to the Mercury News reminding them that Tasmania was the first fluoridated/polluted State of Australia in 1953 Beaconsfield and then Hobart 1964 and continuing up to 91% of that State water polluted/fluoridated at one time and then it dropped back to 83% saturation, and yes Tasmanians are in shocking dental crisis as is the rest of Australia after decades of ‘water fluoridation/pollution' and so is the USA after 67 years of it. It is Now Time to End this ‘Fluoridation/Pollution' Disgraceful Fraud.

© Photo Row of Yellow dead Teeth - http://www.dipity.com/tickr/Flickr_teeth/

Bring Out Your Teeth! Tasmania By Danielle Blewett 20/08/2009
Tasmanians have some of the worst teeth in Australia - with a tooth being pulled once every three minutes. Yesterday, the Federal Government urged Tasmanian parents to get their kids to the dentist quick smart. This year Medicare Australia sent out 38,100 vouchers to Tasmanians, each valued at $153.45 for teenagers to get a preventative dental health check-up.

From 2005 Stateline - Tasmania’s shocking teeth after up to nearly 60 years of ‘fluoridation’ http://www.abc.net.au/stateline/tas/content/2005/s1425933.htm

Tasmanians (and Australians Crisis) kidney disease story back in 2008 (Kidney disease crisis in heavily ‘fluoride polluted Australia’), and as always in Australian news articles, not one mention of the widespread decades of hazardous waste (known as ‘fluoride) being dumped into the drinking water supplies and hence through the food chain.
Tasmanians in Dental Crisis – Tooth Decay Shock  
26 May, 2012 - ‘Fluoridated‘ for over 50 years - Beaconsfield since 1953 (first to be ‘fluoridated’ in Australia) - A TASMANIAN oral hygiene expert has urged parents to take advantage of the state's free child dental program, with a new survey indicating an alarming rate of tooth decay in Australian kids.

According to the Australian Institute of Health and Welfare's Child Dental Health Survey's 2007 statistics, which were released yesterday, 46 per cent of Australian six-year-olds had a history of decay in their baby teeth.

The figures showed those children had, on average, two decayed, missing or filled teeth, with an alarming 10 per cent of six-year-olds having almost 10 baby teeth affected by decay. The figures also showed older children had high rates of decay, with 39 per cent of children aged 12 and 60 per cent of 15-year-olds showing some decay in permanent teeth. Australian Dental Association state president Nadia Dobromilsky said: "Oral Health Services Tasmania offers all children aged six and under free dental examinations and treatment ... vital in preventing ongoing decay."

Tasmania Poor Oral Health Putting Hospitals Under Pressure

With Kidney Disease increasing dramatically in Tasmania and all Australian States, everyone should be very concerned indeed; another reason why the hazardous waste pollutants known as ‘water fluoridation’ should cease immediately, permanently and irrevocably for all time.

Extract:

How many Australians die of kidney failure?

- Kidney failure is rising as a significant cause of death.
- In 2008, diseases of the kidney and urinary tract were the 10th leading cause of death in Australia with 3224 deaths.
- The number of deaths due to diseases of the kidney and urinary tract exceeds deaths from prostate cancer (3031), breast cancer (2788) and road accidents (1509).

How much does kidney failure cost the Australian Health System?

- The best available evidence we have on cost per person per year on dialysis is:
  - hospital haemodialysis - $82,764
  - satellite haemodialysis - $48,631
  - home haemodialysis - $44,739
  - peritoneal dialysis (CAPD) - $56,828
- On 2005 figures the cumulative cost of dialysis from 2004 to 2010 is expected to be $4.5 billion
- A transplant costs the health system $65,375 - $70,553 in the first year and $10,749 for every year thereafter
- These costs demonstrate that for every kidney donation, there is a substantial saving to government in relation to the health expenditure. The direct costs savings after the first year post transplant, would be around $60,000 to $70,000 per annum for each patient receiving a kidney donation. 

See the figures now!
AUSTRALIAN CKD STATISTICS
KEY CHRONIC KIDNEY DISEASE (CKD) STATISTICS IN AUSTRALIA


See in this reference to Tasmania http://www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/tasmanias_health_plan Our health system is facing a number of changes that we can’t afford to ignore:

• a dramatic increase in chronic disease
• an aging population
• increasing costs of healthcare
• an aging workforce and difficulties in recruiting staff.

We need to act now so we can meet the health challenges of the next decade and beyond.

Comment: Act now and remove the hazardous waste pollutants from Tasmania’s (and the rest of Australia’s) water supplies now and forever more. See additional Kidney Disease information from Page 130.

See also: Widespread Violence Tasmania and other States of Australia

# See neurotoxicity of ‘fluorides/silicofluorides’ in this Report.

As well as the dental crisis, Tasmanian’s suffer chronic illnesses and diseases, alzheimer’s disease, kidney disease, mental health crisis (unfortunately the rest of Australia suffers likewise).

Australia’s Dental/Fluoridation Disgrace - Proof - Water Fluoridation Abysmal Failure.
Despite massive percentage saturation rates of ‘fluoridation/pollution’ throughout every State in Australia commencing1953 - Headlines:-

Australia is in desperate need of a National Dental Health Scheme writes Deborah Cole (Chief Executive Officer, Dental Health Services, Victoria) - Article 8th January, 2012

Government funding blitz 6 May, 2012 - Too many people waiting too long for dental care. http://www.abc.net.au/news/2012-05-06/greens-hail-24500m-dental-care-program/3993918 With widespread ‘water fluoridation/pollution’ in every State of Australia - heavy % saturation - the most heavily ‘fluoridated’ country in the world - a title of disgrace and proof the abysmal failure and fraud of these dangerously corrosive hazardous waste pollutants - this after up to nearly 60 years of water fluoridation/pollution in Australia - Australia’s Fluoridation Fraud Disgrace.

Western Australian toddlers endure multiple tooth extractions

Sep 28, 2010

Comment: Perth Western Australia has been ‘fluoridated’ since 1968 with a saturation rate of 92% of that State.

Article commences. This set of decaying teeth belong to a three-year-old Perth child and is one of many "bombed-out" mouths paediatric dentists are confronted with each week. This set of decaying teeth belong to a three-year-old Perth child and is one of many "bombed-out" mouths paediatric dentists are confronted with each week. Perth dentists and academics have urged parents to take their children for oral check-ups well before they begin school to reduce the number of toddlers being placed under general anaesthetic to extract rotting teeth or fit crowns.

It comes after a Queensland woman was last week jailed for a year on child-cruelty charges after her nine-year-old daughter had 12 teeth extracted and suffered a gum abscess because she'd only been given cordial to drink and hadn't seen a dentist in more than three years. The report didn't surprise Perth paediatric dentist Peter Gregory, who mostly deals with children aged under six. He said dental decay among the pre-school
group was common, with the city's six paediatric dentists each operating on children under anaesthetic three times a week.

"On little pre-schoolers we do little crowns and fillings, extract teeth and do all that sort of stuff," Dr Gregory said. "I probably do about six children a week and these are extensive cases where children have eight to 10 cavities." University of Western Australia's School of Dentistry Professor Linda Slack-Smith called it a serious gap in child dental care, although she praised the WA Health Department's School Dental Service, which provides free general care to children from Kindergarten to Year 11. "In my research I found only 38 per cent of children have ever seen a dental professional by age four," Dr Slack-Smith said. "Our research has also indicated that 60 per cent of children first see a dental professional at the School Dental Service."

Her 2003 study into the number of pre-school children across the country who were taken for dental check-ups before they turned five put Western Australia at the bottom. The state had the lowest proportion of three- and four-year-olds who had seen a dentist, at just 29 per cent. South Australia came out on top at 48 per cent. The study found mothers aged over 30 and parents who had private health insurance were more likely to get their child's teeth checked early on.

Dr Slack-Smith said while a large number of children were getting dental attention at school, there was a worrying increasing trend in number of decayed teeth found in pre-school children. The most recent Australian Institute of Health and Welfare report into children, released this year using data from 2003-2004, found those aged between five and 12 years in WA had the country's lowest levels of dental decay. "However we still have a serious issue that many children under five, and too many under two even, have substantial dental (decay) requiring general aesthetic," Dr Slack-Smith said.

She cautioned against blaming parents and called for more health campaigns and for medical professionals to look at children's teeth as part of general health checks. That system was discussed at a South Australian health conference this week. In his 30-year career, Dr Gregory said he had advised many parents to use a bottle as a feeding tool and not a pacifier. He said giving a child juices or milk before bed tended to bathe their teeth in acid for the remainder of the night because saliva didn't circulate as freely as it would during waking hours. "By the time we see many of these children they really have bombed-out mouths," Dr Gregory said. "It's a preventable disease if you watch what your child eats and drinks. We're lucky that we've got fluoridated water in WA but parents should restrict the amount of (sugary) drinks. Children should only be given water at night." Dr Gregory recommended brushing a child's teeth with water until they are 18-months-old then switching to a small amount of half-strength toothpaste until they are six.

http://www.optuszoo.com.au/news/204063/wa-toddlers-endure-multiple-tooth-extractions.html Story Was On This Link, Now Disabled. I had copied article previously in the event of this occurring.

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**Dentists Pulling A Fast One** March 20, 2011

Dentists have engaged in "systematic rorting" of a taxpayer-funded scheme that has blown out by $1 billion. An audit investigation has found one Victorian dentist was paid an extraordinary $2.1 million by taxpayers in "non-compliant" claims after being referred more than 1000 patients. (Vic. First ‘fluoridated’ 1977). Two South Australian dentists claimed nearly $60,000 each, one from treating 44 patients and the other 24. The Chronic Dental Scheme gives eligible patients subsidies of up to $4250 for dental treatment. (SA first ‘fluoridated’ 1971). It was set up to help people with dental problems so severe that they cause other health issues, such as poor nutrition from not being able to eat. But dentists have been treating people who are "non-compliant" with the scheme - and still taking the money.

And the rorts investigation will now be expanded to the GPs that referred patients to the million-dollar dentists, with Human Services Minister Tanya Plibersek warning dentists can pay back the money if they've rorted the scheme - or take the government to court. In total, 10,000 DENTISTS RAKED IN $1.4 billion over the four-year life of the scheme, which was supposed to cost only $377 million. One dentist in NSW claimed $1.9 million for treating 525 patients identified as non-compliant with the original aims of the scheme. In Queensland, another practitioner claimed $75,000 for treating 59 patients. (NSW first ‘fluoridated’ 1968). (Queensland Townsville 1965 & Brisbane and others end Dec. 2008/early Jan. 2009) first ‘fluoridated’).

The results of an audit conducted by the Department of Human Services obtained by the *Sunday Mail* has found $13 million in incorrect claims with 59 per cent of dentists audited failing to comply with the rules. Established in the dying days of the Howard Government by Tony Abbott as Health Minister, the scheme is
uncapped. But the Coalition has resisted repeated legislative attempts by the Gillard Government to cap the scheme and reduce costs.

"There's a massive blowout. There's just an incentive for dentists to go out and look for people to drag in your practice," Ms Plibersek said. "In this instance, there were over 500 complaints and tip-offs from members of the public and other dentists. "The theory is if you've got chronic gum disease and your teeth are falling out of your mouth, you can have other health effects. But the audit is throwing up whole families being referred to a dentist." Ms Plibersek said the audit would now be expanded to a further 400 dentists and people who had incorrectly claimed would be forced to pay the money back. Opposition health spokesman Peter Dutton said the Coalition had made "sensible suggestions" on how to reform the scheme but had not reached agreement on legislative change.


Response to claims that Townsville's population have no problems after consuming hazardous waste pollutants known as 'water fluoridation' since 1965.

Townsville (Fluoridated Since 1965) Residents Have Been Guinea Pigs For Fluoridation

Fluoridated for over 40 years, "Townsville residents are admitted at a higher rate than people from other parts of Queensland for potentially avoidable conditions including asthma, congestive heart failure, convulsions and epilepsy, congestive obstructive pulmonary disease, dental conditions (**), ear, nose and throat conditions, and pyelonephritis."


Looking at deaths we find significant problems worthy of more detailed investigation with possible/probable links to Fluoride consumption.

Townsville residents suffer higher death rates than the rest of Queensland for circulatory system diseases, ischaemic heart disease, cerebrovascular disease / stroke, chronic lower respiratory disease.

Townsville residents suffer higher death rates than the rest of Queensland for cancer of the trachea, bronchus & lung.

For chronic disease Townsville residents suffer higher rates of musculoskeletal system diseases and Diabetes type 2.

The observation that Townsville residents have poorer dental health than the rest of Queensland, according to its Health Department, points to the absurdity and dangers of fluoridation.

Dr Geoff Pain - Victoria

Friday, January 11, 2008  Townsville makes History ... First Location for Kidney Screening Programme in Australia.

Townsville is set to take its place in history as the first location in Australia to undertake a screening program for Chronic Kidney Disease (CKD) next month.

With 1 in 3 Australian adults at increased risk of developing CKD, Townsville residents who are in the "high risk" group are able to book in to have a free KEY health check.


• 1.7 million people over the age of 25 had kidney disease
• Estimated only one quarter of those had been diagnosed

Fluoride and the kidneys  http://www.fluoridealert.org/health/kidney/
Fluoridation of community water/kidney disease  http://ndt.oxfordjournals.org/cgi/content/full/gfm663v1
SL - A Bibliography of Scientific Literature on Fluoride  See VII Fluoride & the Kidneys
http://www.slweb.org/bibliography.html

Recently the Past President of the ADAQ (Mr Wong) stated that there are over 100,000 people waiting for public health dentistry in Australia, over 1000 are in Townsville which has been fluoridated since 1965 (because it was a military garrison town), they had 7 dental vans working the schools (with permission to treat parents). They have **more Private Dentists per capita** and they are doing a roaring trade treating tooth decay, and I’m not sure if the military have their own dentists and doctors? It’s no wonder that they had .6 of one tooth surface “better” teeth than SE Queensland!

Also from Document by Glen Walker The Fluoridation Hoax Box – How Dangerous Can they Get? November, 11, 2008 - Brief Extract: When the Brisbane Lord Mayor’s Task Force researched fluoridation during 1997 the ADA presented their claims which were supported with a study by Spencer, Davies, Stewart and Slade (Adelaide University).


Reading their 7 page official dossier presented to The Lord Mayor’s Task Force on Fluoridation, one finds on page 1:

“**Riordon reported on 11-12 year olds with different fluoride exposures in West Australia.** “

“He found higher caries prevalence in the permanent dentition in children in unfluoridated Bunbury than in children in fluoridated Perth”.

So, on page one we find this study comparing populations of significant differences, a matter of failure to comply with rules of statistics which state such studies must be performed only with very similar populations.

**It is not scientifically acceptable to compare populations of such differences as Perth 1,244,320, Bunbury 28,000, and also at the same time be aware and consider the socio-economic factor that was also significantly different.**

Their main dental data related to Brisbane and Townsville, but here again we find a scientific and statistical error in comparing two cities of such different population and socio-economic differences.

**The population Factor**

**Brisbane 1,000,000 - Townsville 90,000**

However, the authors after attempting a favourable fluoridation outcome with the Lord Mayor’s Task Force, expected the Committee to vote accordingly to fluoridate Brisbane’s drinking water supplies. The quality of their presentation collapsed on the final page of their “Research”.

“A difference of 0.25 (one quarter) surface in the permanent dentition probably constitutes a minor effect at the level of an individual patient in the age range studied here”.

On this kind of official dental study showing a difference of one quarter of a tooth surface per child, we now find the fluoride pushers want another similar study in Brisbane (Courier Mail 21st July, 2004).

Daryl Holmes a very rich Dentist based in Townsville and growing rapidly elsewhere:-


Excerpt: "Holmes's 1300Smiles has 17 multi-dentist surgeries in Queensland (and Tweed Heads). It brushed off the economic downturn with a 74 per cent net profit leap to a record $3.8 million in the year to June 30, on a 47 per cent revenue surge to $22.4m. 2009

**Dentist brushes away economic downturn** - August 7th, 2009

One Townsville dentist is smiling all the way to the bank.


Diane Drayton Buckland and Colin Bishop

13 December, 2012
INSERT Remember Townsville has had ‘water fluoridation/pollution’ since 1965.

Townsville school kids to trial a treatment to stop tooth rot

Kids from Townsville’s Vincent State School will be helping a researcher to evaluate a new way of managing the most common early childhood disease – tooth decay... Regional Development and Industry Minister Desley Boyle said Brisbane-based paediatric dentist Dr Kerrod Hallett was working with the school and parents to identify children for a clinical trial it is hoped will stop young teeth from decaying.

Dr Hallett plans to enrol 250 five-to-nine-year-olds for his three-year study which is also being conducted on the Gold Coast.

"Unfortunately many dental problems are only picked up when someone goes to the dentist – after harmful bacteria have already started growing and fillings or surgery are required,” Ms Boyle said. “This is a new program which aims to identify children at risk of developing tooth decay before any permanent damage is done. The child’s parents fill out a questionnaire and a swab is taken from the child's mouth to measure bacterial activity.”

“A unique mouth rinse formulation will help knock out the decay-causing bacteria and to stop it recurring in the future. This is thought to be one of the most comprehensive child tooth decay management approaches developed and it has the potential to be universally adopted by school dental clinics if it’s a success,” Ms Boyle said.

Dr Hallett said he was assessing students’ decay risk factors such as their medical history, infant diet and lifestyle, tooth brushing habits as well as family background. “A swab and culture sample of the child's mouth and teeth is taken, and those Townsville students’ with high bacteria activity and counts will start receiving the mouth rinse next year,” Dr Hallett said.

Ms Boyle today visited Gold Coast’s Musgrave Hill State School where 150 students have been administered the mouth rinse daily for the past month. Trial participants swish and swill a capful of the treatment for 30 seconds each day at their school dental clinic.

Half receive a placebo similar to fluoride mouth rinses currently on the market... The mouth rinse comprises several antimicrobial ingredients, including fluoride, which have been used individually in other products but have been uniquely combined for this treatment. The novel formula works by changing the pH of saliva and Dr Hallett is now working with US researchers about adding an enzyme called urease to the rinse.

"It’s been found that children with chronic diseases such as renal failure tend to have high alkaline and urease levels in their saliva. It's thought that this may be related to lower rates of tooth decay in these children,” he said.

Ms Boyle said childhood tooth decay was a serious problem. “It's estimated around 2,000 pre-schoolers in Queensland each year need a general anaesthetic before the age of four to remove decayed baby teeth. And more than half of children have significant decay by the time they start school,” she said.
“But around 90 per cent of all dental disease is preventable.”

Dr Kerrod Hallett received a $300,000 three-year Queensland Clinical Research Fellowship from the State Government in July to conduct the trial.

Media contact:
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Dr Kerrod Hallett: 3636 1030, Kerrod_Hallett@health.qld.gov.au

4 December 2007

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Townsville Bulletin - Tooth decay wash study

JENNIFER O’REILLY | December 12th, 2007

Vincent State School students are taking part in a trial for a new mouth wash to manage the most common early childhood disease _ tooth decay.

Leading paediatric dentist Dr Kerrod Hallett hopes the trial will stop young kids from suffering the pain of tooth aches and rotting teeth. Dr Hallett and the school will survey parents to find the kids who could most benefit from being in the trial.

"We expect it will start at the beginning of the new school year," he said.

Dr Hallett said Vincent State School was chosen because Townsville's water supply was fluoridated and the school also had a large number of indigenous pupils. He said the parents of children taking part would answer questions about their family's oral hygiene habits and a swab would then be taken of the child's mouth to measure bacterial activity.

Dr Hallett has developed a mouth rinse formula that may stop decay developing before any long-term damage is done by bacteria in the mouth. "The first rinse is to raise the pH-level in saliva up to about nine or 10 and we believe that has a positive effect and bacteria will not survive," he said.

Dr Hallett is also working on a new US formula and adding a synthesis of a by-product of urine, urease, to the rinse. "It's been found that children with chronic diseases such as renal failure tend to have high alkaline and urease levels in their saliva," he said. "It's thought that this may be related to lower rates of tooth decay in these children."

If the three-year trial is successful the mouth rinse could be used in school dental clinics across the country.

Dr Hallett said he would look at the pupils' decay risk factors such as their medical history, infant diet and lifestyle, tooth brushing habits as well as family background. He plans to enrol 250 five-to-nine-year-olds for his three-year study which is also being run at a school on the Gold Coast.

The pupils chosen for the trial will swish a capful of the treatment for 30 seconds each day at their school dental clinic. Half of the children will get a placebo similar to fluoride mouth rinses currently on the market. Dr Hallett said the mouth rinse regime also encouraged the children to take better care of their teeth and brush regularly.

The State Government gave $300,000 towards Dr Hallett's trial under a three-year Queensland Clinical Research Fellowship.

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ADA – Aust Dental Association

Research funding to fight childhood tooth decay

Wednesday, 18 July 2007

The Australian Dental Association welcomes the recent announcement by the Queensland Government that Brisbane paediatric dentist, Dr Kerrod Hallett has received research funding to trial a unique test and mouth rinse to prevent childhood dental caries.

Dr Hallett from the Children's Oral Health Service at the Royal Children's Hospital, Brisbane is working with researchers from the USA, to develop an enzyme that may help to reduce levels and activity of mutans streptococci (MS) and lactobacilli, the most common oral bacteria implicated in the development of
childhood dental caries. Tooth decay in non-fluoridated Queensland continues to be the most prevalent childhood disease.

Clinical observation and testing of children with chronic renal failure noted they secreted high saliva levels of a protein, which we have termed urease, and that they did not have tooth decay.

"We believe the urease may prevent the growth of decay-causing oral bacteria. Because the children's kidneys do not function properly, they are unable to excrete urea and other waste products from the body effectively. Consequently, the levels of urease in their saliva increase because the body has to get rid of waste products and the next best avenue is to secrete them in saliva," Dr Hallett said.

Dr Hallett has been awarded $300,000 through a Queensland Clinical Research Fellowship from the department of State Development for three years to evaluate a bacterial test and mouth rinse program to treat dental caries in high-risk children attending school dental clinics. “Those children most at risk were from low socio-economic, indigenous, new immigrant and socially-disadvantaged families,” he said.

Dr Hallett hopes to start clinical trials of the mouth rinse in five to 12-year-olds at Gold Coast and Townsville schools next month. He has been working with Oral Biotechnologies, a company in Portland, Oregon, to develop a mouthwash containing a synthetic version of urease.

The first treatment rinse will contain 0.05% sodium fluoride, sodium hypochlorite, polyphenols, xylitol and anthocyanidins to improve the taste.

The clinical trial involves 250 children with active tooth decay from Musgrave Hill State School on the Gold Coast and 250 from Vincent State School in Townsville. Half the children will receive the experimental mouthwash once a day by a dental therapist for a month and half will be given a placebo rinse containing 0.05% sodium fluoride only.

Dr Hallett explained that dental therapists will test the plaque of the children's teeth before treatment and afterwards for levels and activity of MS. They will be re-tested and retreated every four months for three years and their decay rates will be compared.

“I believe tooth decay should be managed medically like other infectious diseases of the human body, such as a chest infection, which use antibacterial treatments to treat the infection and prevent spread of further disease” Dr Hallett said.

The research conducted by Dr Hallett could help improve public dental health in Queensland. It could reduce the burden of chronic tooth decay by addressing the cause of the problem early-on. “If high-risk children can be identified early and an effective intervention used, future disease progression by bacterial spread can be significantly controlled.”

Dr Hallett said this medical approach was more cost effective for public health services than the traditional surgical intervention such as removing caries and placing fillings in teeth. The research was essential as about half of all Queensland children had varying degrees of tooth decay when they started school and it is estimated that approximately 2000 pre-schoolers a year need a general anaesthetic before the age of four to remove decayed baby teeth.

Signs that the decay experience among young children is increasing is further supported in the latest national survey, The Child Dental Health Survey, Australia 1999: Trends across the 1990s. Decay rates of primary teeth (baby teeth) across children of all age groups increased during the period from 1996-1999, reversing the trend which saw a decline in rates of decay during 1991-1996. The trend since 1996 was most significant for five-year old children who experienced a 21.7% increase in decay during this period. These statistics are disturbing given that untreated decayed teeth can cause infection and other dental problems later in life and given that 90% of all dental disease is preventable.

It is hoped that if Dr Hallett’s clinical trials are successful, the treatment protocol to reduce future tooth decay risk would be universally adopted by other state school dental services.

The ADA expresses its best wishes to Dr Hallett and every success in his battle to combat childhood tooth decay.
ADDITION:
Remember Townsville has had ‘water fluoridation/pollution’ since 1965. The only answer EVER was to provide access to affordable dental health care services for all the population not the dangerously corrosive hazardous waste pollutants used in ‘water fluoridation schemes’ which are proven by worldwide Experts to be not safe and not effective.

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Grand Rapids, Michigan first city to be ‘fluoridated’ in USA in 1945 is also in absolute dental crisis – this same scenario in all long time fluoridated areas. USA in dental Crisis after 67 years of ‘water fluoridation’.

Children are showing high rates of tooth decay and dental fluorosis. According to the Grand Rapids Press, one Pediatric Dentist said in 2007 “…we see children under the age of 2 with active decay…Rather than just a few cavities, we’re seeing a lot of cavities. It’s not unusual to see a child with 8 to 10 cavities.”

America’s children are fluoride-overdosed with almost half of all adolescents afflicted with dental fluorosis, white spotted, yellow, brown and/or pitted teeth. Tooth decay has increased in toddlers, untreated tooth decay is epidemic, more dental schools are opening and more dental professionals have been created.

Emergency rooms are flooded with patients in dental pain because 80% of dentists refuse to treat Medicaid patients and half of all Americans don’t have dental insurance. Those that have insurance can’t afford the out-of-pocket expenses. And Americans have died from the consequences of untreated tooth decay.

More information here: Fluoride Dangers Blogspot

Free dental clinic draws thousands in need of care in FLUORIDATED SACRAMENTO, California, where dentists removed thousands of rotten teeth, One young attendee pulled her own teeth because dental care is so expensive 25 Aug. 2012

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Fluoridation Has Failed In New York State

NEW YORK CITY (Fluoridated since the 1960’s) - Tuesday, February 01, 2011
Information sourced: http://fluoridenews.blogspot.com/

-- “Bleeding gums, impacted teeth and rotting teeth are routine matters for children….. Children live for months with pain that grown-ups would find unendurable. …I have seen children with teeth that look like brownish, broken sticks. I have seen teenagers who were missing half their teeth…..,” writes Jonathan Kozol about life in the South Bronx (a NYC borough) in his 1991 book, Savage Inequalities. -- NYC children of Chinese descent suffer a much higher prevalence and severity of tooth decay than the national average (63% vs 38%). (1) More NYC children required cavity-related hospitalizations, proportionately, than two of New York State's largest non-fluoridated counties, Suffolk and Nassau (Long island) whether payment was made by Medicaid or privately. (2)

-- One New York City hospital charged from $900 to $12,000 to treat 96 children with severely decayed teeth, excluding the dentist and anesthesiologist fees. Children needed extensive work including stainless steel crowns, extractions, root canal therapy, fillings, other restorations, periodontal procedures, surgeries and/or more. (2) -- According to New York University’s School of Dentistry, "The need for dental care is especially acute among impoverished (NYC) children, who have 60 percent more untreated cavities than their peers at higher socioeconomic levels." (3)

-- Lack of oral health care for adults in Harlem is a hidden crisis, write researchers in the American Journal of Public Health. (4)

-- "Adolescents in northern Manhattan have higher caries prevalence than their national counterparts,” The Journal of Public Health Dentistry, reports." (5)

-- Latinos and African American seniors suffer high rates of tooth decay and tooth loss in Northern Manhattan, according to the Journal of Community Health. (6)

-- A higher prevalence of dental decay is found in New York City African Americans, aged 18 - 64, than found nationally, reports Dental Clinics of North America. (7)

-- Dental caries, among disadvantaged 3 to 4-year-old children in northern Manhattan, are higher than the
national average, according to Pediatric Dentistry. (8) -- "Poor oral health was identified as the number one complaint in a population-based survey of Central Harlem conducted in 1992-1994." (9)
-- In Harlem, NY., forty-six percent of African-American seniors were missing teeth, compared with twenty-two percent of Latinos. (10)

16.9% of New York State Seniors are edentulous (11); but only 11.5% of Long Islanders are (12) It’s 13% for Manhattan. (13)

Source

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NOTE WELL – Springfield Missouri Fluoridated

Springfield Dentists to Decide What to Do With 3000 Pulled Teeth

Springfield, Missouri – *After the free dental clinic this weekend* local dentist have to decide what to do with nearly 3000 pulled teeth. The dentists are submitting ideas at their super-secret dentist meetings this Thursday in the basement of Richard’s Candy House (which they super secretly own to drum-up more business). The ideas range from the absurd to the grotesque, to the perfectly sensible and back to grotesque.

Ideas include; a fun ball pit filled with teeth; giving to wedding patrons to throw instead of rice; give it to tiny scrimshaw artists, and create a tooth powered car/speed boat.

“The debate got pretty heated, says Dr. Eugene Forester. “Of course we had to give the tooth fairy his cut. We don’t want to go against the family. My vote? Foxy tooth wrestling. It’s like mud wrestling, but with teeth instead of mud. And with glasses-wearing, tightly-wound, dentist assistants wearing nothing but lab coats.”

The teeth are now being stored in a Scrooge McDuck-like tower where the dentist have fun diving in, spitting teeth at each like it is water, and relaxing on an inner tube.

“We don’t know what we are going to do with it, but it will be awesome. I mean that’s why we did this whole thing in the first place,” states Forester.

The final decision will be made by the high council of dental elders: a super-secret syndicate of the best dentist from around the Ozarks, which means your 10 o’clock teeth cleaning appointment will be 15 minutes late.


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TOOTH DECAY CRISIS IN FLUORIDATED AREAS 2008 figure

Fluoride News Tracker

Tooth decay: a sad national epidemic caused by lack of dentists who care and not a fluoride need. Extensive lobbying, political maneuvering and expensive public relations campaigns by organized dentistry sway legislators to add fluoride chemicals into public water supplies, 2/3 of which already are, to benefit those whom dentists neglect. Protecting their high-salaried monopoly, dentists lobby against dental groups offering quality, cheaper fixes. Fluoride product makers benefit most.

Portland, Oregon:
Water Status: Never Fluoridated but recent 2012 Devious Plan to do so (mentioned throughout this report)
2008 Population: 550,396 (US Census Bureau Pop. Fact Finder)
Number of Dentists: 629 (AnyWho Yellow Pages, current listing)

Grand Rapids, Michigan
Water Status: FLUORIDATED SINCE 1945 (First In US And World)
2008 Population: 193,627 (US Census Bureau Pop. Fact Finder)
Number of Dentists: 924 (AnyWho Yellow Pages, current listing)

Much increased business for Dentists

For More Information On Fluoride News Tracker
http://www.fluoridenews.blogspot.com/

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96% Fluoridated Georgia - About 4,000 people stood in line at First Baptist Church of Woodstock Friday morning for a free dental clinic.

The clinic is providing free dental services to adults who cannot afford them, according to the Georgia Dental Association. The 1,000 dentists, hygienists and dental assistants volunteering at the event hope to treat 2,000 people on Friday and Saturday. Patients are being treated on a first-come, first-served basis. Those who cannot be seen Friday can be treated on Saturday, but they will have to stay in line all night, according to Dr. Richard Smith, one of the dentists participating in the clinic. Police cut off the line at 7:30 a.m. Friday. http://www.11alive.com/news/article/201349/1/Thousands-line-up-for-free-dental-clinic

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Tooth decay is the nation's most common chronic childhood disease, according to the Centers for Disease Control and Prevention. It leads to problems with eating, speaking and the ability to learn, as well as pain, poor self-esteem and more than 51 million missed school hours each year, according to the U.S. Surgeon General. In Ohio, more than one-fourth of all third-graders had untreated tooth decay in 2007, according to a survey conducted by the state health department. Nearly a fourth of the state's children, or 633,000, lacked dental insurance, and 15 percent had never been to a dentist, a 217 percent increase over 2002. In Montgomery County, 20,000 children last year had never been to a dentist and nearly 28,000 didn't have dental insurance. That worries Womack and other dentists, who say untreated tooth decay can lead to more serious infections that require costlier care, often in emergency rooms and at taxpayers' expense.

In Deamonte Driver's case, the youth's tooth decay progressed to a brain infection after his mother couldn't find a primary care dentist willing to accept his Maryland Medicaid plan. Two brain surgeries later, he died. His emergency treatment cost $250,000, according to the Maryland health department. Treating his toothache would have cost less than $100. "It's a serious public health problem," said Dr. Paul Casamassimo, professor of pediatric dentistry at Ohio State University and a spokesman for the American Academy of Pediatric Dentists. "Until the Medicaid reimbursement rates begin to approach that of what dentists can make in private practice with an insured or cash-patient population, things will not get better, things will not change". Source: Link now dead.

Also See: Ohio Is 92% Fluoridated: "About 28 percent of 3- to 5-year-olds in Head Start programs have untreated cavities; by third grade, more than 50 percent of children have tooth decay." Lindy Cree, president of the Dental Center of Northwest Ohio, said her staff sees children and teens every day who are suffering severe pain and embarrassment from decay, abscesses and gum disease. Sometimes, the problem is money; other times, it's a family's lack of awareness." Either way, the children pay. "They don't know that it shouldn't hurt to eat," Cree said. "But a cavity doesn't heal itself." A 9 year old was at the clinic yesterday, getting a filling for a small cavity and spacers for the braces she needs. She was brave and quiet amid 17 bustling dental stations, some of them filled with sobbing children who hurt. One family had driven two hours from southern Ohio to get help for their children, whose decay was so severe that they must return for surgical procedures. Source: http://fluoridenews.blogspot.com/

Kentucky 100% Fluoridated - Oral Crisis

WilliamSBurg, Ky. (AP) – Twelve-year-old Jordan Rickett nervously waited his turn in the Whitley County Central Elementary School gym, watching as a classmate seated in a dental chair got his teeth examined. "He's sure been there a long time," Jordan said, fidgeting. "I hope it doesn't take that long for me." For children in parts of rural Kentucky where dentists are in short supply, the dentists come to them. A specially equipped truck packed with portable chairs, lights, tables and instruments rolls into school gyms as part of Seal Kentucky, a program aimed at improving access to dental care for underserved children. Jordan had four teeth sealed that day; the boy ahead of him, 11-year-old Larry Angel, had 15 that needed sealing. "Oral disease is reaching a crisis level for children across the country and here in Kentucky," said Jim Cecil, administrator of Oral Health Programs for the Kentucky Department of Public Health.

"There are a lot of places, Appalachia being one, where kids do not always get the dental care that they need, which can cause health, social and financial problems as they get older." Dr. Raynor Mullins and as many as a dozen student dentists from the University of Kentucky hit the road with everything they need to support a seven-chair dental clinic. Two students work at each of six stations, with the seventh normally set up for a volunteer dentist. They apply sealants to help children prevent cavities. They do basic screenings to provide reports to parents about any serious dental problems. "It's a lot of fun to get out and actually see patients after weeks of work in a classroom," said Heather Erbe, 23, of Lexington. "For most of us, this is our first experience with patients and the first chance to see and do some of the things we've been taught." Once the work is completed, Mullins or another faculty member examines each child to make sure the work has been done correctly or to consult on more serious problems – such as cavities or gum disease. "It's really great working with the kids – never boring," said 22-year-old Regina Liford of Laurel County, who started working as a dental assistant in high school before deciding to pursue dental school at the university.
"A lot of times, kids have a bad experience with the dentist when they are young and become afraid to go back. I think it is easier for them in this situation because it is noninvasive work being done by people who are closer to their own age." Seal Kentucky was modeled after the Cincinnati health department’s dental sealant program. It targets second and sixth graders to seal molars when they have fully developed. Depending on the number of students to be served in a given school, students from other grades also are eligible to receive screenings and sealants, which normally cost between $40 and $60 each. Schools are recommended to the program based on the numbers of children eligible for reduced or free school lunches or the Medicaid and Kentucky Children’s Health Insurance programs. The goals of the dental program include increasing access to preventive services and increasing public awareness of the value of dental sealants, which prevent plaque from getting down into the natural grooves of teeth and growing into cavities.

Mullins, chief of the College of Dentistry’s Division of Dental Public Health, said the program also teaches youngsters the importance of oral health and frequent trips to the dentist. "It's a mindset, really," Mullins said. "I mean, if you had a finger that was rotting, you'd get it taken care of, right? As stereotypical as it sounds, there’s a lot of people who just do not take oral health as seriously as they should. "If we can plant positives about oral health in the minds of these children at a young age, they'll be more comfortable with trips to the dentist and continue to take care of their teeth as they get older." http://www.fluoridealert.org/news/fluoridated-kentucky-part-of-the-oral-health-crisis/

Also see page 45 Catastrophic injuries to Racehorses in 100% fluoridated/polluted Kentucky. +

Kentucky - University of Louisville - Look at their Funding - $66,000,000.00 - 28 Feb. 2002

University of Louisville, Kentucky FORGES AHEAD WITH FULLY FUNDED 'BUCKS FOR BRAINS II' -

LOUISVILLE, Ky.- As Kentucky's legislators debate the value and advisability of a third round of funding for the innovative Research Challenge Trust Fund, U of L announced today that the second $33 million allotment has been fully matched by private dollars. The resulting $66 million will endow research positions in several areas of emphasis, according to president John Shumaker. "U of L is poised to become a research leader in oncology, urban health policy, dental relationship to systemic disease, engineering, e-commerce and logistics - just to name a few," Shumaker explained. Several of the donors - which range from business and foundations to individuals and estates - were on hand to offer their reasons for supporting the Bucks for Brains program and U of L.

Cliff Maesaka, president and CEO of Delta Dental Plan of Kentucky, whose gift will support research regarding dental infections and systemic disease, said, "As Kentucky's oldest and largest provider of dental benefits, Delta Dental is thrilled to work with U of L to support a researcher of international stature whose work is sure to improve the oral health of Kentuckians."

NOTE: INSERTED COMMENT - KENTUCKY 100% FLUORIDATED. "We have successfully partnered with the university to advance research and care in several medical fields that are important to the community we serve - including spinal cord injury, oncology, pediatrics and women's health," said Norton Healthcare president and CEO Steve Williams. "Our latest partnership, through Bucks for Brains II, will give even more muscle to these already powerful scientific engines and ensures continued progress toward our shared goal of providing world-class care to the people of our region."

Williams announced that Norton has matched $4 million dollars for Bucks for Brains II and has committed an additional $5 million to the completion of the Delia B. Baxter Research Building. "In the very near future, patients from across the country will be coming to Louisville for diagnosis and treatment, and Norton Healthcare is proud to be a part of the program that is making it possible." Other donors include the James Graham Brown Foundation, the Foundation for a Healthy Kentucky, the Heuser Hearing Institute/Louisville Deaf Oral School, and Delta Dental of Kentucky. Click here for a complete list of donors and potential areas of support. "These first two rounds of state support - now a national model - have been instrumental in laying a solid foundation," Shumaker continued. "However, a third round is needed in order to meet our new potential." +

University of Kentucky College of Dentistry Students - The College of Dentistry is an integral part of the University of Kentucky, the Commonwealth’s flagship University. The 6 story Dentistry Building is linked to the University of Kentucky Albert B. Chandler Medical Center, which includes the five colleges - Dentistry, Medicine, nursing, Pharmacy and Allied Health - and the University’s teaching hospital. The main UK Campus is across the street and downtown Lexington is a 10 minute bus ride away. http://www.stateuniversity.com/universities/KY/University_of_Kentucky_Co.pngent_of_Dentistry.html

**100% FLUORIDATED/POLLUTED KENTUCKY** - this is insanity - end all ‘water fluoridation/pollution’ Fraudulent and Dangerous Schemes NOW and forever more.

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**Dental Crisis in America** - After 67 years of water fluoridation foisted upon Americans by the American Dental Association and its constituents groups, a Dental Crisis exists in America. Senator Sanders introduced legislation to remedy this situation which is endorsed by 37 groups but not the ADA because it includes funding for Dental Therapists which would infringe upon dentists lucrative monopoly. The ADA prefers fluoridation because it doesn't stop tooth decay and doesn't hurt their bottom line. In fact, dentists are making lots of money covering up fluoride-stained teeth with expensive veneers because American children are now over-fluoridated with up to 60% affected with dental fluorosis - white spotted, yellow, brown and/or pitted teeth. Veneers cost about $1,000.00 a tooth.  http://www.youtube.com/watch?v=3oaINr51MrM

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**Wall Street Journal says Dentists Are Big Political Players and do all they can to preserve their monopoly.**” Huge donations to secure their political agendas.

They boasted the largest single health-care PAC in 2008, gave nearly $13 million to state and local politicians in 2010, raising the question: What do dentists want? Alicia Mundy has details on The News Hub. Photo: Reuters.  http://live.wsj.com/video/why-dentists-are-big-political-players/4ADDACA4-8F50-43D4-B694-D541A38FBF3A.html#4ADDACA4-8F50-43D4-B694-D541A38FBF3A

For some Americans, dental care means a sturdy chair, a fluoride swish, and a free toothbrush. But for one in three Americans, it's a nightmare, including astronomical bills, crippling credit card debt, panicked visits to the emergency room, and life-threatening disease. These hardships are chronicled in a new Frontline documentary, Dollars and Dentists, which airs tonight on PBS stations. Frontline correspondent Miles O'Brien takes us behind the scenes of the documentary that explores America's broken dental system. Frontline is produced by our partner WGBH. You can find when "Dollars and Dentists" is airing on your local PBS station here.  http://www.thetakeaway.org/2012/jun/26/one-third-americans-cant-afford-dental-care-says-frontline-documentary-dentists-and-dollars/?utm_source=sharedUrl&utm_media=metatag&utm_campaign=sharedUrl

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**Overcrowded Emergency Rooms In Central Texas - Fluoridated Austin, Texas**

Wednesday, November 22, 2006

Jenny Pearson knows her tooth abscess could be better treated at a dentist, the problem is she couldn't get a dentist to accept her medicaid despite her pain. “Sitting there in tears telling her I hurt, she said go to the hospital,” Pearson said. “I can't do nothing for you.” So Pearson turned to the ER, the only place by federal law that cannot turn her away. She first took the bus to Brackenridge. They were also busy. “We sat there for five hours and called a friend to come get me,” Pearson said. “He brought me here.” This is actually Pearson's second time to come to the emergency room for her tooth abscess, a problem that needs follow up at a dentists office.

“She has made every effort on her part to try and arrange for proper follow up care and she got rejected because of her Medicaid and so she's back now in the emergency department with her face all swollen up and again,” said Dr. Corey Jones St. David's Hospital's chief of emergency medicine. “This is not the place to be because we're not oral surgeons.” In Texas, dentists don't accept Medicaid from adults, but accessing dental care is not the only problem. (this link original article has also been disconnected).  http://fluoridenews.blogspot.com/2006_11_01_archive.html

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Austin Texas Dentist Condemns Fluoridation
Sunday, January 09, 2011

This is an excerpt from an ABC Radio News story:

**Dr. Griffin Cole, a Dentist in Fluoridated Austin, Texas**, said he has seen several cases of mild to severe fluorosis in his practice. While he applauded the feds' proposal [to lower water fluoride levels], he'd like to see the recommendations go even lower. "I still don't think it's enough, honestly," he said. **"I don't think there should be fluoride in the water at all."** "I think it's a nice move in the right direction," he said. Cole said he began his dentistry career in the early 1990s, working for a dentist who was open minded about fluoride use and believed that his patients were getting too much. **Cole said he had never once prescribed fluoride supplements to his patients.**

He cited studies from the past decade that have linked excess fluoride to not only fluorosis but to higher instances of bone cancer in the test subjects. He also said osteoporosis was an additional concern, since ingested fluoride is known to sit in a person's bones. "Ingesting fluoride in any form does nothing for your teeth," he said. In cases of "rampant" tooth decay, applying a topical fluoride can improve dental health, but only minimally. Fluoride, Cole said, molds to the tooth's enamel. So while it will aid in preventing decay, it **can also make teeth brittle.** "When you see a case of somebody coming in with bad fluorosis, to restore those teeth you either have to crown them completely or at least do a veneer," he said. "So it's a very costly thing to fix." Depending on the dentist and the region of the country, restoration could cost between $900 and $1,600 a tooth.

http://fluoridedangers.blogspot.com/search?updated-min=2011-01-01T00%3A00%3A00-05%3A00&updated-max=2012-01-01T00%3A00%3A00-05%3A00&max-results=1

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**Sydney, NSW, Australia - fluoridated since 1968:-**

2006 See more references to the number of people Sydney waiting for dental treatment for years. [http://home.vicnet.net.au/~fluoride/2006/AFN_2006N2_MarApr_AquaPura.pdf](http://home.vicnet.net.au/~fluoride/2006/AFN_2006N2_MarApr_AquaPura.pdf) Fluoridation The Greatest Con of all times The Government Dental Health Bungle by Glen S.R. Walker. Also herein see statement by the then President of the ADA Tasmania shows the results of community ‘fluoridated’ drinking water. The ADA President is quoted in the Tasmanian Advocate 4th May, 2001 as follows:- “Tasmania is on the brink of a dental crisis” That statement of a dental crisis after almost 50 years of compulsory fluoridation. Last year, people in Burnie, Tasmania, were walking the streets collecting signatures on a petition to the Tasmanian Government demanding relief from 5 years waiting lists for dental treatment. That is after 50 yeas compulsory mass medicating the population with fluoridating Tasmania’s drinking water supplies and stating “there will never be dental decay problems in Tasmania”...........

29th June, 2007 a country in dental crisis – seeking treatment Westmead Hospital for dental infections so severe their airways became closed. Despite 650,000 Australians awaiting dental treatment, only 4027 in NSW have accessed the scheme in three years. And they drink fluoridated water! Since 1968. !!!
In the same document also same situation for Victoria! Thousands of Victoria pre-schoolers and toddlers some as young as two – are undergoing radical dental surgery under general anaesthetic to remove several and sometimes all of their baby teeth……. 42% of 6 year olds treated by the school dental service in 2006 with at least one tooth missing or that had to be removed or filled - despite fluoride in the water and better education.  

Source

Note Melbourne Victoria ‘fluoridated’ since 1977. #

Dental statistics are fundamentally flawed

Australian Fluoridation News – Glen Walker – Extensive Information

http://home.vicnet.net.au/~fluoride/australian_fluoridation_newsletters_home.htm

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Tucson study finds fluoride promotes tooth decay – 1992

Those promoting the concept of water fluoridation maintain that the presence of fluoride in the human diet, whether in public water supplies, food, beverages or from other sources, assists in the prevention of dental caries (cavities). After conducting two years of research on the subject, contacting numerous organizations and pouring through mountains of scientific reports and documents, I could find no credible data supporting this conclusion. In fact, I found exactly the opposite was the case. It explains why the American Dental Association and the National Institute for Dental Research have always supported fluoridation of the population. Aside from the issues of cancer, mutagenicity, osteoporosis and behavior control, one of the results of fluoridation is that it actually creates more cavities in order to support the dental profession. Where's the proof?

According to Cornelius Steelink, Professor Emeritus at the Department of Chemistry at the University of Arizona, who was intimately involved in the debate to fluoridate the water of Tucson, when the incidence of tooth decay versus fluoride content in a child's drinking water was examined in Tucson, a city with discreate geographic areas of groundwater with both high fluoride content (0.8ppm) and low content (0.3ppm), a positive correlation was revealed. Dental screening was conducted of 26,000 elementary school children. When the incidence of tooth decay was plotted against the fluoride content of the water, it was discovered that the more fluoride a child drank, the more cavities appeared in the teeth.

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Studies of young males and fluoridated water have produced some interesting results. A February 1991 U.S. Public Health Service study linked fluoridated water to bone cancer in young males in Seattle, Washington and Iowa. A New Jersey Department of Health Study in November 1992 found bone cancer rates among young males to be six times higher in fluoridated than in non-fluoridated communities.  

Source: http://afgen.com/fluoridation.html

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Brian Martin, Wollongong University

General Suppression of Scientific Research on Fluorides

All of these fluoride chemicals are by-products of the aluminum and chemical fertilizer industries that are considered to be hazardous wastes by the EPA. Robert J. Carton, an environmental scientist at the EPA, says the scientific assessment of the health risks of fluorides in 1985 "omits 90% of the literature which suggests fluoride is a mutagen - causes cellular and genetic mutation." Several scientists in the United States and other countries who have done research or written reports questioning the benefits of water fluoridation, or suggesting health risks, were discouraged by their employers from actually publishing their findings.

In recent years, several dentists who have testified against fluoridation have been reprimanded by state dental officers. The American Dental Association and the United States Public Health Service, who are supposed to be scientifically, not politically motivated, have actively discouraged research into the health risks of fluoridation of public water supplies. Public funds have been spent to fight anti-fluoridation efforts.

John A. Colquhoun, a former dental officer in the Department of Health in Auckland, New Zealand, did a study intended to show the advantages of fluoridation. He carefully compared decay rates in fluoridated and non-fluoridated regions. Unfortunately, he failed to find any difference in decay rates between the areas studied. After his final report was written, his supervisors refused to let him publish it.

Institutions Subject to Government Extortion on the Issue of Fluorides

W.B. Hartsfield, mayor of Atlanta, Georgia, stated in Dental Survey in 1961 that "no school, college or independent medical research institution dares to be critical of fluoridation because they receive grants from the U.S. Public Health Service. Likewise, no big food, beverage or drug company will dare speak critically of fluoride because they are under the supervision of the FDA, a branch of the USPHS. One brewery official told me that their own research indicated grave questions about fluoridation, but they dare not speak out. As you know, the Food and Drug Administration can bankrupt any national food, beverage or drug company with a little adverse comment." Now, why would the truth be so threatening to institutions that are supposed to protect public health and safety? Because these institutions are involved in the overall genocide against the population of the United States. The proof is a matter of historical record. That the Food and Drug Administration is a suppressive organization is a matter of record.

Massive Corruption, Collusion And Conflict Of Interest

The Same Individuals promoting the Addition Of Fluorides to the Water Supplies also serve on the FDA Dental Products Advisory Board. Fluoridation equipment makers, fluoride suppliers, and federal and state health department staff serve on the American Water Works Association's "Fluoride Standards Board." The American Dental Association, who receives public funds, also receives hundreds of thousands of dollars from Proctor and Gamble, Lever Brothers, Colgate, Warner Lambert, Johnson & Johnson, and others in the fluoride business. After the American Dental Association endorsed "Crest" toothpaste in October 1960, it became known that the officials responsible for the endorsement of Crest toothpaste had personally profited financially from the immediate rise of $8 per share in Proctor and Gamble Stocks.

Countries Outside the United States Reject Fluoridation

In 1977, the Minister of the Environment in Denmark recommended that water fluoridation not be allowed, primarily that no adequate studies had been carried out on its long-term effects on both human organ systems and fresh water ecosystems. In 1978, the West German Association of Gas and Water Experts rejected fluoridation for legal reasons and because "the so-called optimal fluoride concentration of 1 mm/L is close to the dose at which long-term damage to the human body is to be expected." In France, the Chief Council of Public Health rejected water fluoridation after he decided in 1980 that it was dangerous.

American fluoridation spokesmen go to great lengths to deny the fact that most of the countries of medically advanced Western Europe have actively rejected fluoridation of public water supplies and the use of fluorides altogether. Fluoridation in Western Europe is now down to less than 2%. To illustrate how misleading fluoridation promoters in the United States can be, consider and article which appeared in the ADA News on January 23, 1978.
The ADA article, titled "Public Health Service (PHS) Refutes Claims of Fluoride Ban in Europe," discusses a pro-fluoridation resolution which was voted on in the World Health Organization in 1969. The article states, "Among the nations cited by anti-fluoridationists as those which have banned fluoridation, West Germany, France, Italy, the Netherlands, Norway, Sweden, Switzerland and Yugoslavia, actually supported the 1969 WHO resolution." What this 1978 ADA News article does not mention is that, subsequent to their 1969 vote supporting fluoridation, several of these countries reversed their stand, either by discontinuing fluoridation or by explicitly refusing to fluoridate in the first place.

For example, Sweden banned fluoridation in 1971 after 11 years of testing it; the Netherlands banned fluoridation in 1976 after 23 years of "experimentation" involving 9 million people; Norway rejected a Parliamentary bill to introduce fluoridation in 1975, and West Germany discontinued all fluoridation in 1971. Nor does the ADA article point out that, by the time it was written in 1978, the only one of the countries listed that still had any fluoridation whatever was Switzerland, which maintains a single "experimental station." This Swiss "experimental program," which serves 4% of the population, constitutes the only fluoridation in Switzerland from 1959 to the present. Finland also has one small "experimental program," which has been operating since 1959, "serving" about 1.5% of the total population. In addition to all of the above, the countries of Holland, India, and Egypt permit no fluoridation of their populations.

In the United States, however, the U.S. Public Health Service, long a pawn of the industries producing toxic fluorides certified by the EPA as hazardous waste, prematurely endorsed fluoridation of public water supplies in 1950. Since that time the PHS has criminally promoted fluoridation throughout the United States, and actively promotes water fluoridation worldwide. Using a twisted logic born out of a Nazi biomedical orientation, the PHS believes that, if other countries can be convinced, blackmailed or extorted into fluoridating their populations, it would help reduce the American public opposition to involuntary medication. This is, of course, consistent with PHS attempts to conceal the refusal of most European countries to fluoridate. How can the PHS ever dream of succeeding in their plans to intimidate other countries into compliance with the plans of global socialism to medicate the planet into compliance with a totalitarian planetary system of rule?

International Fluoride Politics, Intimidation and Bribery

The United States Public Health Service (USPHS), which historically has functioned in an Orwellian position exactly opposite to its title, exerts great influence on foreign countries through the World Health Organization (WHO), which it heavily funds, as well as through its numerous grants (bribes) to foreign Health Ministries, as well as to medical and dental researchers in those countries. For this reason, many European nations, desiring major research and healthcare grants from the United States, and unwilling to fund their own research, avoid explicitly banning fluoridation and antagonizing the United States medical oligarchy. Instead, such a country quietly refuses fluoridation for itself whenever the question comes up. This normal policy of European countries to reject fluoridation without overtly declaring a ban on it has been deceptively used, on its face, by the ADA.

For example, in the 1978 ADA article previously mentioned, the ADA refers to the "mistaken assumption by anti-fluoridationists that fluoridation has been banned in European countries." While the article is technically correct in denying that many European countries have banned fluoridation, it fails to point out that most European countries can and do reject fluoridation without formally banning it, i.e., without expressly prohibiting it by law. The fact of the matter is that Austria, Belgium, Denmark, France, West Germany, Greece, Holland, Italy, Luxemborg, Norway, Spain and Sweden do not fluoridate public water supplies.

Another very important fact never brought out by fluoridation spokesmen is that even those countries that introduce or vote in favor of a pro-fluoridation resolution in the World Health Organization will usually not permit fluoridation for their own people. In order to understand this apparent "paradox," it is necessary to point out the following important fact. Always included, as part of the fluoridation resolution package, is the recommendation for WHO funding to assist member states in their cavity-prevention program (which of course does not address the actual cause of dental caries, i.e., processed foods, etc.), even if they decide not to fluoridate. This means that a country could not gracefully accept such "assistance" unless it votes for the resolution package.

To cite another example of pressure techniques, it should be pointed out that WHO has long-assisted member nations in improving their water supply systems, independently of any considerations relative to involuntary medication of populations through the water supply itself. However, the 1975 WHO fluoridation resolution
contained a reminder of the Water Supply Assistance Program (WSAP), with the suggestion that water fluoridation be tied to this program. A country receiving aid under WSAP, but not fluoridating, would at least feel obligated to vote for the pro-fluoridation resolution.

Further, such pro-fluoridation resolutions, which the WHO voted on in 1969, 1975 and 1978, have always been "watered" down in an attempt to make them acceptable. For instance, the resolutions never state that fluoridation should be implemented, but countries are subjected to a continuing plea for consideration.

In 1969, when the WHO first voted in favor of such a fluoridation resolution, fluoridation promoters hailed the vote as a "unanimous endorsement" of fluoridation. In fact, the promoters did not publicize the fact that the vote was taken when only about 60 of the 1,000 delegates were present (shadows of the passage of the Federal Reserve Act in the United States). Out of the 60 members present, only 45 actually voted. Most of the member nations were, in fact, not represented at all. Neither did fluoridation proponents point out the economic inducements built into the resolution, for its weak non-committal wording.

The ADA News article, often referred to by proponents of mass fluoridation, infers that the European countries which reject fluoridation do so against the recommendations of their respective "health authorities", so that such rejections "cannot be interpreted as a confirmation that fluoridation poses health hazards." The reply to this inference should be prefaced with the remark that, in any case, the scientific community should indeed not have the right to impose medication on the public when no "danger of contagion" is involved. But, as it turns out, an extensive examination of European medical and dental journals shows the great majority of the European scientific community is in fact opposed to fluoridation.

Consider, for example, Sweden, which is one of the most medically advanced countries on the planet. Sweden banned fluoridation by Parliamentary vote in 1971. The fluoridation proponents erroneously claim that the Swedish scientific community opposed this ban. In an article written by two pro-fluoridationists in the British Dental Journal of July 18, 1972, the Swedish dental profession is attacked for not supporting fluoridation. The British government, who has a history of drugging populations in order to subjugate them, starting with the opium trafficking in the 17th century, have not lost their touch.

The key fact remains that most medically advanced countries of Western Europe now have no fluoridation; not because they have neglected to consider it, but because of their own previous experiences with it or as a result of detailed and objective studies of the scientific evidence of its hazards and bio-physiological effect on both the human body and human behavior. In contrast to the United States, which is almost 50% fluoridated, less than 2% of the population of Western Europe is subject to involuntary medication through their water supplies.

The Goal of Global Socialism is Planetary Fluoridation by the Year 2000

According to the Centers for Disease Control and the United States Public Health Service, the federal goal is to have universal fluoridation of public water supplies by the year 2000. This goal was detailed in the CDC Morbidity and Mortality Report on May 29, 1992 and the American Dental Association News on January 3, 1994. It is an interesting parallel that the political agenda dictates establishment of a New World Order by 2002, moved up two years on analysis of political setbacks.
**Political Suppression of Scientific Information on Fluorides in the United States by Medical Journals and Associations**

In 1974 Sohan Manocha, now a lawyer, and Harold Warner, professor emeritus of biomedical engineering at Emory University Medical School in Atlanta, submitted a report summarizing a study of enzyme changes induced in monkeys by the consumption of water containing fluorine compounds for publication in the AMA Archives of Environmental Health. The editor passed the report around for review. It did not take long before he wrote a letter of rejection back to the authors. One of the peer reviewers had written a comment, "I would recommend that this paper not be accepted for publication at this time, because this is a sensitive subject and any publication in this areas is subject to interpretation by anti-fluoridation groups." After the rejection of their paper, Manocha and Warner were told by the director of their department, who had been warned by the National Institute of Dental Research that the research would harm the cause of fluoridation, not to try to publish their findings in any other United States journal. Eventually the authors were granted permission to publish in a foreign journal, as indicated in the footnote below.

In 1979, the American Dental Association issued a White Paper which includes the following statement, "dentists non-participation in fluoride promotion is overt neglect of professional responsibility." According to an ADA spokesperson, this is still the organization's policy. Dentists who have a grain of conscience are reprimanded by their respective state dental officer.

In 1980, a toxicologist Brian Dementi at the Virginia Department of Health, wrote a comprehensive report on "Fluoride and Drinking Water" that suggested possible health risks from fluoridation. The 36-page study has been purged from the department's library even though it is the only one the department has prepared on the subject. Spokesmen apparently say the report was "thrown away because it was old", while maintaining that "the department will be preparing another report on the subject soon."

In 1982, John Colquhoun, former principle dental officer in the Department of Health in New Zealand was told after writing a report that showed no benefit from fluoridation in New Zealand, that the department refused him permission to publish it. He now teaches the history of education at the University of Auckland, and notes that "the editorial policy of scientific journals has generally been not to publish material which overly opposes the fluoridation paradigm." According to Colquhoun, scientific journals employ a referee system of peer review, and when the overwhelming majority of experts in an area from which the referees are selected are committed to the shared paradigm of fluoridation (or any other paradigm), the system lends itself to preservation and continuation of the traditional belief that fluoridation is safe and effective. This results in a "single-minded promotion (materialist reductionism), but poor-quality research, and an apparent inability to flexibly reassess in the presence of unexpected new data." It is quite obvious that the same problem is apparent within the other paradigms (EMF effects, etc.) mentioned in Matrix III.

In 1984, after receiving a letter for publication on fluorides from Geoffrey E. Smith, a dental surgeon from Melbourne, Australia, the editor of the New York State Dental Journal replied, "Your paper was read here with interest, but it is not appropriate for publication at this time because the opposition to fluoridation has become virulent again." After the WHO released its study on fluorines and fluorides in 1985, it immediately drew criticism from scientific circles. In a letter from Phillipe Grandjean, a professor of environmental medicine at Odense University in Denmark (see illustration page) to the U.S. Environmental Protection Agency on June 6, 1985, Grandjean wrote, "information which could cast any doubt on the advantage of fluoride supplements was left out by the Task Group. Unless I had been present myself, I would have found it hard to believe."

The 1985 WHO report was not the only thing under fire. Criticism of reports on fluorides authored by the EPA were also under scrutiny. According to Robert J. Carton, an environmental scientist at the EPA, the scientific assessment of fluorides health risks written by the agency in 1985 "omits 90% of the literature on mutagenicity, most of which suggests fluoride is a mutagen."

**Tucson Study Finds Fluoride Promotes Tooth Decay - 1992**

Those promoting the concept of water fluoridation maintain that the presence of fluoride in the human diet, whether in public water supplies, food, beverages or from other sources, assists in the prevention of dental caries (cavities). After conducting two years of research on the subject, contacting numerous organizations and pouring through mountains of scientific reports and documents, I could find no credible data supporting
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http://afgen.com/fluoridation.html

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“The chemicals used are not pharmaceutical-grade. That’s one of the things that is brought out beautifully in this Australian video, called “Fire Water.” It’s confirmed over and over again, that the chemicals used are not the pharmaceutical-grade chemicals that they put in dental products, but that it’s the hazardous waste from the phosphate fertilizer industry.”  > Dr. Paul Connett | Source

EXACT timecode, for quote, below:
http://www.youtube.com/watch?v=z6oWvRikI78&feature=player_detailpage&list=PL53E25EFBF102EF37#t=707s

Official website: http://www.firewaterfilm.com/

Full-length film: http://www.youtube.com/watch?feature=player_embedded&v=Xf3CP3HYxFg

Playlist: http://www.youtube.com/playlist?list=PLAA059AC6E4EADC7B
AFA Mildura: http://afamildura.wordpress.com/fluoridation-chemicals/

*Courtesy Anti-Corruption Society ©*
This is a hard-to-obtain account revealing the machinations of the medical establishment in resisting the scientific truth about water fluoridation. Dr. Waldbott was a careful, dedicated physician who conducted his own research into the dangers of ingesting fluoride compounds—especially the most soluble compounds that are used for water fluoridation. It is a sobering account, and well worth reading in order to understand the manipulations that characterised the early stages of the fluoridation promotion campaign. Dr. Waldbott, a graduate of the Heidelberg Medical School, who immigrated into the US, was a world-renowned specialist in the field of allergic diseases, and the first to pinpoint smoking as a cause of emphysema. He was also co-author of *Fluoridation: The Great Dilemma* with Albert Burgstahler, PhD, professor of Organic Chemistry at the university of Kansas, and H. Lewis McKinney, PhD, professor of the History of Science at Cornell. With modern studies revealing further dangers of water fluoridation, these books have returned to prominence as essential reading for those interested in unearthing the background concerning the practice of water fluoridation, its early promotion, and its serious dangers. Although the book is well written, it is a tough read because of the detail provided.

http://www.amazon.com/struggle-Titans-Reflection-book/dp/B0007EALNK/ref=tag_dpp_lp_edpp_ttl_in
On the Toxicity of Fluoridated Water

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Summary
The mechanism by which fluoride's lethal poisoning of man and animals occurs is presented. "Low" level fluoridation of municipal water exhibits well known alterations in teeth and bone structure and calcification of tendons and ligaments. 'Moderate' doses cause spinal deformities and increased hip fracture tendency and kidney and gall stones. Higher levels cause death and are responsible for its major industrial use as a rodenticide. Solubility calculations indicate that fluoride doses required to decrease calcium below physiological blood levels are comparable to those present in poisoned victims' tissues and to those causing decreased beat rates in isolated heart cells in culture. Acute lethal poisoning and many of the chronic 'low' level effects of fluoride are mediated by calcium binding by the fluoride ion.

Introduction
An array of scientific findings indicate that the decision made by many cities as early as 1956 to add fluoride (a rodenticide) to municipal drinking water, as long as the dose is below a certain level (usually 1 part per million, 1 milligram fluoride per liter or 0.05 mM) to decrease the incidence of something as minor as tooth decay, was irrational. We now know that precipitates of calcium fluoride occur in fluoridated water cities when the acidity is low (a pH above 7) depending on the fluoride level used. This causes scaling of water pipes (1) and numerous biological effects in consumers, the extent determined by the acidity and the amount of calcium in the water.

Fluoridated municipal water supplies in the United States have been found to contain fluoride levels ranging anywhere from 0.012 mM to a record lethal accidental 7.5 mM (8). The biologic effects have been diverse, covering the entire above range. In spite of lethal poisonings from municipal water fluoridation programs, the Public Health Service retains its mandate to fluoridate all U.S. cities as soon as possible and to reach out to other cities throughout the world in an effort to minimize tooth decay while fluoridating the blood of the water consumer as though this were an acceptable alternative to topical fluoride or to addition of fluoride to one's own consumed water.

Unfortunately, in 1992 at the mouth of the Yukon River in Hooper Bay, Alaska the unthinkable occurred. In what is considered an accident, an entire village was poisoned by its own fluoridated water supply when the system malfunctioned. This represents the first 'experiment' in which human beings were exposed to lethal doses of fluoride. Blood samples were measured for incorporated fluoride and calcium ion and provided much pathologic information on the effects of high doses of fluoride assimilated from municipal drinking water supplies (8). 296 residents were severely poisoned with one fatality. Most had heart malfunction-associated symptoms and severe gastrointestinal pain.

It is now understood that the conversion of fluoride ion into HF, hydrofluoric acid, occurred in the stomach due to the stomach acid HCl at pH 3 and the HF caused the intense pain. HF cannot be stored in glass since it dissolves the container; it also dissolves leather and skin. Also, blood calcium levels dropped to 1/3 of normal in one victim, causing a heart attack and the loss of his life. Although the authors of the study were uncertain whether the fluoride itself caused the effect directly or rather was due to its known ability to precipitate magnesium or calcium ion, our recent computations indicate that low blood calcium is responsible for the lethal effect of acute fluoride poisoning, as indicated below.

Precipitation of calcium fluoride into peoples' bones, tendons and ligaments (9) occurs depending at typical doses added to municipal water. The condition known medically as fluorosis is associated as expected with spinal rigidity and bone fragility (2), the severity depending on the fluoride level present in the blood and for how long.

If fluoride exposure is sufficiently high or prolonged, formation of kidney and gall stones is known to occur, due to the low solubility of calcium fluoride (0.04 mM at pH 7 at room temperature) (4,6). People with hyperparathyroidism or osteosclerosis are more susceptible in this regard to chronic consumption than
How, one might ask, could this calamity have come about? It is here that Dr. Y. really warms to his task. As an editor for Chemical Abstracts Service some years ago, he first became aware of the forces that created, defended and still perpetuate the myths that made fluoride so attractive. With terse lucidity he demolishes the myth that fluoride is a proved essential element and that it reduces tooth decay. He then proceeds to name agencies, administrators, and scientists of the fluoridation bureaucracy a veritable who's who of what only can be called the fluoridation conspiracy that has literally forced this poison down our throats. Strong stuff indeed.

Dr. Y, it must be admitted, is in a position to know. His scientific credentials are beyond dispute. He has been at the forefront of Congressman Fountain's subcommittee hearings (1977) and the four major legal challenges to fluoride Pittsburgh, Pa (1978); Alton Ill. (1982); Houston, Tex. (1982); and Glasgow, Scotland (1983). In these cases Dr. Y met the most formidable adversaries the fluoridation bureaucracy could muster and his views and findings stand successfully unrefuted. Chapters 17-19, as well as the related appendix pages, are filled with his opponents' verbatim quotations that reveal their own abuse of scientific honesty and credibility. To his credit, Dr. Y allows the quotations to speak for themselves and, with new-found courtliness, desists from exercising the opportunity for derision that they so easily present.

In fairness, one might ask is fluoride the aging factor? Clearly, it is an aging factor. Admittedly there are others. Our environment contains a host of exogenous and endogenous free radical oxidants. They also age us. How does fluoride stand relative to these? Dr. Y does not address this. What about unfettered biological aging such as the so-called Hayflick limitation of cellular replication? Again, Dr. Y declines to comment. Is there an aging without disease? Authoritative medical opinion holds that "Although most organs undergo functional declines with aging, none is compromised sufficiently, even at extreme ages, for death to result in the absence of disease . . . i.e., a specific pathologic insult." It is this presence of disease, the pathologic insult, associated with advancing years that most of us (and Dr. Y, I believe) refer to when we speak negatively of aging. Dr. Y contends that fluoride is an important specific pathologic insult. The tragic irony of it is the fact that it is unnecessarily foisted upon us by the very bureaucracies that ostensibly exist to serve us. The inescapable conclusion from Fluoride, The Aging Factor is that relief from this pathologic insult requires no great expenditure of funds or energy or change in life style all it requires is the decision to quit putting fluoride in our public water systems. Simple.

Read Fluoride, The Aging Factor. Give one to your doctor. And ask your congressman to read it. You have nothing to lose and only your health to regain.

http://www.rethinkingcancer.org/resources/magazine-articles/7_9-10/fluoride-the-aging-factor.php

Mary Sparrowdancer - Fluoride – The Battle of Darkness and Light
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12-14-2003

Extract:  It was due to my growing concerns about our country's growing health problems as well as the erosion of our civil liberties that, in November of 2002, I published a paper focusing upon both of these issues and spoke about them on several radio programs. The paper quietly made its way through Washington, D.C., and then around the world.

The paper detailed the "revolving door" in Washington, D.C., an apparent turnstile between private industries and the United States government. Through this invisible door, industry managers pass directly into the very agencies that govern industry - the government's food, drug, agricultural and chemical regulatory departments - in order to influence regulations or speed the approval of their company's products. The paper, "Let Them Eat Anything," showed this unholy alliance, the conflict of interest that has contributed to a mounting epidemic of health problems in the United States. (1)

It is a substance that, according to government reports, has been known since 1930 to have such a powerful effect upon thyroid function, it has been used in prescription medications to treat hyperthyroidism (overactive thyroid). It can, therefore, along with our pyramid of dough, be reasonably marked as a suspicious agent contributing to the current epidemic of obesity and thyroid problems. (31, 32, 33, 34)

It is a substance that has also long been known to cause or exacerbate the exact periodontal disease resulting in the tooth loss that has caught the attention of the Surgeon General. In addition to being a causative agent
in periodontal disease, it is a substance that is known to accumulate in the teeth and bones creating brittleness, and for this reason it has also been associated with osteoporosis and other bone diseases and disorders that are also now being seen in America.

The mysterious substance is so corrosive, when added to water it will eat its way through a titanium container. Since it will eat its way through titanium, perhaps it should not come as a great surprise to learn that it is also known to act as a severe corrosive agent on human gastric and mucosal tissues. (35, 36, 37, 38)

As Americans' afflictions continue to unfold unlike anything else that humanity has known and brought upon itself, we also learn that the material, once thought unable to cross the blood-brain barrier, crosses it rather well. It also concentrates in the pineal gland that is located within the brain. (39, 40, 41, 42)

Any agent that passes through the brain can be expected to affect behavior, mood and cognitive function, and this substance has been repeatedly shown to create a depressing, numbing effect.

Learn more: http://www.hemuz.org/Health/Fluoride-The-Battle-of-Darkness-Light

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Fluoride Australia

Calling for an End to Water Fluoridation

http://www.fluorideaustralia.org/articleView.asp?Article=6

Professionals Statement

FAN’s Professionals Statement to End Water Fluoridation has been signed by 4,300 medical, dental, scientific and environmental professionals. See the list of signatories and add your name to the list. To sign the statement, click here.

Health Professionals Call for End to Water Fluoridation

http://www.youtube.com/watch?feature=player_embedded&v=yblka13FfCA

www.firewaterfilm.com
Foreword (from the book) by Barry Groves

Barry Groves has performed a considerable service to society by producing a clearly written book, which summarizes much of the scientific evidence available on the vexed question of the fluoridation of public drinking water supplies. The format of the book is based on a circular notice sent to UK dentists by the British Fluoridation Society (BFS), which detailed a series of questions that might be posed by patients and provides suggested answers to those questions. Barry Groves takes each question and the BFS answer in turn as the basis of a series of short chapters which then present what is known and published about each topic. This juxtaposition serves to put in stark relief the apparent evasive nature or clear bias of many of the BFS's suggested responses.

What are the most important questions? Readers of this book will find that the science underpinning the widespread introduction of drinking water fluoridation, with the claim that it reduces dental decay, appears decidedly thin and shaky. For instance, the data presented shows that there are many examples of dental decay rates being higher in fluoridated than in non-fluoridated areas.

There are relatively few countries in the world that use fluoridation: the USA (where it all started) and some mainly English speaking countries across the globe. In many other countries it is simply against the law to contemplate the mass medication of a whole population with a substance that everyone, even the protagonists, admit has the potential to be toxic at certain doses. A major consideration about fluoride is that the margin of safety for fluoride is about 100 times less than that tolerated for drinking water pollutants. The industrial source of the actual fluorosilicates used to fluoridate and their potential contamination with toxic metals is thoroughly covered in the book.

What other therapeutic prophylactic substance has ever been allowed to be administered to patients, unsupervised, with no control over consumption and no recommendation for dose? Fluoride is recognized as a cumulative toxic substance and there is considerable scientific evidence to show that a proportion of the population is liable to consume more fluoride than is advisable. This can lead, amongst other conditions, to osteoporosis. Since the concept of fluoridating public water supplies was introduced we have become exposed to many other sources, through fluoridated dentifrices, tablets, and dental treatments, which has exacerbated the problem. In addition, for any drug that has ever been produced, there is a minority of the population who, because of their genetic make up, are peculiarly susceptible to its toxic properties. Furthermore there are periods, such as fetal life, infancy and extreme old age, when the body's ability to detoxify substances and excrete them are less than optimal. It appears that few considerations for such vulnerabilities in water fluoridation have been made.

Whatever the merits of the case, and you can judge those for yourselves, I am personally opposed in principle to the mass medication of whole populations. There is no shortage of products containing fluoride for people to be able to make an informed choice on their own behalf and that of their families. In addition there are no overwhelming arguments for the necessity of such treatment. This combined with the genetic susceptibility of some, as outlined above, makes the whole proposition subject to question on an ethical basis, as discussed in this book.

The book contains a number of accounts of actions that have been taken against dentists and academics who have had the temerity to question the wisdom of mass fluoridation. There would appear to have been clear violations of academic freedom. With a majority of young academics appointed to short term contracts, this is something that should exercise the minds of all those who value the importance of freedom and independence of thought amongst scientists. If academic freedom is ever allowed to be strangled then the type of data that has made the writing of this book possible will become very scarce.

I hope that you will enjoy this book, which must be regarded as essential reading for those who wish to enter an informed debate on this topic. As a microscopist who has had a research interest in the formation and build up of dental plaque and a toxico-pathologist with an interest in the effect of toxic substances on development, I have found this volume to be in turn informative, readable and thought provoking. When you have finished reading, if you come to the same conclusion, recommend it to others!
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Ordering Information:
Amazon.com (U.S.) or Amazon.com (UK) or National Pure Water Association
http://www.nofluoride.com/Drinking_ourselves_to_death-Groves.cfm

BARWON FREEDOM from FLUORIDATION: consumer and professional action group in the Geelong region, acting to END the unfair, undemocratic and unsafe practice of water fluoridation - Toxic fluoride entering our water now - is it making you sick?

Barwon Water, with support from the Victorian Government's DHS, has proceeded against the WILL of the Geelong, Bellarine and Surf Coast communities to commence adding fluorosilicic acid (fluoride) to the piped water supply. The poison additive allegedly commenced soon after June 22, for the alleged purpose of assisting the teeth of some children (most children had good teeth anyway, prior to fluoridation). Barwon Water is not publicizing what the level of fluoride is up to yet. It is probable that it will not be up to 1ppm (1 milligram per litre) till some weeks after June 22. BAFF may be able to report some independent lab tests here before too long.

If you or an associate or family member are genuinely 'fluoride sensitive', or hypersensitive to the toxicity of fluoridated water, a good guide to detecting their health reactions is the Dutch studies in the 1970s, outlined in Dr Hans Moolenburg's court affidavit [click here](http://www.nofluoride.com/Drinking_ourselves_to_death-Groves.cfm) or the book Fluoride Fatigue, by NZ doctor Bruce Spittle, available at Carmoora Clinic, 343 Moorabool Street. You need to do careful trial and error testing, on and off of tap water, to determine this.

Citizens & Parliament misled on fluoride by Dr Carnie (Chief Health Officer):

Three very significant public documents from the latter part of 2009 condemn Dr John Carnie, Victoria's Chief Health Officer, for unprofessional conduct in misleading the Parliament and the community on water fluoridation: Read more: [http://www.baff.org.au](http://www.baff.org.au)

Dr. Carnie’s Final Week - Mildura Warrior - Anti-Fluoridation Association of Mildura

[http://www.youtube.com/watch?v=_1iW1M-pyiY](http://www.youtube.com/watch?v=_1iW1M-pyiY)
FDA admits to Massive Conflict of Interest  13 October, 2009

The U.S. Food and Drug Administration admitted that four New Jersey congressmen and its own former commissioner unduly influenced the process that led to its decision last year to approve a patch for injured knees. The agency’s scientific reviewers repeatedly and unanimously decided that the device, known as Menaflex and manufactured by ReGen Biologics, was unsafe because it often failed, forcing patients to get another operation. But after receiving what an FDA report described as “extreme,” “unusual” and persistent pressure from four congressmen, agency managers overruled the scientists and approved the device for sale in December. All four legislators made their inquiries within a few months of receiving significant campaign contributions from ReGen, which is based in New Jersey. The agency has never before publicly questioned the process behind one of its approvals, never admitted that a regulatory decision was influenced by politics, and never accused a former commissioner of questionable conduct.

Dr. Mercola’s Comments: It’s FDA corruption déjà vu.

You’ve had heart attacks from Vioxx and Avandia and contaminated toothpaste from China; E. coli in your spinach, and salmonella in your spinach and peppers. Tainted pet food has killed hundreds, if not thousands, of your pets. And your children have gotten sick from toys painted with leaded paint. What will be the next ill-fated product “approved” by the FDA? The agency’s list of corruptions and collusions is now a mile long. And each piece of new legislation aimed to improve its function seems to do just the opposite—making the FDA even more dependent upon financial support by Big Pharma.

Perhaps the fact that the agency is now publicly questioning its own procedures and affiliations is a step in the right direction. But will that be enough?

Unlikely.
Grossly Under-Resourced
The FDA has 11,000 employees and an annual budget of about $2.2 billion. Some experts say it needs double that. Of the $2.2 billion, about $1.7 billion comes from Congress while the remaining half billion dollars comes from drug and medical device manufacturers’ “user fees.” The agency is responsible for overseeing products that account for one quarter of consumer spending in the US, including all prescription and over-the-counter medications, medical devices such as heart valves and stents, and your food and blood supply.
Yet, the FDA’s budgetary increases have not kept pace with current demands, leading to reliance upon funding sources with private interests and financial motivations, rather than safeguarding your health.
In fact, nearly all of their budgetary increases in the past five years have come from Big Pharma, not Congress.

The FDA itself admitted it lacks the competency and capacity to keep up with medical and scientific advances such as the new wave of high-tech drugs and devices, and products resulting from breakthroughs in genetics, nanotechnology and bioengineered foods, among others--all requiring FDA resources.
Making matters worse, FDA employees have been abandoning ship for richer sailing. And guess where they are going? Of course, the old revolving door is well oiled and still working quite nicely, so they are going to the pharmaceutical companies, who offer MUCH bigger paychecks as rewards for their faithful service to the drug companies when they were at the FDA. The result is that the remaining staff is leaner and less competent, including the scientists who make decisions that affect you. One former FDA employee of 27 years stated that the FDA is “close to its tipping point, and has been hanging on by its fingertips” for a very long time. All of these factors help to explain, but not excuse, the behavior of the FDA, in terms of its complicity with the pharmaceutical industry and lobbyists. This system has devolved into one that is set up to protect the big businesses that fund it, leading to secrecy, corruption, and a boatload of unethical practices.

FDA is “Fundamentally Broken”
The truth about unethical FDA practices has been emerging, bit by bit, over the past few years, which could explain why the FDA is now beginning to change its defensive tone. What was once criticism relegated to the conspiracy theorists is now bleeding into the mainstream. Not unlike what has come out about RenGen’s Menaflex device, an article in the Wall Street Journal tells the story of a group of nine scientists from the FDA that sent a letter to President Obama’s transition team in January about the corrupted and distorted scientific review process for medical devices. In the letter, they pleaded with the President-elect to restructure the agency, saying managers ordered, intimidated and coerced scientists to manipulate data in violation of the law. These nine scientists described the FDA as “fundamentally broken,” an atmosphere where honest employees fear dishonest employees. They gave details about scientists being threatened with disciplinary action if they dared dissent from management. Members of the Obama transition team did not publically respond about what they planned to do about the allegations. Why would an honest scientist stay in a work environment like this?
Medical devices receive little more than a cursory review by the FDA. And after a medical device has received the FDA stamp of approval for any purpose, the FDA has no authority to regulate its actual use. Full-body computed tomography (CT) is a prime example of the damage that can result from this.

Internal Oversight is Overlooked
In July of 2007, the US House of Representatives passed the bill HR 2900, which was a meager effort to reduce conflicts of interest within the FDA. However, it took conflict of interest to a new plateau by tying the FDA even more tightly to business interests. The FDA is supposed to disclose financial relationships between researchers and medical/pharmaceutical companies as part of the FDA review process, disclosing conflicts of interest. For every study submitted to the FDA, the agency is required to submit financial disclosure information on each investigator. Although this looks good on paper, it isn’t happening. In January of 2009, an analysis by the Office of Inspector General (OIG) showed that 42 percent were missing the required financial disclosures by the investigators. The report stated:
“Financial relationships between researchers and medical companies may compromise the safety of human subjects and the integrity of research data.”

It has been shown that, for every voting member with a financial conflict of interest, there is a 10 percent greater likelihood of that member favoring the drug in question. As it turns out, there is a loophole in the financial disclosure regulations. Sponsors have the option of not including financial information if they have “tried and failed to obtain it.” It’s called the “due-diligence exemption.” Seems this exemption is being made
wide use of, as most sponsors said the investigators “could not be located” or failed to return the financial form. An easy way to weasel out of accountability. Even when financial conflicts of interests were disclosed, the report said that FDA reviewers and sponsors failed to take action to remedy the conflict in 20 percent of the cases. The conflicts were simply “overlooked.”

In its scathing report, the OIG recommended that the FDA:

- Compile a general database of clinical investigators and their financial disclosures in order to more easily look for conflicts of interest for future trials
- Check that sponsors have submitted all required financial forms along with their marketing applications
- Revise/update the “due diligence” exemption
- Require disclosures as part of the pre-trial process, rather than upon its completion

**What Needs to Happen for FDA Reform?**

The record of alarming failures by the FDA to protect you is evidence that the FDA is in need of radical restructuring, including an infusion of strong leadership, money, technology and personnel.

Some of the changes that have been recommended are:

- An infusion of strong leadership that inspires the public trust, money from independent sources, and new personnel
- New regulatory standards and procedures with better oversight and enforcement
- Better policing of safety standards abroad, boosting inspections
- Updating of agency computer systems, which are archaic
- A return to using science as a basis for decision-making

These changes will not happen without your help. Please don’t underestimate just how much influence you have. You can independently call or write to your Congressman and let them know that these failures, double standards and deficiencies are no longer acceptable. Encourage your friends and family to do the same. [http://articles.mercola.com/sites/articles/archive/2009/10/13/FDA-Admits-to-Massive-Conflict-of-Interest.aspx](http://articles.mercola.com/sites/articles/archive/2009/10/13/FDA-Admits-to-Massive-Conflict-of-Interest.aspx)

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**ADA is in charge of promoting fluoridation and responsible for most of the misinformation about the practice.** Feuding with government agencies is a lost cause, because the ADA is in charge of promoting fluoridation and responsible for most of the misinformation about the practice. For all intents and purposes, the US Department of and Human Services' Oral Health Division is a branch of the ADA - the relationship is completely incestuous. US government agencies are in reality only flack catchers for the ADA when it comes to the promotion of fluoridation. Fundamentally, the ADA is a trade organization whose primary function is to facilitate the business interests of their members and lobby government to make laws and rulings that further the economic status of their members.

The basic job of a dentist is to fix teeth. Now, why would a The ADA actively finance the aggressive promotion of a public health practice that could well cause their members a loss of income? Why would a dentist promote a practice that was specifically designed to reduce his income or put him out of business? If the members don’t get an economic benefit from the ADA membership, they have no reason to continue their membership, and the ADA would be out of business.

It doesn’t make sense that the ADA would promote any activity that would cause any loss of income to their members or their own demise. If fluoridation worked, logically, one would think they should oppose the practice. What are the ADA's motives for promoting a practice that would put them out of business if it actually worked? Looking into the underlying motives for ADA's promotion of fluoridation is the starting point to formulate a realistic battle plan.

George Glasser: [http://www.g-tigerclaw.com/Fluoride/fluoride_strategy.htm](http://www.g-tigerclaw.com/Fluoride/fluoride_strategy.htm)

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Report - Water Fluoridation/Pollution Must End - by Diane Drayton Buckland - Independent Researcher 135
Washington Fluoride Policy Evidence Ridiculed, Denied, Distorted or suppressed
As for cancer, they buried the evidence - Dr. William Marcus, Ph.D., D.A.B.T., Epidemiologist EPA USA "Cover-Up At The EPA. When I continued to speak out against this politicalization of science, and the lies and cover-up I had witnessed, my dismissal from the EPA was engineered. Judge Clarke in his decision of December 3, 1992 so eloquently stated, "I conclude that the reasons given for Dr. Marcus’ firing were a pretext and that his employment was terminated because he publicly questioned and opposed E.P.A.’s fluoride policy." The official line in Washington has been "fluoride is good", and all evidence to the contrary has been and is being ridiculed, denied, distorted or suppressed.

Statement Of Dr. J. William Hirzy EPA Senior Scientist June 29,2000
National Treasury Employees Union Chapter 280
Before the Subcommittee on Wildlife, Fisheries and Drinking Water
United States Senate

Extracted sections: Our Union is comprised of and represents the professional employees at the headquarters location of the US Environmental Protection Agency in Washington DC. Our members include toxicologists, biologists, chemists, engineers, lawyers and others defined by law as ‘professionals’. The work we do includes evaluation of toxicity, exposure and economic information for managements use in formulating public health and environmental protection policy.

I am not here as a representative of EPA, but rather as a representative of EPA headquarters professional employees, through their duly elected Labor Union. The union first got involved in this issue in 1985 as a matter of professional ethics. In 1997 we most recently voted to oppose fluoridation. Our opposition has strengthened since then. The Subcommittees hearing today can only begin to get at the issues surrounding the policy of water fluoridation in the United States, a massive experiment that has been run on the American public, without informed consent, for over fifty years.

1) excessive and un-controlled fluoride exposures;
2) altered findings of a cancer bioassay;
3) the results and implications of recent brain effects research;
4) the "protected pollutant" status of fluoride within EPA;
5) the altered recommendations to EPA of a 1983 Surgeon Generals Panel on fluoride;
6) the results of a fifty-year experiment on fluoridation in two New York communities;
7) the findings of fact in three landmark lawsuits since 1978;
8) the findings and implications of recent research linking the predominant fluoridation chemical with elevated blood-lead levels in children and anti-social behavior; and
9) changing views among dental researchers on the efficacy of water fluoridation

Fluoride as a Protected Pollutant
The classic example of EPA's protective treatment of this substance, recognized the world over and in the U.S. before the linguistic de-toxification campaign of the 1940's and 1950's as a major environmental pollutant, is the 1983 statement by EPAs then Deputy Assistant Administrator for Water, Rebecca Hanmer (15), that EPA views the use of hydrofluosilicic acid recovered from the waste stream of phosphate fertilizer manufacture as,

"...an ideal solution to a long standing problem. By recovering by-product fluosilicic acid (sic) from fertilizer manufacturing, water and air pollution are minimized, and water authorities have a low-cost source of fluoride..."

In other words, the solution to pollution is dilution, as long as the pollutant is dumped straight into drinking water systems and not into rivers or the atmosphere. I am submitting a copy of her letter.

Other Federal entities are also protective of fluoride. Congressman Calvert of the House Science Committee has sent letters of inquiry to EPA and other Federal entities on the matter of fluoride, answers to which have not yet been received.

We believe that EPA and other Federal officials should be called to testify on the manner in which fluoride
has been protected. The union will be happy to assist the Congress in identifying targets for an inquiry. For instance, hydrofluosilicic acid does not appear on the Toxic Release Inventory list of chemicals, and there is a remarkable discrepancy among the Maximum Contaminant Levels for fluoride, arsenic and lead, given the relative toxicities of these substances.

In summary, there is no overall significant difference in rates of dental decay in children in the two cities, but children in the fluoridated city show significantly higher rates of dental fluorosis than children in the unfluoridated city.

We believe that the authors of this study and representatives of the Centers For Disease Control and EPA should be called before a Select Committee to explain the increase in dental fluorosis among American children and the implications of that increase for skeletal and other effects as the children mature, including bone cancer, stress fractures and arthritis.

**Findings of Fact by Judges**

In three landmark cases adjudicated since 1978 in Pennsylvania, Illinois and Texas (18), judges with no interest except finding fact and administering justice heard prolonged testimony from proponents and opponents of fluoridation and made dispassionate findings of fact. I cite one such instance here.

In November, 1978, Judge John Flaherty, now Chief Justice of the Supreme Court of Pennsylvania, issued findings in the case, Aitkenhead v. Borough of West View, tried before him in the Allegheny Court of Common Pleas. Testimony in the case filled 2800 transcript pages and fully elucidated the benefits and risks of water fluoridation as understood in 1978. Judge Flaherty issued an injunction against fluoridation in the case, but the injunction was overturned on jurisdictional grounds. His findings of fact were not disturbed by appellate action. Judge Flaherty, in a July, 1979 letter to the Mayor of Auckland New Zealand wrote the following about the case:

"In my view, the evidence is quite convincing that the addition of sodium fluoride to the public water supply at one part per million is extremely deleterious to the human body, and, a review of the evidence will disclose that there was no convincing evidence to the contrary..."

"Prior to hearing this case, I gave the matter of fluoridation little, if any, thought, but I received quite an education, and noted that the proponents of fluoridation do nothing more than try to impune (sic) the objectivity of those who oppose fluoridation."

In the Illinois decision, Judge Ronald Niemann concludes: "This record is barren of any credible and reputable scientific epidemiological studies and or analysis of statistical data which would support the Illinois Legislatures determination that fluoridation of the water supplies is both a safe and effective means of promoting public health."

Judge Anthony Farris in Texas found: "[That] the artificial fluoridation of public water supplies, such as contemplated by [Houston] City ordinance No. 80-2530 may cause or contribute to the cause of cancer, genetic damage, intolerant reactions, and chronic toxicity, including dental mottling, in man; that the said artificial fluoridation may aggravate malnutrition and existing illness in man; and that the value of said artificial fluoridation is in some doubt as to reduction of tooth decay in man."

The significance of Judge Flahertys statement and his and the other two judges findings of fact is this: proponents of fluoridation are fond of reciting endorsement statements by authorities, such as those by CDC and the American Dental Association, both of which have long-standing commitments that are hard if not impossible to recant, on the safety and efficacy of fluoridation. Now come three truly independent servants of justice, the judges in these three cases, and they find that fluoridation of water supplies is not justified.

Proponents of fluoridation are absolutely right about one thing: there is no real controversy about fluoridation when the facts are heard by an open mind.

There are no chronic toxicity data on the predominant chemical, hydrofluosilicic acid and its sodium salt, used to fluoridate American communities. American communities. Newly published studies (19) indicate a link between use of these chemicals and elevated level of lead in childrens’ blood and anti-social behavior. http://www.nofluoride.com/hirzy_senate.cfm

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Exposed: New York Health Officials Ignore Own Fluoride Report, Continue To Lie About Fluoride Dangers  Tuesday, April 19, 2011

(NaturalNews) Twelve million New Yorkers, 8.4 million of which live in New York City (NYC), continue to involuntarily consume fluoridated water regularly, despite a report issued from the New York State Department of Health (DoH) back in 1990 which warned that the chemical additive is toxic. To this day, many officials not only deny this report, but also falsely insist that "water fluoridated at the optimum level poses no known health risks."

The original report, entitled Fluoride: Benefits and Risks of Exposure, provided a sharp warning to officials that fluoride chemicals are especially harmful to kidney disease patients, diabetics, and those who are hyper-sensitive to the chemical. It also warned that because fluoride puts incredible toxic pressure on the kidneys, those with weaker kidneys are at an increased risk of developing skeletal fluorosis, a severe bone disease marked by symptoms of pain, tenderness and bone fractures.

The toxicity of fluoride is so great that in 2007, the National Kidney Foundation (NKF) withdrew its endorsement for fluoride as a beneficial water additive. The group has stated that "individuals with chronic kidney disease (CKD) should be notified of the potential risk of fluoride exposure."

Learn more:  http://www.naturalnews.com/032127_fluoride_New_York.html

Blue-Ribbon Scientific Panel Exposes Fluoridation’s Serious Health Risks  September 19, 2007 - New York State Coalition Opposed to Fluoridation

New York – September 2006 — Fluoride jeopardizes health – even at low levels deliberately added to public water supplies, according to data presented in a recent National Academy of Sciences’ (NAS) National Research Council (NRC) report. Fluoride poses risks to the thyroid gland, diabetics, kidney patients, high water drinkers and others and can severely damage children’s teeth. (1) At least three panel members advise avoiding fluoridated water.

Panel members took several years to read, understand and discuss hundreds of studies about fluoride’s adverse health effects. “Unfortunately, many fluoridationists are dismissing this voluminous report as “only one study.” It isn’t. Many fluoridation promoters also mistakenly believe this report has nothing to do with water fluoridation at 1 ppm. However, it does according to several panel members,” says Paul Beeber, President, New York State Coalition Opposed to Fluoridation (NYSCOF).

An Oregon newspaper reports, “NAS panel member Kathy Thiessen, PhD a former scientist at Oak Ridge National Laboratory who has studied fluoride for the EPA, said the report showed ‘the potential is there’ that water fluoridation is unhealthy. As for the studies finding that higher levels damage children’s IQ, she said it’s possible water fluoridation levels may have a similar, albeit reduced effect… the research suggests ‘most people should minimize their fluoride intake’ — which includes avoiding fluoridated water.”

“NAS panel member Robert Isaacscon, PhD a distinguished professor of neurobehavioral science at the State University of New York in Binghamton, agreed, saying that the possible effects on endocrines and hormones from water-fluoridation are ‘something that I wouldn’t want to happen to me…’,” reports the Portland Tribune.

NAS panel member Hardy Limeback, DDS, PhD associate professor of dentistry and head of the preventive dentistry program at the University of Toronto writes, “In my opinion, the evidence that fluoridation is more harmful than beneficial is now overwhelming and policy makers who avoid thoroughly reviewing recent data before introducing new fluoridation schemes do so at risk of future litigation.”  Drs. Isaacscon & Limeback advocate a Maximum Contaminant Level Goal (MCLG) of zero.

Fluoride is also in food, beverages, pharmaceuticals, dental products, pesticide residues, cigarette smoke and air emissions. The EPA is allowing additional fluoride in foods via sulfuryl fluoride pesticide residues. New York State Attorney General Eliot Spitzer wrote the EPA that, “…the tolerances established by EPA are not sufficiently protective against adverse health effects,” (5)

About 2/3 of U.S. water suppliers deliberately add fluoride chemicals (mostly industrial waste silicofluorides) to reach 0.7 to 1.2 mg/L, so-called optimal, in a failed effort to prevent tooth decay (6). But, “fluoride is a water contaminant over 1.3 mg/L,” the NRC reports. “This report is misleading by suggesting that the problem has to be studied to death before decisions can be made,” says retired EPA scientist, Robert
Carton, PhD. “The safe drinking water act requires the federal government to act if there is any indication of possible or anticipated adverse health effects in order to protect the most vulnerable subsets of the population,” says Carton

“Fluoride has detrimental effects on the thyroid gland of healthy males at 3.5 mg a day. With iodine deficiency, the effect level drops to 0.7 milligrams/day for an average male, according to the report,” says Carton. Furthermore, studies linking fluoride to cancer and lowered IQ are plausible, reports the NRC. Eleven unions representing over 7,000 EPA scientists, engineers, lawyers and others ask for a moratorium on fluoridation. (8)

The Maximum Contaminant Level Goal (MCLG) of any substance in the water supply is the unenforceable level by which no one is harmed. The MCLG is purely based on science; while the MCL is a political number based on ability to reduce fluoride levels. “Based on the science reported by the NRC, the MCLG for fluoride should be close to zero,” says Carton.


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**AFFIDAVIT OF GERARD F. JUDD, Ph.D.**  
State of Arizona  
County of Maricopa

**BACKGROUND**  
Document dated **1993**

1. I have been a professor of Chemistry at Phoenix College, Phoenix Arizona, since 1965.

2. I RECEIVED MY B.A. IN CHEMISTRY FROM THE UNIVERSITY OF UTAH IN 1943. I received my M.S. from the University of Portland in 1948. I received my Ph.D. in physical and organic chemistry from Purdue University in 1953. I did Postdoctoral research at Purdue University, on fluorinated organometallic reactions in 1954.

3. A few of my more recent research, academic and service honors include:
   - a. Elected to Emeritus Member of American Chemical Society, 11/92.
   - b. "20 Year Outstanding Teaching Award and Pin" from Maricopa County Community College District, Dr. Paul A. Elsner, Chancellor, 2/92.
   - d. Received "Speaker's Gold Plated Champion's Award for Research, Communication and Education," regarding better teeth, health and government. Arizona Breakfast Club, Harry E. Everingham, President, 11/24/90.
   - e. "Faculty Appreciation Gift for Outstanding Contributions to Teaching," Maricopa County Community College District, Phoenix, Arizona, Dr. Paul A. Elsner, Chancellor, 3/4/85.

4. I have devoted thousands of hours during my career to studying the chemistry of fluoride. In addition, in preparing this affidavit, I have specifically researched and summarized the following professional and technical literature on the epidemiological effects of fluoride:
   - d. Fluoridation The Great Dilemma, a 421-page book by George L. Waldbott, M.D. in collaboration with Albert W. Burgstahler, Ph.D. and H. Lewis McKinney, Ph.D.
   - f. Fluoridation, the Aging Factor, a 203-page book by John Yiamouyannis, Ph.D. in Biochemistry, and world-leading authority on the biological effects of fluoride.
   - h. Fluoridation, a 264-page book by Isabel Jansen, R.N.
5. During the past two years I have personally discussed the effects of artificial fluoridation of drinking water with many individuals possessing outstanding background on the subject of fluoridation, including the following:

- a. Dr. Albert Burgstahler, Ph.D., University of Kansas;
- b. Dr. Mel Ruber, Ph.D., Columbia, Maryland;
- c. Dr. Robert Carton, Ph.D., former head of EPA Employees Union, Environmental Protection Agency, Washington, D.C.;
- d. Dr. William Marcus, Ph.D., epidemiologist, Environmental Protection Agency, Washington, D.C.;
- e. Dr. William Foulkes, M.D., Vancouver, Washington, former head of Ministry of Health in British Columbia;
- f. Dr. John Colquhoun, Ph.D., Titi Rangi, New Zealand;
- g. Dr. Albert Schatz, Ph.D., chemistry researcher, retired, Temple University, Philadelphia, Pennsylvania;
- h. Dr. Cornelius Steelink, Ph.D., Chemistry Professor, University of Arizona;
- i. Dr. John Yiamouyiannis, Ph.D., Delaware, Ohio;
- j. Dr. John R. Lee, M.D., Sebastopol, California.

EVIDENCE AGAINST THE SAFETY OF FLUORIDATION

6. My research, communication and discovery concerning the epidemiological effects of fluoridation has provided me with solid scientific evidence on which to base the following conclusions.

7. Fluoride has never been established as, and is not, essential in nutrition for soft tissues, bones or teeth.

8. There are no experiments or data which establish that fluoride in any form or in any concentration is harmless when put into drinking water for human consumption or usage.

9. Fluoride at low levels has been shown to unsnap hydrogen bonds in the enzyme cytochrome oxidase, and thus ruin its ability to handle oxygen in humans, animals or plants. (Exhibit____).

10. It is well-established in academic and industrial chemical industry that the hydrogen-fluoride hydrogen bond is stronger than the hydrogen-nitrogen or hydrogen-oxygen hydrogen bonds characteristic of human enzymes. Therefore, human enzyme systems (thousands of enzymes) are subject to destruction when water containing fluoride is consumed. After a few weeks for some, and a lifetime for others, a large enough reservoir of fluoride is built up to cause serious ailments.

11. At least 63 human, animal and plant enzymes are for the most part destroyed or modified by fluoride.

12. A summary of important epidemiological effects of fluoride from Chemical Abstracts, 1992-1989 (53 pages); Journal of Fluoride, August 1992-January 1993 (42 pages); and Index Medicus, May, June and July 1992 (3 pages) failed to produce even one article proving fluoride to be harmless.

13. Contrariwise, hundreds of experiments on test animals, humans, plants, and their cells, have invariably demonstrated harmful effects.

14. A large number of epidemiological effects in the way of ailments and allergies caused by fluoride have been clinically established by competent authorities, including those below.
15. Forty-nine or more serious allergenic conditions were established by George Waldbott, M.D. These were proven by removing patients from drinking water with fluoride in it, in which case they were cured. This was followed up with single- or double-blind tests with fluoride tablets.

16. Eight of Dr. Waldbott's side effects were confirmed through double-blind tests organized by Dr. H. Moolenburgh, with 12 other physicians, one pharmacist, and one attorney. (Exhibit__) Only one of these side effects presented in court was sufficient to cause the Holland Ministry of Health to discontinue fluoridation of water in that country. These side effects are listed in Waldbott's book, pp. 123-125.

17. Genetic changes in bone cells and sperm cells of mice were thoroughly studied, re-studied and established by Dr. Albert Taylor. This work has been confirmed by numerous other researchers.

18. Fluoride as a factor in cataracts has been established by statistical studies of Dr. Ionel F. Rapaport and confirmed by the research of Dr. Burgstahler. This has also been confirmed by analysis of cataracted and un- cataracted eye lenses. The older the person, the more the fluoride in the lens. (Exhibit__).

19. SIDS (crib or cot death) has been related to fluoride poisoning by Dr. J. Colquhoun (exhibit__), Dr. Bruce Spittle, and others.

20. Chronic fatigue syndrome (CFS), and chronic fluoride toxicity (CFT) have been found to be very closely related in their symptoms (Exhibit__).

21. RSI (repetitive stress injury, or carpal tunnel syndrome) has been linked to the accumulation of fluoride in the bone by Dr. Geoffrey E. Smith. Additional work supporting this link was found by Dr. Sutton. (Exhibit__).

22. Dental fluorosis has been shown recently to occur at fluoride levels as low as .3 ppm, as opposed to earlier studies of Dr. H. Trendly Dean, who set 1.0 as a tolerable limit, allowing 24 percent fluorosis. The degree of fluorosis depends on the nutritional status of the person.

23. Dr. Waldbott had over 400 cases of pre-skeletal bone fluorosis in patients, which he established was caused by their drinking fluoridated water. (Exhibit__) This has been further confirmed by many other studies. The degree of bone fluorosis is strictly related to bone fluoride content.

24. Embrittled bones are caused by drinking fluoridated water, as well as by administration of tablets to "harden bones." (Riggs study, Exhibit__; Utah study, Exhibit__; Jacobson's study, Exhibit__; Cooper's study, Exhibit__; and Sower's study, Exhibit__.

25. Increased infant mortality and birth defects (two to three times increase) was established by Dr. Albert Schatz to be present in Chilean children administered fluoridated water in an experimental study in Curico, Chili, with San Fernando and La Serena as a control towns. (Exhibit__). Dr. Schatz found fluoridation did no good for teeth, and caused enormous increase in miscarriages. The malformations and infant mortality dropped dramatically upon cessation of the fluoridation. Similar malformations and infant mortalities are now occurring in U.S.

26. C. R. Cox, working with the University of Oregon, found that 17 ppm fluoride in feed caused constipation, great mature and baby chinchilla death, small litters and over four generations a smaller, inferior rabbit.

27. Down's Syndrome was established to be linked to consumption of fluoride through statistical studies and re-studies by Dr. Ionel F. Rapaport, M.D. and Waldbott, Fluoridation the Great Dilemma, pp. 212-219. Dr. Rapaport also found that 70% of Down's Syndrome babies were born with cataracted eyes.

28. Genu valgum (knock knees) has been reported as having been caused by fluoride in drinking water.

29. Gilbert's Disease (hemorrhagic yellow jaundice) has been cured by taking the patient off fluoridated drinking water. (Exhibit__).

30. Collagen synthesis has been shown to be impeded by fluoride by the work of B. Uslu, Andola School of Medicine, Eskisehir, Turkey.

31. Immunosuppression, according to Sutton and Gibson, may be caused by consumption of fluoride. (See Exhibit_____).

32. Decreased immunodiffusion has been established as due to fluoride ion, making it a negative chemitaxic agent (this means it impedes the "taxiing" or motion effect). (Exhibit__).
33. Between 1953 and 1968, there were approximately 572,810 (44,062 per year average) more deaths due to all types of cancer in 10 major fluoridated cities compared to non-fluoridated cities. Sex, race and age changes in these populations were insignificant during this period, so that nothing else could be established as causal. (Exhibit____).

34. In Antigo, Wisconsin, heart attacks were shown to dramatically increase both in the general population and the people under 65 and over 65 when fluoridation was instituted and continued over 35 years.

35. A tremendous increase in caiman (alligator) deaths was experienced once Kansas City, Kansas water was fluoridated at the Parrot Hill farms under the care of Patricia Jacobs, naturalist.

EVIDENCE AGAINST THE EFFECTIVENESS OF FLUORIDATION

36. In contrast to the claims of the Human Health Services and the American Dental Association that fluoride reduces DMF (decayed, missing, filled teeth) 65 percent, it has now been established through a very large number of reliable studies that fluoride may actually cause a slight amount of DMF. (A large amount of DMF is actually related to nutrition.)

37. Dr. Yiamouyiannis found that of 39,200 students, ages 5-19, from 89 fluoridated and non-fluoridated areas, the teeth of those living in non-fluoridated areas had slightly less DMF. (Exhibit____).

38. A survey of 1,500 fifth grade students in Missouri gave slightly lower DMF for those who lived in a non-fluoridated area. This was also true in a survey of 1500 6th graders.(Exhibit____).

39. A study of school children in Tucson, Arizona by Dr. Cornelius Steelink (Chemistry Department, University of Arizona), established that there was an increase in DMF with an increase in fluoride in the water. (Exhibit____).

40. A thorough study of the entire population of Japan (included 20,000 school children, 1972) established that when the fluoride in the drinking water was above .4 ppm there was more decay. (Exhibit____).

41. A study of Auckland, New Zealand, found that DMF decreases depended heavily on dental education in the schools and the salary of people from various areas, and insignificantly on the amount of fluoride in the water. (Exhibit____).

42. In Garis, Africa a high proportion of 14 to 15-year-olds had first permanent molars which were extensively carious or missing despite 1.06 ppm fluoride in drinking water. High sugar intake was a possible factor.

43. Earlier "studies" justifying fluoridation of drinking water have been unmasked and debunked by competent authorities (Dr. Waldbott, Dr. Colquhoun, Dr. Foulkes, Dr. Mark Diesendorf, Dr. Sutton, Dr. Exner and Dr. Rudolf Ziegelbecker) on the basis of neglecting variables, cheating and group selection, not completing the studies, etc. (Exhibits_________________________).

44. As one example, phosphate, calcium and strontium were not accounted for in the Newburgh-Kingston study, or any other study, to the best of my knowledge. Dr. Waldbott established that the Kingston water had deficiencies of these elements.

CONCLUSION

45. My research has made it clear that the American Dental Association and U. S. Human Health Services have made a wrong turn in their attempt to improve the teeth of the American public.

46. Fluoride in drinking water should be limited to .1 ppm where possible, since reverse osmosis can easily reduce fluoride below this value.

47. It is my best judgment, reached with a high degree of scientific certainty, that fluoridation is invalid in theory and ineffective in practice as a preventive of dental caries. It is also dangerous to the health of consumers.

48. I make this Affidavit in support of the Plaintiff's Motion for Summary Judgment.

Dated this _____ day of ________, 1993.

Document sourced: [http://www.life-enthusiast.com/index/Products/Dental/Fluoridation_Affidavit/1](http://www.life-enthusiast.com/index/Products/Dental/Fluoridation_Affidavit/1)
Water Fluoridation – Massive Corruption, Collusion and Conflict of Interest

All of these fluoride chemicals are by-products of the aluminum and chemical fertilizer industries that are considered to be hazardous wastes by the EPA. Robert J. Carton, an Environmental Scientist at the EPA, says the scientific assessment of the health risks of fluorides in 1985 "omits 90% of the literature which suggests fluoride is a mutagen - causes cellular and genetic mutation." Several scientists in the United States and other countries who have done research or written reports questioning the benefits of water fluoridation, or suggesting health risks, were discouraged by their employers from actually publishing their findings.

In recent years, several dentists who have testified against fluoridation have been reprimanded by state dental officers. The American Dental Association and the United States Public Health Service, who are supposed to be scientifically, not politically motivated, have actively discouraged research into the health risks of fluoridation of public water supplies. Public funds have been spent to fight anti-fluoridation efforts.

Massive corruption, collusion and conflict of interest

The same individuals promoting the addition of fluorides to the water supplies also serve on the FDA Dental Products Advisory Board. Fluoridation equipment makers, fluoride suppliers, and Federal and State Health Department staff serve on the American Water Works Association's "fluoride standards board." The American Dental Association, who receives public funds, also receives hundreds of thousands of dollars from Proctor and Gamble, Lever Brothers, Colgate, Warner Lambert, Johnson & Johnson, and others in the fluoride business. After the American Dental Association endorsed "Crest" toothpaste in October 1960, it became known that the officials responsible for the endorsement of Crest toothpaste had personally profited financially from the immediate rise of $8 per share in Proctor and Gamble Stocks.

International Fluoride Politics, Intimidation and Bribery

The United States Public Health Service (USPHS), which historically has functioned in an Orwellian position exactly opposite to its title, exerts great influence on foreign countries through the World Health Organization (WHO), which it heavily funds, as well as through its numerous grants (bribes) to foreign Health Ministries, as well as to medical and dental researchers in those countries. For this reason, many European nations, desiring major research and healthcare grants from the United States, and unwilling to fund their own research, avoid explicitly banning fluoridation and antagonizing the United States medical oligarchy. Instead, such a country quietly refuses fluoridation for itself whenever the question comes up. This normal policy of European countries to reject fluoridation without overtly declaring a ban on it has been deceptively used, on its face, by the ADA.

Learn more: [http://afgen.com/fluoridation.html](http://afgen.com/fluoridation.html)

Note: The full document is included in the attachments to this Report.
Ecology Party Allege Major Conflict of Interest with Army Corps of Engineers’ Phosphate Mining EIS Contractor

Press Release  Published Saturday, April 30, 2011  JACKSONVILLE - The Ecology Party of Florida has discovered a direct conflict of interest with CH2M Hill, the engineering firm awarded the U.S. Army Corps of Engineers (Army Corps) contract for preparing the Areawide Environmental Impact Statement (AEIS) of phosphate mining. The AEIS is supposed to determine all of the direct, indirect and cumulative impacts of phosphate mining in Florida, including groundwater pirated from the Everglades watershed by the phosphate mining companies.

One of the adverse impacts of phosphate mining is that a hazardous form of fluoride is produced as one of the mining by-products. Instead of properly disposing of this hazardous waste, phosphate mining companies such as Mosaic, one of the companies with mines being evaluated under the AEIS, “dispose” of the hazardous fluoride by selling it to be dumped into municipal water systems throughout the US as fluoridation of our tap water. "While preparing comments for the Army Corps’ initial public comment period regarding issues to be addressed in the AEIS we discovered that the Army privatized its water and wastewater systems at Fort Campbell, Kentucky in 2007 in a 50-year deal with CH2M Hill. In that deal CH2M Hill produces fluoridated water for the Army’s 101st Airborne Division and any other military personnel at Fort Campbell," says Cara Campbell, Chair of the Ecology Party of Florida. "That arrangement means CH2M Hill is using the Army as a lucrative market or the hazardous fluoride produced by the mining companies that the Army Corps hired CH2M Hill to evaluate in the AEIS," Campbell explained. "If that sounds convoluted, that's because it is, and in our opinion, that conflict of interest makes it impossible for CH2M Hill to produce an unbiased AEIS.

Therefore, we have requested that the Army Corps select another contractor to administer the AEIS," says Campbell. Ecology Party Treasurer Gary Hecker adds, "In addition to that conflict of interest, CH2M Hill also is the contractor for water utilities in Florida, like the City of Cocoa, that fluoridate municipal water, then dispose of that fluoridated water into our streams, lakes and coastal waters or inject it into our aquifer. CH2M Hill, for example, was contracted by Miami-Dade to inject fluoridated sewage effluent into the aquifer. The corporation also has been awarded contracts for designing, modeling, constructing and/or monitoring engineered approaches marketed as "alternative" water supplies such as "aquifer storage and recovery" (ASR) and excavated pits known as "reservoirs" in areas of Florida where natural water resources have been depleted or contaminated by mining, such as the Tampa Bay area "reservoir" which is located in the phosphate mining area. Clearly these additional conflicts further underscore the impossibility of having such a company evaluate mining impacts in an unbiased way." Information regarding the AEIS for phosphate mining is posted at: http://phosphateaeis.org/

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News Release
Major Corporations Changing Statements On Safety Of Fluorides
Developments Add to Focus on Centers for Disease Control Amid Growing Calls for Fluoridegate Hearings and Investigations

For immediate release: April 28, 2011

Ellijay, GA – In a stunning development certain to gain the attention of risk managers at water utilities around the world, key toothpaste manufacturers and other organizations are changing how they portray the safety or risks of fluorides and water fluoridation.

Colgate-Palmolive is now selling an unfluoridated toothpaste for infants and toddlers. The label on the brightly colored, child-friendly packaging boldly states, “Fluoride-free. Safe if swallowed.”

Orajel toothpaste is similarly now available as a toddler training toothpaste without fluoride. Information at the product website says it is “fluoride-free so it’s safe if swallowed when used as directed.”

GlaxoSmithKline's Aquafresh brand training toothpaste for babies and children under two years old, depicted in recent television commercials, is labeled "Fluoride-free toothpaste. Safe to swallow."
Daniel G. Stockin of The Lillie Center Inc. in Georgia, a firm working to end water fluoridation, says, “If these kinds of toothpastes are now advertised as being ‘safe’ without fluoride, what does that say about safety previously for the millions of young children who used toothpaste with fluoride?” He also adds, “Perhaps the bigger question is, “Why are children told to spit out the fluoride in a pea-sized amount of regular fluoridated toothpaste, but the Centers for Disease Control strangely continues to say it’s safe to ingest the same amount and more, every day, in fluoridated city water?” Harm from consuming uncontrolled amounts of fluoridated drinking water is drawing increased attention due to a number of recent developments.

Civil rights leaders in Atlanta have called for a halt to water fluoridation. Cities such as Quebec have stopped adding fluoride to their water. A New York City Councilman has introduced a bill to stop fluoridation in New York City. Consumer advocate Ralph Nader has called attention to concerns about total dosing of fluorides from all sources. In February, Tennessee state legislators from both political parties noted growing calls for Fluoridegate investigations in a letter to the state’s health commissioner.

Other corporations and organizations are also weighing in on the issue of fluorides affecting sensitive populations. Gerber is selling an unfluoridated bottled water so parents of young babies can avoid using fluoridated city water to mix infant milk formula. Gerber’s website openly states that its water, “is not sponsored or endorsed by the American Academy of Pediatrics or the American Dental Association.” The National Kidney Foundation withdrew its endorsement of water fluoridation in 2008, noting in a new position statement that, "Additional research on the risks and extent of fluoride exposure for the potentially susceptible population of [chronic kidney disease] patients with impaired kidney function is recommended." The National Research Council's report on fluorides in 2006 documented that fluoridation commenced decades ago without knowing what fluoridated water would do to kidney patients. The report stated that, "Early water fluoridation studies did not carefully assess changes in renal function." In addition to new statements on fluorides from various organizations, fluoride supplement manufacturers are dwindling. According to the American Dental Association's website, for undisclosed reasons a number of corporations have discontinued production of fluoride supplements in recent years. According to ADA, fluoride supplements are not recommended for children under six months of age.

The legal implications of all the fluoride-related developments are gaining the attention of law firms. Kentucky attorney Robert Reeves says, “The story from the Centers for Disease Control that water fluoridation is “safe for all” has now been shown to be categorically untrue. Black Americans and other minorities, kidney patients, babies, diabetics, and seniors are all disproportionately harmed by fluoridation. Citizens are ingesting fluorides from other sources also. The story from fluoride promoters keeps changing. This is why we’re seeing calls for Fluoridegate hearings. We’re witnessing the unraveling of the Fluoridegate scandal and a perfect storm of liability forming here.”

A 1999 criticism of fluoride supplements in the journal Community Dentistry and Oral Epidemiology addressed growing amounts of permanent “dental fluorosis” teeth staining, stating: "The risk is that noticeable fluorosis will be perceived by the public as a toxic consequence of fluoride ingestion - which, arguably, it is - and there will be a reaction against all uses of fluoride..."

The article also said, "There does not seem to be scientific evidence to support the widespread use of fluoride supplements by young children, even in the absence of fluoride in water." ###

Reference Links / Sources:
* Websites for fluoride-free toothpaste for babies and toddlers:
* Unfluoridated bottled water for mixing infant milk formula: http://www.gerber.com/AllStages/products/beverages/gerber_pure_water.aspx
EPA Union of Scientists Takes Stand Against Fluoridation By F.A.C.T.

The National Federation of Federal Employees (NFFE), the prestigious union of 1100 Environmental Protection Agency (EPA) scientists, toxicologists, engineers and attorneys responsible for evaluating all scientific data pertaining to environmental health hazards and standards has unanimously gone on record against the practice of artificial fluoridation of public drinking water.

On Wednesday, July 2, 1997, members of the NFFE voted unanimously to issue the following statement:

- "It is our hope that our co-sponsorship of the Safe Drinking Water Initiative to prohibit fluoridation will have a beneficial effect on the health and welfare of all by helping to keep water free of a chemical substance for which there is substantial evidence of adverse health effects and, contrary to public perception, virtually no evidence of significant benefits.
- "Our members' review of the body of evidence over the last eleven years, including animal and human epidemiological studies, indicate a causal link between fluoride/fluoridation and cancer, genetic damage, neurological impairment, and bone pathology. Of particular concern are epidemiological studies linking fluoride exposure to lowered IQ in children.
- "As the professionals who are charged with assessing the safety of drinking water, we conclude that the health and welfare of the public is not served by the addition of this substance (fluoride) to the drinking water."
- Source: http://www.rethinkingcancer.org/resources/magazine-articles/15_7-8/a-stand-against-fluoridation.php

Consumers Union

Consumer Union demands retraction from fluoridation spokesman

The following is a letter from the consumer watchdog group, Consumer Union, to Michael Easley, a spokesman for water fluoridation. He's supported by the American Dental Association and often travels across the country to promote fluoridation.

As you can read, Mr. Easley doesn't mind deceiving people about fluoridation by referring to outdated information which is no longer even supported by Consumers Union. Water fluoridation is a religion to some zealots. Any disagreement is heresy and like the infamous Salem Witch trials, demands burning at the stake. Do you trust the opinion of those who value only their opinion?

To: Dr. Michael W. Easley, Director
University at Buffalo, SUNY
School of Dental Medicine
315 Squire Hall
Buffalo, NY 14214

Dr. Easley:
Your web site is copyrighted and you indicate that "all rights are reserved." Why can't you respect our rights? We have asked you numerous times to cease and desist using any reference to Consumers Union and Consumer Reports and our 1978 article on fluoridation. As you are well aware, that is now 22 years old. I would hardly call that current.

Given the new research that is conducted by others - and not CU - we cannot state that we continue to stand behind that determination of 22 years ago. Furthermore, we do not permit our material EVER to be used for political purpose or for business purpose. This is a lot of both.

You are well aware our policies. Furthermore, in the State of New York, it is against the law (Under 2397 of the New York State General Business Law, the use of the names or identities of nonprofit organizations for advertising or trade purposes is strictly prohibited without obtaining prior written consent. Indeed, CU is a nonprofit organization.) to use our name without our permission. We have denied permission and we have also asked you nicely to stop using this quote. You have chosen not to listen and respect our rights and I have no further choice but to forward this to our attorney for action.

Sincerely,

1995 - Some History on the Government Funded British Fluoridation Society - whose goal has always been to dump hazardous waste pollutants known as ‘water fluoridation’ into our water supplies hence chronically poisoning populations

http://fluoridationfacts.com/news/major_articles/government_is_all_for_fluoride.htm

Government Funded British Fluoridation Society backs the British Dental Association in their Web of Deception in chronically poisoning the population via ‘water fluoridation’. http://hampshireagainstfluoridation.org/History

How Fluoride Harms Rather Than Helps Teeth - more History

And now, as I write this in 2000, the government-funded British Fluoridation Society is actively lobbying for a change in the law here to compel water companies to fluoridate tap water when Health Authorities demand it. http://www.second-opinions.co.uk/fluorideharm.html

Fluoride, fluoride everywhere - Mass Medication by the nanny state or sound public health? David Derbyshire looks at plans to add more chemicals to your water

The British Fluoridation Society, a group representing pro-fluoride dentists

http://www.telegraph.co.uk/science/science-news/3308697/Fluoride-fluoride-everywhere....html

The woman hereunder, Shanti Sivaneswaran, is also responsible for widespread hazardous waste polluting of our drinking water supplies ‘known as ‘water fluoridation’ - we are in widespread DENTAL CRISIS despite this 96% saturation water fluoridation/pollution in New South Wales and heavy % saturation Australia wide.

Warning - Conflicts of Interests ~~~~

Abstract - The State of New South Wales (NSW) in Australia has over half a century of experience with water fluoridation. Yass was the first town to be fluoridated in 1956 and Sydney in 1968, and by the late 1970s, approximately 90% of NSW was fluoridated. However, since then, there have been no new fluoridation schemes. In NSW under the Fluoridation of Public Water Supplies Act 1957, the decision to fluoridate rests with local government authorities (councils). Since 2004, the NSW Health Department has been proactive in promoting and extending water fluoridation to unfluoridated rural communities in an attempt to reduce oral health inequalities. This has resulted in 20 councils implementing fluoridation, increasing population coverage of water fluoridation from 90% in 2004 to 96% in 2012. When the remaining 16 councils that have been gazetted to fluoridate implement fluoridation, approximately 98% of NSW residents will have access to fluoridated water. This article provides an overview of the framework used to extend water fluoridation to many rural communities in New South Wales in the 21st century.


Report - Water Fluoridation/Pollution Must End - by Diane Drayton Buckland - Independent Researcher 147
An Australian Example of Fluoridation Dictatorship - Sydney University

**Fluoridation Dictatorship**

*THEY ARE CHRONICALLY POISON THE POPULATION OF AUSTRALIA* by disposing of hazardous waste pollutants into your drinking water supplies and hence also contaminating our entire food chain.

**BOURKE SHIRE ACCUSED OF ILLEGALLY DUMPING FLUORIDE**  
By Robyn Herron  
Posted January 23, 2012  
The Bourke Shire Council has been accused of illegally dumping chemicals at its waste depot plant. The Environmental Protection Authority (EPA) has charged the council with unlawfully transporting & disposing the chemical in October 2010. The council says the fluoride was in its original packaging and shrink wrapped in plastic when it was buried four metres deep at the landfill.

The Bourke Shire's general manager, Geoff Wise, says the council had more of the chemical than it needed and did not realise that it was not permitted to dump the waste at the depot. He says the sodium fluoride has since been removed. The council will plead guilty to the charges and the matter has been adjourned in the Bourke Local Court until next month. **A EPA spokeswoman says the action is being taken as the council breached the Protection of the Environment Operations Act.**
SHE SAYS THE DEPOT CANNOT BE LAWFULLY USED AS A WASTE FACILITY FOR SODIUM FLUORIDE, WHICH IS CLASSIFIED AS HAZARDOUS AND DANGEROUS. The council faces a maximum penalty of $22,000. SODIUM FLUORIDE IS ADDED TO URBAN WATER SUPPLIES TO IMPROVE PEOPLE'S DENTAL HEALTH. 


Conflicts Of Interests/Competing Interests
World Health Organisation – In Conjunction With British Fluoridation Society And School Of Public Health And School Of Clinical Dentistry


POLICY AND PRACTICE  The Effective Use Of Fluorides In Public Health

Sheila JonesI; Brian A. BurtII; Poul Erik PetersenIII; Michael A. LennonIV

IBritish Fluoridation Society, Ward 4, Booth Hall Children's Hospital, Charlestown Road, Manchester M9 7AA, England

IIDepartment of Epidemiology, School of Public Health, University of Michigan, USA

IIIOral Health Programme, World Health Organization, Geneva, Switzerland

IVDepartment of Oral Health and Development, School of Clinical Dentistry, University of Sheffield, England

Extract: Discussion

The WHO Oral Health Programme continues to emphasize the importance of public health approaches to the effective use of fluorides for the prevention of dental caries in the 21st century. Everyone should be encouraged to brush daily with a fluoride toothpaste. In addition, where the incidence and prevalence of dental caries in the community is high to moderate, or where there are firm indications that the incidence of caries is increasing, an additional source of fluoride (water, salt or milk) should be considered. Where the country (or area of the country) has a moderate level of economic and technological development, a municipal water supply reaching a large population, trained water engineers and favourable public opinion, water fluoridation using fluoride at a concentration of 0.5–1 mg/l is the method of choice (48). Salt fluoridation is a widely practised alternative that has the advantage of allowing consumer choice. It should
be emphasized that "topical" fluorides such as toothpaste can also have a "systemic" effect when they are inadvertently ingested by young children. Indeed, three independent studies in Australia, Canada and the USA indicate that 47–72% of dental fluorosis in children can be attributed to the systemic effect of fluoride toothpastes (49). Dispensing a pea-sized amount of toothpaste, encouraging parents to supervise toothbrushing by their young children, and the use of toothpastes containing less fluoride by young children are approaches to ameliorating this problem. It is recommended that dental fluorosis be monitored periodically to detect increases in or higher-than-acceptable levels of fluorosis. Action, such as adjusting intake of fluoride from water, salt or other sources, should be taken when the prevalence of fluorosis is found to be excessive (48).

In parallel, it is important to maintain and foster a programme of health-services research that might seek to:
• update our information on the cost-effectiveness of water, salt and milk fluoridation against a background of the now widespread use of fluoride toothpastes;…

Such a programme of health-services research will help to maintain and develop the outstanding progress made over the past half century in harnessing the beneficial effects of fluorides.

Competing interests: Sheila Jones is a paid officer of the British Fluoridation Society – a not-for-profit organization funded largely by United Kingdom government health promotion grants to support water fluoridation initiatives. Michael A. Lennon is unpaid Chairman of the British Fluoridation Society. http://www.scielosp.org/scielo.php?pid=S0042-96862005000900012&script=sci_arttext

Environmental Working Group

September 15, 2006

Extract:
(Washington, Sept. 15) — A Harvard Medical School professor recently cleared by a Harvard ethics panel of charges that he suppressed critical research findings made a million dollar contribution to the University's Dental School.

The contribution—one of just six million dollar gifts that helped create the Dental School's new research building—is not in and of itself improper, but it raises questions about the willingness of the University to censure the donor, Dr. Chester Douglass, chairman of the Dental School's Oral Health Policy & Epidemiology Department. The donation revelation comes in the wake of the University's refusal to release the report of its own ethics committee that exonerated Douglass of the charges, brought by the Environmental Working Group, that he suppressed research findings on the link between fluoride and bone cancer in boys in his reporting to the National Research Council and National Institutes of Health.

The secret investigation that cleared Douglass also found that he had not violated conflict of interest rules in his dual roles as fluoride cancer researcher and employee of the Colgate toothpaste company - Colgate is a leading advocate of fluoride. Douglass edits the company's journal, "The Oral Care Report.* "We're not sure which is wackier, the politics of fluoride, or ethics standards at Harvard," said Richard Wiles, Sr. Vice President of Environmental Working Group. "There is nothing wrong with donating a million dollars to your employer, but it does create a potentially serious conflict of interest when the recipient of the million dollars is investigating the ethics of the donor," Wiles added. Learn more: http://www.ewg.org/node/8795

General Suppression of Scientific Research on Fluorides

All of these fluoride chemicals are by-products of the aluminum and chemical fertilizer industries that are considered to be hazardous wastes by the EPA. Robert J. Carton, an environmental scientist at the EPA, says the scientific assessment of the health risks of fluorides in 1985 "omits 90% of the literature which suggests fluoride is a mutagen - causes cellular and genetic mutation." Several scientists in the United States and other countries who have done research or written reports questioning the benefits of water fluoridation, or suggesting health risks, were discouraged by their employers from actually publishing their findings. In recent years, several dentists who have testified against fluoridation have been reprimanded by state dental officers.
The American Dental Association and the United States Public Health Service, who are supposed to be scientifically, not politically motivated, have actively discouraged research into the health risks of fluoridation of public water supplies. Public funds have been spent to fight anti-fluoridation efforts. John A. Colquhoun, a former dental officer in the Department of Health in Auckland, New Zealand, did a study intended to show the advantages of fluoridation. He carefully compared decay rates in fluoridated and non-fluoridated regions. Unfortunately, he failed to find any difference in decay rates between the areas studied. After his final report was written, his supervisors refused to let him publish it.

Institutions Subject to Government Extortion on the Issue of Fluorides

W.B. Hartsfield, mayor of Atlanta, Georgia, stated in Dental Survey in 1961 that "no school, college or independent medical research institution dares to be critical of fluoridation because they receive grants from the U.S. Public Health Service. Likewise, no big food, beverage or drug company will dare speak critically of fluoride because they are under the supervision of the FDA, a branch of the USPHS. One brewery official told me that their own research indicated grave questions about fluoridation, but they dare not speak out. As you know, the Food and Drug Administration can bankrupt any national food, beverage or drug company with a little adverse comment." Now, why would the truth be so threatening to institutions that are supposed to protect public health and safety? Because these institutions are involved in the overall genocide against the population of the United States. The proof is a matter of historical record. That the Food and Drug Administration is a suppressive organization is a matter of record.

Massive Corruption, Collusion and Conflict of Interest

The same individuals promoting the addition of fluorides to the water supplies also serve on the FDA Dental Products Advisory Board. Fluoridation equipment makers, fluoride suppliers, and federal and state health department staff serve on the American Water Works Association's "Fluoride Standards Board." The American Dental Association, who receives public funds, also receives hundreds of thousands of dollars from Proctor and Gamble, Lever Brothers, Colgate, Warner Lambert, Johnson & Johnson, and others in the fluoride business. After the American Dental Association endorsed "Crest" toothpaste in October 1960, it became known that the officials responsible for the endorsement of Crest toothpaste had personally profited financially from the immediate rise of $8 per share in Proctor and Gamble Stocks.

http://afgen.com/fluoridation.html

Dirty Money - Pew Group, Kansas Taxpayers Network gave thousands of dollars in fluoride vote - a group called Wichitans For Healthy Teeth, which said it raised $168,340 to promote the fluoridation of Wichita drinking water

Read more here: http://www.kansas.com/2013/01/02/2622534/pew-group-kansas-taxpayers-network.html#storylink=cpy

Completely Corrupt Portland City Council secretly met with fluoride lobbyists before voting to poison Oregonians’ water

http://www.naturalnews.com/037648_fluoride_Portland_corruption.html

Why Dentists Are Big Political Players - They boasted the largest single health-care PAC in 2008, gave nearly $13 million to state and local politicians in 2010, raising the question: What do dentists want?

http://live.wsj.com/video/why-dentists-are-big-political-players/4ADDACA4-8F50-43D4-B694-D541A38FBF3A.html%23!4ADDACA4-8F50-43D4-B694-D541A38FBF3A#!4ADDACA4-8F50-43D4-B694-D541A38FBF3A
Conflicts of Interest - In Plain Sight!

**COLGATE Australian Clinical Dental Research Centre**
C/O School Of Dentistry
The University Of Adelaide
South Australia 5005
Australia

**Colgate University of Adelaide - Oral Health Promotion Clearinghouse - Fluoride Issues**

**Colgate University of Adelaide - Dental Practice Education Research Unit**
The Fluoride Update Program

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The University of Melbourne - 7 August, 2009 - Australian dental health set to improve with $31.6M funding boost - ‘Fluoridated/polluted’ since 1977 - saturation rate of 90% Statewide

Australians will benefit from improved dental health due to $31.6M funding for a new Oral Health Cooperative Research Centre, Federal Minister for Innovation, Industry, Science and Research, The Hon Kim Carr announced today.
The new CRC, to be based at the University of Melbourne, will further the work of the existing CRC for Oral Health Science on the discovery and development of new preventive products and treatments for oral diseases such as caries (dental decay) and periodontitis (gum disease) which currently cost Australians some $6 billion a year.
Anti-decay technology developed within the current CRC is already being used in food and drink and oral care products around the world.

“This really is an investment in Australia’s reputation as a world-leader in oral health research. (Comment: HUH! We are in dental crisis Australia wide after up to six decades of water pollution/fluoridation and we are world leaders?? Really?? I and many other vehemently beg to differ). The funding contributions by government and the CRC collaborators will result in substantial benefits to Australia both by reducing the burden of oral disease and in developing world-first knowledge and intellectual property,” says the CEO of the new Oral Health CRC and Head of Melbourne Dental School at the University of Melbourne, Professor Eric Reynolds AO.
Professor Reynolds says unlike many disease groups, oral diseases are mostly preventable. Despite this, he says, one in four Australian adults have untreated dental decay and just under one in three have moderate or severe cases of the gum disease, periodontitis. In addition, almost half of Australia’s six year-olds have cavities in their teeth. More than one million work days a year are lost through poor oral health.
“The research programs of the Oral Health CRC will focus on the prevention and early diagnosis of oral disease, and on the known links to systemic diseases such as diabetes, cardiovascular disease and cancer,” Professor Reynolds says. The new CRC includes research and manufacturing partners from Australia and overseas who will develop novel consumer and professional dental products and treatments including early diagnostic tools and a vaccine against periodontitis.

Professor Reynolds says the government funding will make it possible for the researchers to test and commercialise the current CRC’s recent scientific discoveries, as well as enabling investigation into frontier technologies for the regeneration of lost and damaged teeth. It will also support the development of a tooth safe logo to inform consumers of foods and beverages that are safe for teeth.

In addition, the CRC’s researchers will examine how dental workforce shortages can be alleviated, and how evidence-based oral health promotion campaigns can reduce the need for clinical treatment.


Victoria University - Melbourne Australia - Engage with Us - Business & Industry - Partnership

Funding our Research
http://www.vu.edu.au/research/our-approach/funding-our-research

The University of Western Australia - Business and Industry
http://www.uwa.edu.au/business

Anti-Corruption Society - Same Problem in Australia - This might be the single most important video I have ever posted. It is ‘packed’ with important information that all Americans need to understand. This is an expose of the ‘behind-the-scenes’ corporate take-over of America. Gary Null is performing the function of an honest investigative journalist – something that was removed from our corporate controlled media many years ago. War on Health – the documentary
Link to full version: https://www.youtube.com/watch?v=h0COrL5nzwo&feature=related
Source: http://anticorruptionsociety.com/2012/10/09/war-on-health/

Australian Safe Water Letter Archive (ASWLA)

http://aswla.wordpress.com/2013/01/05/nhrmc-funding/
A Pharmaceutical company that has entered a $750,000 deal with Australia's peak kidney organisation to market vitamin tablets misled the stock exchange by initially claiming the deal was announced by Governor-General Quentin Bryce. The deal has raised critical questions about the independence of Kidney Health Australia and has seen the highest office in Australia dragged into a commercial matter that could have influenced a company's share price. Stirling Health, which plans to launch two vitamin pills for people with chronic kidney disease, will pay Kidney Health Australia $150,000 a year for five years in return for "mutual cross-promotion and branding opportunities" that it says will "raise its brand awareness".

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Source for Dr. Andrew Harms Statements - Fire Water Documentary
http://www.youtube.com/watch?v=XfiCP3HYxFg&feature=player_detailpage%23t=1604s

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A Pharmaceutical company that has entered a $750,000 deal with Australia's peak kidney organisation to market vitamin tablets misled the stock exchange by initially claiming the deal was announced by Governor-General Quentin Bryce. The deal has raised critical questions about the independence of Kidney Health Australia and has seen the highest office in Australia dragged into a commercial matter that could have influenced a company's share price. Stirling Health, which plans to launch two vitamin pills for people with chronic kidney disease, will pay Kidney Health Australia $150,000 a year for five years in return for "mutual cross-promotion and branding opportunities" that it says will "raise its brand awareness".
1.7 million people over the age of 25 had kidney disease

Estimated only one quarter of those had been diagnosed

Those needing kidney transplants and dialysis to soar (as at article 28th May, 2012)

Fluoride Action Network:  http://www.fluoridealert.org/health/kidney/

Fluoridation Of Community Water/Kidney Disease
http://ndt.oxfordjournals.org/cgi/content/full/gfm663v1

A Bibliography of Scientific Literature on Fluoride  Vii Fluoride & The Kidneys
http://www.slweb.org/bibliography.html

DR. HANS MOOLENBURGH IS A DUTCH CANCER THERAPIST AND GENERAL PRACTITIONER WITH EXTENSIVE KNOWLEDGE OF THE EFFECTS OF FLUORIDES.

During the seventies, he led a group of physicians studying the effects of fluorides on the health of the Dutch population. The studies showed that patients were adversely affected by fluorides in water. He led the successful campaign to prevent the extension of the artificial fluoridation to many towns and cities and the cessation of the practice in those which had hitherto been fluoridated, which included cities like Rotterdam.

(by Dr. H.C. Moolenburgh)

‘Based on the hundreds of tests we have run, we can now conclude that the population’s kidneys appear to be in bad shape’.

‘..the public….began to catch onto how deadly poisonous this substance (fluoride) was, even in miniscule amounts’………’Thus was the toxic waste product fluoride sold to the public as the new wonder cure against tooth decay’…. The steel and aluminium industries very quickly saw an opportunity to save themselves untold millions in law suits because they too were guilty of emitting toxic fluoride wastes. And so was created one of the most powerful lobbies in the world and the fluoridation of the public water supplies.

‘This was the first time in human history that an extremely dangerous substance was recommended and promoted for purely commercial and political reasons’.

‘We know from many statistical studies that the annual cancer death rate is 10% higher in fluoridated areas….’

‘There is much scientific evidence that proves the population-limiting propensity of fluoride’.

‘…mainland Europe….has developed somewhat of an immunity to dictatorial government impositions like fluoridation and for that reason we have been able to rid ourselves of it’.

‘Today we are surrounded by so much pollution that it is of prime importance we drink clean, pure water’.

Extracted from The Australian Fluoridation News  Special Article  Oct – Dec 2009  To your Health  by Dr. H.C. Moolenburgh

Full document:

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ABSTRACT PUBLISHED IN PUB MED reveals that even dental fluoride varnishes that dentists say are not absorbed, are indeed absorbed into the body and partially excreted through the kidneys.

Renal fluoride excretion in children following topical application of fluoride varnish.
García-Hoyos F, Barbería E, García-Camba P, Varela M. -

Source: Department of Odontology, Faculty of Biomedical Sciences, European University of Madrid, Spain.

AIM: To demonstrate that the application of dental fluoride varnishes in children increases urinary fluoride excretion.

MATERIALS AND METHODS: From a randomly assembled group of 42 children aged between 5 and 8 years, residing in a community with non-fluoridated water, spot urinary samples were taken before the topical application of dental fluoride varnish and 2 hours afterwards. In an age-matched control group of 16 children from the same community, who received no treatment, samples were taken the same way. The urinary excretion of fluoride was analysed by determining fluoride ion (F-) level and fluoride/creatinine (F/Cr) ratio in the urine.

RESULTS: In the study group, the average pre- and post-treatment F/Cr ratios were 0.42 and 1.38 mg/g, respectively (p < .001). No significant changes were observed in the control group, which received no treatment. The average 2 hours afterward F/Cr ratios were 0.29 and 0.27 respectively (p = 0.426).

CONCLUSION: The topical application of dental fluoride varnish leads to a significant increase in urine F-, which is attributable to the application of the product. http://www.ncbi.nlm.nih.gov/pubmed/23270283/

Kidneys and Fluoride Can NEVER Be Friends
Research makes it clear that people who’s kidneys aren’t functioning at 100% should avoid fluoridated water and fluoride from all sources. That’s because damaged kidneys can’t remove fluoride from the body as well as healthy kidneys – and instead of removing it, more and more fluoride accumulates in the kidneys until they’re so clogged up with it that they simply don’t work any longer. This was interesting. I hadn’t realized that fluoridated water takes a poorly functioning kidney and heads it straight for failure. Obviously I needed to stop all fluoride intake – but I had another gnawing question: I really wanted to know if fluoridated water might have caused my original kidney problem?

My biggest reason to oppose fluoridation is I ended up in 3rd stage kidney disease before I found out about the health effects of fluoride. I quit drinking fluoridated water and quit all green and black teas (high in fluoride) and in two months my kidney function had improved by 32%; in 4 months it improved 90%. Because of fluoride, I was headed straight for kidney dialysis. Fluoride and Kidneys cannot be friends. In 2006 the National Research Council said that people with lowered kidney function should avoid fluoride. This is no secret BUT why is it put in the public water supply?

Why aren't doctors telling people that it can actually CAUSE kidney disease?! My kidney-fluoride video story is posted here: http://fluoridedetective.com/kidneys/
When Conflicts Of Interest Threaten Scientific Integrity
By Liza Gross  Posted: June 27, 2007

The growing commercialization of scientific research has increasingly forced biomedical publishers to grapple with real and perceived conflicts of interest. Every scientist has a competing interest when it comes to getting published in a high-profile journal—a prestigious publication record brings status, research funds, job security, and other personal benefits—but more and more scientific research is funded by companies with a vested interest in the outcome of that research. A 2003 systematic review of 37 high-impact biomedical journals published in JAMA concluded that “Financial relationships among industry, scientific investigators, and academic institutions are widespread. Conflicts of interest arising from these ties can influence biomedical research in important ways.” Yet, the authors found, in 2001 just 43% of the journals surveyed had policies requiring disclosure of conflicts of interest.

PLoS defines a competing interest as "anything that interferes with, or could reasonably be perceived as interfering with, the full and objective presentation, review, or publication of research findings, or of articles that comment on or review research findings. Competing interests can be financial, professional, or personal; hidden or declared; actual or perceived." PLoS editors may decide not to publish original research or other articles if the editors believe the competing interests may have compromised the work, analyses, or interpretations presented in the paper…

Toxicology Journals, like medical journals, have a long history of publishing studies biased toward industry interests. Just as a 2003 study published in the British Medical Journal found that “studies sponsored by pharmaceutical companies were more likely to have outcomes favoring the sponsor than were studies with other sponsors”, a 2005 commentary published in Environmental Health Perspectives found that of 115 published studies concerning effects of low doses of bisphenol A in experimental animals, 94% of publicly funded studies found evidence of harm while 100% of chemical industry studies found no evidence of harm.  More

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 Courtesy Freedigitalphotos.net  © Stuart Miles
Independent Researcher Daniel Zalec writes to Dr. Yunus & Dr. Strahan who are prominent leaders of the protest against Bundaberg Regional Council’s anti-fluoride stance: 16 December, 2012

I am writing in response to the two articles linked below, in which you both feature as prominent leaders of the protest against Bundaberg Regional Council's anti-fluoride stance:

Article #1 (28th Nov 2012):

Article #2 (14th Dec 2012):

Dr. Yunus, according to Article #2, you are the actual leader of this charge to ensure the practice of artificial water fluoridation is upheld by Council. You therefore, will be held most responsible for fraudulent statements. In this email, however, I wish to take particular issue with Dr. Strahan's public statements (my responses immediately below his comments):

**COMMENTS:** Bundaberg Health Promotions chairman Dr Martin Strahan said he was among a number of health professionals in the region who wanted to push the benefits of fluoridation with the council... We think health professionals are firmly in favour of it.

**DZ RESPONSE:** I'll see your regional local medicos; and raise you: A Nobel Prize for Medicine winner, a few NRC Panel Members, an NRC Panel Chair,[1-2] a former Professor of Chemistry,[3] a former Federal Minister for Health,[4] and a few more for good measure.[5]

**COMMENTS:** Dr Strahan said the benefits of adding fluoride to water had been well studied. Studies had found the recommended range of fluoride in water was between 0.6-1.1mg/L. This could reduce dental decay in children by 40%. "It's not a guarantee, but it can make a huge impact," he said.

**DZ RESPONSE:** "Even when very large sample sizes are used to obtain statistically significant results, the benefit of water fluoridation is not a clinically relevant one."[6]

**COMMENTS:** Dr Strahan said it had been found that children from lower socio-economic status benefited most because they often did not have ideal dental hygiene practices at home.

**DZ RESPONSE:** "The evidence [for water fluoridation] about reducing inequalities in dental health was of poor quality, contradictory and unreliable."[7]

**COMMENTS:** "It's safer to fluoridate the water so the dosage can be controlled," he said.

**DZ RESPONSE:** Seriously, Dr. Strahan, are you freakin' kidding me? How do you plan on 'controlling' how much water people drink per day?[8-9]

**COMMENTS:** "Dr Strahan said there was no evidence the fluoridation of water caused cancer or any other health problems."

**DZ RESPONSE:** That's a pretty bold statement, considering the fact that no health agency is rigorously monitoring for potential health problems, and the best review the NHMRC can produce, is a piece of trash. [10-11]

**COMMENTS:** "But he said there were some people who would never accept it was safe."

**DZ RESPONSE:** Okay then, Doctor! Produce the scientific evidence that fluoridation is "safe" and "effective;" then explain how mandatory water fluoridation can be justified against the medical principle of informed consent to medication;[12] and then people may stop complaining. Until you do so, go to hell with your unreferenced draconian rhetoric!

Doctors, you should both shake your heads in shame. Using your positions of high professional standing within the local community to promote an unethical and scientifically fraudulent practice, is reprehensible.

Do yourselves and your community a favour and end this silliness. Start by reading The Case Against Fluoride: [http://www.chelseagreen.com/content/isfr-reviews-the-case-against-fluoride/](http://www.chelseagreen.com/content/isfr-reviews-the-case-against-fluoride/)

Fluoride's Effect on Fetal Brain [http://www.fluoridealert.org/studies/brain05/](http://www.fluoridealert.org/studies/brain05/)

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**THE DISGRACE OF AUSTRALIAN MAINSTREAM MEDIA**

Daniel Zalec Independent Researcher wrote:

Internet whack job claims by Queensland Mainstream Journalist Paul Syvret:


Internet whack job: [http://www.utoronto.ca/dentistry/faculty/research/facultyprofiles/limeback.html](http://www.utoronto.ca/dentistry/faculty/research/facultyprofiles/limeback.html)

Internet whack job: [http://www.bioinformatics.ulster.ac.uk/Howard-Vyvyan-Professor#page=background](http://www.bioinformatics.ulster.ac.uk/Howard-Vyvyan-Professor#page=background)

Internet whack job: [http://www.stlawu.edu/faculty/profiles/connett.html](http://www.stlawu.edu/faculty/profiles/connett.html)

Internet whack job: [http://www.chem.ku.edu/people/faculty/aburgstahler](http://www.chem.ku.edu/people/faculty/aburgstahler)

Internet whack job: [http://www2.binghamton.edu/psychology/people/faculty/pdf/robert-isaacson-CV.pdf](http://www2.binghamton.edu/psychology/people/faculty/pdf/robert-isaacson-CV.pdf)

These people have the media stage and get to say anything they want unfortunately even their personal views, undoubtedly brainwashing certain members of the population with their propaganda and suppression of evidence and because of this 'closed door' that we have always been subjected to - no one relying on mainstream media for truth about water pollution/fluoridation is ever receiving the truth and such members of the population would remain completely and utterly uninformed of the toxicity, neurotoxicity and carcinogenicity of 'water fluoridation/pollution hazardous waste pollutants’ and the extensive evidence of harm. This is more than an outrage and negligence, failure of duty of care, breach of ethics, this is deliberate, willful and reckless. This drugging/medicating/chronic poisoning of an entire population and environment must be ended for all time - our health and safety is at stake here for the whim of those with the massive interests in pushing this hazardous waste disposal using the populations’ kidneys as hazardous waste disposal/filtration units! To allow/force ‘water fluoridation/pollution’ to continue proves we are ruled by tyrants and their interests and a most shocking loss of our rights and a serious threat indeed to the long term health and safety of the entire population contaminating not only the drinking water supplies but the entire food chain and our environment. It is illegal, immoral, unethical for anyone, group, organisation, Association, Corporation, Doctors, Dentists et al to drug/medicate/poison any individual or entire population especially without informed consent of each individual.

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Regarding his term ‘internet whack job’ - This journalist Paul Syvret says he places his faith in mainstream not internet whack-jobs. He needs to urgently reconsider his profession after the number of people he has disgracefully abused due to his pro-fluoridation extremist views and abuse of anyone trying to get some truth to the people through mainstream media. Mainstream media should be filled with Investigative journalists not Redneck /Foul Mouthed Journalists /Puppets. I shall remind Mr. Syvret and his ilk - they need to go and learn this:


**Society of Professional Journalists** - Members of the Society of Professional Journalists believe that public enlightenment is the forerunner of justice and the foundation of democracy. The duty of the journalist is to
further those ends by seeking truth and providing a fair and comprehensive account of events and issues. Conscientious journalists from all media and specialties strive to serve the public with thoroughness and honesty. Professional integrity is the cornerstone of a journalist's credibility. Members of the Society share a dedication to ethical behaviour and adopt this code to declare the Society's principles and standards of practice.

Seek Truth and Report It
Journalists should be honest, fair and courageous in gathering, reporting and interpreting information. Journalists should: Learn more here: http://www.spj.org/ethicscode.asp

"Ethical Journalism... For democracy to work it is not enough that media and journalists are free to express views - it also has to inform citizens.... It needs to communicate the whole picture... It needs to analyse and set information in context... It has to make information intelligible and reliable so that people can assess, judge for themselves and make informed decisions.

Ethical principles of journalism must include the following: -----To respect the truth ... to be independent and impartial ... to promote professional social responsibility ... to be open, transparent and accountable to peers ... to act in the public interest..... (Ethical Journalists Initiative).

...Ethics very much lacking with the Australian Corporate Media. It is an overt disgrace...

Some of my colleagues were sickened by this quotation below “The Courier-Mail is committed to accurate, fair and fearless publication of news and commentary”.

These claims are false, as they’ve never published anything adverse on water fluoridation/pollution (& or.) and the disgraceful conduct of those mentioned in this Report. They are downright abusive pro-fluoridation extremists - we’ve been trying for years to get them to publish some of our evidence of harm, they just wont and that’s when you have many of the population who rely on honesty and truth from mainstream media; completely uninformed because mainstream media have their own agenda and corporate interests.
Now let us examine some of the comments from journalist at ‘The Courier Mail who is committed to accurate, fair and fearless publication of news and commentary’:-

This is the reply I received from a journalist in mainstream media regarding the Alzheimer’s Disease Epidemic and link with Fluoride/Aluminium Report that I sent to him and his Editor in Chief (such EIC shamefully, always ignores anything adverse against ‘fluoridation which is sent to him also ).

That Journalist wrote: “Please stop sending me this shit. My mother was a medical professional who died of Alzheimer’s. she also supported fluoride. I find your bile quite deranged and offensive”.

And he sent this to another lady who sent him the information on Fluoride/Aluminium and Alzheimers Disease and he wrote to her ‘I do not find it necessary to respond in ’seemly’ fashion to serial spammers. Now please stop bombarding me with this rubbish.’

This is in regard to the ALZHEIMER’S DISEASE - Epidemic - Fluoride/Aluminium Report on page 164

Yes Courier Mail, we can see you and you Journalists are ‘committed to accurate, fair and fearless publication of news and commentary!’ (NOT) - You are all an absolute disgrace !!

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Anti-Corruption Society

Corporate Controlled Media  http://anticorruptionsociety.com/2012/10/09/war-on-health/

Media Corruption - Leading Journalists Expose Major Corruption in Mass Media
http://www.wanttoknow.info/mediacorruption

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Evidence of Harm is Extensive from World Experts as you will see through this Report and documents attached which is only ‘the tip of the iceberg’:

Extract: Affidavit in Support of Motion for Summary Judgment State of Wisconsin Circuit Court Fond Du Lac County
Safe Water Association, Inc. City of Fond Du Lac Case No. 92 CV 579

Philip R.N. Sutton, B.D.SC.
Before my retirement, I was the Senior Lecturer in Dental Science in the Dental School of the University of Melbourne, for eleven years. I was also a Senior Research Fellow of the University of Melbourne for nine years. When I retired, I was appointed an Academic Associate of that University.

Prior to joining the University, I conducted a private dental practice for twenty-five years and during the war spent five years in the Australian Army Dental Corps.

My personal studies have led me to the same conclusion as the committee of senior scientists appointed to study fluoridation by the Minister for the Environment, Quebec Government, Canada (Bundock, et al. 1979).

The committee stated: "In the circumstances, the committee is of the opinion that an additional amount of fluorides [by fluoridation] would be not only useless but dangerous.

Philip R.N. Sutton - Author - The Greatest Fraud – Fluoridation

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CHRONIC FLUORIDE TOXICITY - LINK TO CHRONIC FATIGUE SYNDROME / FM
February 9, 2007

The article below, written by Jason Uttley, is perhaps the most convincing piece of research on THE CAUSE OF FIBROMYALGIA. We hope you will read it carefully and follow up with additional research on your own. We are immensely grateful for Jason's contributions and think you will be too.

June 1, 2007

Article published in the Journal of Chronic Fatigue Syndrome, written by Julia A. Laylander, highlights the emerging scientific evidence linking Chronic Fluoride Toxicity to Chronic Fatigue Syndrome and
Fibromyalgia. Those who want to understand the science behind this emerging theory shouldn't miss this important work! We are very grateful to the Fluoride Action Network for bringing this detailed scientific hypothesis to our attention.

PART 1 OVERVIEW & PART 2 SYMPTOMS.

August 13, 2007

If you want to know why those suffering from Fibromyalgia are repeated tested for Hypothyroidism, or why thyroid dysfunction is so frequently diagnosed prior to the development of the more debilitating symptoms of Fibromyalgia, please read CHRONIC FLUORIDE POISONING Q&A, which was published in Earth Clinic's August Newsletter. To all those with Fibromyalgia who told us to focus on the link to Hypothyroidism we thank you for being so passionate about this connection in your questionnaires!

We strongly support the work of those physicians and researchers who focus their attention on the thyroid connection to Fibromyalgia, including:

Dr. John C. Lowe M.D., Director of Research, Fibromyalgia Foundation of America
Dr. Jacob Teitelbaum, M.D., Medical Director, Fibromyalgia & Fatigue Centers, Inc.

January 1, 2008


Spittle expressed concern of a link between fluoride and Chronic Fatigue Syndrome as far back as 1993. Even before the relationship of Chronic Fatigue Syndrome to Fibromyalgia was widely understood, Spittle highlighted the severe COGNITIVE IMPAIRMENT associated with Chronic Fluoride Poisoning. In his review, "Psychopharmacology of Fluoride", published in the International Clinical Psychopharmacology Journal, the concerns of the ISFR were openly revealed in final paragraph "These symptoms are reminiscent of those seen in the chronic fatigue syndrome."

THE CAUSE OF FIBROMYALGIA
by Jason A. Utley - juttley@hotmail.com

"Fluoridation could turn out to be one of the top 10 mistakes of the 21st century." - Dr. Hardy Limeback National Research Council, 2006 Review of Fluoride Toxicity

For more than fifty years the words "chronic fatigue" have been synonymous with the first stage of a condition known as systemic fluorosis, or chronic fluoride poisoning. In fact, so well known is that particular association that motion picture director Stanley Kubrick would use it in his dark satire, Dr. Strangelove, to describe the moment his character, Gen. Jack Ripper, came to develop his fruity theories on the dangers of fluoridation.

By contrast, only a handful of the world's leading experts on fluoride toxicity have long been aware that the symptoms of the emerging condition known as "fibromyalgia" exactly match those of the most severe form of fluoride poisoning. This little known fact was quietly highlighted by the intense focus on potential Sarin gas exposure for the nearly 200,000 veterans of the first Gulf War who have quietly become the largest single group to ever develop fibromyalgia. Despite the lack of evidence of mass exposure, it remained telling that the top authorities on a nerve gas known to derive all of its toxicity from fluoride proved they could not tell the difference between the lingering effects of Sarin exposure and the symptoms of fibromyalgia. While the majority of veterans blamed the preventative medications they'd been forced to take as the source of their illness, fearful military leaders shifted the focus away from those drugs so quickly that few seemed to notice that Sarin gas was not the only potential source of toxic fluoride exposure. Only as more and more veterans developed fibromyalgia and its related conditions in the years since the end of the 1991 Gulf War, including many who did not even leave the U.S. mainland, have those soldiers and committed researchers been able to slowly pressure the military to focus attention back on those drugs.
The VA now stands at the center of the fibromyalgia controversy, attempting to explain to the medical community...

1. How the seemingly harmless sounding chronic fatigue syndrome relates to fibromyalgia, a condition that eventually cripples most of those who develop it with a laundry list of debilitating symptoms including: brain fog, severe muscle & joint pain, thyroid dysfunction, muscle spasms, numbness, chronic fatigue, irritable bowel, hair loss, vision problems, spinal & cranial calcification & kidney dysfunction?

2. What hundreds of thousands of largely male veterans might have in common with the estimated 8-10 million Americans, mostly women, who have now developed a crippling condition that seemed to emerge out of nowhere in the early 1980's?

Learn more and download Jason’s article here:-
http://www.earthclinic.com/CAUSE_OF_FIBROMYALGIA.pdf

Fluoride Fatigue - Fluoride Poisoning by Dr. Bruce Spittle - 89 page Book.

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FLUORIDE DESTROYS TOOTH ENAMEL – SAYS CHEMISTRY PROFESSOR - Dr. Gerald F. Judd, Fluoride is being added to drinking water in a number of locations around the world, and in recent months there have been efforts to extend fluoridation of our drinking water, notably in Ireland, the UK, Australia, New Zealand and California.

Dr. Gerard F. Judd, a retired chemistry professor from Purdue University has been warning against the use of fluoride, and he backs up his warning with research and data, as well as an understanding of chemical reactions. His proposals on how to take care of our teeth without the use of fluoride are listed in a comment that was posted on a previous post of mine titled: Fluoride - No Thank You!

Letter from Dr. Gerard F. Judd, Ph.D., Chemist, Researcher for 18 years, Professor of Chemistry for 33 yrs. http://www.newmediaexplorer.org/sepp/2006/02/15/fluoride_destroys_tooth_enamel_chemistry_prof.htm

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Glen S. R. Walker, F.I.M.F., E.M.E.C.S., M.A.E.S., was Chairman of the Freedom From Fluoridation Federation of Australia, and of the Anti-Fluoridation Association of Victoria (now Australia).

His experience in technical & scientific organisations throughout the world has been extensive. In 1968 he was the first Australian to be made a Fellow of the Institute of Metal Finishing, London, an international society entry into which is controlled by technical and scientific examination, and his Fellowship was awarded for his work in that field which has received international recognition. He is also an Emeritus Member of the Electrochemical Society, U.S.A. having been a member for over forty years. He has represented Australia many times at international scientific conferences. His business and scientific interests took him overseas almost every year, where he studied developments in several fields of industry.
The Author's experience with fluorides, cover over forty years from when the chemical was first used in electrochemical formulations, and remembers the hazards and dangers in using fluoride chemicals, and the extreme caution required in handling them. Long before his active interest in fluoridation, he was "a voice in the wilderness" being an early advocate for the control of industrial pollution.


**THE U.K. GOVERNMENT YORK REVIEW ON FLUORIDATION**

by Glen S.R.Walker - Mar/Apr 2001

DISCLAIMER The claim by the 'U.K. GOVERNMENT YORK REVIEW ON FLUORIDATION' that fluoridation reduces tooth decay by about 15% is based on poor evidence which has either been contrived or poorly arrived at. This website therefore disowns the claim of a '15% benefit' as being unjustifiable, dishonest and very possibly due to parties with vested interests using political pressure to protect a measure with no credibility. Please read the BRIEF ANALYSIS OF YORK REVIEW (July-Aug, 2001 edition) for further details.

Who are the real beneficiaries of Fluoridation?

Not children, nor adults, not the population at large Fluoridation is a commercial, industrial "invention" to rid poisonous fluoride waste pollution from fertiliser factories, clearly indicating who is the real beneficiary. The latest Fluoridation "Final" Review, October 2000 at York University on behalf of the UK Government, signposts that the beneficiaries are not the people. The fluoridation commercial invention enjoys the world's greatest ever financial protection, not to be confused with medical, dental, or pharmaceutical fundamentals of science. Perhaps the correct classification of fluoridation, medical, dental and political, is encapsulated in the title of the book, "The Greatest Fraud ? Fluoridation", by the late Dr. Philip R.N. Sutton, D.D.Sc., L.D.S., F.R.A.C.D.S., Formerly Academic Associate and Senior Research Fellow Dental School, University of Melbourne. That book was his fourth book on fluoridation.

The York Review established that fluoridation dental hype is unacceptable exaggerated junk science, and at that date, October 2000, still no acceptable scientific evidence of safety and effectiveness was found. The Review Study found most dental fluoridation data of a low scientific standard. Truth seemed to surface from the water? Who are the beneficiaries of fluoridated water? From where does all the huge finance originate? Where does its pathway of scientific deception meander worldwide, and who handles it accordingly? The only situation for the people to become a beneficiary of fluoridation would be a politically democratic action on behalf of the people, and immediately stop fluoridation in Australia. Otherwise the beneficiary is back to square one, the fertiliser factories, and their associated promoters. The fluoridation straw houses rely upon trusted important organisations such as The World Health Organisation (W.H.O.), the Australian National Health and Medical Research Council (N.H. & M.R.C.), The Australian Medical Association (A.M.A.), and politicians of all persuasions throughout Australian Parliaments, Health Departments and their Ministers, their bureaucrats, and selected Committees overseeing fluoridation.

Not one of the above can produce scientific evidence proving safety and effectiveness of fluoridation for all people. Careful consideration should be observed, that safety and effectiveness must not be separated. These organisations must know something privy only to themselves as a group, and carefully protected from public scrutiny, otherwise on the available scientific evidence, they should stop fluoridation. One elderly scholar suggested fluoridation and is disciples fall into the following class:

"If you don't know anything about a subject, write about it, and if you don't know anything about a matter, teach it!"

The apathy of Australian people is beyond belief, when they allow politicians to proceed with compulsory mass medication through fluoridation without any proof of safety and effectiveness. (N.H. and M.R.C.). Hitler is recorded in 1939 as saying:

"A good thing for the government is the people do not think."

An excellent example of community apathy and its dangerous consequences if not recognised by the population. There is no argument that the actions of politicians on behalf of the people should have a paramount qualification:
"Not to harm any person but to benefit all."

That does not fit the force-fed daily dose of fluoride via your kitchen tap and with the compliments of your elected politician you voted into Parliament to serve you in accordance with the Australian Constitution. Commonsense, simple chemistry knowledge, together with a dash of honesty, results in a logic that naturally disqualifies any and indeed all the great hype about fluoridation being a process of human benefit to all age groups with all known health variables. The difference between Governments, politicians, bureaucrats, quangos, selected Government Investigators and Industry is that no Board of Directors or Management would survive in industry, if they could not find any proof relating to their product.

What a contrast to Government Controlled Human Health and their God of Fluoridation, built on sacred sites like Fertiliser Factories and Aluminium Smelters, an untouchable Cult. The York Review and the N.H. and M.R.C. cannot find actual scientific data that supports their fluoride dogma, all of which should immediately put an official stop to fluoridation, a case of courage and honesty prevailing. Obviously fluoridation has benefits "for some", but not for human health with Government compulsory mass medication against people's wishes. If all things were equal, there would be cause for legal action against the perpetrators of fluoridation, but the untouchable Fluoridation Cult has too many dollars in their guns that fire in many directions causing gold shrapnel to spread in a ubiquitous manner. It is the modern case of "where the arrow falls".

The science of fluoridation as promulgated by responsible Government, politicians, Ministers of Health, Health Departments and the dental fraternity, supported by the A.M.A., fail in their strange fluoride endeavours, on the principles of pharmacology; if one wishes to be honest and professional: "dose related evidence necessary". None of the above know what daily dose of fluoride each or any person ingests. So the "principle of pharmacology" is ignored, in favour of a commercial process devoid of medical science and human safety. The fluoride game seems to be well controlled - No Whistle Blowers in sight!

With the Sydney 2000 Olympics over, the scribes are analysing results. One important statistic not reported in the media was that the source of drinking water was bottled water, not Sydney's fluoridated tap water. That was reserved for Sydney people in their homes and not safe for visiting athletes and their representatives. However, all that aside, Australians are branded "great sports", they drink their fluoridated polluted tap water and pour money into the coffers of international, overseas fertiliser factories. We not only pay for the stuff, but help the factories rid themselves of the fluoride waste toxic pollutant, not otherwise permitted to be dumped anywhere. Dumping fluoride pollutants into drinking water supplies was considered some years ago, a great commercial idea, ignoring the fact that it had never been a scientific medical discovery, through normal medical research nor has passed today's necessary Government testing. It was, and still is, an untouchable process, protected by the U.S. Government. An untouchable process now protected by law in Australia. Fluoridation untouchable? Yes, by law we cannot take a case against fluoridation to the Supreme Court. (Victorian Fluoridation Act 1993).

The fluoridation concept was strategically flawed from the beginning, but where there is gold and plenty of it, there is power beyond the laws of chemistry, medicine, and sadly politics in particular. Printing the Fluoridation Act the Government leaves out the main purpose of fluoridation. In reality fluoridation is to establish human walking waste disposal units, forced to consume the waste toxic pollutant from foreign fertiliser factories. Concern about fluoridation festers world wide, where some democratic (sic) governments ignore their Constitutions and the "will of the people". We are asked to accept that politicians know what is good for people to eat, drink and breathe, totally against the Australian Constitution, where mass medication is prohibited under Clause (s51. xxiiiA.).

"Medical and Dental Services not so as to authorise any form of civil conscription."

Forced-fed fluoridation is civil conscription! Democracy in Australia? Then ponder the following. The Australian Constitution under legislative powers, "The judicature" states: 'The High Court is a court of general appeal from Supreme Courts of the States." (s.72) This identifies the so-called democratic Parliament of Victoria, where the Victorian Fluoridation Act was altered by a unanimous decision 28th November, 1993 to

"Prohibit the Victorian Supreme Court entertaining an action against Fluoridation and its operation in
Victoria." The Minister for Health, Mrs M. Tehan, told the Parliament, 28th October, 1993: "The reason for limiting the jurisdiction of the Supreme Court in this way is that fluoridation of public water supply is so important in the interest of public health." (Hansard 28th October, 1993)

She did not qualify the meaning of "important"! Why could a Government pass such a despotic law when their collective personnel, and political party agenda, guarantees to the people of Victoria that fluoridation of public drinking water supplies is perfectly safe? But it is not safe. Perhaps we have a new Murphy's Law; Government guarantees that require laws to prohibit the democratic questioning of intellectually dishonest government, completely and enthusiastically adopted by both Liberal and Labor in convoluted dictatorship. There has never been any semblance of the necessary compliance to science, open discussion, and unbiased dialogue conducted in a democratic, honest and indeed civilised manner under the rules of decency, compassion, quality professionalism and the Constitution.

The missing link of course is the "establishment do-gooder organisations" they dare not touch the untouchable. The Fluoride Armadillo camouflaged appearance is disguised as intelligent scientific knowledge, hoping "no one will be the wiser" smothering exposure of the real fluoridation fraud. The "Clayton" fluoride studies are still in process and highlight the shallow depth of knowledge and the deception incorporating the presentations and declarations in the fluoride lobby's "loose-leaf" sales manual each page a Gem, expensively presented, giving pride of place in many prominent areas.

York Review into fluoridation

The British Government has just released October 2000, The Final Fluoridation Study conducted by York University. (200 pages) The study pronounced that fluoridation provided a 15% benefit to children living in fluoridated areas, data that is at variance with the usual past humbug claims by dentists and governments of 60-90% benefit. However, the very important statement from York University Review was the way they coupled the 15% decay benefit with a 48% disadvantage for children suffering dental fluorosis, mottled teeth. If a drug company promoted a product at 60-90% benefit, and then admitted, maybe only 15%, but plus a 48% harm from the product, they would be in court and denigrated by all those do-gooder organisations, but not fluoridation, why? Will they explain, space is available. The York Government study was touted "to end all studies into fluoridation", and is described so well by a U.S. researcher indicating the scientific standard of the published result.

"The studies of the study that studies the studies pointed out that this study that had studied the studies had left some 3000 studies unstudied, and they called for a study of studies that would study all studies and therefore not necessitate a study of the study of the studies as this study had done." Another researcher stated: "Dentists have to stop giving the illusion they are helping the poor by throwing some fluoride pollutant chemicals into their drinking water."

The York study found no evidence that the "poor" were "great beneficiaries" as suggested or indeed guaranteed by our Government. That ploy of "helping the poor" is perhaps the main persuasive con job relating to misleading the public on fluoridation. Another quote from a scientist's research into the York studies:

"Basic human rights would argue against 'mass medication' of any kind, but to medicate without strong evidence or sound reason, is a crime against humanity; the York study satisfactorily shows there can be no clear evidence for fluoridation at this point of time."

A general consensus by the York study is the lack of high class studies to prove all the claims about fluoridation, most of which are now documented as "low standard". We could have told them before wasting their time on the dental tooth fairy. A quote of interest from an interview with Andreas Schuld at Radio Station CKST AM 1040, Vancouver, Canada, 16th October, 2000:

"Fluorides actually cause cavities. There are countless papers, some of them found in the York Report, which clearly state that dental defects seen in fluorosis predispose to caries."

With such information published by York Fluoridation Review October 2000 on behalf of the U.K. Government, it is interesting to note the silence of the Australian Health Minister, the N.H. and M.R.C., State Ministers, A.M.A., A.D.A., and those pushers of fluoride mass medication. There is a most important scientific discovery documented by the York Review members. They could not find dental studies of a
necessary scientific quality on which to make conclusive decisions. The dental studies they examined rated "low", they were literally rejected on scientific grounds. They stated their Review, "has been commissioned by the Chief Medical Officer of the Department of Health to carry out an up-to-date expert Review of fluoride and health."

At the beginning of their Review they state:

"Any future research into safety and efficacy of water fluoridation should be carried out with appropriate methodology to improve the quality of the existing evidence base."

That statement confirms the N.H. and M.R.C. Report 1991 that they also were unable to make definite statements on account of "the dearth of dental data in Australia". On the subject of determination on caries across social groups the York stated:

"No level A studies, and very few level B studies were identified by the search."

That statement in particular will embarrass dentists and fluoride pushers because it is their main appeal to people's emotions in their sales pitch for fluoridation. "Help the poor and disadvantaged." Read any paper on fluoridation and indeed the N.H. and M.R.C. claims, that fluoridation is the great benefactor for "Poor and disadvantaged children". Perhaps the main evidence of the Review is the York Statement:

"Objective, attempts to access the effect of water fluoridation on developing teeth."

"for this objective, the quality of studies found, was only moderate (level B)."

"To have clear confidence in the ability to answer the question in this objective the quality of evidence would need to be higher."

On the serious harm to children suffering dental fluorosis, mottled teeth, they state:

"While fluorosis can occur within a few years of exposure during tooth development, other adverse effects may require long-term exposure to occur. It is possible that long-term exposure has not been captured by these studies." (Emphasis added.)

The content of the York Review confounds the reader because of so much data they rejected which could have answered more directly their many expressions of fluoridation safety and effectiveness. Their excuse is recorded:

"In conducting a large systematic Review that extends back to the late 1930s, limitations are inevitable."

"The primary limitations of the Review is the quality of the research included." (Their choice of data) (Emphasis added)

If the York Review had scientifically studied the 1930s history on the introduction of fluoridation, its sponsors, and the real reason for its U.S. Government adoption, the Review would be forced to admit fluoridation is nothing more than a commercial process contrary to a medical process and the planned beneficiaries are/were not "the people" but the processors of the fluoride toxic pollutant. The tide is turning and a change of personnel at the water edge. Our people need no longer join King Canute, the dentists are now attempting to hold back the tide of truth crashing on the shore of established science.

Fluoridation? The whole truth and nothing but the truth

Professor Trevor Sheldon, Chairman of the U.K. Government Research into fluoridation, on behalf of the U.K. Government Department of Health Studies, York University, October 2000, explained in his official statement, 10th December 2000, the real "findings" in their scientific research. He supplied the following:

1. Whilst there is evidence that water fluoridation is effective at reducing caries, the quality of the studies
was generally moderate and the size of the estimated benefit, only of the order of 15%, is far from "massive".

2. The review found water fluoridation to be significantly associated with high levels of dental fluorosis which was not characterised as "just a cosmetic issue."

3. The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed.

4. There was little evidence to show that water fluoridation has reduced social inequalities in dental health.

5. The review could come to no conclusion as to the cost-effectiveness of water fluoridation or whether there are different effects between natural or artificial fluoridation.

6. Probably because of the rigour with which this review was conducted, these findings are more cautious and less conclusive than in most previous reviews.

7. The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. Until high quality studies are undertaken providing more definite evidence, there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation.

(Signed) TA. Sheldon. Professor Trevor Sheldon, MSc, MSc, DSc, FMedSci.

It is important to consider the U.K. Government Research 2000, it confirms the statement by the Australian National Health and Medical Research Council, that in Australia -

"there is a current dearth of an adequate evaluative database." (N.H. and M.R.C. Report, 1991, p. 139)

With confirmation, here and abroad, that there is no scientific evidence of fluoridation safety we keep asking Why do politicians Bless their God of Fluoridation? - all based on scientific nothingness! Fluoridation is stranger than fiction, indeed based on dangerous fiction, swallowed up so enthusiastically by the common naive (to put it kindly) political agenda, that supports obvious intellectually dishonest medical and pharmacological principles based on commercialism, lacking old fashioned democracy, honest Government and knowing the beneficiary is not the people of this "Nation of Freedom and Individual Liberty". The question is so simple, for the average person, but the conveniently scientific blind commercially orientated politicians proceed like Brown's Cows and follow, The Why, and in whose interests? (Unlimited space available for reply from Health Ministers, but don't hold your breath ? they do not reply to our letters.) There is no scientific evidence, world wide, proving fluoridation safe and effective so the question to Parliaments and members is -Why, why, why daily dose a population by compulsion with an unproven drug (F) a waste by-product pollutant from industry??? Australia the Land of individual Liberty! (The Prime Minister John Howard 1.1.01). We look forward to reply from the Prime Minister and Premiers of all Australian States naming the real beneficiaries of fluoridation acknowledging the process is not classified as proven safe for humans. Source: Fluoridation Facts.com
All thinking and independent people would ask the question, why do Governments and their interests dogmatically, relentlessly, recklessly, wilfully and negligently reject and oppose extensive highly credible evidence of cumulative harm from world experts and the additional fact that we are in dental crisis after up to nearly six decades of this chronic poisoning of the population and our environment with hazardous waste pollutants known as ‘water fluoridation’ - there is something seriously wrong and the population stop Governments and their interests from such involuntary mass chronic drugging/medicating/poisoning of our drinking water supplies and hence all through the food chain.

The only answer EVER was to provide access to affordable dental health care services for all the population not the dumping of dangerously corrosive hazardous waste pollutants and co-contaminants of lead, mercury, arsenic, cadmium etc., into the drinking water supplies and hence also contaminating the food chain and using the populations kidneys as hazardous waste disposal/filtration units.

We the population of Queensland (and Australia wide) demand an immediate and irrevocable ban for all time on all water fluoridation schemes.
Australian students lagging behind rest of world in reading, maths and science

The Australian Fluoridation News Oct. – Dec. 2012 Issue (Established 1963) refers to the Harvard & or. IQ Deficit Studies – asking Is Education Reform much use while IQ’s drop? The Prime Minister’s ‘Asian century’ white paper states that we aim to make our education system one of the best in the world. This won’t be easy to do whilst Australian Governments are actively and knowingly damaging the IQ of our children by turning close to 90% of our public water supplies into toxic waste dumps for fertiliser factories and aluminium smelters.

Fluorides & intelligence: the 36 studies - reduced IQ learning & memory impaired

Health effects fluoride & the brain - fluoride & IQ - the studies

Neurotoxicity of fluoride  Dr. Phyllis Mullenix

Journal of Clinical and Diagnostic research - Neurotoxic Effects of Fluoride in Endemic Skeletal Fluorosis and in Experimental Chronic Fluoride Toxicity    Shivarajashankara Y.M., Shivashankara A.R.

Summary:- Fluoride is a neurotoxin and it makes a serious adverse impact on the developing brain. Impaired mental functions are observed among children in endemic fluorosis areas and in experimental animals with fluoride-induced neurotoxicity. Fluoride induces the generation of free radicals, it increases lipid peroxidation, it impairs antioxidants, it inhibits the key enzymes of the metabolic pathways, it impairs energy generation, and it inhibits protein synthesis. The animal experiments which were done on chronic fluoride toxicity have reported varied findings, which might be due to the differences in the dose, duration and the mode of the fluoride administration, the animal species which was used, and the organspecific metabolic responses. Excitotoxicity, which is proposed as the central mechanism in the neurotoxic effects of fluoride, needs critical evaluation by mechanistic studies and there is a need for extensive research on the amelioration of the fluoride-induced pathology of the brain.


Studies show there may be grave implications for Alzheimers, Dementia, Attention Deficit Disorder, reduced IQ in children and more - Neurotoxicity of Fluoride 1996

http://ffo-olf.org/neurological.html

Fluoride Toxicity Research Collaborative - Index of Fluorinated Pharmaceuticals

“It is also important to emphasize that fluorinated drugs represent a different category of fluorine compounds (organofluorines) than the fluorine compounds (inorganic fluorides) used in dentistry and water fluoridation. It is unclear to what extent, if any, the fluorinated drugs listed here may increase the body burden of inorganic fluoride. This uncertainty is amplified by the lack of available data from the pharmaceutical companies.

It is the position of the FTRC that more research be undertaken to clarify the potential for organofluorine compounds to metabolize into inorganic fluoride in the body. FTRC’s concern is based on recent research showing that some fluorinated drugs (e.g., many anesthetics) may in fact increase the body’s burden of fluoride. It is imperative, therefore, that additional research be conducted to determine how many other organofluorine drugs, and which ones, result in increased inorganic fluoride exposure.”

http://slweb.org/ftrcfluorinatedpharm.html
BOXED WARNING - Fluoroquinolone products may exacerbate muscle weakness in persons with myasthenia gravis. Avoid fluoroquinolone products in patients with known history of myasthenia gravis. WARNINGS AND PRECAUTIONS - Exacerbation of myasthenia gravis. Fluoroquinolones have neuromuscular blocking activity and may exacerbate muscle weakness in persons with myasthenia gravis. Postmarketing serious adverse events, including deaths and requirement for ventilatory support, have been associated with fluoroquinolone use in persons with myasthenia gravis. Avoid fluoroquinolones in patients with known history of myasthenia gravis. ADVERSE REACTIONS Postmarketing Experience - Exacerbation of myasthenia gravis

This warning document here: http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm247115.htm
Here is the other warning page: http://www.fda.gov/Safety/MedWatch/SafetyInformation/ucm242998.htm

Editorial neurotoxic effects of fluoride 44(3)117–124 July-September 2011 Dr. Bruce Spittle

Harvard Study finds fluoride lowers IQ published in Federal Government Journal Published 15 August, 2012


Fluoride & aluminium in your water Brain & Kidney Damage
Fluoride & The Brain - Fluorides Damage To The Brain

Fluoride health effects
Psychiatrist, Dr. Keith Ablow of Fox - TV’s Medical News Team says children with brain disorders should avoid fluoridated water

Fluoride Action Network - Pharmaceuticals - Sources of fluoride - Many modern pharmaceuticals (e.g. Prozac, Paxil) contain “organofluorines.” An organofluorine is a chemical compound that contains both carbon and fluorine. The fact, however, that a pharmaceutical is made with an organofluorine does not mean that it will increase your exposure to fluoride. This is because the fluoride in the drug forms a very strong bond with the carbon and this bond resists metabolizing into fluoride ion. It is generally believed, therefore, that most organofluorine drugs do not contribute to daily fluoride exposure.

There are some organofluorine drugs, however, that do metabolize into fluoride. This is evident by studies finding elevated levels of fluoride showing up in the urine or blood following use of the drug. Because organofluorine drugs contain high quantities of fluorine, any drug that metabolizes into fluoride will likely be a very large source of daily exposure. Drugs that are known to break down into fluoride ion include: fluorinated anesthetics, Cipro, Niflumic acid, Flecainide, and Voriconazole. It is possible, and indeed likely, that other drugs do so as well, but have not yet been discovered. The following are a list of studies documenting inorganic fluoride exposure from the use of organofluorine drugs:

More http://www.fluoridealert.org/issues/sources/pharmaceuticals/

I am including this additional information because it is such a widespread problem, with increasing numbers of the population on anti-depressant and anti-psychotic medications etc., and many people do want to know about it, so I have decided to include it for those interested. When you think of these potent medications and the effects thereof, in addition to the consumption of water, foods, drinks, dental products, etc. that are ‘fluoridated’. It’s all tied together.

Dr. Yolande Lucire  Forensic and Medico-Legal Psychiatry

About Dr. Yolande Lucire

Suicide, Violence & Mania  SSRI Stories

SSRI’s Index - School Shootings

Fluorinated Drugs

Fluorine Poison is Rampant in Pharmaceuticals

“Poison Control: Fluorides the deadly toxin within” by Professor Dzulkifli Abdul Razak  National Poison Centre at university Sains Malaysia September, 2, 2001
**Dr. Peter Breggin - Psychiatric Drug Facts**

Peter R. Breggin, MD, has been called "The Conscience of Psychiatry" for his efforts to reform the mental health field. He has created a new organization to bring together professionals and laypersons concerned with a critical analysis of biopsychiatry and with more effective empathic approaches in mental health and education. A Harvard-trained psychiatrist and former full-time consultant at NIMH, Dr. Breggin's private practice is in Ithaca, New York, where he treats adults, couples, and families with children. He is the author of dozens of scientific articles and more than twenty books including Medication Madness: The Role of Psychiatric Drugs in Cases of Violence, Suicide and Crime (2008), and Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and Their Families (2013) (now available). Dr. Breggin often acts as a medical expert in criminal, malpractice and product liability suits.

**Suicidality, violence and mania caused by SSRI’s - Peter Breggin** Document from 2003-2004

**The implications - This Research on Therapeutic Medications**
Just consider the synergistic effects of the potent neurotoxins in water fluoridation chemicals.

**Homicidal Ideation Causally Related to Therapeutic Medications**
Donald H. Marks, MD, PhD Peter R. Breggin, MD Derek Braslow, Esq
Ethical Human Psychology and Psychiatry, Volume 10, Number 3, 2008

**Prozac/Paxil Facts**

**Anti-Depressant Nightmares**
http://ssristories.com/

**Health Effects Data Base**
http://www.fluoridealert.org/?s=health+data+base

**Firewater Film** A notable mention: www.firewaterfilm.com Australian made documentary on fluoride/fluoridation - gives especially great information on the hazardous chemicals used.

**The Fire Water Project**
http://www.youtube.com/playlist?list=PLAA059AC6E4EADC7B

**Making a Killing: The Untold Story of Psychotropic Drugging**
Pharmaceutical and Psychiatry's Huge Profits – Dangerous Medications

**Ban Forced Psychiatric Medication**
Mandated toxic vaccines... 40% of foster care kids drugged...
Rumors of artificial lithium being added to the toxic fluoride in public water...
Mass Murders Triggered by Dangerous Psychiatric Drugging

Dr. Rima has been a Child, Adolescent and Adult Psychiatrist and physician for 42 years. In that time not only has she never written a prescription to medicate a patient using any pharmaceutical drug, she has treated many, many people like Adam Lanza. http://www.SaveMyLifeDrRima.com

In this video she talks about why school shootings and other massacres involve these dangerous psychiatric drugs and why this tragedy must stop. She includes a list of tools for treatment which make the use of these deadly drugs totally unnecessary. Take the vital Action Item now at http://TinyURL.com/NoForcedDrugging once for each member of your family and then share it was widely as possible with your contacts, helping to motivate them to do the same. http://www.youtube.com/watch?v=oigP3wWPWk8

If water fluoridation were ended, it might take a generation for the effects to recede. If it continues to expand, the “signal” identified in this study may get lost in the “noise” of endemic violence.


In the documents attached to this Report you will find document headed ‘Yes, lead poisoning could really be a cause of violent crime’ - I had made additions which refer to the work of Professor Roger Masters - Silicofluorides (water fluoridation chemicals) and violent crime and enhanced lead uptake.

See also: Widespread Violence Tasmania and other States of Australia

Violent Behaviour and Criminality - adverse health and behaviour from silicofluorides - Research Professor Roger Masters - Nelson A. Rockefeller Professor of Government, Emeritus, Dartmouth College, Hanover, new Hampshire
http://www.dartmouth.edu/~rmasters/

Fluoride and Aggression - Mary Sparrowdancer

Professor Roger Masters - Social Implications of Neuroscience: Linking Brain Biochemistry and Violent Crime, Toxins, Disease and Behaviour, Graphs, Publications on Silicofluorides, neurotoxicity and Behaviour.
http://dianabuckland.webs.com/fluorideaggression.htm

Unfortunately still no one is listening on the link between ‘water fluoridation chemicals’ (fluorosilicic acid/silicofluorides and co-contaminants of lead, mercury, arsenic, cadmium etc. and also aluminium sulphate) (potent NEUROTOXINS) and violence & criminality. I say that since Brisbane and surrounding areas and Gold Coast were ‘fluoridated’ in December, 2008 that crime, violence, street crime, armed robberies, ram raids, home invasions, vandalism, hooning, assaults, anti-social/unacceptable behaviour etc. have escalated.

This problem is Australia wide! Think about it, and stop the hazardous waste pollutant poisoning of our drinking water and entire food chain. An example of our community members whom I have dubbed “Fluoride Ferals” - this problem is Australia wide.

FLUORIDE FERALs
Common horrific attacks in Sydney NSW ‘fluoridated/polluted’ since 1968 with a saturation rate of these hazardous waste neurotoxic pollutants of 96% State wide and heavily through all Australian States

This should be of the utmost concern for every Queenslander, Australian and other countries who continue to be negligent and failing all duty of care to protect the health and safety of the population and environment and bloody mindedly, wilfully and recklessly continuing ‘water fluoridation/pollution’

You've been warned - Australia already faces Alzheimer's Disease (and kidney disease) epidemics - stop 'water pollution/fluoridation' immediately, permanently and irrevocably for all time or face the ruin. Dementia, including Alzheimer's Disease (AD) is fast becoming the greatest public health issue, ever. In the UK the Alzheimer's Society recently stated that one in three persons over the age of 65 will die from AD - and it's increasing so fast that in thirty years time the prevalence is expected to treble (do the maths and shiver!). Your children will live with fluorosis, but they will die with dementia. Since the evidence that environmental exposure to ionic aluminium salts, such as the aluminium sulphate used in water treatment, is a leading cause of AD. There is a 50% and 150% increase in AD in areas where the water contains only half the permitted maximum of 0.2ppm. Fluoride in water increases the speed at which it is absorbed and transferred to the brain. Adding fluoride to drinking water is literally insane. Fluoridation is bad on its own, but in the presence of aluminium its effects are becoming catastrophic as our 'aluminium clocks' tick away the countdown to Alzheimer's - fluoride speeds up that lethal clock.

By Doug Cross, UKCAF - Expert in Environmental Analysis and Forensic Ecology
CV http://www.intota.com/expert-consultant.asp?bioID=778541&perID=728108
It is appropriate for me to comment here on the disgrace of Australian media - you’ve already heard in this report that nothing adverse about ‘water fluoridation’ has ever been published in mainstream media - it is a disgrace because mainstream media should be there to tell the people the truth, digging up the truth at any cost, particularly for the good of the community and the communities right to know and an important matter that concerns the wide community - it’s been a long time since that happened - this is the reply I received from a journalist in mainstream media regarding the Alzheimer’s Disease Epidemic information directly above that I sent to him and his Editor in Chief (who shamefully, always ignores anything adverse against ‘fluoridation sent to him). That Journalist wrote: “Please stop sending me this shit. My mother was a medical professional who died of Alzheimer’s. She also supported fluoride. I find your bile quite deranged and offensive”.

Australian mainstream Journalism is a disgrace and I would remind journalists to seek out Journalistic Code of Conduct and find some Journalistic Integrity. Australian Journalism continues to be shamed by these people. Yet they claim accurate, fair and fearless publication - Now for the record, that’s false reporting!

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Regarding Doug Cross and the information above on Fluoride/Aluminium/Alzheimers Disease - his wife, Carole, 59, died in 2004. Her Death has been linked to the 20 tonnes of aluminium sulphate which was dumped into the wrong tank at a water treatment works in Camelford in 1988. http://www.guardian.co.uk/uk/2010/nov/01/camelford-poisoning-water-authority-inquest

A lethal cover up: Britain’s worst water poisoning scandal http://www.dailymail.co.uk/news/article-502442/A-lethal-cover-Britains-worst-water-poisoning-scandal.html

The Camelford Scandal (UK) by Paul Connett FAN April, 16, 2006 http://www.thenhf.com/article.php?id=1183

Fluoride Fiasco at Brisbane North Pine Water Treatment Plant - May, 2009
14th May announcement, water containing 30mg/L Fluoride (should be max of 0.8mg/L) went to 4000 homes in Warner and Brendale on 1st May between 9am and 12 midday. Linkwater, Qld Govt owned corporation controlling water pipelines, does daily sampling but did not receive fluoride tests till 12 days after overdose accident 15th May, accident date changed to 2nd May, time still between 9am and midday. Read more: http://www.qawf.org/UploadFiles/file/FLUORIDEFIASCOATBRISBANE.html

Some more ‘fluoridation accidents‘ http://www.fluoridefreefairbanks.org/Fluoridation%20Accidents%20Local%20Coverage.html
Some further information on Fluoride Toxicity Issues http://www.fluoridation.com/poison.htm

Dalby, Queensland, Fluoride Poisoning 1976 - As one of the many attachments to this Report you will find The Australian Fluoridation News Volume 43 No. 3 May-June, 2007 - headline The Pedigree Line of Fluoride Spin Doctors by Glen S.R. Walker - as always most important material - also you will find on page 6 the article on Fluoride Poisoning in Killen’s Home Town about a local family was almost killed by excessive fluoride added to the town water supply at Dalby, 12 years after Sir James Killen, who was born in Dalby, initiated one of the few defeats of the Menzies Government on the floor of the House. Almost 4 months after the poisoning, Dalby Aldermen confessed the near tragedy had been deliberately covered up. You can read the full story here also:-
http://home.vicnet.net.au/~fluoride/australian_fluoridation_newsletters_home.htm Scroll down and click on the link for 2007 #3 May-June - You will see that document comprises Pedigree Line of Fluoride Spin Doctors, Sir James Killen’s Opposition to Artificial Fluoridation, Fluoride Poisoning in Killen’s Home Town, The Parrot Scientific Dental hyperbole, Fluoridation, the Farcical Medical Concept.

Massachusetts banning bottled water! This kind of tyranny Government action has to be stopped - These dangerous people and their ‘laws’ in Massachusetts banning bottled water, we say to you, stop adding hazardous waste pollutants fluoroaluminum acid/silicofluorides, co-contaminants and also aluminium sulphate to our drinking water supplies and more people will be able to go back to drinking tap water (we always drank town water filtered through a purifier before we were polluted with hazardous waste polluting known as ‘water fluoridation.’ Bottled water (without hazardous waste known as fluoride) is peoples’ only escape from fluorosilicic acid/silicofluoride polluted water. All soft drinks etc., are polluted with this also if they are manufactured using ‘fluoridated water’ (as is everything else).
It would appear that 122 cities/towns in Massachusetts are polluted with ‘water fluoridation’. Now the people cannot even escape this polluted town water by buying bottled water (they shouldn’t have to) - this tyranny must be stopped and water pollution/fluoridation ended for all time. As per http://www.just-think-it.com/the-f-db.htm
+

Chronic administration of aluminum-fluoride or sodium-fluoride to rats in drinking water: alterations in neuronal and cerebrovascular integrity.
Varner JA, Jensen KF, Horvath W, Isaacson RL.

Source - Psychology Department, Binghamton University, Binghamton, NY, USA.

Abstract
This study describes alterations in the nervous system resulting from chronic administration of the fluoroaluminum complex (AlF3) or equivalent levels of fluoride (F) in the form of sodium-fluoride
(NaF). Twenty seven adult male Long-Evans rats were administered one of three treatments for 52 weeks: the control group was administered double distilled deionized drinking water (ddw). The aluminum-treated group received ddw with 0.5 ppm AlF$_3$ and the NaF group received ddw with 2.1 ppm NaF containing the equivalent amount of F as in the AlF$_3$ ddw. Tissue aluminum (Al) levels of brain, liver and kidney were assessed with the Direct Current Plasma (DCP) technique and its distribution assessed with Morin histochemistry. Histological sections of brain were stained with hematoxylin & eosin (H&E), Cresyl violet, Bielschowsky silver stain, or immunohistochemically for beta-amyloid, amyloid A, and IgM. No differences were found between the body weights of rats in the different treatment groups although more rats died in the AlF$_3$ group than in the control group. The Al levels in samples of brain and kidney were higher in both the AlF$_3$ and NaF groups relative to controls. The effects of the two treatments on cerebrovascular and neuronal integrity were qualitatively and quantitatively different. These alterations were greater in animals in the AlF$_3$ group than in the NaF group and greater in the NaF group than in controls.


Fluoride - Aluminium
Extract: It appears that many of fluoride’s effects, and those of the aluminofluoride complexes are mediated by activation of Gp, a protein of the G family. G proteins mediate the release of many of the best known transmitters of the central nervous system. Not only do fluorides affect transmitter concentrations and functions but also are involved in the regulation of glucagons, prostaglandins, and a number of central nervous system peptides, including vasopressin, endogenous opioids, and other hypothalamic peptides. The AlFx binds to GDP and ADP altering their ability to form the triphosphate molecule essential for providing energies to cells in the brain. Thus, AlFx not only provides false messages throughout the nervous system but, at the same time, diminishes the energy essential to brain function.

Fluorides also increase the production of free radicals in the brain through several different biological pathways. These changes have a bearing on the possibility that fluorides act to increase the risk of developing Alzheimer’s disease. Today, the disruption of aerobic metabolism in the brain, a reduction of effectiveness of acetylcholine as a transmitter, and an increase in free radicals are thought to be causative factors for this disease. More research is needed to clarify fluoride’s biochemical effects on the brain.

Anatomical Changes in the Brain

Studies of rats exposed to NaF or AlF$_3$ have reported distortion in cells in the outer and inner layers of the neocortex. Neuronal deformations were also found in the hippocampus and to a smaller extent in the amygdala and the cerebellum. Aluminum was detected in neurons and glia, as well as in the lining and in the lumen of blood vessels in the brain and kidney. The substantial enhancement of reactive microglia, the presence of stained intracellular neurofilaments, and the presence of IgM observed in rodents are related to signs of dementia in humans. The magnitude of the changes was large and consistent among the studies. Given this, the committee concludes further research is warranted in this area, similar to that discussed at a February 2-3,1999, EPA workshop on aluminum complexes and neurotoxicity and that recommended for study by NTP (2002).


Report - Water Fluoridation/Pollution Must End - by Diane Drayton Buckland - Independent Researcher 177
June 17, 1999  Phyllis J. Mullenix - Neurotoxicologist
This letter sent to School Health Advisory Committee
By Ms. Mullenix on 17th June, 1999.

Extract: My Investigations Of The Neurotoxicity Of Fluoride Started In 1987. Using a new computer pattern recognition system capable of a sensitivity and objectivity other behavioral measures did not possess, we studied an animal model first developed for the study of dental fluorosis. Frankly, we expected to find nothing.

The results from the first experiment we thought must be wrong, so we kept repeating the study with more animals, different doses, sexes, ages and methods of administration. *Like quicksand, every effort we made sank us further into the realization that brain function was impacted by fluoride.* Scientific integrity dictated that we publish our results (2,3), but employed at a dental research institution made us weak in the knees to do so.

In our 1995 paper (2), we reported that brain function was vulnerable to fluoride, that the effects on behavior depended on the age at exposure and that fluoride accumulated in brain tissues. Rats exposed as adults displayed behavior-specific changes typical of cognitive deficits, whereas rats exposed prenatally had dispersed behaviors typical of hyperactivity. Brain histology was not examined, but the behavioral changes were consistent with those seen when hippocampal development is interrupted and memory problems emerge. Overall, we concluded that the rat study nagged potential for motor dysfunction, IQ deficits and/or learning disabilities in humans.

In summary, there are no advantages to water fluoridation today. The risks far exceed the hoped for benefit. Dr. Hodge during the Manhattan Project requested funds from Col.Stafford L. Warren to do animal experimentation to determine central nervous system effects of fluoride (21). He did so because he had clinical evidence that the fluoride component of uranium hexafluoride caused "mental confusion, drowsiness and lassitude" among the workmen. Yet, he never got to do those studies, and because this information was classified, he never discussed his findings with me. Perhaps, however, this explains why he was so intensely interested in my fluoride studies up to the time of his death.

Therefore, in good conscience, I can only discourage the notion of fluoridating water supplies. The evidence against the safety of this public health policy keeps mounting; it is too compelling to ignore. However, proving harm takes a long but predictable path: industry complains, studies are criticized, and scientists are trashed. Do you have the time to wait while your children are at risk? The decision is yours.

Sincerely,
Phyllis J. Mullenix, Ph.D.
Research Associate, Dept. of Psychiatry
Children's Hospital. Boston, MA

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1999 VOL. 107. NO 1. PP. 15-21  c Swets & Zeilinger

Fluoride Enhances The Effect Of Aluminium Chloride On Interconnections Between Aggregates Of Hippocampal Neurons

G.B. van der Voet, O. Schijns and F.A. de Wolff
Toxicology Laboratory Leiden University Medical Center, Leiden, The Netherlands.

The role of fluoride in aluminium neurotoxicity was studied using an in vitro system of cultured hippocampal neurons from foetal rats. Sodium fluoride (50 M) and aluminium chloride (12.5 M) were administered alone or in a specific combination (50 12.5 M) in a 14-day culture in a chemically defined medium before staining of neurofilaments. Neuronal aggregates interconnected by neuritic fibers were detected light microscopically in control cultures. The aggregates and the fibers stained positive for neurofilament proteins.
In cultures treated with aluminium chloride the development of the interconnecting fibers was affected, resulting in a fusion pattern of the aggregates. This phenomenon was enhanced when sodium fluoride was given together with aluminium chloride.

It was concluded that aluminium interferes with the metabolism of the neuronal cytoskeleton and that this interference is potentiated by fluoride.


In addition to the hazardous waste pollutants fluoro silicic acid/silicofluorides and co-contaminants of lead, mercury, arsenic, cadmium etc., aluminium sulphate (sulfate)(a known neurotoxin also) is added to our drinking water supplies:-

See APPLICATION: Coagulant in pulp and paper mills, water purification and treatment, leather tanning, textiles; lubricating compositions, fire retardants; decolourisaton agent in petroleum, deodorizer; food additive; firming agent; sizing paper; lakes; dyeing mordant; foaming agent in firefighting foams; fireproofing cloth; catalyst, pH control; waterproofing concrete.

http://www.chemicalland21.com/industrialchem/inorganic/ALUMINIUM%20SULFATE.htm

Aluminium Sulphate This document l999 –

Extract: Aluminium sulphate contaminated water in Camelford water incident – disturbance of cerebral function in people exposed to drinking water…

Conclusion: People who were exposed to the contaminated water at Camelford suffered considerable damage to cerebral function, which was not related to anxiety.

• Key messages: aluminium is a well established neurotoxin
• Accidental contamination of drinking water in Camelford by aluminium sulphate led to symptoms of loss of concentration and short term memory that were initially attributed to anxiety
• In residents exposed to the contaminated water psychomotor performance was poorer than predicted from premorbid IQ and the difference between flash-pattern visual evoked potentials was greater than normal
• Anxiety did not influenc
• either of these measures of cerebral function
• Aluminium sulphate poisoning probably led to long term cerebral impairment in some people in Camelford

Effects Of Aluminium Exposure

Exposure to aluminium in experimental animals, dialysis patients, patients treated with contaminated parenteral nutrition, and industrially exposed people can induce brain disease, bone disease, and anaemia. Aluminium poisoning has been reported sporadically since 1921 after acute or chronic industrial exposure, although its neurotoxicity has interested scientists since the early 19th century. Neurodegenerative changes observed in animal studies proved similar to those in Alzheimer's disease, and in 1973 Crapper et al found aluminium concentrations, approaching those in experimental models, present in certain regions of the brains of patients dying of the disease.

Full Document:  http://www.bmj.com/content/319/7213/807.full

Fluorides also increase the production of free radicals in the brain through several different biological pathways. These changes have a bearing on the possibility that fluorides act to increase the risk of developing Alzheimer’s disease. Today, the disruption of aerobic metabolism in the brain, a reduction of effectiveness of acetylcholine as a transmitter, and an increase in free radicals are thought to be causative factors for this disease. More research is needed to clarify fluoride’s biochemical effects on the brain... The substantial enhancement of reactive microglia, the presence of stained intracellular neurofilaments, and the presence of IgM observed in rodents are related to signs of dementia in humans. The magnitude of the changes was large and consistent among the studies. Given this, the committee concludes further research is...
warranted in this area... On the basis of information largely derived from histological, chemical, and molecular studies, it is apparent that fluorides have the ability to interfere with the functions of the brain and the body by direct and indirect means. To determine the possible adverse effects of fluoride, additional data from both the experimental and the clinical sciences are needed." – National Research Council report (2006), p. 222: http://www.nap.edu/openbook.php?record_id=11571&page=222

"Studies of populations exposed to different concentrations of fluoride should be undertaken to evaluate neurochemical changes that may be associated with dementia... Most of the studies dealing with neural and behavioral responses have tested NaF. It is important to determine whether other forms of fluoride (e.g., silicofluorides) produce the same effects in animal models." – National Research Council report (2006), p. 223: http://www.nap.edu/openbook.php?record_id=11571&page=223


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FLUORIDE INCREASES LEAD CONCENTRATIONS IN WHOLE BLOOD AND IN CALCIFIED TISSUES FROM LEAD-EXPOSED RATS

By Sawana RMM (a), Leite GAS (a), Saraiva MCP (a), Barbosa Jr. F (b), Tanus-Santos JE (c), Gerlach RF (a)
(a) School of Dentistry of Ribeirao Preto, University of Sao Paulo
(b) School of Pharmaceutical Sciences of Ribeirao Preto, University of Sao Paulo
(c) Faculty of Medicine of Ribeirao Preto, University of Sao Paulo

The authors note that, "Higher blood lead levels have been reported in children living in communities that receive fluoride-treated water." They cite the two papers on Masters and Coplan (1999, 2000). The authors designed an animal experiment to see whether fluoride co-administered with lead increases lead concentrations in blood and calcified tissues. It is important to note that the fluoride compound that they used was hexafluorosilicic acid, one of the silicon fluorides used as fluoridating agents in over 90% of the water supplies fluoridated in the US. Hitherto, nearly all animal experiments have used sodium fluoride.

METHOD:

Four groups (i.e. a control group; a fluoride group; a lead group; a fluoride plus lead group) of female (Wistar) rats and their offspring were exposed to different drinking water preparations from 1 week prior to mating until offspring were 81 days old. The drinking water preparations used in the four groups were:

1) The Control Group received water containing maximally 0.1mg/L of fluoride and 0.5 µg/L of lead.
2) The Fluoride group (the F group) received water containing 100mg/L of fluoride (administered as hexafluorosilicic acid)
3) The Lead group (the Pb group) given 30mg/L of lead (administered as lead acetate)
4) The Combined Lead and Fluoride group (the F + Pb group) given 100mg/L of fluoride as hexafluorosilicic acid and 30mg/L of lead as lead acetate

Blood and calcified tissues (enamel, dentine, and bone) were harvested at day 81 for lead and fluoride analyses.

RESULTS: Higher blood lead concentrations (over three times) were found in the fluoride plus lead group compared with the lead group (76.7+/−11.0µg/dL versus 22.6+/−8.5µg/dL, respectively; p<0.001). Two- to 3-fold higher lead concentrations were found in the calcified tissues in the fluoride plus lead group compared with the lead group (all p<0.001). Lead concentrations were found to be 2.5 times higher in the superficial enamel, 3 times higher in surface bone, 2 times higher in whole bone, and 1.7 times higher in the dentine when the animals were co-exposed to fluoride, thus indicating a consistent rise in the amounts of lead found in whole blood and calcified tissues in the F+Pb Group.
CONCLUSIONS:

The authors concluded: "These findings show that fluoride consistently increases blood lead and calcified tissues lead concentrations in animals exposed to low levels of lead and suggest that a biological effect not yet recognized may underlie the epidemiological association between increased blood lead levels in children living in water-fluoridated communities."

Probably anticipating the usual criticism leveled against animal studies of this type by pro-fluoridation zealots, the authors of this study carefully address the issue of the concentrations of both lead and fluoride used in this experiment. They write:

The concentration of lead in drinking water used in the present study is considered a low concentration for rodents (Leasure et al., 2008). However, while the fluoride concentration used in the present study could be considered relatively high for rodents (100mg/L or ppm), this concentration was chosen because it produces plasma fluoride levels that are comparable with those commonly found in humans chronically exposed to 8mg/L of fluoride in the drinking water, which is a concentration known to cause severe fluorosis.

Since this study was based on a hypothesis derived from epidemiological evidence from thousands of children (that fluoride from the water might increase BPb levels), we felt that we had to maximize fluoride concentrations to observe its influence on lead levels in this proof-of-concept animal study. Although children are not chronically exposed to high concentrations of fluoride (100ppm) by means of drinking/cooking water, children are frequently exposed to high levels of fluoride during their first years because of the many sources of fluoride available to them. Since fluoride is not considered a toxic agent, it is widely available through mouth rinses, toothpastes, tablets, besides the fluoride present in drinking water, beverages, and food. Indeed, the widespread presence of fluoride increased the prevalence of fluorosis in the USA (Pendrys, 2000) and in other countries (Leverett, 1986; Jackson et al., 1999; Tabari et al., 2000; Tsutsui et al., 2000; Pereira et al., 2000). Therefore, it is likely that young children may experience episodes of exposure to high levels of fluoride, which may cause their BPb (blood lead) levels to increase and produce more lead toxicity.

A reason for major concern is the fact that exposure to increased amounts of lead and fluoride occurs at about the same age (1-3 years). Some studies of fluorosis prevalence point to a higher degree of fluorosis in front teeth and first molars (Ismail et al., 1990), which is an indirect measure of dose that indicates that the children receive the highest fluoride doses when their front teeth and first molars mineralize (at ages 1-5 years). This is about the same time when BPb levels are the highest in children. In fact, the exposure of children to lead apparently peaks at 12-36 months of age, which is the time when toddlers experience prominent hand-to-mouth behavior (Binns et al., 2007). Therefore, this is a critical time when systemic exposure to fluoride should be minimized, since fluoride may increase lead accumulation, and any preventable exposure to lead should be avoided (Binns et al., 2007).

FAN's comment on FLUORIDE INCREASES LEAD CONCENTRATIONS IN WHOLE BLOOD AND IN CALCIFIED TISSUES FROM LEAD-EXPOSED RATS By Sawana RMM (a), Leite GAS (a), Saraiva MCP (a), Barbosa Jr. F (b), Tanus-Santos JE (c), Gerlach RF (a)

In essence these authors have provided a well-designed animal study supporting the epidemiological findings of Masters and Coplan.

No one can deny that even very low levels of lead exposure can compromise the intellectual development and behavior of young children. If, as this experiment shows in animals, and Masters and Coplan may have found in epidemiological studies, that lead exposure (from any source) is increased by the presence of fluoride in the water, in any rational world this should force the end of fluoridation immediately. What parent in their right mind would knowingly allow the possibility that their child's mental development be impaired in exchange for some slight and questionable benefit to their teeth. However, without the mainstream media and the majority of environmental organizations involved in this issue it is hard to get this information to parents. Thus the chances are that this study will be ignored, like the landmark NRC (2006) review, by those governments determined to continue fluoridation whatever the costs to public health.

As each new scientific study makes the practice of water fluoridation more and more unjustified one feels as if one is caught up in some Kafka novel. We are trapped by a text that was written in 1950 when the US Public Health Service endorsed fluoridation with practically no science on the table. This endorsement set off such a cascade of endorsement dominos from "professional" bodies that no one seems to have the guts to say was a terrible mistake. All one's efforts to point out - like the little boy in Hans Christian Anderson's
famous tale - that the emperor has no clothes are met by derision by the modern day courtiers at the CDC and the ADA. Science has been subordinated to authority and public policy has become the plaything of the arrogant.

Meanwhile, for those who care for their common man this study is another critically important piece of ammunition in the battle to end this sordid practice worldwide.


In case you didn’t absorb this at the beginning - here it is again!

Fluoridation Fraud pushing City Council.

Anti-Fluoride Group Submits More than 35,000 Signatures to Portland in ‘Confident’ Bid to Force Vote - November 29, 2012

In a country where fluoride is added to 70 percent of U.S. public drinking water supplies to supposedly aid in the prevention of cavities, Portland, Oregon stands out from the crowd.

Portland is the largest city in the United States that has yet to add fluoride to its water supply, a stance that was set to change thanks to an unanimous city council vote in September 2012. However, Portland residents were not content to sit still while a proven neurotoxin was added to their drinking water … so, in a move that may inspire other cities around the U.S. to follow suit, they did something about it.

But:- Before that Completely corrupt Portland City Council secretly met with fluoride lobbyists before voting to poison Oregonians’ water - Tuesday, October 23, 2012

http://www.naturalnews.com/037648_fluoride_Portland_corruption.html

TOOTH DECAY CRISIS IN FLUORIDATED AREAS- 2008 figure Fluoride News Tracker

Tooth decay: a sad national epidemic caused by lack of dentists who care and not a fluoride need. Extensive lobbying, political maneuvering and expensive public relations campaigns by organized dentistry sway legislators to add fluoride chemicals into public water supplies, 2/3 of which already are, to benefit those whom dentists neglect. Protecting their high-salaried monopoly, dentists lobby against dental groups offering quality, cheaper fixes. Fluoride product makers benefit most.

Portland, Oregon:
Water Status: Never Fluoridated (Oct. 2012 Devious Plan to do so )
2008 Population: 550,396 (US Census Bureau Pop. Fact Finder)
Number of Dentists: 629 (AnyWho Yellow Pages, current listing)

Grand Rapids, Michigan
Water Status: FLUORIDATED SINCE 1945 (First In US And World)
2008 Population: 193,627 (US Census Bureau Pop. Fact Finder)
Number of Dentists: 924 (AnyWho Yellow Pages, current listing)

Much increased Business for Dentists
For More Information On Fluoride News Tracker
The most arrogant mayor in the U.S. - In the January 2013, issue of Portland Monthly, Sam Adams (the mayor of Portland who is part of the effort to force fluoridation on the citizens of Portland, even though they have voted down three previous proposals) was interviewed by Randy Gragg. One of the questions asked by Gragg:

"What is the dumbest Portland idea that won't die?"

His answer:
"That nonfluoridated water is somehow good for you."

If this mayor can get away with such an ill-informed (or PR spun) statement in one of the most progressive cities in America, it really underlines the need for more educational outreach aimed at the ordinary person. 

Source

New York town of Pulaski, banned ‘fluoride’. Comment: This will no doubt at all, flow on to the bigger cities as they are in dental crisis after up to 67 years in USA as is Australia after up to 50 + years. It is an abysmal failure as well as harmful to health. 


Pine Island says no to fluoride
https://www.facebook.com/FluorideActionNetwork/posts/471317552905362 
http://www.fluoridealert.org/?s=cities+that+stopped+fluoridation

Communities rejecting ‘fluoridation’ since 1990
http://www.fluoridealert.org/content/communities/

Floyd Maxwell - Chemical Engineer - International Anti-Fluoridation Database
Cities/Counties/Water Districts/Countries poisoning with Fluoride
http://www.just-think-it.com/the-f-db.htm

Australia wide so many people who have independently researched are vehemently opposed to this chronic poisoning of the population and our environment with hazardous waste pollutants known as ‘water fluoridation’ but it is forced on the population by has to be described as tyrannical Australian Governments in every State of Australia commencing Beaconsfield Tasmania in 1953. END IT NOW !

http://www.youtube.com/watch?v=_1iW1M-pyjY

Fluoride News Tracker Tooth decay: a sad national epidemic caused by lack of dentists who care and not a fluoride need. Extensive lobbying, political maneuvering and expensive public relations campaigns by organized dentistry sway legislators to add fluoride chemicals into public water supplies, 2/3 of which already are, to benefit those whom dentists neglect. Protecting their high-salaried monopoly, dentists lobby against dental groups offering quality, cheaper fixes. Fluoride product makers benefit most.


More Independent Voices Speak Up on Fluoridation
Since 2010, more than 75 U.S. and Canadian communities have voted to end water fluoridation – an outdated practice that amounts to a form of compulsory "mass medication" for entire city populations. Most recently, in Kirkland Lake, a community of 9,000 in Northeastern Ontario, Canada, the city council unanimously voted in favor of a motion to refrain from adding fluoride to the town's water. Initially the water fluoridation was stopped in September because the fluoridation tanks needed to be replaced, a step that would have cost the town up to $375,000. But what began as a financial issue soon progressed into a much
deeper debate, as council members voiced their concerns about adding this toxic "drug" to their residents' water supplies.

http://articles.mercola.com/sites/articles/archive/2012/12/18/more-communities-vote-against-fluoridation.aspx?e_cid=20121218_DNL_art_2

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Fluoride compounds - 3 of the 6 worst air pollutants

Fluorine "Fluorine has played a significant role in insect control since about 1896 when sodium fluoride and various iron fluorides were patented in England as insecticides."
http://www.fluoride-history.de/p-insecticides.htm

Water Fluoridation Chemicals - There is no safe dose for hazardous waste pollutants fluorosilicic acid/silicofluorides & co-contaminants of lead, mercury, arsenic, cadmium etc., used as water fluoridation chemicals.

Raw Fluoridation Chemical Analyses - Freedom of Information - South Australia Water Corp.
Raw fluoridation chemical analyses of South Australia's drinking water, listed below. This data has been scanned from original documents provided to Sapphire Eyes Productions by Dr. Andrew Harms & Ann Bressington. These documents show the toxic, heavy metal contaminants contained in the chemicals used to fluoridate your drinking water. These include lead, arsenic, mercury, uranium & more.

'Fire Water' Film Source: http://tiny.cc/9oj4g
Source: http://sapphireeyesproductions.blogspot.com/

Water fluoridation' chemicals - some brief information on the hazardous waste pollutants

These hazardous waste pollutants are similar Australia wide which are polluting extensive drinking water supplies throughout every State of Australia. Raw Fluoridation Chemical Analyses - Freedom of Information - South Australia Water Corp. Raw fluoridation chemical analyses of South Australia's drinking water, listed below. This data has been scanned from original documents provided to Sapphire Eyes Productions by Dr. Andrew Harms and Ann Bressington. These documents show the toxic, heavy metal contaminants contained in the chemicals used to fluoridate your drinking water. These include lead, arsenic, mercury, uranium & more. Fire Water Film Source. http://www.firewaterfilm.com/

............Our Politicians have Thrown Us to the Dogs............
Floyd Maxwell  Chemical Engineer  USA

The fertilizer, aluminium & steel industries produce massive quantities of fluoride that used to be industrial waste. To save large amounts of money, they came up with the idea of dumping this industrial waste into drinking water. Now, instead of having to pay to have the fluoride waste hauled away, they are paid to poison us. http://www.just-think-it.com/no-f.htm

Truth “water fluoridation” and phosphate mining

The Fluoride Deception is the latest mini documentary from Mike Adams, executive director of the Consumer Wellness Center. Through the use of animation and motion graphics, it exposes the truth about where fluoride really comes from: The toxic byproducts of the phosphate mining industry!

Here is the transcript of this documentary:

Fluoride. Dentists say that drinking it can protect your teeth against cavities. Cities and towns all across the world actually dump it into the water supply, hoping to indiscriminately medicate the population through their tap water faucets. The official story on fluoride sounds wonderful: Drink the stuff, and you won't get cavities, we're told. It's a nice story. But there's another side to this story -- the side you're never told. And it starts with the astonishing but verifiable fact that nearly all the fluoride dripped into municipal water supplies isn't naturally occurring fluoride at all.

In fact, it's actually a combination of hexafluorosilicic acid and sodium silicofluoride.

These two chemicals are considered highly toxic by the EPA. They're actually classified as hazardous waste and when packaged for transportation, they must be labeled as poison and handled by workers wearing industrial safety gear.

So what are hexafluorosilicic acid and sodium silicofluoride, and where do they come from? That's the part of this story that you probably won't believe. That is, not until you check it out yourself. Because the more you look into the mythology of fluoride, the more bizarre this story becomes. And this bizarre story begins at phosphate mining companies. Phosphate is an important mineral used in fertilizers. It's mined from natural rock deposits scattered across the world, and the phosphate rock is then refined to produce phosphoric acid.

If that name sounds familiar, that's because it's one of the main ingredients in carbonated sodas such as Coke and Pepsi. Phosphoric acid is often compared to battery acid. It's a highly acidic liquid that is believed to be the primary reason why drinking sodas can result in kidney stones and a loss of bone mineral density.

Phosphate rock is also used to create fertilizers. The problem is, phosphate is often contaminated with high levels of fluoride -- as much as 40,000 parts per million, or up to 4% of the raw ore. To remove the fluoride, sulfuric acid is added to a wet slurry of phosphate and water. This causes the fluoride to vaporize, creating highly toxic gaseous compounds such as hydrogen fluoride and silicon tetrafluoride. These toxic fluoride chemicals used to be released directly from the smokestacks of phosphate mining operations, but the nearby farms suffered devastating losses of cattle and food crops which withered away and died due to... guess what? Fluoride poisoning. In order to stop this environmental destruction, the phosphate mining industry put in place a way to capture the toxic fluoride chemical vapors so that they wouldn't be released into the air and kill the surrounding livestock and vegetation. This was accomplished by installing "wet scrubbers" that captured the toxic fluoride chemicals, preventing them from being released into the environment and killing the plant and animal life living nearby. It is from these wet scrubbers that toxic fluoride chemicals are now harvested. They're collected, re-packaged, shipped to your local city, then dumped into the municipal water supply. So instead of these toxic fluoride chemicals being released by the phosphate mining smokestacks, they are instead captured, and then released into the water supply of large cities where the chemicals then contaminate the water of millions of people at a time.

This is called water fluoridation.

When dentists and doctors say they support fluoride in the water supply, what they're really saying is that they support the mass poisoning of the population with a highly toxic hazardous waste product that, if it weren't dripped into the water supply, it would have to be disposed of as highly toxic hazardous waste under strict EPA regulations. Curiously, it is a violation of federal law to dump hexafluorosilicic acid or sodium silicofluoride into the water. Such an act, in fact, is considered an act of terrorism. Yet it is mysteriously allowed today as long as it is accompanied by a loosely-justified claim that "we're doing this to stop cavities." But setting aside for the moment the inconvenient truth that water fluoridation involves the illegal
act of dumping hazardous waste into the water supply, there's another important question in all this: Do these toxic fluoride chemicals actually prevent cavities?

Roughly ninety-nine percent of the municipal water pumped through any given city never ends up in the mouths of the people. Most water is used for showering, washing dishes, washing clothes, watering yards and filling pools. Almost none of the fluoride dripped into the water supply comes into contact with human teeth. It does, however, end up downstream, where it contaminates rivers, streams and ultimately the oceans of our world. In this way, water fluoridation policies have become a convenient loophole through which the phosphate mining industry can dump its toxic waste byproducts into the environment without adhering to any EPA regulations whatsoever. Phosphate mining companies even turn a profit by selling their hazardous waste to cities, then labeling it "fluoride" even though this name is scientifically inaccurate. All this raises an obvious question: If fluoride kills cows, and crops, and fish, and is considered a hazardous waste chemical by the EPA, then how could it be healthy to ingest? And why don't doctors and dentists, even though they openly recommend fluoride -- sometimes with irrational exuberance -- know where fluoride really comes from? If dentists knew fluoride was derived from the chemical waste of the phosphate mining industry, would they still recommend that we consume it?

The truth about fluoride is a lot like the truth about Enron, or Goldman Sachs, or every other shocking revelation that nobody believed until it suddenly became obvious that we were all being fooled for so long. Fluoride is a clever scheme, where a hazardous waste chemical is dumped into the environment by passing it through the bodies of people first. We, the People, have become the toxic waste dump site of the phosphate mining industry, and chances are, your local dentist fully supports this entire process. Over the last several decades, an astonishing twenty-four studies have established a statistical link between fluoride exposure and low IQs in children. One study conducted by the Center for Endemic Disease Control in China found that each additional milligram of fluoride detected in every liter of a child's urine was associated with a 0.59 point decrease in their IQ score. Another study found that fluoride exposure slashed the number of children achieving "high IQs" by more than 70 percent.

It shouldn't be surprising, of course, to learn that consuming a hazardous chemical might impair brain function. Water fluoridation, in turns out, may be the root cause of the alarming drop in academic aptitude among children in first-world nations. Historically speaking, the mathematics that used to be taught to eighth graders in the 1950s are now college-level courses in 2011. Maybe the reason why Johnny can't read or spell is because Johnny's been drinking too much fluoride. So I have three bits of advice for you. First, for your dental needs, always seek out a holistic dentist who understands the toxicity of fluoride and mercury. They will advise you NOT to drink toxic fluoride chemicals from your tap water. Secondly, don't drink unfiltered tap water. In addition to the toxic fluoride chemicals, tap water is also usually contaminated with chlorine and even dangerous elements from old water pipes. Buy a good countertop water filter from a company like Aquasana. Or get a whole-house filter to remove chlorine and fluoride from the water entering your home. Thirdly, help fight water fluoridation in your local city or town. If your city is like most cities, water fluoridation policies have been pushed by dentists and doctors who are technically ignorant of the origins and the composition of fluoride, and yet they seek to assert power over the composition your local water supply. They essentially attempt to mass-medication the entire population with what can only be called a "drug" -- a biologically active chemical that they claim can prevent a health condition.

And yet, has this "drug" called fluoride ever received FDA approval as a drug? Have the individual members of the population been individually assessed for their need for such a drug? Have medication doses and drug interactions been considered? Has anyone even been written a prescription for this drug? The answer is no. Fluoride is an unapproved drug, being used in a highly illegal mass-medication scheme that provides an excuse for the real agenda of disposing of a highly toxic hazardous waste chemical.

It's time to stop fluoride.

Demand an end to fluoridation in your local cities and towns. Call for those who purchase and handle fluoride to stop what they're doing. Question the safety of these toxic chemicals being dripped into the water supply. These are actions that endanger the public. They could be called acts of terrorism. And publicly shame the doctors and dentists who have taken part in this mass chemical poisoning, causing untold harm to populations all over the world.
Help us stop the fluoride poisoning of our world.

Learn more at NaturalNews.com. Join the Facebook group "No Fluoride." See more videos about fluoride at NaturalNews.TV. Visit FluorideAlert.org and other fluoride truth websites that are working to end the fluoride poisoning.  

Fluoride Spill At Rock Island Illinois Water Facility Requires Haz-Mat Response – But It's OK to Drink

Canadians Opposed to Fluoridation – Hydrofluorosilicic Acid Origins

"Robert Nutting, chairman of the Bradford Water and Sewer Commission, said he favours eliminating fluoride because he's unaware of “how much is too much” to add. The Valley News reported that he said he understands the state recommended a safe dosage, but he said the combination of fluoride in the water supply, toothpaste and other products could push a person over that limit."

Some earlier Fluoridation Quotes from Experts

An example: Dr. William Marcus, Ph.D, Environmental Protection Agency Scientist, Food & Water Journal, Summer 1998

"Fluoride is a carcinogen by any standard we use. I believe EPA should act immediately to protect the public, not just on the cancer data, but on the evidence of bone fractures, arthritis, mutagenicity, and other effects."

Report - Water Fluoridation/Pollution Must End - by Diane Drayton Buckland - Independent Researcher 187
Dr. David Kennedy  D.D.S.  Pst President of International Academy of Oral Medicine and Toxicology
- DANGER of fluoride (Hydrofluosilicic acid)

Hydrofluosilicic Acid is a Noxious Poison

http://www.youtube.com/watch?v=19vswcveI_Fk&feature=em-uploademail  
Dentist Andrew Wong  immediate past President of the ADAQ  on Radio 4BC on 12 Dec. 2012

http://www.4bc.com.au/blogs/4bc-blog/fluoride-the-facts/20121211-2b6zy.html#.UMe8J7YnEZ1  
Amongst the usual ‘safe and effective’ spiel on water fluoridation/pollution Dr. Wong spoke about acids bore holes in teeth and dissolve minerals and teeth are minerals and acids dissolve minerals and that is how you get dental decay.  Hmmm dangerously corrosive hydrofluosilicic acid/silicofluorides the hazardous waste from the phosphate fertilizer industries as ‘water fluoridation chemicals’.  

Speaking of dangerously corrosive hazardous waste pollutants in our drinking water supplies and our entire food chain - see this:- Interesting how the FDA have no problem with hazardous waste pollutants being dumped into the water supplies and hence all the food chain thereby drugging/poisoning/medicating entire populations but they write to this gentleman complaining about his walnut products under the Inspections, Compliance, Enforcement and Criminal Investigations - if this whole Fluoridation Fraud Disgrace wasn’t so obscene; complaining about this fellow’s nuts would be touching on comical. A new name needs to be made for the initials of the FDA. Disgraceful.

See complaint on walnuts [http://www.fda.gov/iceci/enforcementactions/warningletters/ucm202825.htm](http://www.fda.gov/iceci/enforcementactions/warningletters/ucm202825.htm)

"Fluorosilicic Acid...is an aqueous solution... used for the Fluoridation of drinking water. Fluorosilicic Acid is the most widely used fluoridation agent in Australia, & has several advantages over powdered fluoridation products, including the elimination of manual handling, dust control, & slurrification.[1] Fluorosilicic acid is a particularly aggressive & hazardous chemical & requires specific operator training & awareness.[2] Fluorosilicic acid is classified as a Schedule 7 (S7) Poison using the criteria in the Standard for the Uniform Scheduling of Drugs & Poisons (SUSDP).[3] Schedule 7 (S7) drugs and poisons are substances & preparations that have high to extremely high toxicity; can cause death or severe injury at low exposures; require special precautions in their manufacture, handling, or use; may require special regulations restricting their availability, possession or use; & are too hazardous for domestic use, or use by untrained persons.[4]

SO, let me get this straight...

The guy who wants this highly corrosive toxic S7 poison acid removed from the drinking water supply of babies, kidney patients, the elderly, & so on, is a "fringe" nut job, whose views pose a "risk [to the] the health
of the public"[5-6]; whilst those who insist on continuing to forcibly inject this highly corrosive toxic S7 poison acid into public water supplies, are hailed as "leading doctors," "authorities," "health officials," and the like.[7]

Mmmmmmmmmmmmmmmmmmmum......

All makes perfect sense to me???? huh ????

SOURCES

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Anti-Fluoridation Association of Mildura
Fluoridation Chemicals:  http://afamildura.wordpress.com/fluoridation-chemicals/
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Raw Fluoridation Chemical Analyses - Freedom of Information - South Australia Water Corp. This data has been scanned from original documents provided to Sapphire Eyes Productions by Dr. Andrew Harms & Ann Bressington. These documents show the toxic, heavy metal contaminants contained in the chemicals used to fluoridate your drinking water. These include lead, arsenic, mercury, uranium & more. 'FIRE WATER' FILM SOURCE: http://tiny.cc/9oj4g
Source: http://sapphireeyesproductions.blogspot.com/  www.firewaterfilm.com
+

The fertilizer, aluminium & steel industries produce massive quantities of fluoride that used to be industrial waste. To save large amounts of money, they came up with the idea of dumping this industrial waste into drinking water. Now, instead of having to pay to have the fluoride waste hauled away, they are paid to poison us. http://www.just-think-it.com/no-f.htm
+

Truth on “water fluoridation” & phosphate mining
http://www.youtube.com/watch?v=LEZ15m-D_n8&feature=share
+
http://cof-cof.ca/hydrofluorosilicic-acid-origins/

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Industrial fluoride pollution. Chronic fluoride poisoning in Cornwall Island cattle
Cornell Vet. 1979 Apr;69 Suppl 8:suppl 1-70.
Krook L, Maylin GA.

Abstract
An aluminum plant on the south bank of the St. Lawrence river, southwest of Cornwall Island, Ontario, Canada, has emitted 0.816 metric tons of fluoride daily since 1973; considerably higher amounts were emitted from 1959 to 1973. The plant has been designated as the "major source of fluoride emissions impacting on Cornwall Island." Chronic fluoride poisoning in Cornwall island cattle was manifested clinically by stunted growth and dental fluorosis to a degree of severe interference with drinking and mastication. Cows died at or were slaughtered after the third pregnancy. The deterioration of cows did not allow further pregnancies. Fluoride concentrations in ash of biopsied coccygeal vertebrae increased significantly with age and were dependent on distance from and direction to the aluminum plant. Fluoride in bone ash of a 7-month old-fetus exceeded 500 ppm; fluoride thus was passed transplacentally. Analyses of fluoride in ash of bones obtained at necropsy of cattle from 4 months of age to 4 to 5 years of age showed increased amounts with age. Cancellous bone retained far higher amounts than cortical bone, a reflection of the normally higher metabolic rate of cancellous bone. Concentrations exceeding 10,000 ppm fluoride were recorded in cancellous bone of a 4-to 5-year-old cow. The target cells for fluoride in chronic fluorosis were shown to be the ameloblasts, the dental pulp cells and the odontoblasts and, in bone, primarily the resorbing
osteocytes and also the osteoblasts. Atrophy and necrosis of the ameloblasts were responsible for enamel defects. The existing enamel showed brown discoloration from fluoride deposits. The pulp cells underwent fibrous and osseous metaplasia and necrosis of the ectopic bone occurred. The odontoblasts were atrophic and the dentin showed brown discoloration. The resorbing osteocytes were inactive and osteosclerosis resulted. This was especially pronounced in areas of normally great apposition, i.e. in the metaphyses. The epiphyseal plate became squeezed between petrotic bone and growth was stunted. Resorption of alveolar bone surrounding the deciduous teeth was severely retarded or arrested. A delay in eruption of permanent teeth occurred; it was up to 3.5 years in incisor teeth. Interference with the resorbing osteocytes in fluorotic bone was also demonstrated by loss of collagen birefringency in such bone. Failure of bone resorption also caused retention of trabecular bone in the cortices; this was observed even in a 4-t0-5-year-old cow. In areas where modeling into osteonic bone had begun, fluoride deposits were extremely heavy but this bone showed numerous soft osteons in microradiographs. The toxic effect of fluoride on osteocytes also resulted in the death of the cells. Such osteonecrosis occurred mainly in gnathic bone. There was atrophy of the osteoblasts. Osteopenia thus resulted from osteonecrosis and osteoporosis. Subperiosteal exostoses were not observed in long bones. The degree of fluorosis in Cornwall Island cattle was severe...

PMID: 467082 - PubMed - indexed for MEDLINE]

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The Fluoridation Fraud

Twelve years ago in 2000 this is what was added to Melbourne’s water supplies

Extract: This is an edited version of an interview with Mr. Glen S.R. Walker, FIMF, EMECS, MAES, by Ms. Judy-Ann Steed. The interview was broadcast from a Melbourne suburban community radio station. October 2000 figures obtained of what goes in annually to Melbourne’s water supplies - and you people as walking waste disposals get rid of this:

Fluoride – 1,030 tonnes, and because that corrodes the pipes, it makes the water acidic, they add,

Lime – 2,070 tonnes; this turns the water into a turbid state, it goes all dirty, so they add,

Aluminium Sulphate – 1,070 tonnes. This is aluminium sulphate considered at the moment to be the cause of Alzheimer’s and then they add;

Chlorine – 550 tonnes and

Sodium hydrochloride – a few tonnes.

All that stuff is added because they add fluoride and that’s the shandy people are drinking. They’re kidded that Melbourne’s water supply is a wonderful, clean supply. It used to be, but this is what goes into the water now. (since 1977).

There is no scientific basis on which you can argue the benefits or the safety of fluoridation. http://home.vicnet.net.au/~fluoride/2009/AFN_2009N2_AprJun_AquaPura.pdf

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From 1997 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.

"Fluoridation: License to Dump Toxic Waste In The Name of Public Health", Health Action Network, Fluoride Report No. 4, Jan (1997)  Contaminated with arsenic, lead, barium, cadmium, and mercury, no analyses of fluorosilicic 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 fluorosilicic acid and its capacity to leach copper and lead from soldered pipe joints and brass fixtures.


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Fluoride: The Hidden Poison in the National Organic Standards by Ellen and Paul Connett, Ph.D.
Fluoride Fact Sheet by David C. Kennedy D.D.S. and references.
http://www.apfn.org/apfn/fluoride.htm

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The Fluoride Deception: How a Nuclear Waste By-product Made Its Way into the Nation’s Drinking Water
Christopher Bryson claims in his new book "The Fluoride Deception" that the post-war campaign to fluoridate drinking water was less a public health innovation than a public relations ploy sponsored by industrial users of fluoride—including the government’s nuclear weapons program.[includes transcript] http://www.democracynow.org/2004/6/17/the_fluoride_deception_how_a_nuclear

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'Does Fluoride Really Fight Cavities by 'the Skin of the Teeth'?
"The new research found that the fluorapatite layer formed in this way is only 6 nanometers thick. It would take almost 10,000 such layers to span the width of a human hair. That's at least 10 times thinner than previous studies indicated. The scientists question whether a layer so thin, which is quickly worn away by ordinary chewing, really can shield teeth from decay, or whether fluoride has some other unrecognized effect on tooth enamel."  http://www.sciencedaily.com/releases/2010/12/101215121918.htm

Consider the effects on your teeth and the rest of your body of dangerously corrosive fluorosilicic acid/silicofluorides hazardous waste pollutants known as ‘water fluoridation chemicals’.
According to reports from WQAD News 8 in Moline, a tanker truck delivering the fluoride began to overflow, leaking the chemical directly onto the parking lot where it spilled down towards the street. And before emergency crews arrived on the scene in full hazmat suits and gas masks, the fluoride had actually begun to burn a hole right through the concrete.
Learn more: http://www.naturalnews.com/031892_fluoride_corrosive.html#ixzz2FHWy6T94

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Fluoride and Lead  - by - Frances Frech

(Originally presented at a State Lead Commission hearing in Hannibal, Missouri in 1994.)

All of the fluoride products used in the artificial fluoridation of water are contaminated with lead and arsenic. (We received the evidence from Margaret Stasikowski, an official with the EPA, in the form of copies of pages from Water Chemicals Codex, National Academy Press, Washington, DC, 1982.)

The lead contamination is considered the most serious so we’ll deal with that one rather than with both substances. Lead is creating the most concern today we’ll go into the arsenic angle in a later paper.

So How does the tainting occur? In the matter of the fluosilicates (such as hydrofluosilicic acid); the most commonly used fluoride substances in community water systems, this is the story:

The fluosilicates are the by-products of the phosphate fertilizer industry. In the manufacture of this kind of fertilizer, phosphorus is obtained from phosphate rock, which has to be broken down with sulfuric acid. (Fluorine occurs naturally in combination with the phosphates.) In these two facts lie the keys to the presence of lead in the fluosilicates.

Step One: Sulfuric acid is prepared by either of two ways, the lead chamber process or the contact method. In its purest form (made by the contact method) it is used in pharmaceuticals; in its lowest grade (produced by the lead chamber process) it is used by the fertilizer industry. It is also frequently recovered for re-use, but this form is too impure for any purpose except the manufacture of fertilizer, for which it is quite suitable.

In the lead chamber process purification is carried out only to the extent of removing substances that could clog the machinery. Of the common metals, only lead is resistant to cold sulfuric acid in concentrations up to 100%. But in hot acid the resistance is up to about 70%. The lead chamber type uses heat (about 600 C) and isn’t cooled during the process. That’s why a certain amount of lead is leached during this procedure.

If a pure product is needed, the contact method is used, but it’s more expensive, more complicated. In the making of fertilizer, however, a pure grade is not necessary. After all, neither fertilizer nor its byproducts were intended for human consumption.

Step Two: Fluorine, which is a highly reactive element capable of joining with any other element except oxygen, is able to leach lead from the contaminated sulfuric acid. In the past hydrofluosilic acid was simply neutralized and discarded. The picking up of lead wouldn’t have been a problem. But eventually it was decided that the acid, being already in solution, would be better, simpler to use, and less expensive than sodium fluoride. The lead contamination, apparently, was forgotten (if, indeed, it had ever been noticed.)

Sodium fluoride is also lead-tainted (and with arsenic, as well.) Aluminum ore (bauxite) is usually contaminated with lead and arsenic (and a number of other elements.) In order to obtain a pure product, these have to be removed. They become part of the major by-product of aluminum refining, sodium fluoride.

Another way in which fluoridation contributes to lead in the water is through its action on whatever lead pipes may still be in existence in older homes. Any lead pipes would be old lead. These are ordinarily covered by a protective coating made by the lead itself which is impervious to diluted acids (as all of them would be in water.) Water acts slowly on lead, forming lead hydroxide, but the action is slight if the water contains carbon dioxide or carbonates or sulfates which interact with lead to form these protective coatings.

It’s interesting that the lead pipes in Roman aqueducts, 2000 years old, are still in such good shape the numbers and letters engraved on them are clearly legible.

In fluoridated water, though, it’s a different matter. Fluorine can and does destroy the protective coatings; it can and does leach lead.

A pediatrics textbook published in 1964 noted that the incidence of lead poisoning had been rising in certain metropolitan areas in Eastern United States. The blame was laid on old lead paint flaking from walls...
and woodwork. But most of the lead chips were old before 1964; some children chewed them long before
then. But a new source of lead had arisen—unnoticed: The fluoridation of water, with lead contaminated
fluoride, a substance also capable of leaching lead from the pipes.

Although there were scattered places fluoridating throughout the nation, larger numbers of eastern
metropolitan communities were doing so.

Today one in nine children under the age of six is said to have unacceptably high blood lead levels (14) even
though lead paint was banned in 1978 (and hadn’t been used extensively since the 1950’s!) Lead in gasoline
has been phased out, and lead solder hasn’t been permitted on copper tubing since 1986 (eight years ago.)
The EPA says that lead stabilizes in five years. So except for fluoride use, any pipes, whether of lead or lead-
soldered, should not now be hazardous. The most revealing statistics, though, are the high blood lead levels
in 400,000 newborns each year. Newsweek in its article on lead and the threat to children (15) said that
pregnant women passed this toxic substance to their unborn children by eating, drinking, or breathing it. But
even though pregnant women do sometimes have weird cravings, it’s not likely more than a tiny percentage
would be chewing paint chips, nor would a significant number of them be engaged in renovating old houses.
The lead is in the water—and in foods and beverages prepared with the water.

The EPA estimates that 10-20% of the lead in children comes from the water.(16) That agency, which knows
of the lead contamination of fluoride products, insists the amount is too small to be of regulatory
concern. What they have overlooked, though, is that it concentrates in the body tissues, and over time, would
add up to quite a lot. In addition, it becomes concentrated in products processed with the water.

The 10-20% directly from the water can easily become three or four times as much. The EPA lists as health
problems caused by lead the following conditions: Interference with formation of red blood cells, anemia,
kidney damage, impaired reproductive function, interference with Vitamin D metabolism, impaired cognitive
performance, delayed neurological and physical development, elevations in blood pressure.(17) The agency
also suggests lead my be a carcinogen, possibly causing kidney tumors and lymphocytic leukemia.(18)
Furthermore, it’s a known scientific fact that lead poisons the bone marrow.(19) Surely, then, it would be
prudent to avoid even “a little bit of lead,” assuming that’s all fluoridation contributes.

But the evidence shows it’s much more than that. Let us tell you a tale of two cities—Tacoma, Washington,
and Thurmont, Maryland. Both of them saw significant decline in lead levels only six months after
fluoridation was stopped. (In Tacoma, that was due to equipment problems, in Thurmont, it was a temporary
ban by the city council.) Tacoma registered a drop of nearly 50% (20); in Thurmont it was 78%. (21) To the
best of our knowledge, no other explanations were offered. In Thurmont the ban is now permanent. (22) In
Tacoma, we’re told, a battle continues over whether or not to resume fluoridating.

We have more points to add. As we’ve already mentioned, the EPA says that lead may be implicated in
causing leukemia. A booklet published by the Leukemia Society in 1987 noted that chemicals which damage
the bone marrow can cause leukemia. The Book of Popular Science, 1974, pointed out that bone marrow is
poisoned by lead. (23) Are we to believe, then, nothing is wrong with putting a little bit of lead into the water
(from which it will also enter, more concentrated, food and beverages prepared with the water?)

The EPA permits lead-contaminated fluorides to be added; they do not require it. Thus, any community,
anywhere, could halt the program any time, with the consent of its citizens, who surely would consent if
given the facts.

Lead-tainted fluorides are waste products mainly of the aluminum and phosphate fertilizer industries, largely
from US companies. But we’ve learned that in some communities sodium fluoride imported from Japan or
sodium silicofluoride from Belgium are used. Neither of these nations fluoridates its own water supplies.
(24) (Don’t you get the feeling we’re in the same category as a Third World country becoming a toxic waste
dump for others?)

In California recently the Attorney General and two environmental groups have sued the makers of brass
pumps containing lead which could contaminate water from wells. (24) But who is suing companies who sell
lead-tainted products to cities for their fluoridation purposes? Who is suing the EPA for allowing it? Where
are the lawsuits against the US Public Health Service and the Centers for Disease Control for adamantly
promoting it?
In conclusion, there’s still the matter of lead being leached from old pipes. Anyone who argues that fluoridation had nothing to do with it will have to explain those well-preserved lead pipes from more than 2000 years ago in unfluoridated Roman water.

REFERENCES:


(2) Ibid.


(6) Ibid., 545.

(7) Ibid., 546.

(8) Ibid., 545A

(9) Book of Popular Science, Vol. 7, 63-64.


(15) Ibid.

(16) Ibid.


(18) Ibid., 265-70.


(22) Ibid.


Environmental Damage - Water Fluoridation is not a Solution to Pollution for Cities

For the Industrial Waste Industry, Artificial Fluoridation is an ideal "Solution" to Pollution

Conclusion

The decline in salmon stocks, especially Chinook and Coho, is a major economic problem for both commercial and sport fisheries. "Critical habitat restrictions" are currently (April 1994) being formulated. Fluoride pollution should be included.

There are many questions. But, until evidence to the contrary based on impartially, conducted field studies, is available, the "critical level" of fluoride, in fresh water, to protect salmon species in the US Northwest and British Columbia, should be 0.2 mgF/L. Acceptance of this level would condemn both the direct metering into fresh water of fluoride wastes from such activities as smelting and phosphate fertilizer manufacture and the entry of fluoride after its deliberate addition to community water supplies.

The strategy for eliminating unacceptable levels of fluoride from the "critical habitat" of northwest pacific salmon consists in the immediate banning of artificial fluoridation and the rapid sunsetting of the current disposal practices of fluoride-producing industries.

Gritsan NP, Miller GW, Schumatkov GG, Correlation among heavy metals and fluoride in soil, air and plants in relation to environmental damage, Fluoride, 1995, 28:4 180-188

The investigations were conducted at 46 sites in the South-East part of the Ukraine that had different levels of industrial pollution. Concentrations of fluoride and 16 other macro- and microelements were determined in plants (leaves and seeds) and soils to determine if there were any quantitative relationships between levels of these elements and abnormal plant development. Damage criteria such as the frequency of chromosome aberrations in root tips of Robinia pseudoacacia (L) seeds, determination of germination percentage, peroxidase activity of leaves and soils and quantity of microfauna were studied. It was found that among the environmental pollutants, fluoride was most damaging. [emphasis added] Full document (attached to this Report).

"If this stuff gets out into the air, it's a pollutant; if it gets into the river, it's a pollutant; if it gets into the lake, it's a pollutant; but if it goes right straight into your drinking water system, it's not a pollutant. That's amazing!" Dr. Hirzy 2000 Senior Vice-President of EPA Headquarters Union.

“In regard to the use of fluosilicic acid as a source of fluoride for fluoridation, this Agency [US EPA] regards such use as an ideal environmental solution to a long-standing problem. By recovering by-product fluosilicic acid from fertilizer manufacturing, water and air pollution are minimized, and water utilities have a low-cost source of fluoride available to them.” Rebecca Hanmer, Deputy Assistant Administrator for Water, US EPA, 30 March 1983.

1998

Water Fluoridation Chemicals

Phosphoric Acid Production And Airborne Fluorides:

Stories compiled and edited by George Glasser
© NOVEMBER 1998 Dedicated to Artie Johnson: (The lost soul) by George Glasser

Extract: Florida phosphate mines produce 30% of the world supply and 75% of the U.S. supply of phosphate fertilizers, upwards of 20-30 million tons per year. Much of the nation's supply of fluosilicic acid used as a water fluoridation agent is also produced in Florida from pollution scrubbing operations. Phosphate fertilizer suppliers have more than $10 billion invested in production facilities and mining operations in Florida alone. In Florida, phosphate fertilizer production accounts for $300 million in wages, directly employs about 8,000 people and supporting industries employ an estimated 50,000 people.

In spite of this impressive resume, for many of us living in the phosphate producing regions of Florida, Saddam Hussein would be regarded as a better neighbour than the phosphate fertilizer industry. Full document.
Water Fluoridation Chemicals

The Phosphate Fertilizer Industry: An Environmental Overview  -  May, 2003

However, the impacts of the industry's fluoride emissions are still being felt, although more subtly, by millions of people - people who, for the most part, do not live anywhere near a phosphate plant. That's because, after being captured in the scrubbers, the fluoride acid (hydrofluorosilicic acid), a classified hazardous waste, is barreled up and sold, unrefined, to communities across the country. Communities add hydrofluorosilicic acid to their water supplies as the primary fluoride chemical for water fluoridation. Even if you don't live in a community where fluoride is added to water, you'll still be getting a dose of it through cereal, soda, juice, beer and any other processed food and drink manufactured with fluoridated water. Meanwhile, if the phosphate industry has its way, it may soon be distributing another of its by-products to communities across the country. That waste product is radium, which may soon be added to a roadbed near you - if the EPA buckles and industry has its way.

Full:  http://www.fluoridealert.org/articles/phosphate01/

Fluoride and the Phosphate Connection - by George C. Glasser

Cities all over the US purchase hundreds of thousands of gallons of fresh pollution concentrate from Florida - fluorosilicic acid (H2SiF6) - to fluoridate water. Fluorosilicic acid is composed of tetrafluorosilicate gas and other species of fluorine gases captured in pollution scrubbers and concentrated into a 23% solution during wet process phosphate fertilizer manufacture. Generally, the acid is stored in outdoor cooling ponds before being shipped to US cities to artificially fluoridate drinking water.

Fluoridating drinking water with recovered pollution is a cost-effective means of disposing of toxic waste. The fluorosilicic acid would otherwise be classified as a hazardous toxic waste on the Superfund Priorities List of toxic substances that pose the most significant risk to human health and the greatest potential liability for manufacturers. Phosphate fertilizer suppliers have more than $10 billion invested in production and mining facilities in Florida. Phosphate fertilizer production accounts for $800 million in wages per year. Florida's mines produce 30% of the world supply and 75% of the US supply of phosphate fertilizers. Much of the country's supply of fluoro-silicic acid for water fluoridation is also produced in Florida.

Phosphate fertilizer manufacturing and mining are not environment friendly operations. Fluorides and radionuclides are the primary toxic pollutants from the manufacture of phosphate fertilizer in Central Florida. People living near the fertilizer plants and mines, experience lung cancer and leukemia rates that are double the state average. Much of West Central Florida has become a toxic waste dump for phosphate fertilizer manufacturers. Federal and state pollution regulations have been modified to accommodate phosphate fertilizer production and use: These regulations have included using recovered pollution for water fluoridation.

Radium wastes from filtration systems at phosphate fertilizer facilities are among the most radioactive types of naturally occurring radioactive material (NORM) wastes. The radium wastes are so concentrated, they cannot be disposed of at the one US landfill licensed to accept NORM wastes, so manufacturers dump the radioactive wastes in acidic ponds atop 200-foot-high gypsum stacks. The federal government has no rules for its disposal.

During the late 1960s, fluorine emissions were damaging crops, killing fish and causing crippling skeletal fluorosis in livestock. The EPA became concerned and enforced regulations requiring manufacturers to install pollution scrubbers. At that time, the facilities were dumping the concentrated pollution directly into waterways leading into Tampa Bay.

A Phosphate Worse than Death

In the late 1960s, EPA chemist Ervin Bellack worked out the ideal solution to a monumental pollution problem. Because recovered phosphate fertilizer manufacturing waste contain about 19% fluorine, Bellack concluded that the concentrated "scrubber liquor" could be a perfect water fluoridation agent. It was a liquid and easily soluble in water, unlike sodium fluoride - a waste product from aluminum manufacturing. It was also inexpensive. Fate also intervened. The aluminum industry, which previously supplied sodium fluoride for water fluoridation, was facing a shortage of fluorspar used in smelting aluminum. Consequently, there was a shortage of sodium fluoride to fluoridate drinking water.
For the phosphate fertilizer industry, the shortage of sodium fluoride was the key to turning red ink into black and an environmental liability into a perceived asset. With the help of the EPA, fluorosilicic acid was transformed from a concentrated toxic waste and a liability into a "proven cavity fighter." The EPA and the US Public Health Service waived all testing procedures and - with the help of the American Dental Association (ADA) - encouraged cities to add the radioactive concentrate into America's drinking water as an "improved" form of fluoride. The product is not "fluorine" or "fluoride" as proponents state: It is a pollution concentrate. Fluorine is only one captured pollutant comprising about 19% of the total product.

By 1983, the official EPA policy was expressed by EPA Office of Water Deputy Administrator Rebecca Hanmer as follows: "In regard to the use of fluosilicic (fluorosilicic) acid as a source of fluoride for fluoridation, this agency regards such use as an ideal environmental solution to a long-standing problem. By recovering by-product fluosilicic acid from fertilizer manufacturing, water and air pollution are minimized, and water utilities have a low-cost source of fluoride available to them."

A Hot New Property
In promoting the use of the pollution concentrate as a fluoridation agent, the ADA, Federal agencies and manufacturers failed to mention that it was radioactive. Whenever uranium is found in nature as a component of a mineral, a host of other radionuclides are always found in the mineral in various stages of decay. Uranium and all of its decay-rate products are found in phosphate rock, fluorosilicic acid and phosphate fertilizer.

During wet-process manufacturing, trace amounts of radium and uranium are captured in the pollution scrubber. This process was the subject of an article by H.F. Denzinger, H. J. König and G.E. Krüger in the fertilizer industry journal, Phosphorus & Potassium (No. 103, Sept./Oct. 1979) discussed how radionuclides are carried into the fluorosilicic acid.

While the uranium and radium in fluorosilicic acid are known carcinogens, two decay products of uranium are even more carcinogenic: radon-222 and polonium-210.

During the acidulation process that creates phosphoric acid, radon gas contained in the phosphate pebble can be released in greater proportions than other decay-rate products (radionuclides) and carried over into the fluorosilicic acid. Polonium may also be captured in greater quantities during scrubbing operations because, like radon, it can readily combine with fluoride.

In written communications to the author, EPA Office of Drinking Water official Joseph A. Cotruvo and Public Health Service fluoridation engineer Thomas Reeves have acknowledged the presence of radionuclides in fluorosilicic acid. Radon-222 is not an immediate threat because it stops emitting alpha radiation and decays into lead-214 in 3.86 days. Lead-214 appears to be harmless but it eventually decays into bismuth-214 and then into polonium-214. Unless someone knew to look for specific isotopes, no one would know that a transmutation into the polonium isotope had occurred.

Polonium-210, a decay product of bismuth-210, has a half-life of 138 days and gives off intense alpha radiation as it decays into regular lead and becomes stable. Any polonium-210 that might be present in the phosphate concentrate could pose a significant health threat. A very small amount of polonium-210 can be very dangerous, giving off 5,000 times more alpha radiation than the same amount of radium. As little as 0.03 microcuries (6.8 trillionths of a gram) of polonium-210 can be carcinogenic to humans.

The lead isotope behaves like calcium in the body. It may be stored in the bones for years before turning into polonium-210 and triggering a carcinogenic release of alpha radiation. Drinking water fluoridated with fluorosilicic acid contains radon at every sequence of its decay to polonium. The fresher the pollution concentrate, the more polonium it will contain. As long as the amount of contaminants added to the drinking water (including radionuclides in fluorosilicic acid) do not exceed the limits set forth in the Safe Drinking Water Act, the EPA has no regulatory problem with the use of any contaminated products for drinking water treatment.

Big Risks: No Tests
Despite the increased cancer risk from using phosphate waste to fluoridate drinking water, the EPA nor the Centers for Disease Control have never commissioned or required any clinical studies with the pollution concentrate - specifically, the hexafluorsilicate radical whose toxicokinetic properties are different than the lone, fluoride ion.
Section 104 (I) (5) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) directs the Toxic Substances and Disease Registry, the EPA, the Public Health Service and the National Toxicology Program to initiate a program of research on fluoride safety. However, after almost 30 years of using fluorosilicic acid and sodium fluorosilicate to fluoridate the drinking water, not one study has been commissioned.

The fluoride ion only hypothetically exists as an entity in an ideal solution of purified water - and tap water is far from pure H2O. All clinical research with animal models is done using 99.97% pure sodium fluoride and double distilled or deionized water. Among the thousands of clinical studies about fluoride, not one has been done with the pollution concentrate or typical tap water containing fluorides.

**Synergy Soup**

The fluorosilicic acid is also contaminated with small traces of arsenic, cadmium, mercury, lead, sulfates, iron and phosphorous, not to mention radionuclides. Some contaminants have the potential to react with the hexafluorosilicate radical and may act as complex ionic compounds. The biological fates and toxicokinetic properties of these complex ions are unknown.

The reality of artificial water fluoridation is so complex that determining the safety of the practice may be impossible. Tap water is chemically treated with chlorine, soluble silicates, phosphate polymers and many other chemicals. In addition, the source water itself may contain a variety of contaminants.

The addition of a fluoridation agent can create synergized toxicants in a water supply that have unique toxico-kinetic properties found only in that particular water supply. Consequently, any maladies resulting from chronic ingestion of the product likely would be dismissed as a local or regional anomaly unrelated to water fluoridation.

Technically, artificially fluoridating drinking water is a violation of the Safe Drinking Water Act (SDWA). Under statutes of the SDWA, federal agencies are forbidden from endorsing, supporting, requiring or funding the practice of adding any chemicals to the water supply other than for purposes of water purification. **However, the Public Health Service (PHS) applies semantics to circumvent Federal law in order to promote and fund the practice.**

PHS states that they only recommend levels of fluorides in the drinking water, and it is the sole decision of a state or community to fluoridate drinking water. Federal agencies are forbidden from directly funding or implementing water fluoridation but Federal Block Grants are given to States to use as they see fit. Through second and third parties (such as the American Dental Association, state health departments and state fluoridation coordinators), PHS encourages communities to apply for Federal Block Grant funds to implement fluoridation. The legality of using of Federal Block Grant funds to fund water fluoridation, a practice prohibited by Federal law, has never been addressed in the courts.

Vendors selling the pollution concentrate as a fluoridation agent use a broad disclaimer found on the Material Data Safety Sheet that states: "no responsibility can be assumed by vendor for any damage or injury resulting from abnormal use, from any failure to adhere to recommended practices, or from any hazards inherent to the product." [Emphasis added.]

The next time you turn on the tap and water gushes out into a glass, reflect on the following disclaimer from the EPA's 1997 Fluoride: Regulatory Fact Sheet: "In the United States, there are no Federal safety standards which are applicable to additives, including those for use in fluoridating drinking water."

George Glasser is a Florida-based writer whose work has appeared in Newlife, Whole Life Times, the Sarasota ECO Report and the Tampa Tribune.

[http://www.purewatergazette.net/fluorideandphosphate.htm](http://www.purewatergazette.net/fluorideandphosphate.htm)
"Fluoride is a carcinogen by any standard we use. I believe EPA should act immediately to protect the public, not just on the cancer data, but on the evidence of bone fractures, arthritis, mutagenicity, and other effects."

A Resolution Addressing the Silicofluoride Controversy
The following resolution is being submitted to the American Public Health Association by Myron Coplan, chemical engineer, & Dr. Robert Carton, past-President of EPA Headquarters Union for consideration at APHA's October 21-25, 2001, conference in Atlanta, Georgia.

Silicofluorides Should Not Be Added to Municipal Water without safety testing adequate to protect children and other vulnerable populations

Fluoride Compounds - 3 Of The 6 Worst Air Pollutants
Pollution of drinking water with fluorides by artificial fluoridation; pollution of the air with fluorine gases; the previous indiscriminate use of a range of fluorocarbon gases in refrigeration and propellants; and now carbon (and fluoride) trading, are closely linked.
An example of the link between fluoride air pollution and fluoridation of water supplies is the enactment in 1968 of a Regulation under the 1963 NSW Clean Air act, requiring removal of a high proportion of air-polluting fluoride gases from industrial sources, including from superphosphate production plants. Implementation of the regulation was timed to coincide with commencement of artificial fluoridation of drinking water supplies in Sydney.
Air-polluting fluoride fumes collected from smokestacks at the Kurri-Kurri superphosphate works north of Sydney were passed into water, turning the water into fluorosilicic acid. This acid was then transported to Sydney in rubber-lined tankers (the acid would eat through steel if in direct contact), and dumped into Sydney’s Prospect Reservoir, the large holding reservoir from which Sydney’s water supply is distributed.
Too toxic in the air, yet the population is expected to believe it is ok to drink.
“Carbon’ Trading – a license to pollute
Learn more
Fluoridation Without Representation
by James Robert Deal, Lynnwood Attorney
http://fluoride-class-action.com/mukilteo-edmonds

In 1991 Everett started adding fluorosilicic acid to its water without consulting with or obtaining the consent of the many other “captive” water districts throughout Snohomish County, those which have no choice but to buy water from Everett, including Mukilteo and Edmonds.

Fluorosilicic acid is a mixture of many compounds and elements. It is the unfiltered scrubber liquor from the wet scrubbers in the smokestacks of phosphate fertilizer plants in Florida, China and Mexico. It contains or breaks down fluoride ion, hydrogen fluoride, orthosilicic acid, lead, arsenic, mercury, cadmium, chromium, copper, thallium, selenium, and barium. Thallium is radioactive and emits beta radiation. Fluorosilicic acid breaks down into orthosilicic acid, which leaches large amounts of lead from pipes.

The CDC admits that 41% of children have some level of dental fluorosis, which 12.2% of children have fluorosis serious enough to be noticeable, embarrassing, and ugly.

Fluorosilicic acid is an enzyme interrupter. Fetuses and infants are most vulnerable because their cells are still dividing. A recent Harvard study concludes that “children in high fluoride areas had significantly lower IQ scores than those who lived in low fluoride areas”. Fluoridation causes or worsens arthritis, bone fractures, thyroid disease, kidney disease, heart disease, and cancer. The effect is cumulative because the body has trouble excreting fluoride. Fluoride also combines with aluminum which is added to Everett water to precipitate dirt – and thus transports aluminum across the blood-brain barrier, where it may cause or worsen Alzheimer’s symptoms.

Fluoridation does little or nothing to reduce tooth decay. The CDC admits that the effects of fluoridation “primarily are topical for both adults and children” and not via consumption of fluoride. Tooth decay has dropped just as much in non-fluoridated Europe as it has here. The big difference in Europe is that there is little dental fluorosis.

Safe water groups are asking Mukilteo and Edmonds and the other “captive” water districts to demand that Everett deliver non-fluoridated water to the water districts which serve the captive districts. Everett has four large pipelines coming down from Sultan, and one or two could be dedicated to carrying safe water.

For links to documents proving assertions made herein, see
James Robert Deal, Attorney

What Is In It?
Fluorosilicic Acid: A Mixture of Dozens of Elements and Compounds
By James Robert Deal J.D.
Assisted by Richard Sauerheber Ph.D.
December 23, 2012

The National Sanitation Foundation is the only organization which certifies the safety of fluoridation chemicals. NSF sets the quality standards for so-called fluorosilicic acid, the most widely used type of fluoridation chemical, and the one which King, Snohomish, and Pierce Counties in Washington add to their drinking water.

The NSF is a trade group which functions as a de facto FDA, falsely certifying fluoridation materials to be safe. The giant chemical and fertilizer companies which produce fluoridation materials are eligible to sit on the Board of NSF. See

Note however, that NSF does not certify fluoridation materials to be effective, only to be safe. This so-called fluorosilicic acid is actually composed of many elements and compounds. NSF has reported that various tanker loads of so-called fluorosilicic acid have contained and therefore can be expected to contain the following elements and compounds: fluorosilicic acid, fluoride ion, hydrogen fluoride, lead, arsenic, mercury, cadmium, chromium, copper, thallium, selenium, and barium. NSF admitted in 2000 that some tanker loads emit beta radiation.
This information comes from three publications by NSF, the first an April 24, 2000, letter from NSF to the Fluorida Department of Public Health, the second the 2008 NSF Fact Sheet on Fluoridation, and third the 2012 NSF Fact Sheet on Fluoridation, plus a typical Certificate of Analysis from Simplot, which supplies King and Snohomish counties with fluoridation materials.

The various constituents of this so-called fluorosilicic acid “morph” into different forms. They combine, break down, and join with other elements and compounds as the pH and dilution changes, from very low pH in the tanker truck to around 7.6 pH as it emerges, diluted, from the water treatment plant, to around 3 pH in the stomach (where half the fluoride ion morphs into hydrogen fluoride), to around 7.4 pH in blood. The body copes with fluoride by sending it to the bones, where it binds with calcium. It is sealed off and can never be excreted because the alkaline pH of the bones prevents it from ionizing and separating from bone calcium. It is trapped there forever and accumulates lifetime.

How concentrated are these various elements and compounds? How concentrated are they in the tanker truck which delivers the fluoridation material to the local treatment plant? How concentrated are they in the water emerging from the treatment plant? How concentrated are they in the water flowing from your tap, a relevant question in the case of lead, since there is much more lead flowing from the tap than in the source water or the water emerging from the treatment plant. The materials in the tanker truck are diluted down around 230,000 times to produce water containing fluoride ion at the so-called “optimal” level of 1.0 ppm. Snohomish and King County water is snow melt water and so is low in naturally occurring solids, although some water arrives in the storage lakes through springs and so would have travelled through mineral deposits. The source water might contain certain amounts of some of these contaminants, although Snohomish County water from Spada Lake and Lake Chaplain is snowmelt water and as pristine as found anywhere. The calculations here do not include contaminants which are found in the source water and do not include the amounts which might be added through leaching of residential pipes, but only the contaminants contributed by the fluoridation materials, unless otherwise indicated.

Levels are as follows:

**fluoride ion:**
1.93% of the contents of the tanker truck, 1.0 ppm in water leaving the treatment plant, 31.8 billion billion atoms of fluoride ion in a liter of water containing fluoride ion at 1 ppm

**fluorosilicic acid:**
23% of the contents of the tanker truck, near 0 ppm in water leaving the treatment plant because it has broken down into fluoride ion, silicic acid, and hydrogen fluoride, there are 31.8 x 10^{18} or 31.8 billion billion atoms of fluoride ion in a liter of water containing fluoride ion at 1 ppm

**sodium carbonate:**
ak a soda ash, added at the treatment plant to reduce acidity, 17 ppm in water leaving the treatment plant, sodium hydroxide (Draino) is used in other districts, with similar results

**hydrogen fluoride:**
1.5% of the contents of the tanker truck, in tap water at pH 7.6, 0.02 ppm or 602 billion atoms of hydrogen fluoride per liter of tap water, in tap water at pH 3 in the stomach .5 ppm or 15.05 million billion atoms of hydrogen fluoride per liter of stomach fluid

**orthosilicic acid:**
very little in the tanker truck, 0.6 ppm after dilution at the water plant, this amount contributed by the fluoridation materials, 3.763 trillion molecules of orthosilicic acid in a liter of water fluoridated at 1.0 ppm fluoride ion

**selenium:**
up to 3.2 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 24.38 thousand trillion atoms of selenium in a liter of water fluoridated at 1.0 ppm fluoride ion

**copper:**
up to 2.6 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 24.68 thousand trillion atoms of selenium in a liter of water fluoridated at 1.0 ppm fluoride ion

**lead:**
up to 1.6 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 4.647
trillion atoms of lead in a liter of water fluoridated at 1.0 ppm fluoride ion, up to 63 ppb at random taps measured in Everett, up to 1,600 ppb in Seattle school drinking fountains as a result of lead leaching caused by orthosilicic acid, a breakdown product of fluorosilicic acid

arsenic:
up to 1.6 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 12.8 trillion atoms of arsenic per liter of tap water fluoridated at 1.0 ppm fluoride ion

beryllium:
up to .6 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 39.72 trillion atoms of beryllium per liter of tap water fluoridated at 1.0 ppm fluoride ion

barium:
up to .3 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 1.325 trillion atoms of barium per liter of tap water fluoridated at 1.0 ppm fluoride ion

chromium:
up to .2 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 2.288 trillion atoms of chromium per liter of tap water fluoridated at 1.0 ppm fluoride ion

cadmium:
up to .12 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 6.44 trillion atoms of cadmium per liter of tap water fluoridated at 1.0 ppm fluoride ion

thallium:
up to 0.06 ppb after dilution at the water plant, this amount contributed by the fluoridation materials, 174.6 billion atoms of cadmium per liter of tap water fluoridated at 1.0 ppm fluoride ion, a radionuclide which emits beta radiation contribution from fluoridation materials

mercury:
0.04 ppb in tap water, contribution from fluoridation materials, 114.4 billion atoms of mercury per liter of tap water fluoridated at 1.0 ppm fluoride ion

Background information for non-scientists: Although the concentration of these contaminants might appear small when expressed as a percentage or as parts per million or billion, the absolute number of atoms of these contaminants in a liter of water is enormous.

An atom is exceedingly small, and the number of atoms in even a small amount of a substance is mind-bogglingly large. Avogadro’s Number is the number of atoms or molecules in one mole of an element or compound. A mole of an element or compound is the gram molecular weight or mass of the element or compound. The molecular weight of water, for example is 18, so a mole of water is 18 grams of water. In 18 grams of water there are $6.02 \times 10^{23}$ molecules of water. In plain language that is $6.02$ with the decimal point moved 23 places to the right or $602$ billion trillion molecules. The number of atoms of water in a liter of water would be $3.344$ billion trillion atoms or $3.344$ trillion trillion molecules.

Let’s do the same calculation for fluoride ion, assuming a concentration in tap water after dilution of 1.0 ppm. The atomic mass of fluoride ion is 19, and therefore the gram molecular weight of fluoride ion is 19. There is not 1 gram of fluoride ion in fluoridated water, but 1 milligram, which is .001 gram. To get the number of moles of fluoride ion in a liter of water divide .001 by 19, which means there is .000053 moles of fluoride ion in a liter of water, which is $5.3 \times 10^{-5}$ (because we moved the decimal point 5 places to the right) moles of fluoride ion in a liter of fluoridated water. Multiply $5.3 \times 10^{-5} \times 6 \times 10^{23} = 31.8 \times 10^{18}$. That is 31.8 billion billion atoms of fluoride ion in a liter of water containing fluoride ion at 1 ppm.

Although 1 part fluoride ion in one million is argued to be safe for human consumption, understand that one liter of water fluoridated with 1.0 ppm fluoride ion contains around 31.8 billion billion atoms of fluoride ion, meaning it is capable of being involved in billions of chemical reactions.

The kidneys of a healthy adult eliminate half of all ingested fluoride fluoride, but are unable to prevent the other half. It remains in the body, bound to bone permanently for the life of the consumer. Calcium fluoride is locked inside extracellular bone, which retains a basic pH of 7.4, and at that pH, the fluoride cannot dissociate and come unlocked from the calcium.
1 ppm fluoride ion in water causes blood fluoride levels of 0.21 ppm, which in turn produces a fluoride saliva level of around 0.02 ppm fluoride ion (pages 70-73). A blood fluoride level of .21 ppm is enough to inhibit the activity of DNA repair enzymes including glutamine synthetase about 50%.

Regarding orthosilicic acid, there is little orthosilicic acid ($\text{H}_4\text{SiO}_4$) in the tanker truck. However, when fluorosilicic acid ($\text{SiF}_6^{2-}$) is diluted 230,000 times to the point where the concentration of fluoride ion has been reduced from 23% down to 1.0 ppm, fluorosilicic acid breaks down, and one of its breakdown products is orthosilicic acid. So-called fluorosilicic acid is not just fluorosilicic acid. It contains or breaks down into water, hydrogen fluoride, fluoride ion, orthosilicic acid, and a host of other elements in small concentrations.

In water where fluoride ion is diluted to the point where there is 1.0 ppm fluoride ion, there are around 0.6 ppm orthosilicic acid. Orthosilicic acid has an atomic weight of 96. Therefore divide $0.6 \times 10^{-9}$ by 96 = which yields 0.00625 x $10^{-9}$, which is $6.25 \times 10^{-12}$ moles of orthosilicic acid in a liter of water. Multiply $6.25 \times 10^{-12}$ by Avagadro’s number, 6.02 x $10^{23}$ = 37.6 x $10^{11}$ or 3.76 x $10^{12}$. That is 3.763 trillion molecules of orthosilicic acid in a liter of water fluoridated at 1.0 ppm fluoride ion.

Perhaps even more harmful than the fluorosilicic acid is the lead which comes along with the fluorosilicic acid. Fluorosilicic acid contains up to 1.6 ppb lead, which is a lot of lead, but it is a small amount when compared to the lead which orthosilicic acid leaches from pipes and fittings. Lead has been measured at random taps in Everett at up to 63 ppb and in Seattle school drinking fountains at up to 1,600 ppb. This is a shocking number. It converts into 1.6 ppm, meaning there can be even more lead than fluoride in some drinking water.

When lead is present in water at 1.6 ppb, there are as many as $4.6 \times 10^{12}$ atoms of lead per liter, which is 4.6 trillion atoms of lead. These 4.6 trillion atoms of lead penetrate every part of the body, are hard for the body to excrete, are highly toxic, can foment trillions of anti-enzymatic reactions, and do so repeatedly because they are indestructible. A “small” amount of lead is not a small number of atoms of lead, and is wrongheaded to dismiss it as insignificant.

Comment from Dr. Sauerheber: Note that 0.6 ppm orthosilicic acid is $6.25 \times 10^{-6}$ molar and would react one-to-one with lead bicarbonate to form $6.25 \times 10^{-6}$ moles of lead ion which just happens to equal 1,300 ppb, which in turn is comparable to the 1,600 ppb lead level detected in Seattle school drinking fountains.

Deal’s translation for non-scientists: How does Dr. Sauerheber convert so easily from ppm to moles? Why do we convert from ppm to moles anyway? Scientists do not like working in ppm because ppm only tells them concentration of the element or compound by weight, not the concentration by number of atoms, which they need to know to make chemical calculations.

Each molecule of orthosilicic acid will dissolve one atom of fluoride ion. X number of silicic acid molecules will dissolve the same X number of atoms of lead ion, but X number of lead ions will weigh more than the X number of molecules of orthosilicic acid. To convert X number of lead atoms back to ppm, multiply the moles by gram molecular weight of lead, which is 207, and you will come back out at the ppm for lead dissolved by orthosilicic acid.

The calculation: 0.6 ppm orthosilicic acid per liter of water = .6 mg, which equals 0.0006 g/L or $6.0 \times 10^{-4}$ g/L (gram molecular weight is in terms of grams, not milligrams so we move the decimal point three places to the left). Divide $6.0 \times 10^{-4}$ /L by the gram molecular weight of orthosilicic acid, 96 = $6.25 \times 10^{-6}$ moles/L. (You can then multiply this number by Avagadro’s number to get the actual number of atoms, but then you will have to divide by the same number to get back to the molarity of the lead produced, so you can just skip multiplying and dividing by Avagadro’s number.) The result is that the $6.5 \times 10^{-6}$ molarity of the orthosilicic acid equals the $6.5 \times 10^{-6}$ molarity of the lead dissolved.

Next, how do we convert $6.5 \times 10^{-6}$ moles of lead ion into ppm lead ion? Multiply $6.5 \times 10^{-6}$ by the atomic weight, 207 g/mole, which gives 1,345 x $10^{-6}$, which is $1.345 \times 10^{-3}$, which is 0.001345 g/L, which is 1.3 mg/L or 1.3 ppm or 1,300 ppb, which is close to the 1,600 ppb concentration of the lead found in Seattle school drinking fountains. The lead concentration can rise so high because orthosilicic acid is a powerful lead solvent and because it has all weekend to do its work.
I am going into all this detail to demonstrate that the science is not that complex and that we should not be intimidated by the numbers and the chemistry. The science is easy enough, and the case against fluoridation is so overwhelming, that you do not need a Ph.D. in chemistry to understand that it is potent and harmful. It is a mistake to presume that we as non-scientists cannot understand these scientific concepts and must rely unquestioningly on men in white coats.

The NSF standard 60 requires that a score of toxicological studies be done on fluoridation materials, however, NSF has admitted that it is not enforcing this requirement. Laws in some 47 states such as WAC 246-290-220 state that fluoridation may be done only with fluoridation materials which “comply” with NSF Rule 60. Because the toxicological studies are not being done, our fluoridation materials do not “comply” with NSF Rule 60. Fluoridation with fluorosilicic acid is therefore illegal. There are other reasons why fluoridation is illegal. Our city councils and water districts ignore this conspicuous violation of law at the peril of themselves someday being personally liable in court.

Some deadly compounds break down into harmless elements or compounds. Cyanide, for example, a deadly poison, carbon triple bonded to nitrogen, breaks down into harmless carbon and nitrogen. However, the elements listed above do not break down. Elements are indestructible. They can continue their destructive anti-enzymatic activity all your life.

Arsenic: NSF acknowledges that shipments of fluoridation materials have been found to add up to 1.6 ppb arsenic after dilution down to the level where fluoride ion is at 1 ppm. Arsenic has a molecular weight of 75. At the concentration of 1.6 ppb in water, the calculation of the number of atoms of lead in a liter of water is 1.6 x 10^9, which is .0000000016 (note that I moved the decimal point nine places to the left), which is the number of grams of arsenic in a gram of water. Divide that by the atomic number, which is 75. That yields 2.1 x 10^-12 moles of arsenic x Avagadro’s number, 6.02 x 10^23 = 12.8 x 10^-12. That is 12.8 trillion atoms of arsenic per liter of tap water fluoridated at 1.0 ppm fluoride ion.

Regarding selenium, NSF acknowledges that shipments of fluoridation materials have been found to contain up to 3.2 ppb selenium (3.2 x 10^9) after dilution down to the level where fluoride ion is at 1 ppm. The atomic weight of selenium is 79 and a mole of selenium therefore weighs 79 grams. Divide 3.2 x 10^-9 by 79 = .0405 x 10^-9 or 4.05 x 10^-11 moles of selenium in a liter of fluoridated water. Multiply 4.05 x 10^-11 by Avadadro’s number, 6.02 x 10^23 = 24.38 x 10^12, which would be 24,380,000,000,000. That is 24.38 thousand trillion atoms of selenium in a liter of water fluoridated at 1.0 ppm.

Regarding copper, NSF acknowledges that shipments of fluoridation materials have been found to contain up to 2.6 ppb copper (2.6 x 10^-9) after dilution down to the level where fluoride ion is at 1 ppm. The atomic weight of copper is 63.54 and a mole of selenium therefore weighs 63.54 grams. Divide 2.6 x 10^-9 by 63.54 = .041 x 10^-9 or 4.1 x 10^-11 moles of copper in a liter of fluoridated water. Multiply 4.1 x 10^-11 by Avadadro’s number, 6.02 x 10^23 = 24.68 x 10^12, which would be 24,680,000,000,000. That is 24.68 thousand trillion atoms of selenium in a liter of water fluoridated at 1.0 ppm.

Returning to lead, NSF acknowledges that shipments of fluoridation materials have been found to contain up to 1.6 ppb lead (1.6 x 10^-9) after dilution down to the level where fluoride ion is at 1 ppm. The atomic weight of lead is 207.2 and a mole of lead therefore weighs 207.2 grams. Divide 1.6 x 10^-9 by 207.2 = 7.72 x 10^-12 moles of lead in a liter of fluoridated water. Multiply 7.72 x 10^-12 by Avadadro’s number, 6.02 x 10^23 = 46.47 x 10^12, which would be 46.47 trillion atoms of lead in a liter of water fluoridated at 1.0 ppm.

Regarding the lead in Seattle school drinking fountains at 1,600 ppb, the number of atoms would be a thousand times larger than the amount in the tanker truck, which was 1.6 ppb, so the number of atoms in Seattle schools would have been 4,647 trillion or 4.647 thousand trillion atoms of lead in a liter of water fluoridated at 1.0 ppm fluoride ion.

Regarding beryllium, NSF acknowledges that shipments of fluoridation materials have been found to add up to .6 ppb beryllium after fluoridation materials have been diluted down to the level where fluoride ion is at 1 ppm. Beryllium has a molecular weight of 9. At the concentration of .6 ppb in water, the calculation of the number of atoms of beryllium in a liter of water is as follows: Start with .6 ppb or .0000000006 or .6 x 10^-9. This is the grams of beryllium in a gram of water. Divide that by the atomic number, which is 9. Then .6 x 10^-9 divided by 9 = .066 x 10^-9 or 6.6 x 10^-11, which the moles of beryllium in a liter of water. Multiply x 6.6 x 10^-11 x Avagadro’s number, 6.02 x 10^23 = 39.72 x 10^12 or 3.972 x 10^13. That is 39.72 trillion atoms of beryllium per liter of tap water fluoridated at 1.0 ppm fluoride ion.
Regarding barium, NSF acknowledges that shipments of fluoridation materials have been found to add up to .3 ppb beryllium to water after fluoridation materials have been diluted down to the level where fluoride ion is at 1 ppm. Barium has a molecular weight of 137. At the concentration of .3 ppb in water, the calculation of the number of atoms of barium in a liter of water is as follows: Start with .3 ppb or .00000000003 or .3 x 10^{-9}. This is the grams of beryllium in a gram of water. Divide that by the atomic number, which is 137: .3 x 10^{-9} divided by 137 = .00022 x 10^{-9} or 2.2 x 10^{-12}, which the moles of barium in a liter of water. Multiply 2.2 x 10^{-12} x Avogadro’s number, 6.02 x 10^{23} = 13.24 x 10^{11} or 1.324 x 10^{12} or 1,324,000,000,000. That is 1.325 trillion atoms of barium per liter of tap water fluoridated at 1.0 ppm fluoride ion.

Regarding cadmium, NSF acknowledges that shipments of fluoridation materials have been found to add up to .12 ppb cadmium to water after fluoridation materials have been diluted down to the level where fluoride ion is at 1 ppm. Cadmium has a molecular weight of 112. At the concentration of .12 ppb in water, the calculation of the number of atoms of cadmium in a liter of water is as follows: Start with .12 ppb or .00000000012 or .12 x 10^{-9} grams of cadmium in a liter of fluoridated water. Divide that by the atomic number of cadmium, which is 112: .12 x 10^{-9} divided by 112 = .00107 x 10^{-9} or 1.07 x 10^{-12}, which is the moles of cadmium in a liter of water. Multiply 1.07 x 10^{-12} x Avogadro’s number, 6.02 x 10^{23} = 6.44 x 10^{12} or 6,440,000,000,000. That is 6.44 trillion atoms of cadmium per liter of tap water fluoridated at 1.0 ppm.

Regarding mercury, NSF acknowledges that shipments of fluoridation materials have been found to add up to .04 ppb mercury to water after fluoridation materials have been diluted down to the level where fluoride ion is at 1 ppm. Mercury has a molecular weight of 201. At the concentration of .04 ppb in water, the calculation of the number of atoms of mercury in a liter of water is as follows: Start with .04 ppb or .00000000004 or .04 x 10^{-9} grams of mercury in a gram of fluoridated water. Divide that by the atomic number of mercury, which is 201: .04 x 10^{-9} divided by 201 = .000199 x 10^{-9} or 1.9 x 10^{-13}, which is the moles of mercury in a liter of water. Multiply 1.9 x 10^{-13} x Avogadro’s number, 6.02 x 10^{23} = 11.44 x 10^{10} or 114,400,000,000. That is 114.4 billion atoms of mercury per liter of tap water fluoridated at 1.0 ppm.

Regarding hydrogen fluoride, Simplot’s Certificate of Analysis shows that around 1.5% of the contents of a tanker truck load of so-called fluorosilicic acid is hydrogen fluoride. NSF acknowledges on its Fact sheet that after dilution of fluoridation materials down to the level where fluoride ion is at 1 ppm, hydrogen fluoride is present at .02 ppm, which is in treated water at pH 7.6. In the stomach at pH 3, hydrogen fluoride concentration is up to around .5 ppm, whereas fluoride ion has dropped from 1.0 ppm to around .5 ppm. Notice how fluoride ion and hydrogen fluoride morph from one to the other depending on the dilution and the pH.

Hydrogen fluoride has a molecular weight of 20. At a concentration of .02 ppb in water coming from the treatment plant at pH 7.6, the calculation of the number of atoms of hydrogen fluoride in a liter of water is as follows: Start with .02 ppb or .00000000002 or .02 x 10^{-9} grams of hydrogen fluoride in a gram of fluoridated water. Divide that by the atomic weight of hydrogen fluoride, which is 20: .02 x 10^{-9} divided by 20 = .001 x 10^{-9} or 1.0 x 10^{-12}, which is the moles of hydrogen in a liter of water at pH 7.6. Multiply 1.0 x 10^{-12} x Avogadro’s number, 6.02 x 10^{23} = 6.02 x 10^{11} or 602,000,000,000. That is 602 billion atoms of hydrogen fluoride per liter of tap water at pH 7.6.

However, in the stomach it is a different story, because at pH 3, a lot of fluoride ion morphs into hydrogen fluoride, and hydrogen fluoride is present in the stomach at around .5 ppm. So let’s run the numbers again at .5 ppm. Again, hydrogen fluoride has a molecular weight of 20. At a concentration of .5 ppm in the stomach, the calculation of the number of atoms of hydrogen fluoride in a liter of stomach fluid is as follows: Start with .5 ppm or .0000005 or 5.0 x 10^{-7} grams of hydrogen fluoride in a gram of fluoridated water. Divide that by the atomic weight of hydrogen fluoride, which is 20: 5.0 x 10^{-7} divided by 20 = .25 x 10^{-7} or 2.5 x
10^{-8}, or .000000025 moles of hydrogen fluoride in a liter of stomach fluid at pH 3.0. Multiply 2.5 x 10^{-8} x Avagadro’s number, 6.02 x 10^{23} = 15.05 x 10^{15} or 15,050,000,000,000,000. That is 15.05 million billion atoms of hydrogen fluoride per liter of stomach fluid at pH 3.0.

Finally, there is thallium, NSF acknowledges that shipments of fluoridation materials have been found to add up to .06 ppb thallium to water after fluoridation materials have been diluted down to the level where fluoride ion is at 1 ppm. Thallium has a molecular weight of 204. At the concentration of .06 ppb in water, the calculation of the number of atoms of thallium in a liter of water is as follows: Start with .06 ppb or .00000000006 or .06 x 10^{-9} grams of thallium in a gram of fluoridated water. Divide that by the atomic number of thallium, which is 204: .06 x 10^{-9} divided by 204 = .000029 x 10^{-9} or 2.9 x 10^{-13}, which is the moles of thallium in a liter of water. Multiply 2.9 x 10^{-13} x Avagadro’s number, 6.02 x 10^{23} = 17.46 x 10^{10} or 174,600,000,000. That is 174.6 billion atoms of thallium per liter of tap water fluoridated at 1.0 ppm fluoride ion.

Many of the isotopes of thallium are radioactive. NSF admits in its letter written in 2000 that the radionuclides in so-called fluorosilicic acid give off as much as .6 millirems of beta rays per year. Presumably these beta rays are coming from the thallium, although according to environmental journalist George Glasser, when the price of uranium was higher, the ore which phosphate comes from has been used as a source of commercial amounts of uranium. So there may be other radionuclides in the fluoridation materials which might contribute to this total, including uranium and polonium, according to Glasser. He says:

“In a classic beta decay a neutron [gives off an electron and becomes positive and] turns into a proton, and a beta particle (electron) and an anti-neutrino are ejected from the nucleus”.

This amount of radiation approaching you from outside your body would not even penetrate your skin. However, once a thallium atom becomes part of the body, it is inside cells and only Angstrom units away from DNA molecules. There is no safe level of ingested radioactivity.

The only defense which the fluoridationists have when we tell them that their fluoridation materials contain fluorosilicic acid, fluoride ion, hydrogen fluoride, lead, arsenic, mercury, cadmium, chromium, copper, thallium, selenium, and barium is to counter that the amounts are small.

To the contrary, the amounts are not small. The amounts of fluoride ion, hydrogen fluoride, and orthosilicic acid, are large even as a percentage of all the additives. Further, the amount of lead which orthosilicic acid dissolves out of pipes can be enormous, as high as 1,600 ppb. It is amazing that we ignore the fluorosilicic acid connection with lead leaching.

In addition, fluoridationists ignore the possibility that all these toxic substances are more potent as a mixture than they are individually.

Please sign a new petition to stop fluoridation on www.avaaz.org created by Gerald Steel, Washington lawyer who has been working for citizens in Port Angeles, Washington State.

Petition details
It is directed to Kathleen Sibelius, Director of the US Department of Health and Human Services, whose predecessor the US Public Health Service, was the first health agency to inflict the practice of water fluoridation on the world in 1950.

The petition states:
As citizens from around the world, we ask that you declare that water fluoridation products are drugs because they are intended to prevent the disease of tooth decay. However, such products are not approved drugs. Many experts state that water fluoridation products are not safe and effective. Please stop the sale of water fluoridation products that are not HHS or FDA approved as safe and effective drugs for use in public water supplies.  Click Here to sign the petition today

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Fluoride Action Network
Ending water fluoridation is not a pipe dream. Since 1990, over 300 communities in the United States and Canada -- representing millions of people -- have rejected water fluoridation schemes. Read below to learn the seven ways you can join this historic movement. Then ask yourself: what role would I like to play?

Activist Tool Kit
The following are the first three flyers that we have created for the tool-kit, although we will be creating a number of additional flyers over the next few weeks. If there is an item elsewhere on the website that you would like us to turn into a flyer, please let us know by contacting stuart@fluoridealert.org

Flyers:
•  Quick Facts About Fluoridation
•  Who Opposes Fluoridation?
•  A Response to Pro-Fluoridation Claims
•  50 Reasons to Oppose Fluoridation (updated August 2012)
http://www.fluoridealert.org/take-action/activist-tool-kit/

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Awwa warned not to remove or destroy evidence for water fluoridation injury legal actions
June, 9, 2008

Ant fluoride Association of Mildura
http://www.fluorideandfluorosis.com/Affidavit/Affidavit.html
SEE: http://afamildura.wordpress.com/legal/

Can you trust Health Departments/Government and their interests? Not if you’re still capable of rational thinking you won’t - The Revolving Doors of the The Fluoridation Industry Machine, Phosphate Fertilizer Industries disposing of these hazardous waste pollutants and sold as being great for your teeth and health - safe and effective ‘fluoridation chemicals’ by Governments and their ‘interests’, Industry Funded Dental Schools at Universities, TGA, Dental and Medical Lobby (ADA,AMA and their ties and massive political ties, power and clout), the long term corruption/conflicts of interests at the CDC, FDA,EPA,WHO, Government Funded British Fluoridation Society and others who all quote the same ‘trained seal spiel’ ‘that water fluoridation is safe and effective’ – many Researchers, Scientists and others say categorically no you cannot – the ties to industry funded dental research/schools at universities etc., present the most serious conflicts of interests and hence you have the suppression and rejection of the highest quality evidence of harm from world experts and Australian Governments statements that ‘water fluoridation is safe and effective’ is fraudulent because no evidence of safety exists whatsoever, how could it for the population to be consuming dangerously corrosive hazardous waste pollutants in everything they eat and drink and bathe in it? And the evidence of effectiveness claim is slammed by the most damning undeniable fact that USA and Australia are both in dental crisis after 67 years and up to nearly 60 years of ‘water fluoridation’ respectively.

As we have always said all along, the only answer EVER was to provide access to AFFORDABLE dental health care services for all the population, not the obscenity of dumping hazardous waste pollutants into the peoples’ drinking water supplies and hence also contaminating our food chain. I say again also, that our Australian Media are an absolute disgrace to have never taken on this most important health issue and showed your stance time and time again of pro-fluoridation.
Independent Researcher and Activist - Ireland – The Girl Against Fluoride
Professor Denis O Mullane is Vice Chairperson of the Executive Committee of the Irish Expert Body of fluorides & health. Although he calls himself "an independent objective research worker in the field of Dental Public Health", this man has promoted water fluoridation around the world for many years. He has pushed water fluoridation in South Africa along with Seamus Hickey. Despite Mr Mullane's pro fluoride bias, in 2002 Michael Martin gave him a grant estimated at a million to investigate the benefits and risks of water fluoridation. 

The British Fluoridation Society includes Denis Mullane in their information leaflets. He is also connected with the British Nutrition Foundation - this was set up in the 1960's by sugar & pharmaceutical companies such as Tate and Lyle ltd, Cadburys, Proctor & Gamble. Denis Mullane's uncle was chief chemist of Irish Sugar Company.

Mr Mullane is part of a group rewriting a document on "Fluorides and Oral Health", for the WHO. This is one of the men who continues to say that water fluoridation is safe & yet the chemicals used in water fluoridation in Ireland were banned for their use as a wood preservative. 

Water Fluoridation/Pollution Safety FAIL 
Water Fluoridation/Pollution Effectiveness FAIL

Everyone in mainstream medicine must renew their oaths - First Do No Harm, Preventative Medicine, Prevention of Diseases, The Precautionary Principle, Honesty, Honour and Integrity and Protection of the Health and Safety of the Population above all else.

Queensland Health Pro-fluoridation propaganda ‘no threat to babies’

Facts and myths - Please choose from the following fact sheets: NB from Australian Health Departments it’s all Myths !

• Common fluoride myths
• Facts on water fluoridation in Queensland

The favourite claim of all ‘Health Departments’ Australia wide - Queensland Health does not consider the addition of fluoride to drinking water to be “mass medication”, but simply adjusting the level of a substance already found naturally in the water to provide a substantial public health benefit. They avoid telling you that it is dangerously corrosive hazardous waste pollutants and co-contaminants from the phosphate fertilizer industries don’t they?

We would draw Queensland Health’s attention to this:
Fluoride’s Effect on Fetal Brain http://www.fluoridealert.org/studies/brain05/
http://www.fluoridealert.org/studies/brain01/
Fluoride Health Effects Data Base http://www.fluoridealert.org/?s=health+effects+data+base

Claims of Queensland Government - Chief Dental Officer – Dr. Michael Foley

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All Health Departments continue with their usual stance that it is safe and effective – which is opposite to what world experts have said for decades. Queensland Government Health Department state: Fluoride – Clearly fluoride is good for you - For over 50 years fluoridated water has proven to be a safe and effective way to reduce tooth decay in towns and cities in Australia and overseas. It's good for your teeth and for the health of Queenslanders. For more information about fluoride, ask your dentist or doctor or visit the Australian Dental Association website. You can also phone 13Health (1343 2584) http://www.health.qld.gov.au/fluoride/water_fluoridation.asp

I think anyone reviewing this Report I have presented here and the attached documentation, would vehemently disagree with Queensland Health’s Information (which sadly for the population, is same as rest of Australia’s).

Victorian Department of Health - see their information on Chronically Poisoning their population. This also insane Government states:- ‘The provision of safe drinking water to Victoria’s urban and rural communities is essential for maintaining public health and wellbeing. In Victoria, drinking water quality is protected by legislation that recognises drinking water’s importance to the state’s ongoing social and economic wellbeing.’

Now those with a still functioning brain capable of rational thought ask yourselves, how do they have the audacity to make such a statement when they know full well they are dumping hazardous waste and co-contaminants etc., into the peoples’ drinking water supplies and hence food chain. The People Need to Stand Up and Take Real Action to end this Fluoridation Fraud NOW and for ever more.


The Dictators of Fluoridation have no place in our Democracy – This Stops Now

http://www.youtube.com/watch?v=Y8rfOyYE_A4

Some TV Commercials to Stop Water fluoridation/pollution

http://www.youtube.com/playlist?list=PL963144EC431FB2CC

Firewater Film - Documentary - Doing the job that puppets in Mainstream Media should have done.

Where you will get the truth in Australia www.firewaterfilm.com

Blood and Urine Fluoride Levels Testing in Australia - every State of which is heavily polluted with hazardous waste pollutants fluoroacid/silicofluorides known as water fluoridation

No blood tests for fluoride levels are available at all in New South Wales or Victoria and probably the rest of Australia (see note on Queensland in this section). Only urine fluoride level testing is available. In January, 2012 I had called a large Veterinary Organisation in Victoria to discuss blood and urine fluoride testing for my now crippled dog and the person I spoke to said ‘we don’t do Fluoride Tests we don’t think it’s a valid test.’

Both blood and urine human Fluoride tests can be done in Queensland – Random or 24 hour urine fluoride analysis and the specimens requiring analysis and reports have to always be sent to Queensland Health and

The Toxic Element assays are performed and reported by the Queensland Health Scientific Services. This is an identical procedure for all Veterinary blood and urine Fluoride tests, analysis and reports. No Independent Laboratory Analysis or Results, only through the ‘fluoride poisoners themselves’.

South Australian Governments likewise for 40 years chronically poisoning the population All States of Australia heavily polluted with these hazardous waste pollutants known as ‘water fluoridation’

16.2.2011
For 40 years, it is learned, South Australian governments have been supporting the poisoning of the people of South Australia, as have the governments of Victoria and Queensland now, with the forced "fluoridation" policy of Premier Minister Anna Bligh. The South Australian Minister for Health, John Hill, also declined to attend, saying his diary was full, as did the opposition shadow Health Minister.

South Australia's only Political Independent Member of Parliament, Ann Bressington said: "What could be more important than finding out why South Australia's stillbirth rate could be so high, or why our incidence of cancer in this state is higher than anywhere else in Australia, or why so many people now suffer with numerous health disorders like thyroid problems, chronic fatigue syndrome, kidney problems or even a possible explanation for why so many children are diagnosed with ADD/ADHD and other learning disorders.

http://www.mathaba.net/news/?x=625980

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Hundreds of Brave Dentists speak out against water fluoridation 12 October, 2011

It takes a special kind of humility for a medical professional to admit that something he or she was taught in medical school, and has long since clung to as fact, is actually false. But a growing number of dentists from around the world, many of whom formerly supported water fluoridation, are now boldly speaking out against it as a long-held, unsubstantiated medical dogma purported to prevent tooth decay, but that actually damages health and provides no legitimate oral health benefits.

Recently, there has been intense pressure in many communities to remove fluoride chemicals from water supplies. Particularly in the US where fluoridation is quite common, many local residents have been sending information about fluoride's dangers to their city council members, and even attending and speaking at meetings.

But what is often missing from reports about anti-fluoridation efforts is the fact that many medical professionals, including dentists, are also in agreement that fluoride ingestion is dangerous. In other words, these are not just concerned citizens without medical degrees that are raising an issue, but they are people that have been extensively educated in oral health.

http://www.naturalnews.com/033845_dentists_water_fluoridation.html

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Dean Murphy DDS    How Fluoride Is Killing You – The Devil’s Poison

Extract from book 2008 - What are those small white spots on your teeth and what caused them? What are those bumps on my palate and on my lower jaw? What caused them and why are they growing? Why are my joints more stiff as I get older and my tendons and ligaments calcifying? Why is osteoporosis so common today affecting one in every three women? Recently, the Center of Disease Control reported American senior citizens spent 42 billion dollars on broken hips and other bones. There were 1.3 million fractures with the most common bone involving the hip. In fact more people lose their teeth from generalized bone loss than from any other cause.

Why are thyroid disorders the single most prevalent endocrine disorder affecting upwards of 20 million Americans, with approximately 8 million people undiagnosed and a half-million new cases being discovered each year? Known as ‘Gland of Emotions’ could there be a relationship to the 20 million Americans suffering from depression and the 17 million dollars current spent on anti-depressants?

Fluorine is the strongest free-radical on the entire periodic table. It spontaneously combusts when exposed to air and is the key ingredient for propelling the space shuttle into outer space. It is the key ingredient to the world’s most deadly nerve gasses and is the most reliable cockroach and rodent poison used for over half a century. Did you know that it accumulates, like arsenic and lead, both in our bones and soft tissues including the heart and the brain? How much are we actually exposed to in our daily lives? If it helps reduce caries when the crowns are forming, why are we exposed to it after the age of eight? What are the diseases that have been recognized as caused by small chronic doses of fluoride? These questions and the facets pertaining to fluoride will come to light in these pages. Are you being poisoned on purpose?

Video Dr. Dean Murphy:  The Devil’s Poison – Dr. Stan Monteith (Radio Liberty)
http://www.youtube.com/watch?v=tWxJBuUst70

Fluoridation And Hip Fractures
1997 by John R. Lee MD
Conclusion: All studies of fracture rates relative to long-term fluoridation exposure indicate a significant increase in fracture risk from fluoridation. The increased fracture risk due to fluoridation appears to range from 40-100%, depending on the age of the subjects studied. For women in their seventh decade who have been exposed to life-long fluoridation, the risk of hip fracture is approximately doubled. The risk increases with fluoride concentration at all levels over 0.11 ppm. Increased bone and connective tissue injuries of US youngsters should alert us to the probability that our high fluoride environment is adversely affecting our youngsters as well as our elderly.

See information on Fluoridation and Hip Fractures from Gerald Steele, Washington Lawyer, attached to this Report.

West Midlands Against Fluoridation –Bibliography

Extensive Information - This section contains sources of information which have been written by medical, scientific, dental and legal experts http://wmaf.org.uk/index.php?content=content&parent=2&read=9

Alderman – Milwaukee: - We have served as guinea pigs in this ongoing and failed experiment for far too long. In my position as Alderman, it is my duty to promote the health, safety and welfare of all our residents. Adding fluoride chemicals into our public water supply runs counter to this and therefore needs to end.
http://www.endfluoridemilwaukee.blogspot.com/
Royal Society’s Chief Called To Resign Over Fluoridation Review Debacle
Wellington
11 October 2012
Contrary to the claims that the Royal Society’s call for scientific information on fluoridation “did not elicit any new information indicating that a further review would be of value at present” the Society received almost 1000 pages of fully referenced scientific information showing fluoridation to be a significant health risk, as well as being ineffective at reducing tooth decay.

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Brain dead if you still think ‘water fluoridation’ is a good idea
http://www.g-tigerclaw.com/Fluoride/fluoride_strategy.htm

Dental Confessions:

An Educational Website about the dangers of dental mercury, mercury free dentist practices and fluoride fraud http://www.dentalconfessions.com/

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Sandy Sanderson, Independent Researcher.
“There is a misconception with some that fluoridation is not medication because it is ‘preventative’. According to the TGA’s definition: “Therapeutic goods are broadly defined as products for use in humans in connection with: preventing, diagnosing, curing or alleviating a disease, ailment, defect or injury.” If you research PubMed published papers you will find the definition again: “Silicofluorides, widely used in water fluoridation, are unlicensed medicinal substances, administered to large populations without informed consent or supervision by a qualified medical practitioner. Fluoridation fails the test of reliability and specificity, and, lacking toxicity testing of silicofluorides, constitutes unlawful medical research.”

How can they possibly guarantee that it is ‘safe’ when they can’t control dose? How much fluoride can you consume and retain before it reaches toxic levels? What about people with kidney disease, or babies? Implying there is no limit is unconscionable and irresponsible. Fluoridation is not ethical.”

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No Safety Data Exists: http://dianabuckland.webs.com/nosafetydatafl.htm

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WHY EPA HEADQUARTERS UNION OF SCIENTISTS OPPOSES FLUORIDATION

We tried to settle this ethics issue quietly, within the family, but EPA was unable or unwilling to resist external political pressure and we took the fight public with a union amicus curiae brief in a lawsuit filed against EPA by a public interest group. The union has published on this initial involvement period in detail. Since then our opposition to drinking water fluoridation has grown, based on the scientific literature documenting the increasingly out-of-control exposures to fluoride, the lack of benefit to dental health from ingestion of fluoride and the hazards to human health from such ingestion.

These hazards include acute toxic hazard, such as to people with impaired kidney function, as well as chronic toxic hazards of gene mutations, cancer, reproductive effects, neurotoxicity, bone pathology and dental fluorosis. The implication for the general public of these calculations is clear. Recent, peer-reviewed toxicity data, when applied to EPA’s standard method for controlling risks from toxic chemicals, REQUIRE AN IMMEDIATE HALT TO THE USE OF THE NATION’S DRINKING WATER RESERVOIRS AS DISPOSAL SITES FOR THE TOXIC WASTE OF THE PHOSPHATE FERTILIZER INDUSTRY.

This document was prepared on behalf of the National Treasury Employees Union Chapter 280 by Chapter Senior Vice-President J. William Hirzy, Ph.D. 

http://www.juneau.org/clerk/boards/Fluoride/Pages1494-1501_Exhibit_G.pdf

Health Canada’s Embarrassing Report 11 November, 2009 Fluoride in Drinking Water

In Sept 2009, Health Canada produced another one of those reports on fluoride that, like so many others, is more about protecting the fluoridation program than it is about protecting public health. This report is little different from other junk reports disheled up by (or orchestrated by) the US government (DHHS, 1991) the Irish government (Fluoridation Forum, 2000); the UK government (MRC, 2002; South Central SHA, 2009); the Australian government (NHMRC, 1991, 1999, 2007) or the New Zealand government. Even Alan Freeze and Jay Lehr in their recent book Fluoride Wars, which is otherwise heavily slanted towards a pro-fluoridation position, do at least concede this point when they wrote:

"There is one anti-fluoridationist charge that does have some truth to it. Anti-fluoride forces have always claimed that the many government-sponsored review panels set up over the years to assess the costs and benefits of fluoridation were stacked in favor of fluoridation. A review of the membership of the various panels conform this charge. The expert committees that put together reports by the American Association for the Advancement of Science in 1941, 1944 and 1954; the National Academy of Sciences in 1951, 1971, 1977 and 1993; the World Health Organization in 1958 and 1970; and the US Public Health Service in 1991 are rife with the names of well-known medical and dental researchers who actively campaigned on behalf of fluoridation or whose research was held in high regard in the pro-fluoridation movement. Membership was interlocking and incestuous." (p.156)


Fluoridation in New Zealand : amazing facts about fluoridation accidents, bungling and cover-ups by the dental-medical establishment / by Bruce Collins

Fluoride research and references

Fluoride has no positive role in human metabolism
Fluoride is not a nutrient
It has no value as a ‘dietary supplement’
It is not an essential trace element
It is neurotoxic, induces oxidative stress, damages DNA and causes apoptosis (cell death), inhibits mitochondrial function, impairs thyroid function, affects reproductive capacity in males and females, is associated with cancer, is excitotoxic, accumulates in the body much faster than it is cleared......

Learn more:
http://www.sailhome.org/Concerns/BodyBurden/Burdens/Fluoride.html
The Girl Against Fluoride

Fluoridation & The Web Of Deceit. - Conflicts of Interests

Independent Researcher and Activist - Ireland – The Girl Against Fluoride
Professor Denis O’Mullane is Vice Chairperson of the Executive Committee of the Irish Expert Body of fluorides & health. Although he calls himself "an independent objective research worker in the field of Dental Public Health", this man has promoted water fluoridation around the world for many years. He has pushed water fluoridation in South Africa along with Seamus Hickey. Despite Mr Mullane's pro fluoride bias, in 2002 Michael Martin gave him a grant estimated at a million to investigate the benefits and risks of water fluoridation.

The British Fluoridation Society includes Denis Mullane in their information leaflets. He is also connected with the British Nutrition Foundation - this was set up in the 1960's by sugar & pharmaceutical companies such as Tate and Lyle Ltd, Cadburys, Proctor & Gamble. Denis Mullane's uncle was chief chemist of Irish Sugar Company.
Mr Mullane is part of a group rewriting a document on "Fluorides and Oral Health", for the World Health Organisation.
This is one of the men who continues to say that water fluoridation is safe and yet the chemicals used in water fluoridation in Ireland were banned for their use as a wood preservative.

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More from The Girl Against Fluoride

A Christmas Message to the people of Ireland by The Girl Against Fluoride
Published on Dec 25, 2012

Please check out some of the facts relating to water fluoridation, and follow my legal action to have water fluoridation stopped in Ireland.

Follow me here...
Start research here...

Irish Dentists Slam Harney Over Fluoride Poisoning.
Press Conference, Buswells Hotel, 12/04/2005 At 11am.

Irish Dentists Opposing Fluoridation (IDOF), a group of over 100 dentists, has published an article in The Irish Dentist slamming Minister Harney and the Department of Health for doing nothing to combat the near epidemic levels of dental fluorosis in Irish children. Here, dental fluorosis, fluoride damage to teeth, has sky-rocketed with a seven fold increase from 1984 to 2002 and the Republic of Ireland (artificially fluoridated since 1960s) now has three times more fluorosis than Northern Ireland which still rejects water fluoridation on health and safety grounds.

We are opposed to water fluoridation for the following reasons:
Learn more

Ireland - Enviro Management Services was established to provide specialist professional services in environmental management, due diligence and risk assessment to private clients, industry, planning, environment, development, waste management and energy companies.

Announcement:
Since 2011 I have been engaged, purely on a voluntary basis, in research of the effect of fluoride on human health and the environment. In recent times the Republic of Ireland has witnessed a dramatic and unprecedented increase in medical ailments that has resulted in alarming levels of disease burden amongst the population. Environmental pollutants play a major role in promoting ill-health.

Fluoride has been scientifically documented to contribute to a wide range of illnesses and is known to be an enzymatic poison and metabolic inhibitor in humans, animals and aquatic species. Because of the lack of appropriate due diligence and environmental health risk assessment in examining this policy, in particular the complete lack of appropriate toxicological assessment of the chemicals used to fluoridate drinking water, I decided to undertake my own independent research and to make this information available to the general public.

All of the information included in my study is sourced from peer reviewed scientific and medical journals including scholarly articles from reputable academics, professionals and organisations. To read the final report that was submitted in March 2012 to the Government of Ireland, the EU parliament and the WHO, please click here.

Further information is available to download by accessing the download menu at the top of this page.

Additional information is available on this Blog website by clicking here
http://www.enviro.ie/downloads.html
Voice of Irish Concern for The Environment - 25 March, 2010

Fluoride Risks to Children in Ireland highlighted by new review in Toxicology Journal

Press Release, Dublin The risks to children exposed to fluoridated Irish water are highlighted in a scientific review just published in the peer-reviewed journal Toxicology [1]. It adds more weight to the call by the report of the Oireachtas Joint Health Committee in 2007 (www.fluoridereports.com) to stop fluoridation to protect children from the irreversible damage to tooth enamel by dental fluorosis.

Study author and scientific director of the Alliance for Natural Health (www.anhcampaign.org) Dr Robert Verkerk, argues that if the same methods used by European and American authorities for risk assessment of vitamins and minerals are applied to fluoride, then fluoridation of the water supply would need to be banned due to the high risk of dental fluorosis in children. Said Dr Verkerk “Under current risk management criteria, the dental fluorosis risk to children, which is the most sensitive risk factor, should mean that mass fluoridation of the public water supply is stopped immediately. This is borne out by actual data from Ireland which shows that every third child is affected”.

In 2006 the Oral Health Services Research Centre in Cork’s final report ‘North South Survey of Children’s Oral Health in Ireland’ [2] revealed a 700% rise in dental fluorosis among 15-year-olds since 1984. So the Health Service Executive and the health minister must know that each year some 1,800 15-year-olds resident in fluoridated areas are victims of the more severe forms of dental fluorosis. The same survey showed that in fluoridated areas only 63% of this age group have normal tooth enamel –further evidence of the harm done by fluoride to thousands of children in Ireland since its publication.

This alarming increase was well flagged by the hundred-strong Irish Dentists Opposing Fluoridation who see it in their surgeries every day [3]. However the token response by health minister, Mary Harney was to reduce the amount of fluoride added, but so minimal as to make little difference to the incidence of fluorosis. According to the UK NHS York Review (2000), the minister’s new fluoride concentration of 0.7ppm in drinking water still results in over four in ten people getting dental fluorosis.

VOICE spokesman Robert Pocock added “Here is yet another scandal covered up by health minister Mary Harney. She still claims that formula for Irish infants should be made up with fluoridated tap water [4]. This is in complete disregard of repeated international warnings to the contrary from the American Dental Association, the US Center for Disease Control in Atlanta and even the British Fluoridation Society due to the risk of dental fluorosis.. Even worse, the same career promoters of Irish fluoridation like Prof Seamus O’Hickey, chairman of her Expert Body on Fluorides and Health, do not even admit that ‘obvious fluorosis is a health problem’ at all pretending instead that it is merely cosmetic.”[5]

Children who may be victims of this life-long disfigurement have also been abandoned by the Irish Dental Association because when in March 2007 we appealed to that body to issue warnings to parents in Ireland similar to those of the American Dental Association, it refused outright referring us instead to the same career fluoridation promoters like Prof O’Hickey, whose Expert Body has not even hired a toxicologist.

Against this background of outright denial, VOICE lodged a petition (No 210 of 2007 ) with the European Parliament and have recently appealed to MEPs in the Environment committee to call the European Commission to account by enforcing the Medicines Directive(2004/27/EC)here. This directive prohibits all unauthorised substances, including the fluoride added to Irish drinking water, from being presented to prevent or treat a condition (dental caries). Each month that this directive is flouted by the Irish government, another one hundred and fifty teenagers living in fluoridated areas develop permanent and irreversible disfigurement of their teeth.

Fluoride Class Action - Washington
These are excerpts from the NSF book

This document explains how EPA assigned a job it could not legally do - certifying fluoride to be safe - to NSF, a sham FDA:  www.fluoride-class-action.com/sham


'Stop Water Fluoridation' – AVAAZ Community Petitions
I am a U.S. Washington state attorney working with others to stop the use of fluoridation products unapproved by HHS or FDA.  http://www.avaaz.org/en/petition/Stop_Water_Fluoridation/?eqTliab

Criminal Code of Canada Section 245. Every one who administers or causes to be administered to any person or causes any person to take poison or any other destructive or noxious thing is guilty of an indictable offence and liable

(a) to imprisonment for a term not exceeding fourteen years, if he intends thereby to endanger the life of or to cause bodily harm to that person; or

(b) to imprisonment for a term not exceeding two years, if he intends thereby to aggrieve or annoy that person.

Fluoride is a poison and is even regulated as a Canadian Environmental Protection Agency toxic substance. You can see for yourself that it is a toxic substance at this link: http://www.ec.gc.ca/lcpe-cepa/default.asp?lang=En&n=0DA2924D-1&wsdoc=4ABEFFC8-5BEC-B57A-F4BF-11069545E434  Fluoride used to be sold as rat poison and cockroach bait.

Your government is knowingly adding poison to your water so those who are responsible are liable and guilty of a criminal offence. Every councillor who is for fluoridation is guilty of such offence for poisoning their citizens!

A Special Message To The People Of Australia  - Australian Fluoride Action
The time has come for the people of Australia to know the TRUTH about the substance known as Fluoride added to your household water supply as a Safe and Effective Antidote to prevent tooth decay.

There Is Nothing Further From The TRUTH.

This is a Crime of Public Murder by Poisoning on a Grand Scale.  (Dr Dean Burk)

The actual substance added to household water supplies is not a natural or organic element as the people have been led to believe. The substance referred to as Fluoride, is either, the highly toxic S6 Poisonous (Fluorosilicic Acid [H2SiF6] aluminium smelter waste or DiSodium Hexafluorosilicate [Na2SiF6] phosphate fertiliser waste containing Arsenic, Mercury, Barium, Lead, Beryllium, Polonium and other heavy metals. They are among the most dangerous compounds of chemicals known to mankind, added as a medication without your understanding or consent. These toxic products kill everything – People, Animals, Wildlife and the Environment. Radio Active Radium wastes from filtration systems at phosphate fertilizer facilities are among the most radioactive types of naturally occurring radioactive material (NORM) wastes.

Who! In their right mind would poison the people of Australia based on the lie of preventing tooth decay?

http://australianfluorideaction.com/

Anti-Fluoridation Association of Mildura  - Extensive Information
http://www.afamildura.webs.com/
No-one has the right to drug/medicate/poison any other person let alone entire populations. But it seems the Dictators of the Pro-Fluoridationists in Australia can [http://www.youtube.com/watch?v=_1iW1M-pyiY](http://www.youtube.com/watch?v=_1iW1M-pyiY)

A Growing Concern - Dentist Opposing Fluoride and Environmental Impacts

September, 2012 - [https://www.youtube.com/watch?v=laMKQF3ARWk&feature=player_detailpage](https://www.youtube.com/watch?v=laMKQF3ARWk&feature=player_detailpage)

Dennis Stevenson is a Former Parliamentarian and Member of the ACT Legislative Assembly 'Fluoridation Inquiry' (1989-91). The majority of inquiry members would not report the scientific, medical, dental and court evidence received in worldwide submissions proving that fluoridation causes disease, deaths, tooth decay and is useless and environmentally destructive. Dennis put this evidence in a 177 page Dissenting Report, part of this major government report, but longer than the 131 page section which attempted to suppress the evidence.

12 Reasons To Reject Fluoridation.

For over 100 years, science and medicine have understood the poisonous nature of fluoride. In the 1930's and 40's, giant US companies, e.g. ALCOA, were sued for millions of dollars due to toxic fluoride waste escaping from factory smokestacks killing crops and livestock. ALCOA's owners (Mellon) figured that if people could be persuaded fluoride isn't poisonous but is good for teeth, profits could be protected. So, to introduce water fluoridation, they hired the brilliant 'father of propaganda' Edward L. Bernays. Joined later by other fluoride polluting industries (e.g. nuclear) and the multi-billion dollar sugar, toothpaste, confectionary and soft drink industries, they became strong financial supporters of dental associations that promoted fluoridation. One such support group, the Dental Health Education & Research Foundation (DHERF) was founded in Australia in 1962. Its Governors, Members and donors comprised key representatives from Coca-Cola, CSR, Kelloggs, Colgate-Palmolive, Wrigleys, Arnotts, Scanlens, Cadbury Schweppes, etc..

[http://www.americanchronicle.com/articles/33574](http://www.americanchronicle.com/articles/33574)


200 Harvard Medical School Students are confronting the administration demanding an end to pharmaceutical industry influence in the classroom.

[http://www.ahrp.org/cms/content/view/523/9/](http://www.ahrp.org/cms/content/view/523/9/)

Ailsa Boyden – Independent Researcher - AFIN North Queensland advises:- The review resulted in the NHMRC releasing the public statement based on these findings A Systematic Review of the Efficacy and Safety of Fluoridation. In the findings, the NHMRC dismissed, in two sentences, the vitally-important 467-page findings that resulted from a 3-year, 12-member scientific review of the toxicological effects of fluoridated water: aka Fluoride in Drinking Water: A Scientific Review of EPA's Standards (2006). NHMRC dismissed these findings (page 18/189 pdf) thus: 'The reader is also referred to recent comprehensive reports regarding water fluoridation published by ... the National Research Council of the National Academies (NAS, 2006). The NAS report refers to the adverse health effects form fluoride at 2-4 mg/L (= 2-4 ppm), the reader is alerted to the fact that fluoridation of Australia’s drinking water occurs in the range of 0.7 to 1.1 mg/L.’ Ed: Fluoride even at extremely low levels, such as the artificial levels in Australian drinking-water supplies, were found to have ‘effects on thyroid function’; with ‘effects on thyroid’ likely to occur at levels of fluoride 4 to 5 less than that which would cause similar effects in iodine-adequate humans.


July 23, 2011 Documents released under the Freedom of Information Act show that since the 1970's, the dental health professionals in the Centers for Disease Control (CDC) have completely controlled the agency's stance supporting water fluoridation. No CDC toxicologists, minority health professionals,
experts in diabetes, or others outside the Oral Health Division had any input into the agency's position. The documents have drawn attention once again to the CDC's and EPA's fluoride safety statements, which appear at odds with current scientific knowledge.


Albert W. Burgstahler, Phd., Professor Emeritus Of Chemistry, The University Of Kansas, Editor, Fluoride Research www.fluorideresearch.org

It is my hope that this book The Case Against Fluoride how hazardous waste ended up in our drinking water and the bad science and powerful politics that keep it there by Paul Connett, PhD, James Beck, MD, PhD, H.S. Micklem, DPhil, will enable good science to prevail over dogma on this issue. This is important not only to end a significant health threat to fluoridated populations but also because it is critical for a civil society to be informed by honest science. This change can occur only if enough people – especially new generations of scientists, doctors and dentists – want it to happen.

Albert Schatz, Ph.D.,
I received my B.Sc. in 1942 in Soil Chemistry, and my Ph.D. in 1946 in Soil Microbiology, each from Rutgers University.
I have held numerous academic positions. Since 1980, I have been a Senior Professor at Temple University.
At the age of 23, I discovered the antibiotic Streptomycin. This compound was the first effective drug for the treatment of human tuberculosis.
I have been awarded honorary degrees and titles by the University of Chile, the Autonomous University of Santo Domingo, the Federal University of Espirito Santo in Brazil, the National University of San Antonio Abad del Cuzco in Peru, and the University of Bogota in Colombia.
I have been named an honorary member of the Scientific Society of Chile, the Chilean Society of Pediatrics, The Academy of Oral Dynamics (USA), the Stomatological Society of Greece, and many others.
I am also a Fellow of the Royal Society of Health in Great Britain.
I have published three books, and more than 500 articles in scientific and professional journals, and in popular magazines and newspapers.
On the subject of fluoridation, I have published numerous articles, including:

26. Artificial fluoridation has not been as widely accepted as its proponents imply. Many cities in the US have discontinued fluoridation after starting it. Virtually all of Europe has considered and abandoned fluoridation.

27. Because artificial fluoridation causes deaths among individuals who are for one reason or another more sensitive to fluoride toxicity than the total population taken as a whole, the controversy over whether fluoridation does or does not reduce caries is purely academic. It is criminal to implement a so-called public health measure which kills certain people even if it does reduce tooth decay in some of the survivors. As noted, the evidence is that it merely delays decay.

28. It is my best judgment, reached with a high degree of scientific certainty, that fluoridation is invalid in theory and ineffective in practice as a preventive of dental caries. It is dangerous to the health of consumers. http://www.fluorideinbeds.org/FIB/albertschatz.asp
A.K. Susheela, Ph.D., F.A.Sc., F.A.M.S., Professor Of Histocytochemistry. 20 years doing scientific research in the field of Fluoride Toxicity and Fluorosis. Chief of the Fluoride and Fluorosis Research Laboratories, at the All India Institute of Medical Sciences, New Delhi. "I am absolutely certain that large numbers of persons all around the world are suffering from Fluoride Toxicity, to one degree or other. The various and frequent health complaints, caused by fluoride ingestion, are often (or invariably) over-looked due to unawareness at all levels, which include the health professionals or, perhaps, due to the prevailing ill conceived, unscientific notion that "fluoride is good for teeth." Fluoride is potentially a dangerous chemical and a poisonous substance, which does no good to the human body.

http://www.fluoridationfacts.com/political/register/against1.htm

Dr. William Marcus, Ph.D., D.A.B.T., Epidemiologist. EPA USA "Cover-Up At The EPA. A subsequent letter written to my second line supervisor stated, "If... there is a risk of cancer no matter how small the potential number of deaths per year will exceed many thousands". This, as well as my original memorandum, was so compelling that EPA management decided that no reputable scientist within EPA could publicly state these concerns. When I continued to speak out against this politicalization of science, and the lies and cover-up I had witnessed, my dismissal from the EPA was engineered. Judge Clarke in his decision of December 3, 1992 so eloquently stated, "I conclude that the reasons given for Dr. Marcus' firing were a pretext and that his employment was terminated because he publicly questioned and opposed E.P.A.'s fluoride policy." The official line in Washington has been "fluoride is good", and all evidence to the contrary has been and is being ridiculed, denied, distorted or suppressed.  http://www.fluoridationfacts.com/political/register/against1.htm

Corruption and Fraud at the EPA USA Robert J. Carton, Ph.D. July 28, 1995 Dr. Carton is an environmental scientist who worked at the Headquarters of the U.S. Environmental Protection Agency from 1972-1992. Most of this time he was engaged in performing risk assessments on toxic chemicals; evaluating the literature on such high priority chemicals as asbestos, PCBs, arsenic, and hexachlorobenzene. He wrote the first regulations for controlling asbestos discharges from manufacturing plants, and developed guidelines for environmental assessments for new sources of water pollution. In 1980, he helped organize the union of professionals at EPA and was twice elected president of that union. In 1985, as a union official, he became aware of the fraudulent nature of the EPA standard for fluoride in drinking water, and fought for seven years to expose it. In 1987, he led the union attempt to file an amicus brief in the court case brought by the Natural Resources Defense Council against the EPA challenging the standard for fluoride in drinking water.

Truth suppressed by fraud and intimidation The Big Lie has been maintained by outright fraud and the persecution of scientists attempting to speak the truth. In 1990, Dr. William Marcus, a senior scientist at the U.S. Environmental Protection Agency, was fired for exposing a coverup in a government study showing that fluoride causes cancer. In 1992, EPA ignored the union representing all 1200 scientists, lawyers and engineers at EPA's Headquarters, when the union provided evidence of scientific fraud in the development of the fluoride in drinking water standard.

How the truth is suppressed The powers that be work overtime at maintaining the Big Lie with some fairly simple, but effective techniques: outright fraud and coverup, and intimidation and persecution of scientists and other professionals who dare to speak the truth. One of the best examples of the use of these techniques can be found at the U.S. Environmental Protection Agency in Washington, D.C.

In 1990, Dr. William Marcus, senior toxicologist in the Office of Drinking Water at EPA, was fired for publicly questioning the honesty of a long-awaited government animal study designed to determine if fluoride causes cancer. Upon examining the raw data of the experiment, Dr. Marcus found clear evidence that fluoride causes cancer, and suggested that a review panel set up by the government to review the data
had deliberately downgraded the results. He was vindicated in December of 1992 when Administrative Law Judge David A. Clark, Jr. ordered EPA to give him back his job, with back pay, legal expenses and $50,000 in damages. EPA appealed, but the appeal was turned down in 1994 by Secretary of Labor, Robert B. Reich who accused EPA of firing Dr. Marcus in retaliation for speaking his mind in public. Reich found among other things that EPA had shredded important evidence that would have supported Dr. Marcus in court. The original trial proceedings also show that EPA employees who wanted to testify on behalf of Dr. Marcus were threatened by their own management. EPA officials also forged some of his time cards, and then accused him of misusing his official time.

Other EPA scientists, have attempted to get the truth in the open without success. In November of 1991, Dr. Bob Carton, Vice-President of the union representing all 1200 scientists, engineers, and lawyers at EPA headquarters, presented the Drinking Water Subcommittee of the Science Advisory Board of EPA with evidence of scientific fraud in the preparation of EPA's fluoride in drinking water standard. (reference) No follow up to verify these accusations was ever made. Six years earlier. Dr. Carton became aware of a coverup, when the person responsible for writing the justification for the fluoride in drinking water regulation confided in him that he didn't believe a thing he was writing. In other words, the regulation was a lie. Then the regulation writer said: "well, that's the way they want it." In other words, he had to follow orders. Rather than lose his job, or his next promotion, he produced what his superiors wanted.

Dr. Carton convinced the professional union to take fluoride on as an ethics issue. The union attempted to join the National Resources Defense Council in a lawsuit against EPA in September of 1986 with a submission of a detailed brief to the U.S. District Court in Washington, DC. The court refused to allow the union to join the suit. Robert J. Carton, Ph.D. http://www.sonic.net/kypto/politics/carton.htm

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Fluoridation: Corruption, Collusion And Conflicts Of Interests
The United States is the Most Medicated Nation on Earth

According to Chemical Engineering News in 1988, each year in the United States 80,000 tons of hydrofluosilicic acid, 60,000 tons of sodium silicofluoride and 3,000 tons of sodium fluorides are put into public water supplies. In view of all known research, it would be safe and accurate to rephrase the previous sentence and say that each year the United States Government allows 143,000 tons of fluoride products to be added to public water supplies in order to numb, disempower, and render docile a large percentage of the population. Present estimates in 1995 run about 200,000 tons annually. Now, why on Earth would any oligarchic group (a small group) want to do this to tens of millions of people, deliberately and knowingly?

General Suppression of Scientific Research on Fluorides

All of these fluoride chemicals are by-products of the aluminum and chemical fertilizer industries that are considered to be hazardous wastes by the EPA. Robert J. Carton, an environmental scientist at the EPA, says the scientific assessment of the health risks of fluorides in 1985 "omits 90% of the literature which suggests fluoride is a mutagen - causes cellular and genetic mutation." Several scientists in the United States and other countries who have done research or written reports questioning the benefits of water fluoridation, or suggesting health risks, were discouraged by their employers from actually publishing their findings.

In recent years, several dentists who have testified against fluoridation have been reprimanded by state dental officers. The American Dental Association and the United States Public Health Service, who are supposed to be scientifically, not politically motivated, have actively discouraged research into the health risks of fluoridation of public water supplies. Public funds have been spent to fight anti-fluoridation efforts.

John A. Colquhoun, a former dental officer in the Department of Health in Auckland, New Zealand, did a study intended to show the advantages of fluoridation. He carefully compared decay rates in fluoridated and non-fluoridated regions. Unfortunately, he failed to find any difference in decay rates between the areas studied. After his final report was written, his supervisors refused to let him publish it.

Institutions Subject to Government Extortion on the Issue of Fluorides

W.B. Hartsfield, mayor of Atlanta, Georgia, stated in Dental Survey in 1961 that "no school, college or independent medical research institution dares to be critical of fluoridation because they receive grants from the U.S. Public Health Service. Likewise, no big food, beverage or drug company will dare speak critically of fluoride because they are under the supervision of the FDA, a branch of the USPHS. One brewery official told me that their own research indicated grave questions about fluoridation, but they dare not speak out. As you know, the Food and Drug Administration can bankrupt any national food, beverage or drug company with a little adverse comment." Now, why would the truth be so threatening to institutions that are supposed
to protect public health and safety? Because these institutions are involved in the overall genocide against the population of the United States. The proof is a matter of historical record. That the Food and Drug Administration is a suppressive organization is a matter of record.

**Massive Corruption, Collusion and Conflict of Interest**

The same individuals promoting the addition of fluorides to the water supplies also serve on the FDA Dental Products Advisory Board. Fluoridation equipment makers, fluoride suppliers, and federal and state health department staff serve on the American Water Works Association's "Fluoride Standards Board." The American Dental Association, who receives public funds, also receives hundreds of thousands of dollars from Proctor and Gamble, Lever Brothers, Colgate, Warner Lambert, Johnson & Johnson, and others in the fluoride business. After the American Dental Association endorsed "Crest" toothpaste in October 1960, it became known that the officials responsible for the endorsement of Crest toothpaste had personally profited financially from the immediate rise of $8 per share in Proctor and Gamble Stocks.

**Countries Outside the United States Reject Fluoridation**

In 1977, the Minister of the Environment in Denmark recommended that water fluoridation not be allowed, primarily that no adequate studies had been carried out on its long-term effects on both human organ systems and fresh water ecosystems. In 1978, the West German Association of Gas and Water Experts rejected fluoridation for legal reasons and because "the so-called optimal fluoride concentration of 1 mm/L is close to the dose at which long-term damage to the human body is to be expected." In France, the Chief Council of Public Health rejected water fluoridation after he decided in 1980 that it was dangerous.

American fluoridation spokesmen go to great lengths to deny the fact that most of the countries of medically advanced Western Europe have actively rejected fluoridation of public water supplies and the use of fluorides altogether. Fluoridation in Western Europe is now down to less than 2%. To illustrate how misleading fluoridation promoters in the United States can be, consider an article which appeared in the *ADA News* on January 23, 1978.

The ADA article, titled "Public Health Service (PHS) Refutes Claims of Fluoride Ban in Europe," discusses a pro-fluoridation resolution which was voted on in the World Health Organization in 1969. The article states, "Among the nations cited by anti-fluoridationists as those which have banned fluoridation, West Germany, France, Italy, the Netherlands, Norway, Sweden, Switzerland and Yugoslavia, actually supported the 1969 WHO resolution." What this 1978 *ADA News* article does not mention is that, subsequent to their 1969 vote supporting fluoridation, several of these countries reversed their stand, either by discontinuing fluoridation or by explicitly refusing to fluoridate in the first place.

For example, Sweden banned fluoridation in 1971 after 11 years of testing it; the Netherlands banned fluoridation in 1976 after 23 years of "experimentation" involving 9 million people; Norway rejected a Parliamentary bill to introduce fluoridation in 1975, and West Germany discontinued all fluoridation in 1971. Nor does the ADA article point out that, by the time it was written in 1978, the only one of the countries listed that still had any fluoridation whatever was Switzerland, which maintains a single "experimental station." This Swiss "experimental program," which serves 4% of the population, constitutes the only fluoridation in Switzerland from 1959 to the present. Finland also has one small "experimental program," which has been operating since 1959, "serving" about 1.5% of the total population. In addition to all of the above, the countries of Holland, India, and Egypt permit no fluoridation of their populations.

In the United States, however, the U.S. Public Health Service, long a pawn of the industries producing toxic fluorides certified by the EPA as hazardous waste, prematurely endorsed fluoridation of public water supplies in 1950. Since that time the PHS has criminally promoted fluoridation throughout the United States, and actively promotes water fluoridation worldwide. Using a twisted logic born out of a Nazi biomedical orientation, the PHS believes that, if other countries can be convinced, blackmailed or extorted into fluoridating their populations, it would help reduce the American public opposition to involuntary medication. This is, of course, consistent with PHS attempts to conceal the refusal of most European countries to fluoridate. How can the PHS ever dream of succeeding in their plans to intimidate other countries into compliance with the plans of global socialism to medicate the planet into compliance with a totalitarian planetary system of rule?

**International Fluoride Politics, Intimidation and Bribery**

The United States Public Health Service (USPHS), which historically has functioned in an Orwellian position exactly opposite to its title, exerts great influence on foreign countries through the World Health Organization (WHO), which it heavily funds, as well as through its numerous grants (bribes) to foreign Health Ministries, as well as to medical and dental researchers in those countries. For this reason, many
European nations, desiring major research and healthcare grants from the United States, and unwilling to fund their own research, avoid explicitly banning fluoridation and antagonizing the United States medical oligarchy. Instead, such a country quietly refuses fluoridation for itself whenever the question comes up. This normal policy of European countries to reject fluoridation without overtly declaring a ban on it has been deceptively used, on its face, by the ADA.

For example, in the 1978 ADA article previously mentioned, the ADA refers to the "mistaken assumption by anti-fluoridationists that fluoridation has been banned in European countries." While the article is technically correct in denying that many European countries have banned fluoridation, it fails to point out that most European countries can and do reject fluoridation without formally banning it, i.e., without expressly prohibiting it by law. The fact of the matter is that Austria, Belgium, Denmark, France, West Germany, Greece, Holland, Italy, Luxemborg, Norway, Spain and Sweden do not fluoridate public water supplies.

Another very important fact never brought out by fluoridation spokesmen is that even those countries that introduce or vote in favor of a pro-fluoridation resolution in the World Health Organization will usually not permit fluoridation for their own people. In order to understand this apparent "paradox," it is necessary to point out the following important fact. Always included, as part of the fluoridation resolution package, is the recommendation for WHO funding to assist member states in their cavity-prevention program (which of course does not address the actual cause of dental caries, i.e., processed foods, etc.), even if they decide not to fluoridate. This means that a country could not gracefully accept such "assistance" unless it votes for the resolution package.

To cite another example of pressure techniques, it should be pointed out that WHO has long-assisted member nations in improving their water supply systems, independently of any considerations relative to involuntary medication of populations through the water supply itself. However, the 1975 WHO fluoridation resolution contained a reminder of the Water Supply Assistance Program (WSAP), with the suggestion that water fluoridation be tied to this program. A country receiving aid under WSAP, but not fluoridating, would at least feel obligated to vote for the pro-fluoridation resolution.

Further, such pro-fluoridation resolutions, which the WHO voted on in 1969, 1975 and 1978, have always been "watered down in an attempt to make them acceptable. For instance, the resolutions never state that fluoridation should be implemented, but countries are subjected to a continuing plea for consideration.

In 1969, when the WHO first voted in favor of such a fluoridation resolution, fluoridation promoters hailed the vote as a "unanimous endorsemen of fluoridation. In fact, the promoters did not publicize the fact that the vote was taken when only about 60 of the 1,000 delegates were present (shadows of the passage of the Federal Reserve Act in the United States). Out of the 60 members present, only 45 actually voted. Most of the member nations were, in fact, not represented at all. Neither did fluoridation proponents point out the economic inducements built into the resolution, for its weak non-committal wording.

The ADA News article, often referred to by proponents of mass fluoridation, infers that the European countries which reject fluoridation do so against the recommendations of their respective "health authorities", so that such rejections "cannot be interpreted as a confirmation that fluoridation poses health hazards." The reply to this inference should be prefaced with the remark that, in any case, the scientific community should indeed not have the right to impose medication on the public when no "danger of contagion" is involved. But, as it turns out, an extensive examination of European medical and dental journals shows the great majority of the European scientific community is in fact opposed to fluoridation.

Consider, for example, Sweden, which is one of the most medically advanced countries on the planet. Sweden banned fluoridation by Parliamentary vote in 1971. The fluoridation proponents erroneously claim that the Swedish scientific community opposed this ban. In an article written by two pro-fluoridationists in the British Dental Journal of July 18, 1972, the Swedish dental profession is attacked for not supporting fluoridation. The British government, who has a history of drugging populations in order to subjugate them, starting with the opium trafficking in the 17th century, have not lost their touch.

The key fact remains that most medically advanced countries of Western Europe now have no fluoridation; not because they have neglected to consider it, but because of their own previous experiences with it or as a result of detailed and objective studies of the scientific evidence of its hazards and biophysiological effect on both the human body and human behavior. In contrast to the United States, which is almost 50% fluoridated, less than 2% of the population of Western Europe is subject to involuntary medication through their water supplies.

The Goal of Global Socialism is Planetary Fluoridation by the Year 2000

According to the Centers for Disease Control and the United States Public Health Service, the federal goal is
to have universal fluoridation of public water supplies by the year 2000. This goal was detailed in the CDC 
Morbidity and Mortality Report on May 29, 1992 and the American Dental Association News on January 3, 
1994. It is an interesting parallel that the political agenda dictates establishment of a New World Order by 
2002, moved up two years on analysis of political setbacks.

**Political Suppression of Scientific Information on Fluorides in the United States by Medical Journals 
and Associations**

In 1974 Sohan Manocha, now a lawyer, and Harold Warner, professor emeritus of biomedical engineering at 
Emory University Medical School in Atlanta, submitted a report summarizing a study of enzyme changes 
induced in monkeys by the consumption of water containing fluorine compounds for publication in the 
AMA Archives of Environmental Health. The editor passed the report around for review. It did not take long 
before he wrote a letter of rejection back to the authors. One of the peer reviewers had written a comment, 
"I would recommend that this paper not be accepted for publication at this time, because this is a sensitive 
subject and any publication in this areas is subject to interpretation by anti-fluoridation groups." After 
the rejection of their paper, Manocha and Warner were told by the director of their department, who had been 
warned by the National Institute of Dental Research that the research "would harm the cause of fluoridation," 
not to try to publish their findings in any other United States journal. Eventually the authors were granted 
permission to publish in a foreign journal, as indicated in the footnote below.

In 1979, the American Dental Association issued a White Paper which includes the following statement, 
"dentists non-participation in fluoride promotion is overt neglect of professional responsibility." According 
to an ADA spokesperson, this is still the organization's policy. Dentists who have a grain of conscience are 
reprimanded by their respective state dental officer.

In 1980, a toxicologist Brian Dementi at the Virginia Department of Health, wrote a comprehensive report on 
"Fluoride and Drinking Water" that suggested possible health risks from fluoridation. The 36-page study has 
been purged from the department's library even though it is the only one the department has prepared on the 
subject. Spokesmen apparently say the report was "thrown away because it was old", while maintaining that 
"the department will be preparing another report on the subject soon."

In 1982, John Colquhoun, former principle dental officer in the Department of Health in New Zealand was 
told after writing a report that showed no benefit from fluoridation in New Zealand, that the department 
refused him permission to publish it. He now teaches the history of education at the University of Auckland, 
and notes that "the editorial policy of scientific journals has generally been not to publish material which 
overly opposes the fluoridation paradigm." According to Colquhoun, scientific journals employ a referee 
system of peer review, and when the overwhelming majority of experts in an area from which the referees are 
selected are committed to the shared paradigm of fluoridation (or any other paradigm), the system lends 
itself to preservation and continuation of the traditional belief that fluoridation is safe and effective. This 
results in a "single-minded promotion (materialist reductionism), but poor-quality research, and an apparent 
inability to flexibly reassess in the presence of unexpected new data." It is quite obvious that the same 
problem is apparent within the other paradigms (EMF effects, etc.) mentioned in Matrix III.

In 1984, after receiving a letter for publication on fluorides from Geoffrey E. Smith, a dental surgeon from 
Melbourne, Australia, the editor of the New York State Dental Journal replied, "Your paper was read here 
with interest, but it is not appropriate for publication at this time because the opposition to fluoridation has 
become virulent again."

After the WHO released its study on fluorines and fluorides in 1985, it immediately drew criticism from 
scientific circles. In a letter from Phillippe Grandjean, a professor of environmental medicine at Odense 
University in Denmark (see illustration page) to the U.S. Environmental Protection Agency on June 6, 1985, 
Grandjean wrote, "information which could cast any doubt on the advantage of fluoride supplements was left 
out by the Task Group. Unless I had been present myself, I would have found it hard to believe."

The 1985 WHO report was not the only thing under fire. Criticism of reports on fluorides authored by the 
EPA were also under scrutiny. According to Robert J. Carton, an environmental scientist at the EPA, the 
scientific assessment of fluorides health risks written by the agency in 1985 "omits 90% of the literature on 
mutagenicity, most of which suggests fluoride is a mutagen."

**Tucson Study Finds Fluoride Promotes Tooth Decay - 1992**

Those promoting the concept of water fluoridation maintain that the presence of fluoride in the human diet, 
whether in public water supplies, food, beverages or from other sources, assists in the prevention of dental 
caries (cavities). After conducting two years of research on the subject, contacting numerous organizations 
and pouring through mountains of scientific reports and documents, I could find no credible data supporting
this conclusion. In fact, I found exactly the opposite was the case. It explains why the American Dental Association and the National Institute for Dental Research have always supported fluoridation of the population. Aside from the issues of cancer, mutagenicity, osteoporosis and behavior control, one of the results of fluoridation is that it actually creates more cavities in order to support the dental profession. Where's the proof?

According to Cornelius Steelink, professor emeritus at the Department of Chemistry at the University of Arizona, who was intimately involved in the debate to fluoridate the water of Tucson, when the incidence of tooth decay versus fluoride content in a child's drinking water was examined in Tucson, a city with discrete geographic areas of groundwater with both high fluoride content (0.8ppm) and low content (0.3ppm), a positive correlation was revealed. Dental screening was conducted of 26,000 elementary school children. When the incidence of tooth decay was plotted against the fluoride content of the water, it was discovered that the more fluoride a child drank, the more cavities appeared in the teeth.

The fluoride debate in Tucson started when the local county board of health, soon joined by state and federal "public health" organizations, requested that the city of Tucson add fluoride to the drinking water. The city referred the matter to the subcommittee chaired by Dr. Steelink. The subcommittee also discovered that a large population of poor children would get no benefit from optimum fluoride in the water, as the largest factors in tooth decay (besides processed foods and sugar) were lack of access to dental facilities, poverty and poor oral hygiene. In it's final report, the subcommittee stated that "there was no obvious relation of fluoride content in municipal water to the prevention of tooth decay in Tucson" and "because there are multiple causes of tooth decay, a decision to fluoridate would still leave pockets of poor dental health." Furthermore, it was reported that "children, who lived in a fluoridated community, had 11 times the odds of developing fluorosis."

Studies of young males and fluoridated water have produced some interesting results. A February 1991 U.S. Public Health Service study linked fluoridated water to bone cancer in young males in Seattle, Washington and Iowa. A New Jersey Department of Health Study in November 1992 found bone cancer rates among young males to be six times higher in fluoridated than in non-fluoridated communities.

http://afgen.com/fluoridation.html

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Memphis, TN: Reverend William Owens, President of the Coalition of African American Pastors, is joining a growing chorus of leaders calling for federal and state hearings and investigations into new revelations about risks from drinking fluoridated water. In 2006 the National Research Council published a report that listed diabetics, kidney patients, babies and children, seniors, and outdoor workers as "susceptible subpopulations" that are especially vulnerable to harm from fluorides.

Owens is an outspoken advocate for assisting children in their education and is concerned about reports of IQ impacts from children ingesting fluorides.

A recent study published in Environmental Health Perspectives, a publication of the National Institute for Environmental Health Sciences, documented diminished IQ in children from fluorides in water. In 2009 a study in the Journal of Public Health Dentistry noted that black children ingest significantly more fluorides than white children. CDC's Morbidity and Mortality Weekly Report published data in 2005 showing that blacks have significantly more of the worst forms of dental fluorosis than whites. Owens wants to know why African Americans leaders weren't openly given this and other important information.

The U.S. Department of Health and Human Services proposed somewhat reducing the level of fluoride in water in a statement on January 7, 2011. The HHS actions don't go far enough, according to Rev. Owens, citing the issue that some people drink dramatically more water than others, have medical susceptibilities to fluorides, and have numerous other uncontrolled sources of fluoride in their diet. (William Owens) http://aaenvironment.blogspot.com.au/2011/01/black-pastors-calls-for-fluoridegate.html

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U.S. Government Planning Mass Poisonings on Reservations!

U.S. Senator Tim Johnson (D-SD) recently announced that the Aberdeen Area Tribal Chairman’s Health Board will receive $249,996 in funding for dental health care, specifically early childhood caries prevention and water fluoridation.

Medicating specific mass populations with unneeded, unnecessary and potentially harmful chemicals is wrong!

The Manataka American Indian Council adamantly opposes efforts of the U.S. government to force Indian people living on reservations to consume potentially lethal doses of a chemical by-product called fluoride for the following five reasons:

*Fluoride kills animals, birds, fish and insects – damages plant life. Government studies from around the world prove fluoride has a devastating affect on the animal and plant kingdoms. There is no way to keep public water from being consumed by animals, birds, fish and insects. What will fluoride do to vegetable gardens, cattle, and family pets? What you do to Mother Earth, you do to yourself.

*Mass medicating the public is morally wrong! Mandated treatment of the public in the absence of any public health threat such as epidemic disease is just plain wrong. The government does not have the right to mandate fluoride injection into our bodies.

*Fluoride does not prevent tooth decay. Scientific reports show there is not sufficient evidence to prove fluoride is effective in preventing tooth caries.

*Toothpaste companies warn against swallowing fluoride toothpaste (read the side panel of any toothpaste box). Putting fluoride in public water is contrary to the advice of every dental product company. Fluoride toothpaste is intended to be spit out - not swallowed like drinking water.

*Fluoride is not approved by the Food & Drug Administration for consumption by humans.

More reasons:

• Fluorosilicic acid, otherwise known by its short name, fluoride is not a natural substance. This highly toxic chemical is a waste product that is scraped off the smokestacks of industrial polluters. The cost of disposing of this substance would cost industries billions -- but not if they can put it into water systems.

• This material is a toxic waste that's regulated by the EPA. It would be illegal to drip it into a river or a stream, but for some reason, it is perfectly legal to drip it into the public water supply and let people drink it. It's a bizarre cycle of rationalization that can only be called medical lunacy.

• The Environmental Protection Agency's Employees Union has consistently voted against fluoridation. Why?

Stop this ugly assault and further genocide of our people!

http://www.manataka.org/page1907.html

Fluoride:

Damning new evidence - March 1999

Researcher Doris Jones has unearthed startling new evidence demonstrating that fluoride interferes with enzymes systems, damaging many organs systems of the body.

The fluoride issue, a perennial hot potato, is heating up once again. In Britain, the government has recently announced its intention to fluoridate the water of deprived inner city areas, supposedly to improve the dental health of children living there. Later, water fluoridation may be introduced nationwide. A White Paper outlining the government's plans is scheduled for the spring, 1999 (when-specific date).
The government and the dental profession have convinced the public that fluoridated water offers nothing but benefits—that there is overwhelming evidence that it prevents tooth decay and contributes to the strength of bones. There is tacit admission in the pro-fluoride camp that fluoride can also cause harm, but only at very high levels: 2 ppm in water may cause mottled teeth and 8 ppm may lead to bone disorders and degenerative changes in the vital organs.

A few lone voices have countered the prevailing view, with published evidence that fluoride can have devastating effects, causing mottled teeth and osteoporosis at very low levels. While much has been written about the effects of too much fluoride on teeth and bones, little is known about the effects of fluoride on the rest of the body. But new evidence has emerged demonstrating that it has devastating effects on just about every organ in the body, and may even be partly responsible for behavioural problems like hyperactivity and many puzzling illnesses like ME.

The late fluoride critic George L Waldbott discovered that, besides teeth and bones, fluoride can damage soft tissue. According to his research, the small fluorine ion with a high-charge density can combine with other ions and penetrate every cell in the body. It interferes with the metabolism of calcium and phosphorus and the function of the parathyroid glands. It has a strong affinity to calcium, but will also readily combine with magnesium and manganese ions and so can interfere with many enzyme systems that require these minerals. The interruption of these enzyme systems, in turn, may disturb carbohydrate metabolism, bone formation and nerve-muscle physiology. Indeed, every vital function in the body depends on enzymes; because fluoride easily reaches every organ, many diverse toxic symptoms can result.

"Most diseases are results of disturbances of the enzyme systems," says Professor Abderhalden. "Damage due to fluoride could be shown on 24 enzymes." Enzyme systems react to fluoride in different ways; some are activated, others are inhibited. Lipase (essential for the digestion of fat) and phosphatases are very sensitive to fluoride. In patients with skeletal fluorosis, succinate dehydrogenase activity is inhibited. In chronic fluoride poisoning, this diminished enzyme activity accounts for muscular weakness and even muscle wasting. Human salivary acid phosphatase is diminished by half when exposed to 3.8 ppm of fluoride, while blood enzyme cholinesterase is inhibited by 61 per cent on exposure to 0.95 ppm fluoride—a level within recommended levels.


Alkaline phosphatase, an enzyme involved in bone growth and liver function, may also be poorly affected by low-level fluoride intake. According to scientists from the Department of Chemistry of the University of California at San Diego, fluoride switches off an enzyme by attacking its weakest links—the delicately balanced network of hydrogen bonds surrounding the enzyme's active sites (J Biol Chem, 1984; 259: 12984-88).

Their particular studies concerned the enzyme cytochrome C oxidase, an oxygen-carrying respiratory enzyme; deficiencies of this vital enzyme have been linked to cancer, severe diseases and even cot death. (t It's also been shown by research at Kings College in London that fluoride forms very strong hydrogen bonds with amides, which are formed when amino acids join together to form a protein (J Am Chem Soc, 1981; 103: 24-8). This can also cause chromosomal damage. If the protein is greatly distorted, the body's immune system no longer recognises it, treats it as a foreign protein and will try to destroy it, which in turn triggers allergic skin or gastrointestinal reactions (J Yiamouyannis, Fluoride: The Aging Factor, Delaware, Ohio: Health Action Press, 1993: 94-9).

Stomach and bowel disorders are the main features of fluoride intolerance. Even small amounts of fluoride can form hydrofluoric acid in the stomach to produce gastric pains, nausea and vomiting. Young children are particularly at risk. Fluoride tablets can even cause gastric haemorrhages; in one instance, a 9-year-old boy sustained such damage that he required the removal of large parts of his stomach (Fluoride, 1977; 10: 149-51).

The most readily identifiable feature of soft-tissue fluorosis is extraordinary general fatigue, which is frequently linked to thyroid deficiency. The thyroid gland requires iodine to produce the hormone thyroxine, which controls the rate of metabolism in the body. But when fluorine is present, it displaces iodine, which will cause a thyroid gland to stop working properly (K Roholm: Fluor and Fluorverbindungen, in: Handbuch Experimenteller Pharmakologie, Ergaenzungswerk, Vol.7, Springer, 1938: 20).
The parathyroid gland, which regulates the distribution of calcium and phosphorus in the body, is extremely sensitive to excessive amounts of fluoride. Over fifty years ago, Indian clinicians found a close relationship between skeletal fluorosis and hyperparathyroidism (J Hyg 1942; 42: 500-4).

Fluoride has even been shown to affect the pituitary gland, which controls growth rate by regulating the production of thyroid hormones (Seances Soc Biol Fil, 1930; 103: 981-2). In animals, less than normal amounts of thyroid hormones are produced when animals are given water containing a fluoride content equivalent to that of artificial water fluoridation (Bull Schweiz Akad Med Wiss, 1954; 10: 211-20). Using scanning electron-microscope photographs, Professor AK Susheela of the Fluoride and Fluorosis Research Foundation of India and Senior Consultant to the Indian government, who has published over 100 scientific papers on the hazards of fluoride, proved that when exposed to fluoride, red blood cells are killed prematurely, lowering haemoglobin and causing anaemia.

She also showed that calcium levels diminish as fluoride levels in the body rise; the gastrointestinal tract mucosa is damaged, causing irritable bowel syndrome; and blood fluoride levels rise continuously with prolonged use of fluoridated toothpaste.

When people are bombarded with fluoride, in the form of fluoridated water, toothpaste and mouth rinses, muscles and elements of connective tissue, particularly collagen fibre and bone tissue, undergo degenerative changes.

At the 1998 US Conference of the International Society for Fluoride Research in Bellingham, Washington, Dr Jennifer Luke from the University of Surrey, UK, presented evidence on the effects of low and high doses of fluoride on the pineal gland in gerbils. In both gerbils and humans this gland helps control the aging process and the production of melatonin, which regulates the sleep/wake cycle. Gerbils exposed to a high level of fluoride experienced a significant decrease in the production of melatonin, and earlier genital maturation. While animal studies may not always be applicable to humans, Dr Luke theorised that mass fluoridation may be behind the general decline in the age of puberty in the West (Fluoride, 1998; 31: 4: 175).

In areas where water is fluoridated, evidence shows that dangerously high fluoride concentrations accumulate in many soft tissues and organs of the population, including the heart, kidney and bladder; the highest level ever recorded-8400 ppm-was found in the aortas of people living in Grand Rapids, Michigan, where fluoride was first introduced in America.

The heart and blood vessels are affected by fluoride. Cardiac irregularities and low blood pressure have been noted in experimental poisoning using large doses (Publ Health Report, 1956;71:459-67). In 1950, five years after experimental introduction of fluoride into drinking water in Grand Rapids, Michigan, the number of deaths from heart disease nearly doubled (The Grand Rapid Herald, July 28, 1955). Death rates due to cancer, intracranial lesions, diabetes and arteriosclerosis were all markedly increased compared to death rates per 100,000 in the entire state.

In electrographic studies, Japanese researcher Taka Mori showed a direct link between damage to the heart and dental fluorosis in children who drank water with a fluoride content of 0.5-6.2 ppm. Fluoride also affects arteries, causing bruise-like skin lesions called "Chizzola maculae", showing inflammatory areas around capillary blood vessels. Because fluoride attracts calcium, it contributes to their hardening. Fluoride affects the brain and entire central nervous system. Neurological problems like headaches, vertigo, spasticity in extremities, visual disturbances and impaired mental acuity can all result. Tissue damage to anterior horn cells has been found (Fluoride,1975;8:61-85). Official annual statistics revealed that death rates among malnourished children in the Chilean town of Curico, fluoridated since 1953, were to 104 per cent higher than in comparable, non-fluoridated towns, and the general mortality was higher by 113 per cent, compared with the average for the country (Ziegelbecker R et al, Journal? 1995:47-48).

Fluoride, hyperactivity and violence

Several studies have shown that exposure to fluoride can cause behavioural changes (Int Clin Psychopharmacol, 1994;9:79-82; Neurotoxicol and Teratol, 1995;17:169-77; Fluoride, 1996;29:187-88) At a 1998 Conference on Fluoride, Professor Roger Masters reported a link between the blood lead levels of 280,000 children in Massachusetts and the use of silicofluorides for water fluoridation. Here and in Georgia, behaviours associated with lead toxicity, such as violent crime, are more frequent in communities using silicofluorides than in areas not using them. At the same conference Dr Phyllis Mullinix reported results of a study using two steroids to treat childhood leukaemia, one of which had a fluorine atom in its structure. In the study, this steroid caused behaviour patterns typical of hyperactivity. A follow-up study of children using this drug for two years showed a significant drop in average IQ scores, compared with children using the non-fluoride drug (Fluoride, Nov.1998;31:4:175).
In one family in Glasgow, every member is severely affected by fluoride—the mother experienced an anaphylactic shock to Prozac, which contains fluorine, and all four children exhibited erratic/violent behaviour and suffered from immune system damage on exposure to fluoride (in their drinking water?)

Fluoride And ME

Although few researchers have looked at the role of fluoride in the development of ME, there are conspicuous similarities between key features of ME/CFS and those seen in the very early stages of chronic fluoride intoxication (Fluoride, 1998; 31:13-20)

Dr John McLaren Howard of Biolab in London offers a few important clues why. He discovered that ME patients experience reduced movement of white blood cells when exposed to quite low levels of fluoride (InterAction 14, Autumn, 1994:53-54). This effect on white blood cells might render patients less able to fight infections efficiently, or lead to an exacerbation of their health problems.

Fluoride also interferes with phagocytosis, as well as causing the release of superoxide free radicals in resting white blood cells. This means that fluoride slows down and weakens the very cells which serve as the body’s defence system; bacteria, viruses, chemicals and the body’s own damaged or cancerous cells are then allowed to wreak havoc. Minor infections take longer to throw off and cause more serious illness (John Yiamouyiannis, The Aging Factor, Health Action Press, 1993:p32). This is precisely what appears to be happening in many cases of ME.

We do not know how many children or teenagers had topical high concentration fluoride dental treatment before succumbing to infections which led to ME/CFS. My son had fluoride treatment to prevent tooth decay in the autumn of 1979, after which his health dramatically deteriorated, commencing with gastric problems, various minor infections, then glandular fever, followed by atypical measles, more infections and eventually resulting in ME in 1980. In the end the fluoride treatment didn’t work in preventing tooth decay—he’s needed 15 fillings over the past nine years.

The American pathologist Majid Ali explains that chronic fatigue results due to “accelerated oxidative molecular injury”. Only a well functioning enzyme system can protect us from such injury and maintain normal energy levels. In chronic fatigue there is a high frequency of membrane deformities, due to increased oxidative stress on the cell membranes, which is why sufferers lack energy. Interestingly, Ali also highlights gastrointestinal disturbances, such as IBS, as playing a significant part in chronic fatigue (The Canary and Chronic Fatigue, Life Span Press, 1994).

Many ME patients have an underactive thyroid (InterAction 27, Sept.1998:27). Chronic fatigue and exhaustion due to hypothyroidism is a cardinal feature in the Chronic Fluoride Toxicity Syndrome.

Experienced researchers who have studied ME for decades maintain that as with polio, it is damage to anterior horn cells caused by a gut virus, which explains why polio victims are paralysed or suffer from impaired motor function (The Clin and Scientific Basis of ME/CFS). But fluoride has also been shown to damage anterior horn cells. Gastrointestinal disturbances, often referred to as IBS, are also known to play a significant part in ME, as they are in the Chronic Fluoride Toxicity Syndrome.

Severe sleep disturbances, or reversal of sleep rhythm, are a common feature in ME/CFS (Clin). Deposits of large quantities of fluoride in the pineal gland of animals have caused similar problems (J Luke, Bellingham Conference, 1998).

At this point, no one knows to what extent these syndromes overlap, or fluoride or fluorine facilitates the development of ME by various biological agents. The indications are that fluoride may act as as a “facilitating co-factor” and exacerbate existing problems in such patients. Or it could be, as Dr H C Moolenburgh suggests, that ME is one of the end stages of a general chemical poisoning, with fluoride one of the worse offenders (personal communication, 7.1.1999). Although many unanswered questions remain, one thing can be said with certainty. Fluoride not only is not beneficial, but may turn out to be one of the major factors in the serious health problems besetting modern man.

Doris Jones
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"What Doctors Don't Tell You" is a monthly newsletter that has been letting the public in on medicine's secrets since 1989. In addition to the hundred or so back issues which between them have covered virtually every illness, drug or medical procedure, there is an impressive library of booklets which provide in-depth research into specific conditions and how they may be treated.

http://www.nofluoride.com/what_doctors_donot_tell.cfm

~ ~ ~
Don’t swallow S5 poison toothpaste - but glug down your S6 & S7 poison with every glass of water (and hence, all through the food chain):

Please find information on toothpaste and the relevance with 'fluoridated/polluted water'. The disgrace of this 'Water Fluoridation/Pollution Farce' has to be ended immediately, permanently and irrevocably for all time. As we said all along, the only answer ever, was to provide access to affordable dental health care services for all the population, not the dumping of hazardous waste into the drinking water supplies (and hence through the entire food chain) using the populations' kidneys as hazardous waste disposal/filtration units. This is absolutely criminal!

Toothpaste Warnings & Changes (Canada)

Warnings labels not to swallow fluoridated toothpaste.

Special non-fluoridated toothpaste for young children.
FLUORIDE IS A TOXIC CHEMICAL.
Read the required government warnings regarding toothpaste and mouthwash containing fluoride:

“Keep out of reach of children under 6 years of age.” “If you swallow more than used for brushing, get medical help or contact a Poison Control Center right away.” “If more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away.” “Never give fluoridated mouthwash or mouth rinses to children under six years of age, as they may swallow it.”

“A pea-sized amount of fluoridated toothpaste contains the same amount of fluoride as a glass of fluoridated water.

SEE: The calculations for yourself.

http://cof-cof.ca/toothpaste-warnings/

Australia

Fluoridated Toothpaste:-

Australia - Fluoride toothpaste was registered as a S5 poison

The N.H.M.R.C. in their book "The Effectiveness of Water Fluoridation" p.131., explained the need to examine poison regulations concerning fluoride toothpaste which was registered as an ' S5 POISON' as printed on the package.

The Answer by N.H.M.R.C.
Fluoride Toothpaste an S5 poison was reclassified as "Cosmetic for sales regulations". Here we have the Australian Government's professional and honest sorcery of changing an S5 POISON into a safe benign product by altering its scientific health category into a cosmetic by reclassification!

Australia S5 Poison labels on fluoride toothpaste removed to help commercial sales.

Australian Government Did This - All S5 Poison Labels on fluoride toothpaste were removed, not for your health reason, no, it was to help commercial SALES that superseded the health and rightful Government protection of Australian people.

A popular brand of toothpaste in Australia Directions for Use: Brush thoroughly at least twice a day or as directed by your dental professional. Children 6 years of age and under should have adult supervision and use only a pea sized amount. Do not Swallow. Children should spit and rise thoroughly after brushing.

Have to spit out this S5 poison toothpaste.

But the S6 and S7 poison fluorosilicic acid/silicofluorides and co-contaminants lead, mercury, arsenic, cadmium etc., and aluminium sulphate in ‘fluoridated/polluted water’ we have to drink and swallow in every glass of water (and all through the food chain). A **pea-sized amount of fluoridated toothpaste contains the same amount of fluoride as a glass of fluoridated water.**

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**Toothpaste 'poisoning' suspected**

Sept. 13, 2010

A mental health patient whose heart stopped while she was restrained by staff at Wollongong Hospital may have been poisoned by toothpaste, an inquest into her death has heard. Fluoride toxicity, which can occur if someone ingests large quantities of toothpaste, is one of several scenarios being explored as potential causes or contributing factors to the woman's death during a two-week inquest before Coroner Ian Guy. The woman, who cannot be named for legal reasons, had been vomiting a clear or milky substance the same morning she was restrained by staff for aggressive behaviour and ultimately suffered a cardiac arrest. She regained a pulse and was transferred to the intensive care ward, but died some days later. Yesterday, the court heard the vomit was the likely cause for burns found on the woman's face and chest, and that it was presumable she had ingested a caustic substance while in hospital. Various experts determined that, due to the state of the woman's stomach and oesophagus, toothpaste or the hospital cleaning product Vanish JF could have potentially caused the burns. According to expert evidence presented in court, the fluoride in toothpaste can react with stomach acid to produce hydrofluoric acid. However it is unclear exactly how much toothpaste would need to be ingested to produce a significant reaction in the stomach, the court heard. Other potential contributing factors included that the woman was apparently not taking medication for her mental illness and had suffered two catatonic episodes in the weeks prior to her death. The court heard a possible breakdown in communication between the woman's general practitioner, community mental health workers and hospital staff led to staff not being fully notified of the woman's mental health history and medication. As a result the woman's treatment may have been impacted. The coroner will also look into claims made by a witness that alterations were made to the woman's clinical records after her death, the court heard. The inquest will continue today.


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Report - Water Fluoridation/Pollution Must End - by Diane Drayton Buckland - Independent Researcher 235
Queensland Government – Queensland Health - Poisoning - What is a poison?

Extract: health and beauty products, including nail polish and remover, hair dyes, mouthwash, toothpaste, deodorant, perfume and aftershave.


So they admit Toothpaste is poison (it is an S5 poison - the Government removed labels in Australia) but an S7 poison hazardous waste pollutant they say is safe and effective to go in the water supplies and hence the entire food chain under the ‘fraud of water fluoridation’.

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Endangering everyone using a most dangerous chemical particularly for this purpose!

Kids Hit By Chemical Fluorine At Western Plains Zoo In Dubbo

- By Gemma Jones
- From: The Daily Telegraph
- June 05, 2009 12:00AM

SCORES of teenagers were rushed to hospital during a school excursion to the zoo yesterday after a sudden downpour washed burning chemicals into their eyes. The 133 Year 9 students from Sydney Technical High School at Bexley, in Sydney's south, were riding bikes around the Western Plains Zoo at Dubbo when they were caught in a deluge.

The rain caused the chemical fluorine, which had been used to clean the helmets, to stream into their eyes. Victims were ferried to hospital by bus as police raced to the zoo. The town's district emergency plan swung into action amid fears of a criminal attack. Paramedics assessed 30 of the students as "seriously affected" and immediately directed that all of the children, aged between 14 and 16, be taken to hospital to have their eyes flushed out with water for at least 15 minutes.

Doctors at Dubbo Base Hospital cleared 122 students of serious injury but an eye specialist was called in to check the condition of 11 students. A police spokesman said it was quickly determined there was no criminal cause of the incident. Premier Nathan Rees and Health Minister John Della Bosca were immediately notified of the emergency by local MP Dawn Fardell. "The zoo immediately administered first aid when the condition was reported and ambulance services were subsequently called to respond," Western Plains Zoo said yesterday in a statement.

"Early areas of inquiry centred on a disinfectant that is used on bicycle helmets. The zoo has used the disinfectant on helmets for over four years and today's adverse reaction is unprecedented. "Western Plains Zoo staff will continue to work with police and medical authorities until the matter is resolved," the zoo added. A NSW Ambulance spokeswoman said the chemical could cause a painful reaction. "Fluorine can cause burns and it requires lots of flushing (of the eye) for a minimum of 15 to 20 minutes," she said. "Paramedics used the buses that had taken the kids and transported them to hospital with the paramedics treating them on the bus." A spokeswoman for Dubbo Base Hospital said all of the students had left by 3pm and were cleared of any serious injury. "There were only 11 that were more affected than the others," she said. "They were looked at by an eye doctor." The students were on an excursion to the zoo and it was unclear last night when they would be returning to Sydney. http://www.dailytelegraph.com.au/news/classmate/kids-hit-by-chemical-at-western-plains-zoo-in-dubbo/story-e6frewti-1225721939476

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Tennessee: Lawmaker Campaigns Against Fluoride Bill
29th November, 2008

Joey Hensley

Tennessee Rep. Joey Hensley, R-Hohenwald, wants all water systems in Tennessee to stop adding fluoride to water. “It has too many side effects, and the benefits are not there to warrant giving mass drugs to the population whether they need it or not,” said Rep. Hensley, who also is a family practice physician.

A national debate about fluoride in water began spilling into Tennessee when Rep. Hensley sent a letter in 2006 to every water utility in the state, telling them there is no state requirement to add the chemical to water and he didn’t think they should. “There were a few that used my letter to stop,” he said. “It’s not state law, and it’s not required.” Since Jan. 1, 2006, 31 state utilities have dropped fluoride, according to the Tennessee Department of Environment and Conservation. The agency writes fluoride guidelines into water treatment permits for utilities that choose to use fluoridation.

TDEC spokeswoman Tisha Calabrese-Benton said 296 of the state’s 490 community water systems are fluoridated. She said systems must monitor their treated water to measure the amount of fluoride. Many of the systems that dropped fluoridation did so because of “problems with fluoride chemical availability, quality control issues with imported fluoride powder ... and the escalating cost of liquid fluoride chemical,” she said.

Fluoride — a byproduct of fertilizer manufacture — has been added to water systems all over the nation for about 40 years to prevent tooth decay. It has been hailed by the Centers for Disease Control as one of the greatest breakthroughs in public health. But two years ago, fluoride’s major supporter, the American Dental Association, and the National Academy of Sciences both issued warnings that baby formula shouldn’t be made with tap water to ensure infants don’t get too much fluoride. Fluoride accumulates and can harm developing teeth, according to research reports. It also has been linked to kidney and thyroid disorders in adults.

However, ADA and CDC Web sites continue to tout the benefits of fluoride in water for the general population. Many states, including Georgia, require the additive unless utility systems or municipalities offer a referendum so citizens may vote to have it dropped from water treatment. Rep. Hensley said the confusion over whether fluoride in water is good or bad is understandable. When the practice began decades ago, little was known about the side effects of ingesting a chemical that, as a paste on teeth, is protective. Now, after years of defending the practice as good for people, governments have a hard time backing down, he said. “It’s face saving,” he said of some utilities’ and municipalities’ reluctance to let go of the practice. “They would have to then say, ‘All these years we were saying it was good for you — we were wrong about that.’”

Legislator Urges Ban on Fluoride - A respected doctor and State Legislator in Tennessee has issued a stern warning to water districts through the State advising that fluoride should no longer be added to municipal water.

In his letter, Dr. Joe Hensley, a Representative in the State house, assessed the risks associated with fluoride in water, stating: "information is now coming out showing that the health risks associated with drinking fluoridated water significantly outweigh fluoride’s limited cavity fighting action”.

Learn more: http://www.americanfreepress.net/html/ban_on_fluoride.html

Video: https://www.youtube.com/watch?v=MtaSnIUHiUM
Firing of Water Utility Whistleblower spotlights CDC Reluctance to address New Safety Concerns About Water Fluoridation
17th December, 2008 – Press Release, The Lillie Center

Ellijay, GA: With more than 50 communities across the U.S. voting to reject water fluoridation on Election Day last month, the recent firing of Dalton, Georgia water employee Wally Babb for voicing concerns about fluoridated water is focusing a spotlight on the U.S. Centers for Disease Control near Dalton. In 2007 CDC received a formal ethics complaint over CDC officials’ failure to publicly acknowledge damaging information about the safety of fluorides in CDC’s own research and in reports from the U.S. Dept. of Agriculture and the National Research Council.

CDC Associate Director for Science James Stephens’ response to the complaint did not address a number of questions in the complaint, including questions about why the Black community, kidney patients, and others were not informed of fluoride’s health risks. Purchasing Coordinator Wally Babb notified his superiors at Dalton Utilities that he could no longer in good conscience purchase the fluoridation chemical used by the utility after learning that the National Research Council in 2006 designated kidney patients, infants, and diabetics as “susceptible subpopulations” that are especially vulnerable to harm from fluoride ingestion. His stand against fluoridation gained further credibility when the National Kidney Foundation changed its position about fluorides, forcing the American Dental Association to remove NKF’s name from the Dental Association’s list of water fluoridation supporters.

The updated 2008 statement by the National Kidney Foundation says that kidney patients “should be notified of the potential risk of fluoride exposure.” Babb also highlighted for his employer a little known state law allowing Georgia communities to pursue a referendum to opt out of fluoridation, but the Utility declined to pursue or endorse a referendum. His stance and statements resulted in his termination by the Utility in November. Dalton Utilities continues to stand by its actions in firing Babb. But a backlash against the firing and against fluoridation is mounting, particularly in Georgia and Tennessee, the two states sharing a border near Dalton.

The firing has generated a scathing letter of condemnation of both CDC and Dalton Utilities by the union of professional employees at EPA headquarters in Washington DC. “Instead of addressing his concerns…you chose the reprehensible and dictatorial option of trying to silence him,” writes Dr. William Hirzy, Vice President for the EPA union. In Tennessee, two State Representatives, Frank Niceley and Joey Hensley, have called for an end to all water fluoridation in Tennessee. Representative Hensley is a physician and a former fluoridation supporter.

Joining Dr. Hensley in speaking out against fluoridation, Representative Frank Niceley recently stated in a letter to a Chattanooga newspaper editor, “Mr. Babb is a hero. He should be commended, not fired for sticking up for people who are being harmed by fluoridated water.” Kidney patients and fluoridation opponents in Tennessee are also condemning Babb’s firing. An open letter supporting Babb is circulating to collect signatures from Tennessee kidney patients.

Black communities in Tennessee and Georgia are learning of Babb’s actions. “Fluorides harm kidney patients, and blacks are especially affected by kidney disease,” Babb says. “And I learned that CDC’s own
data show that blacks are disproportionately harmed by a staining and pitting of teeth called moderate or severe dental fluorosis,” he adds. Photos of the disfiguring teeth damage can be found at: http://www.fluoridealert.org/dental-fluorosis.htm.

Daniel Stockin of The Lillie Center, Inc., a Georgia-based public health training firm that filed the formal water fluoridation ethics complaint with CDC’s joint ethics committees, notes that, “Attorneys are figuring out that fluoride is the next asbestos. Financial and legal liability fears are why CDC refuses to answer certain questions about water fluoridation, such as who is to pay for teeth repair for citizens with moderate and severe dental fluorosis, and who is to buy unfluoridated water for families with babies that don’t wish to mix fluoridated water with their babies’ milk formula.”

“Given that 26 million American adults have chronic kidney disease, why hasn’t CDC told kidney patients their risks from ingesting fluorides?” he asks. In addition to finding himself without a job, Babb’s firing has jeopardized health care coverage for his wife who has multiple sclerosis, and who recently underwent surgery to remove a tumor. Babb and his wife remain committed to their stance. “This is the right thing to do,” Babb says. “You pay a much higher cost when you compromise on the truth.”


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See also:
Nov 29, 2008: Dalton: Water worker fired for opposing fluoridation
Nov 29, 2008: Tennessee: Lawmaker campaigns against fluoride bill
• Attachments to the Nov 29 articles
The Questions of Fluoridagate

Scandal Widens, Calls for Hearings Grow as New Revelations Highlight Science in Conflict with Officials’ Statements on Water Fluoridation Safety

Part 1 of a Series, By Daniel G. Stockin, MPH

Following the Hurricane Katrina formaldehyde trailers fiasco and the Washington D.C. lead-in-drinking water disclosures, now yet another scandal provides evidence that what is said and done by public health experts may not be as important as the reasons behind what is left unsaid and undone.

Enter Fluoridagate, a multi-faceted scandal unfolding while simultaneously a growing number of cities and water utilities have halted water fluoridation or are considering legislation to end it. City officials in Milwaukee, New York City and Phoenix have recently discussed ending water fluoridation. Quebec and Calgary in Canada, College Station in Texas, and Pinellas County in Florida have ended it, along with numerous smaller cities and agencies. “I think there are safety concerns and fiscal concerns causing people to rethink fluoridation,” says Wally Babb, a former Georgia water plant operator reveling in the cities’ actions, since he was fired in 2008 for his stance against fluoridation. “But I also think prosecutors and investigative bodies are going to be very interested to ask why certain groups and individuals did not share key information about fluoridation risks,” he says.

“If any scandal ever deserved a series of investigative hearings, this is it. This is going to call some very high level people on the carpet.” Prominent Washington D.C. product safety attorney James S. Turner concurs. “The evidence is shocking,” he says. “It’s time to put some of the key players under oath in Fluoridagate hearings.” The developments point to a central question: Did a group of vested interest federal and private sector officials collude to use the public health infrastructure to control what the public hears about fluoridation and divert attention from increasingly bad news about harm from fluorides? For those still unfamiliar with the developments, here are some of the deeply troubling questions of Fluoridagate.

Controlling the Discussion and Talking Points

Water fluoridation is the long-standing practice of adding fluoride chemicals to drinking water to help prevent cavities. For decades, Americans have been told that the practice is entirely safe, though controversy about fluoridation safety has never completely disappeared. In 2011 a Freedom of Information Act request asked for the names, titles, and job descriptions of all persons past and present inside the U.S. Centers for Disease Control and Prevention (CDC) that had input into CDC’s decision to support fluoridation. The request turned up a disturbing fact: CDC’s Oral Health Directors, acting alone within CDC for more than 35 years, had sole input and control in deciding to support fluoridation.
The revelation raised obvious questions. How were CDC’s dental professionals, with expertise in oral health, competent to assess new research and make statements about possible harmful outside-the-mouth effects from fluorides? Why did CDC not seek assistance and input from its own cancer, diabetes, and minority health professionals, and from toxicologists in its sister organization, the Agency for Toxic Substances and Disease Registry? Were improper influence and the Oral Health Division’s close ties to the American Dental Association with its long history of denying harm from fluoridation the reasons CDC continued to deny any outside-the-mouth harm?

Interestingly, a letter from ADA had protested that it was “very disturbed” about a proposed reorganization in CDC that would downgrade the status of the Oral Health Division, folding it inside another unit. In explaining that ADA had “come to value its relationship with the (Division of Oral Health)” and describing the two organizations’ “close collaborative relationship,” ADA listed water fluoridation as its number one example of collaborative efforts with the Division.

Was it collaboration…or collusion?

With the information disclosed by the Freedom of Information request, actions by CDC were now seen in a new light. CDC had continued to offer stout assurances that more than 60 years of “extensive research” had proven fluoridation to be safe. But in 2006 the prestigious National Research Council (NRC) of the National Academies of Science issued a 507 page report on fluorides that documented a long list of fundamental, basic-in-nature whole-body research that had never been performed.

Had CDC officials been saying that extensive fluoridation safety research had been performed?

CDC had also issued a widely-circulated statement that fluoridation was one of the 10 great public health achievements in the 20th century. But in a 2008 article in Scientific American, John Doull, chairman of the NRC fluoride committee, stated, “…when the U.S. surgeon general comes out and says this is one of the 10 greatest achievements of the 20th century, that’s a hard hurdle to get over. But when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on.” He also stated, “The thyroid changes do worry me.”

Cleverly calling fluoridation one of 10 great public health achievements had worked public relations wonders. It had preemptively diverted many from a deeper investigation of fluorides. But the NRC report and other developments would bring fluorides back under the microscope.

Unnerving Information for HIV, Organ Transplant, Diabetes and Kidney Patients

In addition to dismaying information about thyroid concerns, buried within the voluminous NRC report were other unnerving admissions such as this statement: “More research is needed to clarify fluoride’s biochemical effects on the brain.” The technical jargon and size of the report are daunting, but readers willing to wade through it learn that consumers are ingesting uncontrolled amounts of fluorides through their water supply without our scientists knowing what this does to our brains.

Because fluorides deposit cumulatively in the bones over time, the report also says it is “paramount” that research be conducted because bone marrow is where immune cells have their genesis. It points out that research could be conducted to determine “what percentage of immunocompromised subjects have adverse reactions” at various levels of fluoride in water. News of this is understandably alarming to organ transplant patients and persons with HIV/AIDS or congenital immune diseases, but there has been little or no communication of the concerns about fluoride immune system impacts to these groups.

The NRC report also listed diabetics, kidney patients, seniors, children, outdoor workers and other groups as “susceptible subpopulations” that are especially vulnerable to harm from ingested fluorides.

What was done with these startling statements in the report? Had they been quickly acted on and formally distributed by federal officials to affected stakeholder groups such as the National Kidney Foundation, the American Diabetes Association, thyroid health advocates, HIV support groups, child health groups, etc? If so, the groups were uniformly and strangely quiet about receiving it. And why did the Environmental Protection Agency (EPA) and CDC’s parent health agency take nearly five years, and until EPA was threatened by a fluoride fumigant lawsuit, to issue a tepid recommendation to slightly lower the level of fluorides in drinking water?

Was the fix in because the dental industry, water agencies, and other groups would face tremendous legal liability if fluorides were now admitted to be potentially harmful? And were CDC and other groups working to “spin” the NRC report, to do damage control? Fluoridation advocates cited statements within the report that its purpose was not a specific assessment of water fluoridation, implying that the process of studying
fluorides produced no information useful in assessing fluoridation safety. This tactic backfired because it is akin to saying that efforts to put a man on the moon did not produce information useful for other spaceflight programs. Plus, the report designated certain groups as “susceptible subpopulations” without respect to what concentration of fluoride was in their water.

Again, the question: Did a group of vested interest federal and private sector officials collude to use the public health infrastructure to control what the public hears about fluoridation and divert attention from increasingly bad news about harm from fluorides? This is where Fluoridgate hearings will come in. Both federal and state agencies and attorneys general will find numerous avenues of fertile investigation.

**Harm to Minorities: the Issue that “Has the Potential to Gain Traction”**

One of the key areas for investigation will focus on fluoridation promoters’ actions concerning disproportionate fluoridation risks and harm for minority groups.

For example, why did CDC fail to openly inform the black community of news that blacks are disproportionately harmed by “dental fluorosis,” a permanent and in many cases disfiguring staining of teeth that indicates childhood overexposure to fluorides? CDC continued to not openly share the information with minority advocacy groups even after The Lillie Center in Georgia presented a detailed fluoridation ethics complaint to CDC citing the omission in 2007.

And the issue of harm to black citizens continues to grow. In an April 2011 letter, leaders of the American Dental Association requested assistance from U.S. Assistant Secretary for Health Dr. Howard Koh to help deal with concerns raised by civil rights leaders Ambassador Andrew Young and Rev. Gerald Durley. The two courageous black community leaders had publicly issued letters calling for a halt to fluoridation. In the ADA leaders’ letter to Dr. Koh they explained why they were seeking his assistance to address the concerns Young and Durley had raised about fluoridation safety for minorities.

The letter from ADA leaders stated: “We believe that this issue has the potential to gain traction.”

Gain traction? Fluoridation advocates had long scoffed that fluoridation opponents’ arguments were unfounded. In fact, they said, fluoridation was especially helpful for minority and low income populations, helping eliminate oral health disparities. So what was there about the issue of minorities being harmed by fluoridation that could possibly gain traction? Could it be that there is substance to the concerns? Does fluoridation in fact disproportionately harm minority populations? Here we find more grist for Fluoridgate hearings. Studies and other information on fluoride exposure levels and harm had never effectively or formally been presented to minority leaders until recently, by fluoridation opponents.

For example, a fall 2009 study published in the Journal of Public Health Dentistry documented that black children are ingesting significantly more fluorides in water than white children. And CDC released information in 2005 documenting that blacks and hispanics have disproportionately more dental fluorosis than whites. CDC’s statistics were found deeply buried in the very last of 23 dizzying data tables in an article in CDC’s August 26, 2005 “MMWR” publication.

The news spread. Martin Luther King Jr.’s daughter Bernice King spoke out against fluoridation on a radio program. Her cousin, Alveda King, spoke out against fluoridation on her blog. And in the summer of 2011, the League of United Latin American Citizens passed a resolution opposing fluoridation.

**Let the Litigation Begin**

As part of its efforts to support community water fluoridation programs, the American Dental Association had published a long list, a compendium of organizations that had lent their names as endorsing fluoridation. Dozens of national and international health advocacy, government, and professional organizations were on the seemingly impressive list.

But now it appears that organizations on the list may be named in legal actions. Citizens and decision makers relied on the organizations’ listed names in deciding to buy-in to fluoridation. Very telling will be the groups’ responses to a simple question: Did your group do its own research into potential fluoridation risks prior to allowing your name to be used on ADA's list, or did you provide a courtesy endorsement of fluoridation without doing your own research?

The list of persons, groups, companies, and agencies that may be sued extends beyond the organizations in ADA's compendium list. It includes almost anyone that should have warned users of fluoride products of various concerns related to fluorides. Water utilities, bottled water providers, toothpaste sellers, government agencies, nonprofits and industry trade groups, and numerous other individuals and groups may find themselves in the lawsuit cross hairs.
Washington DC toxic tort attorney Chris Nidel said this: “I think when we look back we’ll ask why Fluoridage didn’t surface earlier. There are serious concerns about possible conflict of interest and heavy editing of information being fed to the public about fluoride risks and impacts.”

Two fluoride-related legal cases were filed in 2011 in Maryland and California courts. Both cases encountered significant, but not unexpected challenges. It’s still early in the process of developing various types of fluoride litigation, but given the now-strongly growing interest in pursuing legal actions, the future looks to hold many fluoridation and fluoride-product-related cases. The shear number of potentially harmed citizens — persons with dental fluorosis, kidney patients tipped into needing dialysis, diabetics, thyroid patients, etc — numbers in the millions.

Concerning upcoming legal cases and hearings, perhaps most delicious to long-time fluoridation opponents is the prospect that for the first time, key officials in government and private sector agencies can be put on the witness stand and directly questioned about harm from fluorides.

A few interesting questions may be: Why are we warned to spit out pea-sized amounts of fluoridated toothpaste, but we were told we can ingest the same amount of fluoride when it comes in a large glass of fluoridated drinking water? How can it be safe to drink as much fluoridated water as we’d like? And why haven’t Americans been told that fluorides accumulate in the pineal glands in our brains?

In 2008, the National Kidney Foundation’s board of directors quietly issued a new position statement on fluoridation, causing NKF’s name to be removed from the ADA’s compendium list of fluoridation endorsers. But why did NKF not openly announce its new statement? Was it because NKF had been a recipient of grant monies from the CDC and did not wish to risk the ire of CDC officials? Did NKF risk the health of its own constituents, most of who today do not know that the National Research Council has designated kidney patients and diabetics as especially susceptible to harm from ingested fluorides?

**Affecting Our Babies and Even Our Pets**

Many Americans do not know that for one-time, acute exposures, fluorides are known to be slightly less toxic than arsenic and slightly more toxic than lead. But even with longer-term, lower level chronic exposures, the risks are real, especially for babies and other groups that are particularly vulnerable to harm from fluorides. The NRC report stated that on a body weight basis, infants and young children are ingesting 3–4 times the amount of fluorides as are adults.

On another front, what is fluoridated water doing to our pets and horses? This issue has received little attention until recently, but given Americans’ deep protective instincts for their pets and horses, the issue threatens to become an enormous one in its own right. News of the deaths of the fluoridated water-poisoned horses of Colorado resident Cathy Justus is quickly spreading. A growing number of stunned pet and horse owners are educating themselves further about fluorides before they continue to provide fluoridated water for Fido, the family feline, or a beloved horse.

There are so many facets to the Fluoridage scandal that it will not be surprising if a number of attorney generals, district attorneys, politicians, investigative journalists, philanthropists, and others make their mark uncovering the harm done and the names of those responsible. Fluorides are an equal opportunity offender, so it is also not surprising that both Democrats and Republicans are joining the calls for Fluoridage hearings or for a halt to fluoridation.

What are the other key issues? Will there be sacrificial lambs among those subpoenaed for Fluoridage hearings and court cases? Who will point fingers at each other to try to escape blame?

Part 2 of The Questions of Fluoridage will delve further into the numerous swirling questions.

Daniel G. Stockin, MPH, is the former manager of the EPA Western Regional Lead Training Center. He is a career public health professional with a background in toxics assessment and hazardous materials management. He is known internationally for his work at The Lillie Center Inc., a Georgia-based firm working to end water fluoridation. He may be reached at: stockin2@yahoo.com

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NHMRC is Australia’s peak body for supporting health and medical research; for developing health advice for the Australian community, health professionals and governments; and for providing advice on ethical behaviour in health care and in the conduct of health and medical research.

NHMRC comments on Water Fluoridation & Human Rights

“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.

Public health scientists can evaluate the scientific evidence pertaining to health benefits and health risks.

They can assess the relative effectiveness and the cost effectiveness of different approaches.

They can assess data on the distribution of exposures and health consequences within the community.

They can advise on the usual approach to the balancing of risks and benefits, and to the accommodation of margins of safety.

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.

(NHMRC 1991:7.6.2).
Queensland Government
Position Statement on Water Fluoridation

Whilst recognising that the balance of the scientific argument favours the use of fluoride in the pursuit of oral health, it is a principle of ethical public health that mass, involuntary medication must never proceed without the express consent of the community. The balance of argument rests on evidence which suggests that the prevalence of dental caries in both adults and children is reduced in communities where the water supply contains certain levels of fluoride.

In Queensland, referendum guarantees the consent of the community under the Fluoridation of Public Water Supplies Act (1963) (the Act). Queensland Government recognises that there is not a unanimity of opinion on the health and environmental impacts of fluoridation, but in view of the prevailing balance of argument, encourages public debate aimed at enhancing oral health.

Water fluoridation was introduced in all Australian States in the 1960’s, and about 80 per cent of the population of most states now receive fluoridated water supplies. The Nicklin Government introduced the Act in Queensland in 1963. It places the responsibility for proposing this public health measure to communities, and carrying out their decisions, on individual local governments. At present, only about 5% of the Queensland population have consented to the fluoridation of their water.

Queensland Government supports the introduction of water fluoridation wherever it receives the consent of the community affected. It acknowledges the endorsement of fluoridation by many science and health organisations, including the National Health and Medical Research Council, Federation Dentaire Internationale (FDI), the International Association for Dental Research (IADR), and the World Health Organisation (WHO).

The achievement of improvements in oral health in the population is one of the Key Performance Objectives set out in the Queensland Health Corporate Plan 1996-2001. The fluoridation of water supplies may be one avenue for the achievement of the oral health objectives set out in this document, and the Public Health Services Plan for Achievements 1996-1999.
It is Long Overdue – The End for All Time to the Fraud of Water Fluoridation.

Don’t let the pro-fluoride propagandists fool the population any longer. The only answer ever was to provide access to affordable dental health care services for all the population, not the dumping of hazardous waste into our drinking water known as ‘water fluoridation schemes’ chronically poisoning the population as per ‘Government Health Policy’.

Ellen and Paul Connett
82 Judson Street, Canton NY 13617

Comments submitted to:
Dr. Ganga Choudhary
Division of Toxicology, Agency for Toxic Substances and Disease Registry,
Mailstop E-29, 1600 Clifton Road, NE, Atlanta, Georgia 30333
Re: Docket Control Number ATSDR-173
February 26, 2002 Comments on Draft Toxicological Profile on Fluorides

Introduction.
We are probably wasting our time submitting these comments, however we hold out a very fragile hope that one agency of the USPHS can analyze the fluoride toxicity issue with integrity, i.e. independently of the well-known policy of the USPHS[US Public Health Service] to promote water fluoridation at all costs.

Both of us in our work (Ellen Connett is editor of Waste Not which covers many toxics isues and Dr. Paul Connett teaches Environmental Chemistry and Toxicology at St. Lawrence University) have relied heavily on the fact-filled Toxicological Profiles provided by the ATSDR. We seriously hope that this fine body of resource material is not compromised by political pressures emanating from the USPHS policy of aggressively promoting water fluoridation, a practice which has been rejected by most of the civilized world. The USPHS has been promoting fluoridation ever since 1950, when it first endorsed water fluoridation, before one single trial had been completed and before anything but a very rudimentary analysis of potential health problems had been completed. They weren’t being scientific then and they are not being scientific now.

Our comments will be largely confined to the issue of fluoride, which will include discussion of the toxicity of sodium fluoride, hexafluorosilicic acid and its sodium salt; sulfuryl fluoride and organofluorine compounds. While the latter two compounds may appear to go beyond the remit of the ATSDR report they do not, because sulfuryl fluoride, used as a fumigant rapidly hydrolyzes to free fluoride ion, and the toxicological discussions by the USEPA on this substance are nearly all based upon fluoride residues. Moreover, a number of the organofluorine compounds are also metabolized to free fluoride ion either in the body or in the environment. Our comments will also address the issue of fluoridation, a practice which regrettably the authors of the ATSDR report appear to endorse via their frequent quotation of biased DHSS statements misrepresenting both its efficacy and safety.

Full document here: http://www.fluoridealert.org/pesticides/fluorides.comments.atsdr.02.htm

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About the Author: Dr. John Yiamouyiannis was, until his death in the fall of 2000, the world's leading authority on the biological effects of fluoride. His formal education included a B.S. in biochemistry from the University of Chicago and a Ph.D in biochemistry from the University of Rhode Island. After a year of postdoctoral research at Western Reserve University Medical School, Yiamouyiannis went on to become biochemical editor at Chemical Abstracts Service, the world's largest chemical information center. It was at Chemical Abstracts Service, where Yiamouyiannis became interested in the damaging effects of fluoride. Chapter 4 - Breaking Down the Body's Glue - All animals, including humans, are made up of cells. The cell, the basic unit of life, can be identified under a microscope by its outer membrane and a nucleus within the membrane.

Some cells are able to produce a protein called collagen. In this book, the term "collagen" refers to collagen as well as collagen-like proteins. This process occurs inside the cell. Little globules called vesicles carry the collagen from the inside of the cell to the cell membrane where it is released to the outside of the cell. There, the collagen thickens into fibers.

The five different types of cells capable of producing and releasing collagen in this way are:

- fibroblasts, which produce collagen for the structural support of skin, tendons, ligaments and muscle;
- chondroblasts, which produce collagen for the structural support of cartilage;
- osteoblasts, which produce collagen for the structural foundation and framework upon which calcium and phosphate are deposited, giving rise to bone;
- ameloblasts, which produce collagen for the structural foundation and framework upon which calcium and phosphate are deposited, giving rise to tooth enamel.
- odontoblasts, which produce collagen for the structural foundation and framework upon which calcium and phosphate are deposited, giving rise to the inner part of the tooth. This material is called dentin.

Like other proteins, collagen is composed of amino acids linked together in a chain. However, collagen contains two additional amino acids, hydroxyproline and hydroxylysine, not found in other proteins. Thus when collagen breaks down, the hydroxyproline and hydroxylysine levels in the blood and urine increase.

Researchers from Harvard University and the National Institutes of Health knew in the 1960s that fluoride disrupted collagen synthesis. It was not until 1979-1981, however, that a new flurry of research activity in this area began. Learn more: [http://www.ffo-olf.org/agingFactorBook.html](http://www.ffo-olf.org/agingFactorBook.html)
The use of fluorine compounds in various areas of medicine, particularly in dentistry, as well as in agriculture and industry became very popular in the second half of the 20th century. Fluorine owed this widespread acceptance to observations that its compounds stimulate ossification processes and reduce the prevalence of caries. Unfortunately, growing expectations overshadowed the truth regarding interactions of fluoride on the molecular level. The fact was often ignored that fluoride is toxic, even though laboratory data stood for a careful approach to the benefits of usage. Excessive exposure to fluoride may lead to acute poisoning, hyperemia, cerebral edema, and degeneration of the liver and kidneys. Acute intoxication through the airways produces coughing, choking, and chills, followed by fever and pulmonary edema. Concentrated solutions of fluorine compounds produce difficult to heal necrotic lesions.

In conclusions, the use of fluoride, particularly by dentists and paediatricians, must be controlled and adapted to individual needs. It is worth remembering that fluoride: is the cause of disability due to bone deformations and abnormalities in the musculoskeletal system; reduces the incidence of caries but do not protect against tooth loss; exerts an adverse effect of metabolic processes in the skin; accelerates calcification of vessels and thus reduces their elasticity; inhibits bioenergetic reactions, in particular oxidative phosphorylation, reducing physical activity of muscles.


Who's Minding The Store? By Ruth Sackman
There are four government units assigned the task of looking after the health of the American people. These are the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), the Center for Disease Control (CDC) and the Department of Agriculture (USDA). They were established originally to function as consumer protection agencies because it was assumed that industry was capable of representing itself, whereas the consumer needed advocacy. We can assume from their performance that these so-called "watchdog" agencies have evolved into something alarmingly different: buffers for industry.

During the many years these agencies have been in existence, we have been suffering from a steady rise in health problems including a rise in the incidence of cancer. AIDS (autoimmune deficiency syndrome), Lyme's disease and CFS (chronic fatigue syndrome), all newly developed diseases, have become common problems. Is this all a quirk of nature or is it related to the proliferation of toxic chemical pollutants which have been approved by these very consumer protection agencies which are responsible for the introduction of thousands of new toxic substances into the environment? Never in the history of mankind has the environment been so inundated with so many new substances whose cumulative effects are unknown and untested. There have been many instances in which approved chemicals have had to be withdrawn because consumer groups, not our federal protection agencies, have done independent investigations proving harm, thus, forcing the government organizations to take appropriate action.

Let's take a look at some of the decisions of these consumer protection agencies.

ENVIRONMENTAL PROTECTION AGENCY

• EPA raised the legal level of fluoride that can be added to our precious drinking water in spite of the hard scientific evidence that fluoride is a toxic chemical that inhibits enzyme activity which is essential for food metabolism, leaches lead into drinking water, causes bone and liver cancer according to the National Toxicology Program (NTP), a government sponsored report, while not reducing cavities as claimed. (Fluoridated and unfluoridated communities have the same rate of dental cavities.)

• Dr. William Marcus, senior toxicologist at EPA, was fired because as a scientist he felt obligated to inform the public that EPA was covering up the carcinogenicity of fluoride by labeling the NTP report on fluoride "equivocal," a word which, while not conveying rejection of the carcinogenicity findings, leaves the agency a loophole to weasel out of any repercussions that may result. EPA's position disregarded the testimony by reputable scientists about the report's accuracy.

• EPA was sued by Dr. Marcus and ordered reinstated by the court. He was also awarded compensation of $50,000. The case was reviewed as is customary by Robert Reich, Secretary of Labor, who stated, "The true reason for the discharge was retaliation." Although re-instatement has been ordered by Robert Reich and the court, EPA has yet to comply.
EPA had to be sued by the Environmental Defense Fund for violating the Delaney Amendment which declares it illegal to use any substance that can cause cancer when ingested by man or animal. Instead of abiding by the decision, EPA’s response has been to petition Congress to repeal the Delaney Amendment.

**FOOD AND DRUG ADMINISTRATION**

- FDA approved genetic engineering to alter tomatoes as though nature has made an error which man can improve upon. When consumer groups question the potential dangers and the lack of long-term studies, agency officials blithely insist on the safety of these man-manipulated foods.
- FDA approved irradiation of food, which studies show alters the natural components of food. No studies have been done to determine the long-term effects. Consumers have become guinea pigs and the laboratory is anywhere in the world where people live and work.
- FDA has attacked the health food industry with an aggressiveness not demonstrated against the pharmaceutical or chemical industry. FDA agents have entered health related establishments with guns drawn and confiscated costly supplies and equipment.
- FDA has approved the use of a bovine growth hormone (BGH) to increase milk production in spite of the fact that it causes infections of the udder for which antibiotics are used. I met a young man who had been given a growth hormone when he was 15 years old. At the age of 25, married with 2 children, he was unable to work because of extreme fatigue and the family had to be maintained on welfare. His body was devoid of hair - head, underarm, pubic and all body hair. It was my impression that he had aged prematurely. Has FDA determined the long-term effect of added growth hormone in milk starting at birth?
- DES, a substance used to get beef to market early, was removed only after pressure from private groups outside of the agency who proved that DES caused endometrial cancer and other gynecological problems.
- Red Dye was withdrawn only after pressure from private groups outside of the agency who proved it was carcinogenic.
- Alar was withdrawn only after a report by Ed Bradley on the TV program "60 Minutes" revealed how hazardous it was.

**CENTER FOR DISEASE CONTROL**

- CDC pushed the panic button when one soldier at Fort Dix died of what CDC called "swine flu" (whoever heard of swine flu?) CDC urged the vaccination of the entire American population. Many people trusting this government agency took the injections which caused more harm than the flu. Some people died; some were incapacitated with Epstein-Barr Syndrome; others struggled for a long time to overcome the disastrous effects.

**UNITED STATES DEPARTMENT OF AGRICULTURE**

USDA allows tons of toxic chemicals to be sprayed on plants to control pests and to be added to the soil to promote growth because the soil is depleted due to poor farming techniques. (And the vicious cycle feeds on itself.)

Do you feel, as I do, that it is time to petition your government to revamp these institutions? If so, let your elected representatives know your views. People have more power to effect change than they realize, but your elected officials need to know what you want in order to serve you. Let them hear from you!

Revolving Doors from Industries to Governments - The "renewing door" in Washington, D.C., an apparent turnstile between private industries and the United States government. Through this invisible door, industry managers pass directly into the very agencies that govern industry - the government's food, drug, agricultural and chemical regulatory departments - in order to influence regulations or speed the approval of their company's products. The paper, "Let Them Eat Anything," showed this unholy alliance, the conflict of interest that has contributed to a mounting epidemic of health problems in the United States.

Much detail including dental decay, illnesses and diseases – 2003 Mary Sparrowdancer

http://rense.com/general45/bll.htm
Renowned Cancer Scientist was paid by Chemical Firm for 20 years

A world-famous British scientist failed to disclose that he held a paid consultancy with a chemical company for more than 20 years while investigating cancer risks in the industry, the Guardian can reveal. Sir Richard Doll, the celebrated epidemiologist who established that smoking causes lung cancer, was receiving a consultancy fee of $1,500 a day in the mid-1980s from Monsanto, then a major chemical company and now better known for its GM crops business.

http://www.guardian.co.uk/science/2006/dec/08/smoking.frontpagenews

Therese Mackay - Independent Researcher who worked for decades quotes:-  ‘We all are exposed continually to this but as usual it is the most vulnerable who are affected the most. Health problems which will often take years to present themselves are seeded in our babies as they ingest accumulative doses of a poison (fluorides/silicofluorides) which is up there with Arsenic and lead as to its toxicity. It beggars belief how careful parents are in many other aspects of their baby's health but cannot understand what accumulation means for their child. Fluorides cause more cancers than almost any other toxin on earth.”

Author - Without Due Care - An Australian Hospital Tragedy

Donald William Mackay and his wife Therese - two of the countless decent Australians who have fought for decades to stop this insidious widespread chronic poisoning of the population by way ‘water fluoridation’. The tragedy and disgrace of this quadriplegic man’s shocking medical abuse and death at the hands of a diseased and unaccountable Australian Healthcare System is absolutely appalling.

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Sarah’s Last Wish

This book is a chilling glimpse into the dark side of health care written by Eve Hillary
The true story of a brave young girl claiming her right to live and die with dignity.
Her last wish is already changing the system.

Educating Health and Medical Students
Sarah's bravery has touched and educated university students studying ethics in health care. Here's what one 20 year old student had to say:  I live in Sydney and 'had to' read Sarah's last wish for University. I don't usually (ever) read anything for University, but due to the slightest of motivations began reading SLW and have become so attached to Sarah's character and those of her family that I feel like I know them. Congratulations on such an awesome book that had to be brought out to the public eye.

Your bravery (as well as that of Sarah's family) is truly an inspiration.

http://www.sarahs-last-wish.com/

Forced Medicine is out of the closet
Parents have plenty of rights, but choosing their child's medical treatment doesn't always seem to be one of them - especially when doctors, social workers and the courts take a different view. Mark Whittaker looks into the disturbing issue of forced medicine.
When Mark - a coal miner and farmer - asked the treating cancer specialist for the studies showing the effectiveness of the chemotherapy drugs that the doctor wanted to give Sarah for her rare and exceedingly virulent form of ovarian cancer, the doctor waved his hands over some documents, but wouldn't give him any. When Mark discovered the only study of chemo on Sarah's form of cancer showed all participants had died, he started looking for alternatives. He found a hospital in the US offering low-dose chemotherapy and complementary therapies, but before he got a chance to sell some cattle to take the family there, Sarah was wrenched from their guardianship. Nobody told them or the judge that Sarah's condition was already terminal. They only learnt that later when they got the medical records.

The doctors claimed that if she were given chemo, she had an 87 per cent chance of living to old age. Everybody involved with the case was told about the family's weirdo religious beliefs. Nobody bothered to check if it was true. Sarah was pumped full of the chemo drugs and went downhill fast. Mark had to sell his cows to pay for legal fees. Without any money left, he represented himself and succeeded in getting her back, so that she could at least die in a Melbourne hospital that seemed more friendly.

Lorraine Long founded the Medical Error Action Group (MEAG) in August 1996, after a two-year battle to uncover the circumstances of her mother June’s death at Melbourne’s Alfred Hospital. Compounding the shock of June’s sudden, needless death were the cover-ups, hostility from hospital administrators and evidence that hospital lawyers tried to intimidate doctors from giving evidence at an inquest. After two years the State Coroner of Victoria Graeme Johnstone found that Melbourne’s Alfred Hospital contributed to June Long’s death. He observed, ‘Unfortunately, there is no evidence that the lessons learnt by similar internal review processes are generally recorded and distributed throughout the hospital/medical system.’ And … ‘it is essential that all serious incidents involving iatrogenic injury/death be internally examined at hospital level.’ June’s death is formally defined as iatrogenic, that is: caused by medical therapy, especially of complications from treatment. Estimates tell us that between 18,000 and 54,000 Australians are killed by health care each year. (Nobody keeps accurate figures!)

http://www.medicalerroraustralia.com/
Chemical Cowboys by Bill Simmons - Quadreplegic after Pesticide Exposures Hospital Abuse and Negligence. I have the complete story (as an Attachment to this Report) written by this supremely courageous man who became a quadriplegic as a result of exposures to pesticides in the vineyard where he worked — as if this suffering was not horrific enough, his neglect and abuse in Australian Hospital System was appalling.)

Continuing on from earlier in this Report with Can you trust Health Departments and ors.? Let’s now take a look at Health Canada, Shiv Chopra a Chief Scientist with Health Canada, Whistleblower — wrote the book Corrupt To The Core about Health Canada — Here is the full account of how Government corruption endangers the public food supply and how Dr. Chopra and his colleagues fearlessly continue to “to speak truth to power.” Here is also the story of how the elected representatives in both Canada and USA are more interested in protecting industrial profits and trade, instead of the public’s health. Source.

There are Industry Frontmen stacked everywhere and we the population are all in Harm’s Way as a result.

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A TOUGH YEAR FOR WHISTLEBLOWERS

Professor Brian Martin looks at the risks that whistle blowers and honest scientists take to reveal information in the public interest. In case you missed it in an earlier issue, here's an article about the whistle blower behind Sarah's shocking story of forced medicine. Article Here. Also, Professor Martin identifies the recent social phenomenon of mobbing, when organised groups of people attack, abuse, or harass individuals in an attempt to suppress information. Article Here. Professor Martin's new paper on the vilification of honest scientists and the methods used to stigmatise and humiliate them - often used against dissidents. Shame, scientist! Degradation rituals in science.

In 2013, let's hope the public will appreciate and support those who risk their lives in the public interest. Eve Hillary.

Quotations From A Health Professional And Independent Researcher:

A TRUE scientist with integrity will ALWAYS question and often challenge the system and status quo! A corporate scientist will always appease his/her financiers, instead!

A GOOD and well educated journalist will always investigate to find the facts, quote accurately and present ALL sides of a story in an UNBIASED manner.

A corporate journalist manipulates, sensationalises, and takes words out of context in order to perform as the mouthpiece of his/her big bosses.

An HONOURABLE public servant/politician will courageously STAND UP for what is right; speak the TRUTH; REJECT corruption, DEVIATE from the status quo, and DEFEND JUSTICE, even if it means being attacked by a corrupt system and its power brokers.

A corporate implant/public servant/politician will compromise their integrity, immerse in corruption, distort the truth, and promote injustice... merely to satisfy his/her masters.

The corporate scientist, journalist, and public servant/politician prostitutes his/her integrity and the TRUTH for the sake of short-term financial gain and/or power!

Carla

Please note that after these News Links I am adding a section “Appendix A” on other important health issues for those interested, and these issues are also seriously affected/impacted by Corruption/collusion/conflicts of interest and a controlled ‘puppet’ mainstream media and others who have no interest in Independent Research and Integrity free of bias. These same scourges of serious corruption/conflicts of interests are deep within the ‘organisations’, Head Departments/Corporations/Governments/Corporate Sponsored Teaching Schools at Universities......and the revolving doors from Industries to Governments and placing the public in serious Harm’s Way.

Below are some of the News Links referred to earlier in my Report:-

Clock is ticking on the NHMRC and conflicts of interest policy

Woodforth rocks the boat

Langbroek tries to muzzle Woodforth

Fagan’s grubby attack on Woodforth - idiotic nonsense from Fagan, Editor In Chief - Shameful this ridiculous comment by Fagan - “The link between fluoride and good dental health is clear and is only debated by those at the very fringes of the health debate where facts are illuminated only by moonlight.”
Evidence that Woodforth has been silenced

Doctor attacks Woodforth

Editorial: 'Case for fluoride overwhelming'

The latest debate on fluoride in drinking water highlights the power of the internet to influence debate

ABC Australia: 'Fed Govt slams calls to ban fluoride in Queensland water'
http://www.abc.net.au/worldtoday/content/2012/s3651906.htm

Redneck Journalism - Diluted diatribe about fluoride is short on facts, writes Paul Syvret


Dentists have hit out at the Queensland Government over revoking the compulsory fluoridation of water.
Their political influence, power and clout stranglehold has to be cut off at the knees.
http://www.abc.net.au/news/2012-12-11/queensland-under-fire-over-fluoridation/4420294?section=qld
Dentists and Doctors Associations are concerned over Bundaberg Queensland 'fluoride' opt-out
http://www.abc.net.au/news/2012-12-14/dentists-concerned-over-fluoride-opt-out/4428932

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AUSTRALIAN DRINKING WATER GUIDELINES
Australian Drinking Water Guidelines (2011) (PDF, 6.7MB)  1,244 pages - See Drinking Water Treatment Chemicals here and shudder !
Chapter 8 Drinking water treatment chemicals - As at September, 2005 Drinking water treatment chemicals - the chemicals start at page 8-5 Table 8.2 through to page 8-6.
8.1 Introduction - Addition of chemicals to make water safe for consumption is widely practiced by the water industry and has generally been accepted by the community. However, safeguards must be sufficient to ensure that any residual amount of these chemicals, byproducts of their reactivity or minor contaminants in their formulations do not pose an unacceptable health risk.

Treatment chemicals are added to drinking water mainly to reduce or eliminate the incidence of waterborne disease, for other public health measures, and to improve the aesthetic quality of the water. Any chemical used in, on, or near drinking water sources, or used during the treatment of drinking water should:

be effective for the desired outcome  COMMENT: We are in dental crisis after up to almost 60 years of Water Fluoridation commencing Tasmania in 1953

not present a public health concern  COMMENT: Our extensive evidence of cumulative harm proves it does present a public health concern
8.4 Public Health Measures - 8.4.1 FLUORIDATION -
continued on:  Chapter 8 Drinking water treatment chemicals

End Report – Water Fluoridation/Pollution Must End
Diane Drayton Buckland – Independent Researcher – Date: 14th January, 2013

WATER FLUORIDATION MUST

IMMEDIATELY, IRREVOCABLY AND FOR ALL TIME
Special Mention

I would like to extend my sincere thanks to Jaya Chela Drolma, Producer of *The Fire Water Project* [www.firewaterfilm.com](http://www.firewaterfilm.com) who most graciously donated her time to create a new Wordpress Blog for Fluoride Information Australia and uploaded all the documents to such Blog, forming part of this Report.

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*Report: Water Fluoridation/Pollution Must End*

Diane Drayton Buckland

Independent Researcher, Brisbane, Queensland, Australia

14th January, 2013

[http://fluorideinformationaustralia.wordpress.com](http://fluorideinformationaustralia.wordpress.com)