

To Mayors, Councillors and City Attorneys,

Why I oppose WATER FLUORIDATION

We're human. We believe what we want to believe. Some of us feel so strongly for or against water fluoridation that they believe their interpretation of the evidence is clear, balanced and infallible. Some worship or defend their leaders or gurus to the death.

I hope believers in humanity will soon fill big gaps in our knowledge rationally and fairly, each side admitting their preference for one side of the debate.

Fluoridation makes some of sick. A family in Dalby, Queensland, Australia, were hospitalized after consuming water from a faulty fluoridation plant. Many cases of patients with disabling sensitivity to fluoride were reported by America's leading authority on this subject, George Waldbott.

Fluoridation implementers however maintain that opponents should accept that serious fluoride damage is rare compared with the prevalence of tooth decay, so fluoridation's benefits outweigh its harms.

Water fluoridation puts a compulsory additive into an essential substance for nearly all consumers and species. It accelerates metal corrosion in water treatment works. It removes freedom of choice for sufferers from diabetes, kidney and dialysis problems, workers in hot conditions, bottle-fed infants using tap water in reconstituting dehydrated milk formulae, and others who are at risk. It is not easily adjustable to recommended doses when other factors affect intake, including commonly addition of tea (a high fluoride plant) in habitual tea drinkers which can double the daily consumption dose..

Water fluoridation providers prefer it to alternative sources of fluoride mass medication, such as fluoridated salt (used in Switzerland). Fluoride tablets were formerly free on prescription in Australia. Unlike chlorine, which is used as an anti-bacterial additive, fluorides do not disperse by evaporation from open water supplies. Fluorides are largely (commonly about 50 per cent) retained in the consumer's bones.

For a time Australia's Pharmaceutical Benefits Scheme allowed prescription of fluoride tablets as an antidote to osteoporosis. Some years later this was discontinued because although this medication increased bone density it increased bone frailty. Dr Bassin of Harvard found increased incidence of malignant growths (osteosarcoma) in young males. Fluoride at or above recommended levels in drinking water contributes (in some surveys increasingly with rising fluoride intake) to degenerative and painful bone, joint and other chronic disabilities including ankylosing (rheumatoid) spondylitis ('poker back'), hip fractures, osteoporosis and deformities. Sir Edward ('Weary') Dunlop decided to oppose fluoridation after seeing mild and severe effects of natural fluoride at recommended, and especially higher (as often in India), concentrations. There is no minimum daily dose of fluoride found among people with 100 per cent decay-free teeth, and such perfect dentitions are almost as

common among unfluoridated as "optimally" fluoridated people. No fluoridation level eliminates fluorosis, the first sign of overdosage. Recent surveys have found massive decay resulting in total extractions of all teeth in substantial thoroughly fluoridated groups. Australia's National Health and Medical Research Council (NHMRC) a decade ago advised urgent studies to assess total fluoride intake by mouth before starting fluoridation, but this was never fully followed up. Like other government and academic authorities NHMRC gave nevertheless did not stop favoring fluoridation, presumably like many concerned organizations fearing to be seen by related groups as divided on such policies.

For decades many authorities claimed that there was no evidence of harm or ineffectiveness, or that the balance of evidence overwhelmingly proved with fluoridation works and causes no harm except mild to moderate fluorosis (early tooth enamel damage). A recent assertion of authorities is that there is no unequivocal evidence of harm from fluoridation. That claim literally implies that there is equivocal evidence of both harm and benefit. Swallowed fluoride protects affluent communities, according to some recent views, from decay of probably less than half of one tooth surface out of an adult's 124 or so surfaces. Some of this benefit may be due to the relative delay of tooth eruption in fluoridated communities. Authorities years ago thus were claiming over-enthusiastically that fluoridation promised 30 % to 60 % protection against dental caries.

My background.

I graduated as a medico in 1946 - MB, BS, University of Sydney. Some of my family medicine experience was at Rockhampton. Official proposals were made to fluoridate the water supply there. I thought of water fluoridation like most health professionals, fluoride producers, consumers, mass media, politicians and voters. A local group opposed fluoridation in statements to the regional daily paper. I replied as a private and public doctor. They then brought to me evidence that water fluoridation was contrary to the precautionary principle applied by our government to other environmentally active chemicals. Before imposing an artificial compulsion or approving environmentally active chemicals the targeted consumer or community should give consent, and there should be preferably no ill effects found in a tenfold overdose of the proposed treatment, specially when the individual dosage varies greatly. Another quoted pioneer in this field was Steyn of South Africa. He found endemic goitre with thyroid hormone DEFICIENCY in high fluoride regions, even without iodine deficiency, the common cause of this hormonal disorder. Years later fluoride was prescribed medically to reduce EXCESS thyroid hormone.

Among issues never clearly settled are equivocal claims of damage to human brain development, malignant growths and immune systems. There seems failure to test differences between calcium fluoride (plentiful in natural minerals used in fluoridation sources), sodium fluoride (commonly used in research surveys) and especially fluorosilicic acid (a highly corrosive chemical now providing most of the fluoride used in water fluoridation with no adequate assessment of effects of its various ionizing variations involving hydrogen

sodium, fluorosilicic, calcium and other ions, and accompanying metallic and other contaminants).

In 1967-75 and 1977-84 I was a member of the Australian House of Representatives including almost 3 years as the federal Minister for Health. I tried to persuade my medical advisers that they should provide scientific rebuttals to criticisms of the departmental and other fluoridation policies. They delayed and provided scant responses till our government was replaced in the 1975 election. Canadian and other groups that campaign for stopping fluoridation often find officials, mass media, medical research journals and others reject detailed investigation. In the decades since then I've taken care to study the subject in medical and other publications. Detailed evidence of risks and statistical errors in fluoride trials was published by Dr P. R. N. Sutton. in association with Melbourne's Dental Faculty Dean, Sir Arthur Amies. They drew attention to the high commercial value of water fluoridation, environmental risks, and widely uncritical reliance on equivocal research findings. They found early US health authorities recommending fluoridation included connections of industrial producers of fluorides. These are sold at great profit to water supply authorities, thus avoiding high costs of disposal of otherwise serious environmental and health hazards.

Sincerely

Doug. N. Everingham
Fmr. Federal Minister for Health