

# THE AUSTRALIAN FLUORIDATION NEWS

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GPO Box 935, Melbourne, VIC 3001  
afavaust@gmail.com  
www.fluoridationnews.com

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Vol 46  
No. 4

\$25 per annum posted Australia  
Published Quarterly

October - December  
2010

Print Post Approval  
PP331.985 00013  
ISSN 1445-2847

## The Fluoride Fantasy

### What the American fluorosis data really mean

Doug Cross, CBiol, FSB, Environmental Analyst <sup>(1)</sup>

*“The following tale of alien encounters is true. And by true, I mean false. It’s all lies. But they’re entertaining lies, and in the end isn’t that the real truth? The answer is no.” <sup>(2)</sup>*

Last month the US National Center for Health Statistics (CDC) published a report <sup>(3)</sup> that claimed to show the prevalence of dental fluorosis amongst American teenagers. This has been seized on by both the pro- and anti-fluoridation movements as evidence that water fluoridation both is and is not a danger to the public. Both have published links to the document without further comment.

From my own examination of this report I believe that the way that these data have been presented could indeed be described as ‘entertaining lies’. Instead of accepting the authors’ claims at face value, a more skeptical scrutiny reveals that their conclusions are not merely wrong, they are highly misleading. CDC is well known for the strong pro-fluoridation bias in its reports, so it is worth backtracking a little, to try and extract the real meaning of these newly disclosed data.

#### Fluoride poisoning - no threshold concentration that is not a threat to health

Dental fluorosis is the only sign of chronic fluoride poisoning that is easily visible externally. It has only one cause - over-exposure to fluoride during early childhood. All forms of ingested fluoride, if present in excessive amounts, can lead to fluorosis, but in many regions the most significant source is drinking water. In toxicological terms, the critical variable is the dose of a toxic substance - the more fluoride you swallow, the more severe your risk of fluorosis. Contrary to the assumption that there is an ‘optimal concentration’ of fluoride, there is in fact no

concentration of fluoride in water that can be regarded as ‘safe’ (‘tolerable’ has an entirely different meaning!). In its recent draft report to the European Commission the Scientific Committee on Health and Environmental Risk (SCHER) stated that:

*‘Systemic exposure to fluoride in drinking water is associated with an increased risk of dental and bone fluorosis in a dose-response manner without a detectable threshold.’ <sup>(4)</sup>*

#### A change in the pattern - the water fluoridation ‘trade-off’ is no longer appropriate

The ‘dose’ of fluoride that children swallow - measured by the concentration of fluoride in the water and the volume that they drink - has remained reasonably constant over the past half century, so the proportion of kids with fluorosis should have remained constant - the original ‘social contract’ whereby the balance between preventing dental decay and the development of fluorosis amongst a small proportion of children was accepted as a realistic ‘trade-off’.

But what has changed is the proportion of children within the American population that have actually been exposed and that now develop fluorosis. So let’s look at these data again, only this time in their correct perspective.

The authors state that:

*In 1986–1987, 22.6% of adolescents aged 12–15 had dental fluorosis, whereas in 1999–2004, 40.7% of adolescents aged 12–15 had dental fluorosis. . . . The prevalence of very mild fluorosis increased from 17.2% to 28.5% and mild fluorosis increased from 4.1% to 8.6%. The prevalence of moderate and severe fluorosis increased from 1.3% to 3.6%.*

This obscures not only *what* has been happening, but also *when*. Since fluorosis develops in teenagers as the result of their exposure during early childhood, it is far more informative to relate these data to the average birth dates of these groups of adolescents. These were around 1973 in the first group, and 1988 in the second. So these fluorosis prevalence figures actually refer to the result of exposing American infants to fluoridated water between 22 and 37 years ago. So now we have to check what proportion of those infants would actually have lived in fluoridated water areas - and the result of that is startling.

### **Getting the numbers right - adjusting the CDC data to reflect the real world**

The calculations of the prevalence of fluorosis in these two groups are given as their percentage values related to the entire adolescent population of the USA at the times the two studies were carried out. They do not relate to the actual 'at risk' populations of infants in 1973 and 1988. The proportion of all American children who lived in fluoridated water areas as infants changed substantially between those two years. So I have used CDC's own data on the growth of fluoridation in the USA<sup>(5)</sup> to calculate how the raw data needs to be adjusted to give a true indication of what happened to these two sets of infants.

According to CDC, only around 40% of American public water supplies were fluoridated in 1973, and this increased to around 56% by 1988. Today it seems to be levelling off at around 60-62%.

So the corrected prevalence of fluorosis in the first group is 22.6% / 0.40, or **56.5%**, and in the second is 40.7% / 0.56, or **72.7%**. That's right - the proportion of children born around 1988 and who lived in fluoridated water areas, and who then went on to develop dental fluorosis, was actually around three quarters! The CDC claim that 'less than one-quarter of persons aged 6-49 had dental fluorosis' in 2004 is therefore grossly misleading, and appears designed to reassure the American public that it is safe to continue the expansion of the practice across the country. Nothing could be further from the truth.

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Using these same correction factors, the prevalence of moderate and severe DF in children born around 1973 was not, as CDC claims, 1.3%, but **2.8%**, whilst **6.9%** of children born around 1988 and raised in fluoridated water areas later developed moderate or severe fluorosis. This is an increase of 150% in only fifteen years.

### **The significance of the rising proportion with fluorosis - recent increase in fluoride bioavailability**

Overall, the proportion of 'at risk' American teenagers who developed all levels of fluorosis rose by 36% over that fifteen year period - a rise of over 2% annually. The severity of the condition also become greater, yet nowhere does the CDC study remark on this crucial escalation in the **proportion** of children developing fluorosis.

Remember, too, that these corrected data refer to children born no later than around 1988 - twenty years or so ago. If this trend has continued at a similar rate, then this suggests that virtually all children living in fluoridated water areas of America are now liable to develop some degree of dental fluorosis, with perhaps one in ten suffering from the most severely disfiguring forms.

This is a social and psychological disaster for young people at this emotionally vulnerable age, and it is undoubtedly not confined to mainland United States of America. Evidence of a similar escalation in fluoride toxicosis has emerged from a number of other states. For example, in Singapore, fluoridated since 1957, the prevalence of dental fluorosis amongst all children was 82.6% in 1996, even though the water contained 0.7mg/l of fluoride.<sup>(6)</sup> In the Republic of Ireland up to 48% of the adult population in Donegal was reported to have some form of fluorosis.<sup>(7)</sup> But this blunt generalisation is as misleading as the CDC data - people over 45 years of age were never at risk of displaying dental fluorosis, because there was no fluoridation when they were infants. So this statistic implies that a greater proportion of children who grew up in that area may have gone on to develop some form of fluorosis.

### **Chronic Fluoride Toxicosis - a world-wide problem**

This epidemic of chronic fluoride toxicosis is not confined to areas where water is artificially fluoridated. Over a period of several thousand years, right up to the present, both dental and skeletal fluorosis have been extremely common amongst people of the Dilmun Culture in Bahrain. Their only significant source of ingestible fluoride has for centuries been an aquifer containing water with 1.3mg F/litre. From archaeological remains we know that up to 80% of adult teeth were carious. So dental decay was rife, yet in these same communities, the prevalence of dental fluorosis was around 50%, and up to 20% of the population had moderate or severe fluorosis.<sup>(8)</sup>

This convincingly refutes the claim that fluoride prevents dental caries - most adult teeth in this population were rotten even when there was allegedly enough fluoride to protect them against decay. From this evidence, it is quite clear that fluoride does not prevent tooth decay.

### **The rise of fluorosis in unfluoridated communities**

But we now see that the prevalence of fluorosis is also increasing amongst people in unfluoridated communities. Since the 'dose' rate of fluoride in fluoridated water has remained virtually constant, the growth of chronic fluoride poisoning in all communities cannot be attributed to water fluoridation alone. Other sources of fluoride pollution are contributing to the growth of fluoride toxicosis, including the proliferation of fluorinated compounds used in agriculture and food processing that increase the human body burden.

As the proportion of people in a community who develop fluorosis approaches 100%, as may be happening now in America, any further rise in exposure to environmental sources of fluoride will not be reflected in the only visible indicator, dental fluorosis, in fluoridated water areas. The primary measure of the pandemic of chronic fluoride toxicosis derived from other sources will be in the continuing rate at which the proportion of people in unfluoridated communities develop fluorosis.

## Tackling the global problem of rising fluoride contamination

In the early days of fluoridation, bioavailable forms of fluoride were rare. Now, thousands of complex fluorinated substances pervade our environment, and form a chemical threat that is only just becoming recognised within mainstream science. We cannot tolerate the 'entertaining lies' of the fluoridation proponents any longer - they are not based on honest and impartial skepticism but on a deliberate evasion of the scientific approach to evidence. Our children are the victims of their deceit.

These adjusted data confirm what other workers have already proposed. Fluorinated compounds are now becoming vastly more threatening environmental contaminants that they were back in the 1950s and 1960s, when water fluoridation was in its infancy. As Ekstrand *et al* noted a decade ago:

***fluoride intakes of infants and children have shown a rather steady increase since 1930, are likely to continue to increase, and will be associated with further increase in the prevalence of enamel fluorosis unless intervention measures are instituted.***<sup>(9)</sup>

It is imperative that we find ways to reduce their exposure to all forms of fluoride, and the most effective and immediate way to achieve that goal, even if only temporarily, is to turn off the fluoridation taps at our water treatment works. Stopping this deliberate contamination of our water supplies will at least provide a respite that will protect millions of newborn infants from some of the risk of fluoride poisoning. It

will allow scientists around the world to tackle the insidious and growing problem raised by less obvious sources of environmental fluoride contamination. All Water Companies, Councils and States involved in this discredited practice have a moral obligation to take immediate action to protect the children from this avoidable and totally unnecessary threat to their health and welfare.

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## Book Review: *The Essential Guide to Water and Salt*

**Clean water, free of toxins and drugs, is vital to life. This book explores the correlation between many health conditions and the absence of water and good salts, and states that "dry mouth is the very last sign of dehydration".**

**The Essential Guide to Water & Salt**

**By F. Batmanghelidj MD & Phillip Day. Credence, 2008.**

**The importance of water is greatly underrated in our society. We drink tea, coffee and other beverages unaware that these are not the same as water, even though they contain water. Maybe it's in part to escape the horrible taste of tap water after the water treatment chemicals have been added (not that fluoride has any taste). The result is that we are dehydrated.**

The chapter "Do NOT drink fluoridated water!", lays out many of the basic facts known to readers of Australian Fluoridation News. Here are many good reasons to safeguard our health and help to remove these toxic industrial fluoride wastes from our water supplies.

The book goes beyond just being about fluoridation and contains a number of surprises, even for those of us that think we know about water.

### **Dr Batmanghelidj**

First, some background on Dr Batmanghelidj (or 'Dr Batman' for short). Born in Iran, he trained as a medical doctor at London University. He then returned to his birthplace to set

up medical practice and help people in need. In the turmoil of 1979 when the Shah was overthrown, many professional and creative people were imprisoned and put on trial. Some were executed. While imprisoned for nearly three years in cramped and stressful conditions, Dr Batman was called to help other inmates, some of whom had excruciating ulcers and stomach pains. With no medications available, he prescribed two to three glasses of water – and much to his surprise, this worked within minutes.

***"During nearly three years of my captivity, I cured over 3,000 ulcer cases with only water in Tehran's Evin Prison - 'my God-given stress laboratory'. All thanks to water. Plain, simple, cost-free medicine for everyone. Water that we all take for granted! Water that the medical profession has dismissed as unworthy of research! Since my eyes were opened to water as a natural medication, I have developed and applied this technique to the point where it has alleviated and healed hundreds of traditionally incurable sicknesses and chronic pains.***

*I have seen water completely reverse conditions such as asthma, angina, hypertension, migraine headaches, arthritis pain, back pain, colitis pain and chronic constipation, heartburn and hiatal hernia, depression, chronic fatigue syndrome, high cholesterol, morning sickness, overweight*

problems - even heart problems thought to need bypass surgery. All these disease conditions have responded simply and permanently to water. Ordinary, natural water."

The book also mention other conditions that benefit from water and salt, such as high blood pressure, diabetes, dementia, cancer, overweight problems and even bulimia.

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***"In my professional and scientific view, dehydration is the biggest killer, more than any other condition you could imagine."***

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Dr Batman continues:

***"Water is a readily available natural medicine for some prevalent and very serious medical conditions that are known to kill many thousands of people every year. For instance, is it heart disease or dehydration that is killing people? In my professional and scientific view, dehydration is the biggest killer, more than any other condition you could imagine."***

To the skeptical, this cure of water with a pinch of salt - seems far too simple to work. According to Dr Batman:

*"Since water shortage in different areas of the body will manifest varying symptoms, signals and complications now labelled as diseases, as soon as water is offered as a natural solution, people think this could not be so! Water cures so many diseases? No way!*

*Speaking thus, they shut their minds to the new possibility of preventing and possibly even curing so many different 'diseases' that are dehydration produced. It does not occur to them that the only remedy for conditions that come about when the body begins to get dehydrated is water and nothing else. A number of sample testimonials are published at the end of the book to open skeptical eyes..."*

### **Water Made the Difference**

One example from the book: Dr Lorraine Day (no relation to Phillip Day) was a renowned orthopaedic surgeon with many years of teaching experience. In 1992 she was diagnosed with a fast-growing breast cancer but declined the 'traditional' approach and instead became a student of many alternative approaches. But they didn't seem to work. At death's door she was given one of Dr Batman's earlier books, and that's when everything changed – it was water that made the difference. As Lorraine Day herself stated:

*"Dr. Batmanghelidj's book, Your Body's Many Cries for Water, was critical in my recovery. I could not have gotten well without that addition to my plan."*

### **Why is dehydration such a problem?**

According to Dr Batman:

***"Humans seem to lose their thirst sensation and the critical perception of needing water. Not recognising their water need, they become gradually, increasingly and chronically dehydrated with the progress in age. Further confusion lies in the idea that when the sensation of thirst urges us, tea, coffee, or alcohol-containing beverages can be taken as a substitute... the 'dry mouth' is the very last sign of dehydration."***

There are times when we don't have access to good clean water free from toxic additives. Faced with the choice of fluoridated water or dehydration, we consider the effects of each. While this book doesn't answer this question, it seems that what matters is to minimise our fluoride intake, at least most of the time, for our long-term health benefit. Of course, it's nearly impossible to eliminate all fluoride intake. Instead, the threat of dehydration may produce greater effects in the short-term than fluoride, unless an individual is severely allergic.

The book also examines salt and recommends not the refined 'table salt' containing aluminium (such as anti-caking agent 554) which is linked to Alzheimers, but unrefined salts, e.g. celtic or himalayan salts containing more than 80 minerals. The book keeps this simple focus on good whole salt and doesn't discriminate between the different salts (for example sodium, magnesium, calcium).

This book is useful to all on a healing journey, affected by any of the above-mentioned conditions, and also by those wanting to get back to the 'simple' in life and medicine. **It underlines the importance of safe water supplies free from fluorides, and also drinking a sufficient amount of water. For most of us, that's in excess of two litres each and every day. The book's message is clear: we need good quality water and salt to both heal and live well.**

**Copies of "The Essential Guide to Water and Salt" by F. Batmanghelidj MD & Phillip Day (Credence Publications 2008) are available from [www.credence.org](http://www.credence.org). Phillip Day will be touring Australasia in February/March 2011. Further information from the same website. Also see Dr Batman's site at [www.watercure.com](http://www.watercure.com).**

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### **Online Petition**

A petition to "remove fluoridation from drinking water" is online at [www.healthpetitions.com.au](http://www.healthpetitions.com.au). Sponsored by the Alliance for Natural Health Australia, each Australian state has its own petition. While the petitions so far have a relatively small number of respondents, readers are encouraged to get online (or find someone who is) and add their name to the petition. Spread the word and ask others to 'sign' the petition.

### **CHRISTMAS GREETINGS**

Greetings and best wishes for 2011 to all those seeking honesty in science and government and who oppose totalitarian and draconian style governments at all levels, federal, state and local.

We acknowledge and appreciate the support of those helping in the universal fight against fluoridation and encourage you to join the campaign to assert your democratic right to choose what you eat or drink.

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- Australian Anti-Fluoridation Association GPO Box 935 Melbourne 3001
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