

## 'Requirement'

The next stage of the campaign to promote fluoridation was to create a 'need' for the toxic fluoride wastes. By using propaganda to promote fluoridation was one thing but getting people to drink fluoridated water was another. Just because you have a well-advertised product does not automatically mean that you can sell it to the general public.

Therefore, to give fluorides a helping hand and to ensure disposal of these noxious substances, a new sales tactic had to be employed. The thinking being that if the promoters of fluoridation could not persuade people to purchase fluorides, then it should be forced upon them. Consequently, a public health 'need' for fluoridation was created.

Creating a 'need' for fluoride for medicinal purposes but without referring to it as a medicine has been the challenge for pro-fluoridationists. For example, vaccinations to prevent Mumps, Measles and Rubella are typical demonstrations of medicinal 'need'. Fortifying certain foods with vitamins and minerals, such as bread, is the second type of 'need' and in this instance the added ingredients are commonly recognised as nutrients. In both instances, there is a commonly recognised 'need' to protect society from the scourges of disease / poor nutrition.

The promoters of fluoridation sometimes argue that fluoride is a 'nutrient' while opponents argue that it is a medication. It is commonly understood by the medical and legal profession in general that fluorid is added to water to prevent a disease and therefore is classified as a medication. But the same argument could be made of nutrients, such as folic acid or vitamin D, for example.

Where fluoride differs is that there is no known need for this chemical in our diet (see Table 1) and this is where a subtle distinction has to be made.

A lack of certain vitamins and minerals will lead to an increased risk of certain diseases which are attributable to such deficiencies. However, a lack of fluoride does NOT lead to tooth decay. Tooth decay is caused by the action of cariogenic substances which release acids which then attack tooth enamel.

Another argument put forward by the proponents of fluoridation is that some water supplies are 'deficient' in fluoride. Water, in it's purest form, is simply H<sub>2</sub>O (hydrogen and oxygen).

Whatever else appears in water is a pollutant, even when it is calcium or magnesium.

Therefore, a water supply cannot be 'deficient' in fluoride - a pollutant. If you do take this line then you could argue that water is also deficient in lead or arsenic, two other very toxic chemicals found in water.

Despite this reasoning, the promoters of fluoridation have pressed on with their claims of a 'need' for fluoridated water. But because fluoride is recognised as being 'unwholesome' in very small amounts, evidence of limited consumption by the population in general had to be 'found' or 'manufactured'.

In 1976 the Royal College of Physicians ("the College") published a report entitled: 'Fluoride, Teeth & Health'. One of its observations concerns the presence of fluoride in a variety of diets. The following table with limited data (No. 5.1, page 22) made the following claims;-

**Table 1: Fluoride per litre of tap water**

Key: L-N = Low-Normal intake; Max = Maximum intake; L = Litre(s); C = Cup(s); [N] = Note.

Food type	0.1		1.0	
	L-N	Max	L-N	Max
Food	0.5	1.0	0.7	1.2
Water	0.1 (1L)	0.6 (6L)	1	6
Tea	0.66 (2C)	6.6 (20C)	1	10
Total	1.26	7.7 [N]	2.7	12.2 [N]

**\*Note:** Based on a 'Low-Normal' intake of water. Nobody is ever going to argue that some fluoride will be present in a normal diet though the amount you consume will vary - and quite considerably so.

**Table 2. Extract from the Ministry of Agriculture, Fisheries and Food AND Department of Health Working Party report on Dietary Supplements and Health Foods, 1991 (table 4, page 16);-**

Key: UK = UK Recommended Daily Allowance; US = USA Recommended Daily Allowance; Ch = Chronic Dose; RMD = Recommended Maximum Dose.

*Milligrams of mineral per day*

Mineral	UK	US	Ch	RMD
Fluorine [N]	NA	1.5 - 4	10	1

**\*Note:** This should say 'Fluoride Ion'.

The tables make very interesting reading. The first table shows that the average person consumes some fluoride in their diet, potentially in the range of 1.26 mg to 7.7 mg per day (very low fluoride level in water). However, if you drink a lot of tea made with fluoridated water then you will receive a \*chronic dose of fluoride (see second table). The second table also recommends a MAXIMUM daily intake of just 1 mg.

A further indication of the narrow margin of 'safety' when consuming fluoride is given by Colgate. On a bottle of their Fluorigard tablets, the following warning is given;-

*"WARNING: Do not use if water supply contains more than 0.7ppm (parts per million) of fluoride."*

### Table 3. Fluorigard daily dose advice

Key: F in Water = Fluoride in the water supply; ppm = parts per million; Tabs = Tablets.

#### Daily Dose F in Water

Age	>0.3ppm	0.3-0.7ppm
2-4	1 tab	0.5 Tab
>4+	2 Tabs	1 Tab

Each tablet provides 0.5mg of fluoride ion. Therefore, Colgate calculate that children over the age of 4 should receive a supplement 1mg of fluoride ion a day where fluoride in water levels is low (up to 0.3ppm). But what about other sources of fluoride? Even if children do not drink tea then the amount of fluoride they would receive each day is going to exceed 1 mg.

The joint MAFF-DoH Working Party appear to be at odds with the College! One also wonders if the College has considered children under the age of two. What is their so-called 'requirement'? It has to be less than a supplement of 0.5mg of fluoride ion which in turn makes the College's recommendation even more outrageous.

Further damning evidence on the 'need' for fluoride is contained within the Department of Health's 'Report on Health and Social Subjects' (No. 41, Dietary Reference Values for Food, Energy and Nutrients, 1994).

The report states that;- "NO ESSENTIAL FUNCTION FOR FLUORIDE HAS BEEN PROVEN IN HUMANS".

This observation is taken from the COMA (Committee On Medical Aspects of Food and Nutrition Policy) report of 1991 (Dietary Reference Values for Food, Energy and Nutrients for the UK). Paragraphs 36.2 and 36.4 (page 187) provide some very lucid reading;-

#### 36.2 Requirements.

*"... The possibility exists of high F levels occurring in infant foods, and children appear to retain more ingested F than adults, so an upper limit on intakes of infants and young children of 0.05mg / kg / d [3] was suggested ..."*

#### 36.4 Guidance on high intakes.

*"... more pronounced changes are seen in children under the age of 12 years receiving an intake of 0.1mg/kg/d. [note, 1] In the USA, infants and children who received F supplements of 0.5 mg / d until three years and 1mg/d thereafter had a 63% incidence of fluorosis by the age of 12 years." [2]*

Note: mg/kg/d = milligrams/kilograms of body weight/per day.

Refs: [1] Leverett D H. Fluorides and the changing prevalence of dental caries (Science, 1982; 217: 26-30), [2] Aasendon R, Peebles T C. Affect of fluoride supplementation from birth on dental caries and fluorosis in teenaged children (Arch. Oral Biology, 1978; 23: 111-115).

**Table 4. Maximum daily fluoride consumption for infants and young children based on the COMA suggested recommendations and weight of child;-**

K	Mg	K	Mg	K	Mg
1	0.05	14	0.70	27	1.35
2	0.10	15	0.75	28	1.40
3	0.15	16	0.80	29	1.45
4	0.20	17	0.85	30	1.50
5	0.25	18	0.90	31	1.55
6	0.30	19	0.95	32	1.60
7	0.35	20	1.00	33	1.65
8	0.40	21	1.05	34	1.70
9	0.45	22	1.10	35	1.75
10	0.50	23	1.15	36	1.80
11	0.55	24	1.20	37	1.85
12	0.60	25	1.25	38	1.90
13	0.65	26	1.30	39	1.95
				40	2.00

At age 5, this amount (0.5mg - given as a supplement) up to the age of 3, and then doubled to 1 mg, led to a 63% incidence of fluorosis in exposed children (see above).

At age 20, this is the 'recommended' amount of fluoride (per litre) which is present in some British water supplies.

One wonders if there is anyone 'out there' who can make head or tail of the various quoted recommendations. After all, if the Government is so obsessed with forcing fluoride down our throats, then why can they not produce the following evidence:

*[1] A need for fluoride. As yet there is no evidence of 'requirement';*

*[2] A minimum dosage deemed to be suitable for all persons (after allowing for variations in age, health, gender, ethnicity and the level of nutritional intake that is required to counter the toxicity of fluoride);*

*[3] As [2], a recognised safety limit / maximum dose.*

Until these three points are established and proven beyond a reasonable doubt, the pro-fluoride lobby has not even the right to ask the general public whether or not they want fluoride dumped into their water supply, let alone expose vulnerable communities to this scandalous practice.