

From: Citizens Against Fluoridation  
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To:

Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

17th July, 2007

Dear Sir/Madam,

### **Submission: Cost of Living Pressures for Older Australians**

Please note the following submission on the spiralling health crisis faced by older Australians, health, social and environmental implications included. Fluoridation includes the addition of known carcinogens (arsenic, cadmium, lead and mercury) into water supplies. This imposes unnecessary adverse health effects, resulting in imposed cost of living pressures, on both the young and the ageing community. No double blind, peer reviewed scientific testing for skeletal fluorosis has ever been undertaken in this country, despite high rates of dental fluorosis. No double blind, peer reviewed, scientific testing for cancers associated with fluoridation, despite overwhelming evidence from overseas (National Research Council Report 2006, Harvard's "Bassin" Report - both extremely long term, expensive scientific studies, and this quotes only two of a huge number of such findings):

#### **Fluoridation source**

Fluoridation of Public Water Supply 1957 Act, Fluoridation Code and Regulations ALL refer to use of the element fluorine (F-F) but the chemical being used is **NEVER** fluorine but instead is silicofluoride  $H_2SiF_6$  or  $Na_2SiF_6$  both actually regarded as toxic waste by-products of fertiliser/aluminium manufacture. These compounds **have never been tested** for safety in human consumption, however, are now listed for review by US National Toxicology Program as "*historical assumptions of safety have not been upheld by the experimental evidence*". These chemicals also contain arsenic, cadmium, lead, mercury, chromium and an assortment of other heavy metals; many known or probable carcinogens.

Fluoride itself is a cumulative toxin, without referring to the added "benefits" of arsenic, cadmium, mercury and chromium.

#### **Democratic and ethical procedures**

Councillors have advised the people that NSW Health used a "carrot and a stick" approach to fluoridation - ie "fluoridate now and you won't have to pay for the infrastructure whereas you **will** be fluoridated later and then you will be stuck with the infrastructure costs".

Councils requesting reversal of gazettal of fluoridation have been refused, contrary to NSW Health's reply to Inquiry into Dental Services in NSW Recommendation 32 (which advised that State Gov't should take over responsibility for water fluoridation; NSW Health's answer was "not supported", leaving the matter of fluoridation in the hands of local councils). It is not acceptable that NSW Health is now refusing to reverse gazettal when councils request reversal.

3.3 Fluoridation Code of Practice (FCP): This Code says in 4.1.1 that "it is expected that a Water Supply Authority would have carried out a public consultation process prior to the Application to Fluoridate being made to NSW Health". NSW Health treats the people of NSW with contempt when it ignores the outcomes of previous plebiscites and conducted dealings over this issue with what this group feels to be an absence of ethics; ie withholding issue of fluoridation until **after** council elections in 2004, when plebiscites could have been held at the same time as council elections. Instead of this, many newly elected councillors were uninformed about previous community feelings on this issue. Kempsey Shire Council specifically requested more time for community consultation in November 2004, four months later the reply was received from NSW Health that there was not to be any time given to this council for community consultation. Numerous country areas have had overwhelming "No!" votes to fluoridation in previous plebiscites.

Information requested by communities has been refused and ignored, even when such information has been requested in NSW Parliament.

### **Testing not being undertaken**

Many foodstuffs and beverages already contain considerable amounts of fluoride. The WHO Technical Workbook 846 states that communities should be tested for intakes prior to fluoridation and in ongoing testing, noting harm even at low levels. No peer reviewed, scientific testing is being undertaken in this country.

Environmental Health Criteria 227 (EHC227) has been quoted by a leading NSW Health worker as the "Bible" of all governments, used when implementing fluoridation. This document lists overwhelming harm to persons and the environment, resulting from fluoridation. EHC227 states a very delicate balance between benefit and harm and stresses the importance of testing - again, no peer reviewed, scientific testing being undertaken.

### **False and misleading advertising**

Much of the public purse has been invested in advertising the so-called "benefits" of fluoridation. Requests for specific amounts of costing of such advertising have been ignored by NSW Health. Support of a number of groups has been claimed by NSW Health. These groups have advised ourselves that, indeed, they do not support fluoridation but "have no policy on it". We have since found a case where an individual signed off on such support, the advertising was used claiming support of a whole group whereas the group had never mentioned the issue at meetings etc. One such group has now "spoken" to NSW Health regarding future advertising, while members of other groups have expressed grave concerns to ourselves.

### **False and misleading claims regarding councils**

NSW Health now claim some councils "requested" fluoridation although this was NEVER the case. Some councils referred this issue to NSW Dep't of Health's expert committee. In the case of Kempsey Shire Council this issue was referred with

**explicit provisions.** One of the provisions noted that, in case no STRONG case for fluoridation was found, fluoridation would NOT go ahead. No strong case has ever been presented, requests for information have been ignored or refused, even when presented in NSW Parliament.

### **Ongoing evidence of harmful effects**

(a) Peak U.S. medical body, Centre for Disease Control (CDC) and the U.S. American Dental Association (ADA) now advise that infant formula should not be reconstituted with fluoridated water. Despite the fact that Australia's peak medical body, National Health & Medical Research Council (NHMRC) have had this information listed as an ongoing issue (ie no fluoridated water for infants), NSW Health appears to have never advised councils of this important consideration nor insisted on this information being noted on infant formula.

(b) NSW State Government and NSW Health Minister appear to be ignoring 2006 US National Research Council Toxicological of Fluoride in Drinking Water review by a panel of experts which reported adverse health effects observed in 1mg//L fluoridated communities and some population sectors (e.g. iodine deficient) are about 5 times more susceptible to adverse effects. This information has been forwarded to NSW Government and health minister.

(c) Harvard's latest findings in 2006 of a case-control study by a Harvard group which showed significant increase in osteosarcoma (a frequently fatal and extremely painful bone cancer) in young men exposed to fluoridated water. This was the result of a long-term, expensive Harvard study and published in Harvard's own magazine Cancer Causes and Controls. (*Bassin et al., 2006*)

(d) Long term fluoridated areas such as Sydney are still being found to have worse dental decay crises than some unfluoridated areas. Meanwhile, Perth, Sydney and Tasmania have all reported shocking dental decay rates - all these areas have been fluoridated for many years.

(e) Over 80 areas (**including whole countries**) overseas have either refused to fluoridate on a number of occasions or have withdrawn from fluoridation, owing to the now overwhelming evidence of adverse effects, as well as ethical and environmental concerns.

### **At risk**

It is obvious that, if a product is regarded as toxic waste and needs to be handled with extreme care because of its amounts of cumulative carcinogens which merely remain and increase in the environment/persons, it is a product that should not be added to one's diet. The aged, the very young, and people with disabilities are especially at risk.

Increasing numbers of at risk persons are now ever more susceptible to overdose from fluoridation. People with kidney complaints - diabetes is now reaching what has been referred to as "epidemic" proportions in this country - need to be especially aware of the harm being found overseas and in numerous prior studies, regarding fluoridated water.

Our own Australian Drinking Water Guidelines have long been specific about these dangers, stating in their section on fluoride that people with impaired kidneys may be ingesting up to three times as much as others and noting that the dosage being

given to people via their water supply is in no way to be taken as “the recommended dose”.

The indigenous population (both young and old) suffer especially from diabetes and related health problems, however although we have specifically asked for the results of peer reviewed, scientific, double blind indigenous testing, again, we have never been provided with this information by NSW Health.

Overwhelming rates of dental fluorosis in Australia, as noted by UNICEF, would indicate an urgent need for specific skeletal fluorosis testing as our population suffer the effects of arthritic symptoms. No testing is being undertaken for skeletal fluorosis.

### **Effectiveness**

In the 2004 review of fluoridated and unfluoridated drinking water, undertaken by Armfield and Spencer, they found “NO significant difference in the decay rates of permanent teeth of children”, a finding confirmed by ARCPOH (Australian Research Council Population Oral Health Child Dental Health Survey 2000) and SOKS (Save Our Kids Smiles 2004) reports.

ARCPOH conducted the largest ever research into Australian children (over 250,000 checked). ARCPOH and SOKS also show better permanent teeth in a number of unfluoridated areas as opposed to other long term fluoridated areas.

It is notable that some of these unfluoridated areas have NO public dentists and very few private dentists, as opposed to the numbers of public/private dentists in the fluoridated areas. This would lead one to believe that the fluoridated areas, having long-term fluoridation **and** better dentistry, should, as a consequence, have better dental. This has been shown to be false.

Meanwhile Tasmania (over 90% fluoridated) has the highest rate (approx. 18%) of toothless in this country, in people aged 45-60 years. Meanwhile, national average is 11.4% and 5% fluoridated Queensland is below the national average for this age group with about 10% toothless (DHRS AIHW, 2001).

### **Professionals**

We are advised that panels of experts, professionals etc are heading the fluoridation panel etc. However, when basic questions are asked, none of these “experts” are able to answer. Mere adherence to government policy does not make one a “professional”. One needs to have background knowledge and be able to disseminate information while remaining unaffected by party loyalties or pressure from hierarchy/large corporations in order to make informed, independent decisions.

No doctor in his right mind would say, “Here, take this medication, take as much as you like for the rest of your life” . . . never examining the patient nor checking on his/her individual progress. This is, however, the case with fluoridation.

We are all aware of numbers of the population (road workers, builders etc) who would drink about 8 litres of water per day in the heat of summer. This does not cross reference with “guideline” amounts of fluoridated water to be consumed, set by NSW Health.

## **Breach of Constitution**

Commonwealth Constitution Chapter 1, Part V. - Powers of the Parliament, section 51 (xxiiiA) states “ *Medical and dental services are provided but not so as to authorise any form of civil conscription.*”

Fluoridation is not necessary to make water safe to drink, it is put there to alter the physiology of the individual. Nevertheless no peer reviewed, scientific testing is being undertaken in this country into other physiological effects it extends to. We cannot say, “This is not happening,” because, of course, when one effects one part of the human system there are side effects . . . not always desired.

## **Duty of care**

Physicians warn patients of such side effects from medications, NSW Health fails to warn and, in fact, chooses to ignore overwhelming research from overseas.

Thanking you

Patricia Wheeldon