

OPINION: Citizens are being misled

THE 20 signatories to this piece are among the 2600 professionals who are calling for an end to fluoridation worldwide (www.FluorideAlert.org)

We would like to respond to a letter signed by Dr John Carnie, Chief Health Officer, Department of Human Services, Victoria, and others. ([Experts back fluoride](#) , Sunraysia Daily, Wednesday, September 2.

In Dr Carnie's letter, we see very familiar tactics. Instead of marshaling scientific evidence to support their case, they rely on endorsements and tame reviews by bodies that sadly toe the government's line on fluoridation.

Dr Carnie's notion of 'consulting' with the community is to mail everyone a one-sided brochure.

His agency finds it easier to answer its own questions than those of its opponents. Here are eight questions we challenge Dr Carnie to answer.

- 1) Why is the level of fluoride so low in mothers milk (0.004 ppm)?
- 2) Is Dr Carnie not concerned that a bottle-fed baby in a fluoridated community will get 250 times more fluoride than nature intended?
- 3) Why does Dr Carnie ignore the World Health Organization's (WHO) advice that before fluoridation is begun an estimate be made of the total fluoride dose children are already receiving?
- 4) How can Dr Carnie maintain that fluoridation is 'safe' when no randomized clinical trials have been performed to demonstrate the safety (or effectiveness) of ingesting fluoride
- 5) How can Dr Carnie claim that no one has been harmed by fluoridation when virtually no health studies have been conducted in fluoridated communities in Australia?
- 6) Why has there been no response in 18 years to two recommendations made in 1991 by the NHMRC:
a) that fluoride bone levels be monitored and b) that the numerous reports of people claiming to be sensitive to fluoride be investigated in a scientific manner?
- 7) How can Dr Carnie explain that, according to WHO data, there is practically no difference in tooth decay in 12-year olds, between fluoridated and non-fluoridated countries (<http://www.FluorideAlert.org/who-dmft.htm>)?
- 8) Why does Dr Carnie continue to perpetuate the elementary confusion between *concentration* and *dose* of fluoride? While engineers can control the *concentration* of the fluoride added to the water supply no one can control the *dose* people get each day. This will depend on how much water they drink and how much fluoride they get from other sources.

We see Dr Carnie exploit this confusion when he claims that IQ studies done in China dealt with "children's exposure in 'high fluoride areas' where fluoride levels are substantially higher than the levels used in Australia."

This is not correct. In one of 23 studies published on this matter (see <http://www.FluorideAlert.org/brain>) the authors found a 5-10 point IQ difference in children between a village with fluoride levels in well-water below 0.7 ppm and another village with well-water between 2.5 and 4.5 ppm. The authors estimated that IQ would begin to be lowered at 1.9 ppm.

A child drinking *two liters* of water at 1 ppm would get a higher dose of fluoride than a child drinking *one liter* at 1.9 ppm, thus it is preposterous to claim that this study is irrelevant to Australia.

There is no adequate margin of safety to protect Australian children from this.

Not only may children be put at risk drinking fluoridated water, fluoride toxicity was experienced by adult patients of a practitioner signing this article (Robertson) after Melbourne was fluoridated over thirty years ago and documented in several other fluoridated countries (see the book *Fluoride Fatigue* authored by another signer, Spittle).

Side effects from fluoridated water have similarly been occurring to Geelong people after their water was recently fluoridated.

Dr Carnie has been made aware of this situation but has done nothing about it.

In 2006, the US National Research Council published a 507-page review entitled *Fluoride in Drinking Water: A Review of EPA's Standards* .

The NRC authors, including three of those signing this article concluded that fluoride exposure was associated with damage to teeth, bone, the brain, the endocrine system and might also cause bone cancer.

The panel recommended that the US drinking water standard for fluoride (4 ppm) be lowered.

After 3 years the US Environmental Protection Agency (EPA) has not done this.

However, former EPA risk assessment expert Dr Robert Carton, has concluded that there is no adequate margin of safety between the doses found to cause harm reported in the NRC review and the doses some people receive in fluoridated communities (Carton, 2006).

The NHMRC (2007) authors exploit the same “confusion between concentration and dose” when they cavalierly dismissed the NRC’s findings in one sentence:

“The NAS report refers to the 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.”

To claim that the findings of the NRC review are irrelevant to Australia is irresponsible.

The NRC panel provides an exposure analysis that makes it clear that some people living in artificially fluoridated communities (at the same levels used in Australia) are likely to be exceeding the EPA’s reference dose for injury from fluoride (RfD) of 0.06 mg/kg bodyweight per day.

These include bottle-fed babies.

A 4 kg infant that drinks 1 liter of fluoridated tap water formula per day receives a dose of 0.25 mg/kg/day or over four times higher than the EPA’s reference dose for injury.

Dr Carnie is wrong to assert that the American Dental Association’s advice to parents not to use artificially fluoridated water (to make up baby formula) was restricted to water containing high natural levels of fluoride. The ADA advice states:

“If using a product that needs to be reconstituted, parents or caregivers should consider using water that has no or low levels of fluoride.” (<http://www.fluoridealert.org/scher/ada.egram-2006.pdf>)

For some inexplicable reason Dr Carnie and other fluoridation promoters appear more intent on protecting this outdated practice than protecting the health of the Australian people.

He and his colleagues can only get away with this because they have the power and prestige of their respective organizations. But opinions on this issue which are unsupported by scientific data cannot be taken seriously. Hopefully, citizens in Mildura, and throughout Australia will have the fortitude to challenge Dr Carnie and other fluoridation promoters to defend the practice scientifically or abandon it forthwith.

Meanwhile, we marvel that Dr Carnie is prepared to force this measure on communities without a vote being taken.

This would be unacceptable even if the proponents had presented sound scientific evidence for both its effectiveness and safety, but having done neither, their arrogance is breathtaking.

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