

THE AUSTRALIAN FLUORIDATION NEWS



**ARTIFICIAL FLUORIDATION
IS WATER POLLUTION**

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Original Studies on which Artificial Fluoridation of Water Supplies was Based were Worthless - Court Evidence

Part I

Transcript of evidence in cross-examination of Dr. H. Trendley Dean "The Father of Fluoridation" in the Suit to Enjoin Fluoridation of Chicago's Water¹, reveals that the two studies on which programmes to artificially add fluoride to public drinking water supplies depend, were based on scientifically invalid data.

Historic Background

Most surface water supplies throughout the world are free of contamination from naturally occurring fluoride compounds. However, there are regions in several countries, including parts of USA, India, Japan and South Africa, where water supplies, primarily sourced from underground wells, are contaminated with naturally occurring fluoride

compounds due to underground waters contacting volcanic fluorite rock deposits.

Water from these contaminated underground wells normally also contain up to hundreds of parts per million (ppm) of minerals such as calcium, magnesium and bicarbonate, with other residues sometimes over 1000 ppm. In contrast, such wells rarely contain more than a few ppm of fluoride. However, the extremely toxic nature of minute amounts of even these naturally occurring fluoride contaminants result in obviously visible damage to the teeth of inhabitants who rely on these wells for drinking water.

Testimony and Court Evidence

For an understanding of the flawed basis of artificial fluoridation, this article draws extensively from evidence unearthed by Dr F.B. Exner, M.D., F.A.C.R., particularly *Testimony Presented to the Ontario Fluoridation Investigating Committee* 'The MORAL ASPECTS and IMPLICATIONS of the FLUORIDATION OF PUBLIC WATER SUPPLIES and of The METHODS USED to PROMOTE ITS ACCEPTANCE'² and his "ANALYTICAL COMMENTARY on the 1960 TESTIMONY OF Dr. H. TRENDLEY DEAN"³ and published in his book "FLUORIDATION - Its Moral and Political Aspects - A New and Comprehensive Study".

Dr. Exner states: "Before the cause of this tooth damage was known, the condition was first described in 1916 by Dr. Black in an article in *Dental Cosmos*⁴:

'The most essential injury in this mottled enamel is in the appearance of the teeth and the general evil effect on the countenance of the individual.

*'When not stained with brown or yellow, they are ghastly white that comes prominently into notice whenever the lips are opened, which materially injures the expression of the countenance of the individual. When this opaque white colour is mingled with spots of brown, or a very large proportion of brown, the injury is still greater. In very many cases the teeth appear absolutely black as one sees them in ordinary social intercourse. *** One does not have to search for it, for*

ABOUT DR. EXNER

Dr Exner M.D., F.A.C.R., was recognised as the world's best informed authority on the faults and fallacies of fluoridation. His thousands of hours of research on the subject are backed by outstanding personal experience and competence in all the involved fields. This permitted him to analyse for himself all the data, and to check personally the validity of the claims, on which the fluoridation thesis is based, where others, both pro and con, have been compelled to rely on second and third-hand interpretations and opinions. With cold objectivity and relentless logic he has dissected the claims of the fluoridators and exposed, for all to see, the flimsy basis, the unscientific approach, and the ruthless arrogance of the fluoridation movement.

Dr. Exner enjoyed an enviable reputation in scientific and medical circles. He held many important offices and assignments in local, state and national medical organisations; and had been president of his county medical society and his state radiological society and was Co-author of "The American Fluoridation Experiment".

it is continually forcing itself on the attention of the stranger by its persistent prominence. This is much more than a deformity of childhood. If it were only that it would be of less consequence, but it is a deformity for life. The only escape from the deformity is by the placing of crowns, and possibly of bridges or artificial dentures later in life.

The proportion of cases so bad as this is really very large. They are not all of the worst type by any means, but the struggle for a better appearance of the teeth, or the stoical endurance of a terrible affliction, is certainly upon from 30 to 60 per cent of the persons being reared in the various areas where this deformity is endemic. ***

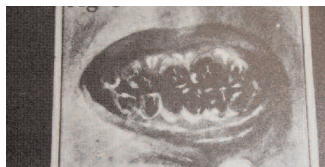
'This brings up the question of diagnosis of mottled teeth. Before I saw a case, dentists had endeavoured to describe the condition to me. The effort was a failure. I got no mental picture that was at all like what I saw when I visited the areas. If I could not recognise the picture drawn by the dentists who had long observed the condition, how could I expect others to do so?'

"When it was learned that this "terrible affliction" was caused by fluorine in the water supply, the U.S. Public Health Service assigned Dr. H. Trendley Dean to find out how much fluoride might be tolerated in a water supply.

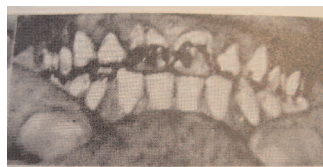
"Dean found it necessary to classify mottled enamel in terms of severity. The first version of his classification was published in the Journal of the American Dental Association in August 1934. Lest you think this is just ancient history, this was the version used to classify the mottled enamel found in Newburgh, in 1955. (Newburgh, N.Y., was one of the three US cities where the population was subject to the first experiments to determine if the addition of a known toxic compound of fluoride to the water supply would reduce the incidence of tooth decay in the population.)

"The categories were: 'normal', 'questionable', 'very mild', 'mild', 'moderate', 'moderately severe' and 'severe'. They were illustrated with artist's drawings rather than photographs. [As illustrations of 'questionable' and 'very mild', drawings are much better than photographs. In a photograph it is impossible to distinguish a white spot due to fluorine and a "high light". In the living subject they can be detected by the texture of the surface and by the fact that when the head moves the highlights shift, while the spots remain fixed.]"

Dean's illustrations were also published the following year in Public Health Reports and again in the U.S. Department of Health, Education and Welfare 635 page compilation *Fluoride Drinking Waters*³. A selection of these illustrations are below, all of which were diagnosed as Fluorosis by Dr. Dean, Dr. McKay, (the joint author with Dr. Black of the *Dental Cosmos* article) or both.



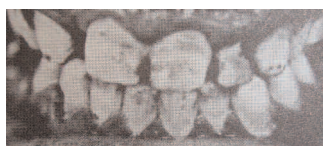
SEVERE
Public Health Reports
Vol. 50, No. 13, March 29, 1935



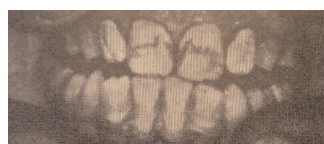
(d)
PLATE VII
"Moderate" Fluorosis



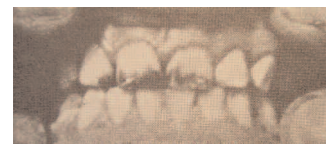
(b)
PLATE VIII
"Moderate" Fluorosis (from mother's milk).



(d)



(b) **PLATE X**
"Mild" Fluorosis, tending
toward "Moderate"



(b) **PLATE XI**
"Mild" Fluorosis, tending
toward "Moderate"

"Even the classification of 'mild', 'very mild' and 'questionable' show evidence of dental fluorosis, mostly caused by water with 1 ppm fluorine.

"We are told that such mottling cannot be detected except by a specially trained dentist. Maybe you have to be a dentist to know whether it is fluorosis; but anyone can see it. Even the 'questionable' is easily visible, and as for 'mild', as Black said in 1916, 'it forces itself on the attention'."

"**PLATE VIII** - requires special notice because they had no fluorine in their water supply. The mottling in these cases was produced by fluorine in their mother's milk, and we can reasonably assume it would have been worse if they had also had fluorine added to their water supply.

"The mothers of these children were exposed to fluorine at their jobs, and stored large amounts in their bones. They quit their jobs before the children were born and, in each case, they nursed the children longer than is now usual - from one to two years. Their milk contained fluorine which had been stored in their bones, and the mottling which you see here is the result."

The Moral Obligation of the Expert

"There is an area of moral obligation which demands fuller treatment. It concerns the duties of the man who accepts employment as an expert. A trust relationship is created which has been recognised most clearly in the areas of medical and legal practice and mal-practice. Blackstone expressed it thus:

'For it hath been solemnly resolved that mala praxis is a great misdemeanour and offence at common law, whether it be for curiosity and experiment, or by neglect; because it breaks the trust which the party has placed in his physician and tends to the patient's destruction.'

"Whenever a doctor acts as a technical expert, and regardless of whether he is also at the time practicing medicine, he is required to possess, and to exercise with due diligence, "such skills and knowledge as he may reasonably be presumed to possess as a pre-requisite to accepting the employment". This principle of "redressing wrongs" (torts) on which much medical law is based applies equally to every expert employed by a layman. As first stated by Judge Anthoine Fitzherbert in 1553:

'For it is the duty of the artificer to exercise his art rightly and truly as he ought.'

"This principle is followed closely in medical law."

The Endorsements

"With this principle in mind let us consider the endorsements which have been the chief means of promoting fluoridation. Obviously, the principle has no application to endorsements by parent-teacher associations, chambers of commerce, labour unions, etc., and has only limited application to nurses and nursing organisations.

"However, the physicians, dentists, "scientists" and the medical, dental and "scientific" organisations that have abused the public trust and confidence by lending their prestige to false propaganda - all these, I say, have much to answer for. Legally, I can see no grounds for action, since the element of employment is lacking. But, to my way of

thinking, this very immunity makes the breach of trust more culpable.

"No one knows better than I, the thousands of hours of time and effort that are necessary to dig through the layer after layer of accumulated aberration in the literature on fluoridation, and to find, identify and evaluate the underlying data. It can't be done in weeks or months, and it isn't reasonably to be expected.

"But you can find enough, in a matter of hours, to make you suspect that something is rotten in Denmark, and to make you intensely suspicious of everything you haven't investigated fully. I might also suggest, if I can without sounding pompous or arrogant, that much of the necessary spadework had been done and published by me.

"I have given chapter and verse, facts and figures, as to why most of the material in these reports is worthless, and where the fallacies lie. I have told where to find the evidence in support of my position. If and where I have been wrong, these men should have found and reported the errors.

"Instead, they have ignored me and my work completely, and they have parroted the discredited propaganda as if it were gospel. I admit to being prejudiced; but I would call this lack of due diligence.

"Each of the four reports is filled with statements and implications which could not possibly have been offered in good faith if reasonable diligence, or even ordinary common sense, had applied. The authors have confused pedantry with science, and served as passive pipelines to transmit, uncritically, the propaganda of the proponents of this committee.

From the Report by Grainger, Nikiforuk and Paynter: **TABLE VI.**

RELATION BETWEEN FLUORIDE DOMESTIC WATERS OF VARIOUS CONCENTRATIONS AND THE DEGREE OF SEVERITY OF ENDEMIC DENTAL FLUOROSIS (MOTTLED ENAMEL)										
Observations on 5,824 White Children of 22 Cities of 10 States										
City and State	CHILDREN									
	Fluoride (F) Concentration of Public Water Supply in ppm	Number Examined	Present with Very, Mild or More Severe Fluorosis	Percentage of Individuals Classified by Severest Form of Dental Fluorosis for Two or More Teeth						Index of Dental Fluorosis Σ (percent x weight)/100
				Normal (Weight = 0)	Questionable (Weight = 0.5)	Very Mild (Weight = 1)	Mild (Weight = 2)	Moderate (Weight = 3)	Severe (Weight = 4)	
Waukegan Ill.	0.0	423	0.2	97.9	1.9	0.2	-	-	-	0.01
Michigan City Ind.	0.1	236	0.0	97.5	2.5	-	-	-	-	0.01
Zanesville Ohio	0.2	459	1.5	85.4	13.1	1.5	-	-	-	0.08
Lima Ohio	0.3	454	2.2	84.1	13.7	2.2	-	-	-	0.09
Marion Ohio	0.4	263	6.1	57.4	36.5	5.3	0.8	-	-	0.25
Elgin Ill.	0.5	403	4.2	60.5	35.3	3.5	0.7	-	-	0.22
Pueblo Colo.	0.6	614	6.5	72.3	21.2	6.2	0.3	-	-	0.17
Kewanee Ill.	0.9	123	12.2	52.8	35.0	10.6	1.6	-	-	0.31
Aurora Ill.	1.2	633	15.0	53.2	31.8	13.9	1.1	-	-	0.32
Joliet Ill.	1.3	447	25.3	40.5	34.2	22.2	3.1	-	-	0.46
Elmhurst Ill.	1.8	170	40.0	28.2	31.8	30.0	8.8	1.2	-	0.67
Galesburg Ill.	1.9	273	47.6	25.3	27.1	40.3	6.2	1.1	-	0.69
Clovis N.M.	2.2	138	71.0	13.0	16.0	23.9	35.4	11.0	0.7	1.40
Colorado Springs Colo.	2.6	404	73.8	6.4	19.8	42.1	21.3	8.9	1.5	1.30
Plainview Tex.	2.9	97	87.6	4.1	8.3	34.0	26.8	23.7	3.1	1.8
Amarillo Tex.	3.9	289	90.3	3.1	6.6	15.2	28.0	33.9	13.2	2.3
Conway So. Car.	4.0	59	88.2	5.1	6.7	20.4	32.2	23.7	11.9	2.1
Lubbock Tex.	4.4	189	97.8	1.1	1.1	12.2	21.7	46.0	17.9	2.7
Post Tex.	5.7	38	100.0	-	-	-	10.5	50.0	39.5	3.3
Chetopa Kan.	7.6	65	100.0	-	-	9.2	21.5	10.8	58.5	3.2
Ankeny Iowa	8.0	21	100.0	-	-	-	9.5	47.6	42.8	3.3

"Their position, insofar as the water-consuming public is concerned, is analogous to that of the pharmacist who dispenses a worthless substitute for the drug prescribed by the physician."

The "Scientific Reports"

"The authors list some 260 articles in their bibliography, and it begins to look as if there are some they didn't examine very carefully. We might even suspect that the list is 'window-dressing' rather than a list of references actually studied.

"Let's turn to page 22 of the report, where we find:

"Observations were made on 5,824 white children in 10 states. Where the concentration of the fluoride was relatively high, (over 4ppm) the degree of fluorosis was severe, and the teeth showed signs of discrete or confluent pitting. In areas where the potable waters contained 2.5 to 3.0 ppm of fluorine the affected teeth had a dull, chalky white appearance and, post-eruptively, took on a characteristic brown stain . . . which increased with age. In areas where the water supply contained 1 ppm or less of fluoride there was no clinically significant mottling of teeth. These findings are summarised in Table IV and Figure 4.'

"Now let's turn to their **Table IV.** In it we find 'severe'

Index of Fluorosis	Public Health Significance
0.0 - 0.4 ppmF 0.4 - 0.6	Little or no public health significance because few children have even mild fluorosis.
0.6 - 1.0 1.0 - 2.0	Border line public health significance
2.0 - 3.0 3.0 - 4.0	Removal of excess fluorine may be desirable.

fluorosis at 2.2 ppm, 'moderate' at 1.8, 'mild' at 0.4, and 'very mild' at 0.0. And Dean states that discrete pitting occurs even in 'very mild'.

"Now let's look at the right-hand column, where we find something called '**Index of Dental Fluorosis**'. This is obtained by multiplying the percentage figure in each column for a given city, by the 'weight' listed at the head of each column. The results are added and divided by 100.

"Below the **Table**, we are told the significance of this **Index of Fluorosis**.

"We are told that our authors compiled the data from Dean, H.T., Am. Assoc. Adv. Sci. Publ. No.. 19, 1942. If we consult that source, we find, in a footnote at the bottom of page 29, which says:

'For public health administrative guidance an index of 0.4 or less is of no concern from the standpoint of mottled enamel per se; when, however, the index rises above 0.6 it begins to constitute a public health problem warranting increasing consideration.'

"And it must be remembered that the statement refers to 'administrative guidance' as to whether the community must get a different water supply because of excessive fluorine damage. It was on the basis of these data, that the Public Health Service, that same year, set 1.0 ppm as a maximum tolerance for fluorine in a public water supply.

"They tell us that, with indices from 2.0 to 4.0, **removal of excess fluorine may** be desirable. This seems just a little ruthless when you note that every city with an index over 1.7 had from 88 to 100 percent of children with **definite fluorosis**, and when you consider that, to have an index of 4.0, **every child in the community would have to have 'severe' fluorosis.**

"Another important moral point is reflected in the same Table IV. Granted that the indices may have some valid usefulness in deciding whether to make a city change its water supply. But what are their implications in the situation where fluorine is wilfully added?

"In calculating the index, a case of 'severe' fluorosis is given a 'weight' of 4. Each case of 'questionable' fluorosis is given a 'weight' of 0.5. Eight such cases are considered to have the same importance as one 'severe' case.

"But who is to decide that inflicting 'severe' fluorosis on one person, or inflicting 'questionable' fluorosis on eight, are of equal importance. I doubt if the person with 'severe'

fluorosis would agree.

"Now let's take one last example from this report. On page 23, we find:

'Among the earliest attempts to relate specifically fluorosed enamel to dental caries are the studies of McKay (1929), which indicated a reduced incidence of dental caries in children showing fluorosed enamel.'

"Now, let's compare that with the original article by McKay where, on his page 23, we find:

'It is not to be understood that in presenting these findings there is any intention to establish that mottled enamel should necessarily be any less liable to decay.'

'The evidence presented is to show that mottled enamel, by reason of its defective structure, is not thereby rendered more liable to decay than is normal enamel, but that when it does decay the same surfaces are involved as in normal teeth, and for precisely the same reasons.' (Emphasis in original.)

'I could go on and on. Granted that 'to err is human', and complete freedom from error is not to be expected, I believe you should feel that this report can be largely discounted, and I believe you may legitimately wonder whether its authors have exercised with due diligence such learning and skill as they might reasonably have been expected to possess as a pre-requisite to accepting their employment.'

"Next, let's look at the report on pharmacology etc., by Sellers and Marton. On page 3, we read:

'Rabuteau . . . ingested 4,500 ppm fluoride (0.25 g of sodium fluoride in 25cc of water) . . .'

"Actually, words fail me! 0.25 grams of sodium fluoride, taken in one dose, is 0.25 grams of sodium fluoride, no more and no less, whether taken in 10 cc, 100 cc, or 1000 cc of water. In 1000 cc, it is 112.5 parts per million. In 100 cc, it is 1,125 ppm. In 10 cc, it is 11,250 ppm. In each case the dose is the same and the effects will be substantially the same insofar, at least, as effect is determined by dose.

"What our authors said would be bad enough coming from a layman, but coming from pharmacologists it is incredible. And the fact that they copied it, without credit and without thought, from Cox and Hodge, is hardly excuse. They should have thought. But, whoever originated the statement, the only possible purpose in such a manoeuvre was to deceive.

"On page 5 we again find a statement that smacks of deceit:

'A diet containing as much as 1,000 ppm fluoride has produced effects on the skeletal tissues . . .'

"So have diets with only a few ppm; and the only possible reason for mentioning 1,000 ppm is to create the idea in the mind of the careless reader that such levels are requisite to produce the effect.

"Backing up to page 4, we find

'If one quart of water were consumed in a day (a reasonable assumption for the average intake of an adult human) . . .'

"It isn't a reasonable assumption from a thoughtful layman, much less from a pharmacologist."

Part II will be in the next issue.

References:

1. *Testimony of Dr. H. Trendley Dean in the suit to Enjoin Fluoridation of Chicago's Water; Cross-examination by Mr. Kirkpatrick Dilling, Attorney for the Plaintiffs, aided by Dr. F.B. Exner, in the case of Schuringa et al. v. City of Chicago, 13th May 1960.*
2. *The Moral Aspects and Implications of the Fluoridation of Public Water Supplies and of The Methods Used to Promote Its Acceptance; F.B. Exner, M.D., F.A.C.R.; Testimony presented to the Ontario Fluoridation Investigating Committee at the Public Hearing in Toronto, Ontario, on 11th May, 1960.*
3. *Analytical Commentary on the 1960 Testimony of Dr. H. Trendley Dean in the Suit to Enjoin Fluoridation of Chicago's Water; Part II of "Fluoridation - Its Moral and Political Aspects - A New and Comprehensive Study"; F.B. Exner, M.D., Seattle*

Washington, published by The Greater New York Committee Opposed to Fluoridation.

4. Black, G.V., and McKay, F.S.: *Mottled Teeth: An Endemic Developmental Imperfection of the Enamel of the Teeth, Heretofore Unknown in the Literature of Dentistry.* Dent. Cosmos, 58: 129-156; 477-484; 781-792; 894-904; 1916. (See pp. 142-143 for Dr. Black's description of mottled teeth).
5. *Fluoride Drinking Waters; U.S. Department of Health, Education and Welfare, Public Health Service: A selection of Public Health Service papers on dental fluorosis and dental caries; physiological effects, analysis and chemistry of fluoride:* F.J. McClure, Editor, National Institute of Dental Research, Bethesda, Maryland; Public Health Service Publication No. 825, 1962; Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. (Also reproduced in ref. 2 above).

Isle of Man Government keeps Water Fluoridation-Free

Health Department listens to public opinion on fluoridation

Following an extensive consultation process, the Department of Health and Social Security today recommended to the Council of Ministers not to proceed with fluoridating the Island's water. The Council of Ministers have accepted this recommendation.

The issue of fluoridating water has been proposed by various professional bodies and the Health Services Consultative Committee for many years. The Director of Public Health has a statutory duty to raise matters of concern brought to the attention of the Public Health Directorate, with the Department. In order to assess public opinion regarding the addition of fluoride to the Island's water, the Department entered into a public debate. This consultation process has been very helpful to the Department, as it has established current public opinion and helped to highlight the poor level of dental health among our children.

Independent market researchers, GfK NOP, conducted a comprehensive survey on 12-15th May 2008. A random sample of 1000 Island residents were interviewed and all age groups 18 and over were represented. Results showed that a majority of respondents (54%) were opposed to fluoridation.

Hon W.E. Teare MHK, Minister for Health and Social Security said, "The poll has highlighted some important issues for the Department to consider. Particularly in respect of the level of awareness amongst those polled of the rate of tooth decay and the general state of dental health in the Isle of Man compared to the UK."

The Minister continued, "In reporting the outcome of the telephone poll, the Department wants to assure the public that their views have been listened to. The poll results have shown that the majority of respondents are opposed to fluoridation of water in the Isle of Man. On that basis the Department accepts the results and will not continue with proposing fluoridation of the water but will concentrate efforts in the coming years to further develop health promotion activity with regard to improving the dental health of everyone living in the Isle of Man."

The above is the text of a 12th June 2008 Media Release by the Government of the Isle of Man - Editor

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