

Exposing the slick, shameless propaganda of New Zealand Health Authorities

By afamildura

Pro-F Propaganda Video

[Fluoride video from the Ministry of Health](#)

Uploaded by: Waikato DHB, New Zealand

Date: July 14, 2013

Rebuttal

Claim 1: *Fluoride is everywhere, in everything.*

Response: "Fluoride as a [drug](#) has [contaminated](#) most processed foods and beverages throughout North America" ([Limeback 2000](#)). "The major dietary source of fluoride for most people in the United States is fluoridated municipal (community) [drinking water](#), including water consumed directly, food and beverages prepared at home or in restaurants from municipal drinking water, and commercial beverages and processed foods originating from fluoridated municipalities" ([NRC 2006](#), p. 24). Ergo, if municipal drinking water was no longer artificially fluoridated, general fluoride exposures would fall significantly. It is therefore misleading to imply that this type of exposure to fluoride would occur regardless of fluoridation. Furthermore, if fluoride is so abundant in nature, then why has nature devised a mechanism for keeping fluoride away from the [developing infant](#)? As clarified by the National Research Council, "even at very high fluoride intakes by mothers, breast milk still contains very low concentrations of fluoride compared with other dietary fluoride sources" ([NRC 2006](#), p. 36). Connett poses the apt question, "if ingested fluoride is necessary to protect children's teeth... why it is that the level of fluoride is so low in mothers' milk (0.004 ppm)? Did evolution screw up on the baby's first meal and nutritional requirements?" ([Connett 2008](#), p. 2).

Claim 2: *Fluoride toughens teeth and thus prevents decay.*

Response: "When water fluoridation first began in the 1940s, dentists believed that fluoride's main benefit to teeth came from being swallowed during childhood. When swallowed before the teeth erupted, dentists claimed fluoride would build up in the internal matrix of the teeth and make them more resistant to cavities for the rest of the child's life.. Although water fluoridation was launched on this premise, it is now known to be incorrect" ([FAN n.d.](#)).

Claim 3: *Fluoride occurs naturally, but to benefit teeth, it needs to be topped up.*

Response: "Natural does not necessarily mean good. Arsenic, like fluoride, leaches naturally from rocks into groundwater, but no one suggests topping that up. Besides, there is nothing "natural" about the [fluoridating chemicals](#), as they are obtained largely from the wet scrubbers of the [phosphate fertilizer](#) industry. The chemicals used in most fluoridation programs are either hexafluorosilicic acid or its sodium salt, and those silicon fluorides do not occur in nature" ([Connett, Beck & Micklem 2010](#), p. 246).

Claim 4: *The amount of fluoride added to water is around a spoonful in a bathtub. At this level, fluoridation is safe for the whole family... an adult would have to drink several thousand glasses of fluoridated water to get a lethal dose of fluoride.*

Response: This is typical industrial '[claptrap](#)'. With this type of analogy, "there is a world of difference between a chronic toxic dose and a lethal dose. What we are particularly concerned about is the impact of consuming water at 1 ppm over an extended period of time... proponents are confusing a toxic dose with a lethal dose—that is, a dose causing illness or harmful effect as opposed to a dose causing [death](#). Opponents of fluoridation are not suggesting that people are going to be killed outright from drinking fluoridated water, but we are suggesting that it may cause immediate health problems in those who are very [sensitive](#) and, with long-term exposure, persistent [health problems](#) in others" ([Connett, Beck & Micklem 2010](#), p. 248). "In the case of fluoridation, people should be aware of the limitations of evidence about its potential harms and that it would be almost impossible to detect small but important risks (especially for chronic conditions) after introducing fluoridation" ([Cheng, Chalmers & Sheldon 2007](#)). "Water fluoridation at 0.7 mg/L is not adequate to protect against known or anticipated adverse effects and does not allow an adequate margin of safety to protect young children, people with high water consumption, people with kidney disease (resulting in reduced excretion of fluoride), and other potentially sensitive population subgroups" ([Thiessen 2011](#), p. 5).

Claim 5: *There is over 60 years of scientific evidence to back up the safety of fluoridation.*

Response: "The [[York](#)] review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of [fluorosis](#). The report recommended that more research was needed" ([Sheldon 2001](#)). "What the [NRC] committee found is that we've gone with the status quo regarding fluoride for many years—for too long, really—and now we need to take a fresh look... when we looked at the studies that have been done, we found that many of these [questions](#) are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on. I think that's why fluoridation is still being challenged so many years after it began (Doull in [Scientific American](#), Jan. 2008). "The absence of studies is being used by promoters as meaning the absence of harm. This is an irresponsible position" ([50 Reasons #45](#)).

Claim 6: *Nationally, water fluoridation has been shown to reduce tooth decay.*

Response: See: Dr. Paul Connett's [presentation](#) (New Zealand 2013); and Dr. Connett's classic [1998 interview](#) with New Zealand's Dr. John Colquhoun. For an overview of modern fluoridation studies, [click here](#).

Claim 7: *There will be both a human and a dollar cost if councils cease fluoridation.*

Response: This claim is totally bogus. When fluoridation ends, decay rates do not rise as a direct result, as numerous [post-cessation studies](#) demonstrate. This data indicates, "no substantial prevention of cavities by fluoridated water and no increase in the incidence of cavities after stopping fluoridation, as determined by comparison of cities stopping it with cities continuing it" ([Beck 2013](#)). When comparing [fluoridated vs. non-fluoridated](#) nations' decay rates, we see no discernible difference that could be attributed to water

fluoridation status. 'Hip pocket' savings have also been poorly calculated and exaggerated (see: [Connett, Beck & Micklem 2010](#), pp. 249-250).

Claim 8: *Water fluoridation can benefit everyone... old, young.*

Response: When promoters make these types of claims, they are usually referring to reducing inequalities in dental health. The evidence for this claim, however, paints a very different picture. According to the York review team, "the evidence about reducing inequalities in dental health was of poor quality, contradictory and unreliable" ([CRD 2003](#)). Risk assessment [expert](#) and NRC report (2006) [panelist](#), Dr. Kathleen Thiessen, makes a special point of this fact in her [recent presentation](#) to the citizens of Blount County. Furthermore, it is particularly the old and the young who may be most adversely impacted by fluoride. For example, in 2006, the National Research Council stated that fluorides may act to "increase the risk of developing Alzheimer's disease" ([NRC 2006](#), p. 222); this prompted a recommendation that, "studies of populations exposed to different concentrations of fluoride should be undertaken to evaluate neurochemical changes that may be associated with dementia" ([NRC 2006](#), p. 223). At the [other end](#) of the age spectrum, children may be at increased risk of [neurodevelopmental impairment](#).

Claim: *Dentures are becoming a thing of the past because/partly due to water fluoridation.*

Response: This statement is false and highly misleading. Tooth decay was coming down before fluoridation started ([50 Reasons](#) #17), and as reported in *Nature* in 1986, "Large temporal reductions in tooth decay, which cannot be attributed to fluoridation, have been observed in both unfluoridated and fluoridated areas of at least eight developed countries over the past thirty years. It is now time for a scientific re-examination of the alleged enormous benefits of fluoridation" ([Diesendorf 1986](#)). In 2007, it was confirmed in the *British Medical Journal* that, "although the prevalence of caries varies between countries, levels everywhere have fallen greatly in the past three decades, and [national rates](#) of caries are now universally low. This trend has occurred regardless of the concentration of fluoride in water or the use of fluoridated salt, and it probably reflects use of fluoridated toothpastes and other factors, including perhaps aspects of nutrition" ([Cheng, Chalmers & Sheldon 2007](#)). Further discussion: [FAN \(c. 2010\)](#); [Mildura \(2011\)](#); [Wichita \(2012\)](#); [FAN \(2012\)](#).

Claim: *Not everyone agrees with fluoridation, but the vast majority of health organisations endorse fluoridation.*

Response: "Endorsements do not represent scientific evidence. Many of those promoting fluoridation [rely heavily](#) on a list of endorsements. However, the U.S. PHS first endorsed fluoridation in 1950, before one single trial had been completed and before any significant health studies had been published (see chapters 9 and 10 in [The Case Against Fluoride](#) for the significance of this PHS endorsement for the future promotion of fluoridation). Many other endorsements swiftly followed with little evidence of any scientific rationale for doing so. The continued use of these endorsements has more to do with [political](#) science than [medical](#) science" ([50 Reasons](#), #46).

Claim: *Some people think that adding fluoride to water is mass medication.*

Response: Firstly, refer to: [Water Fluoridation & Medical Ethics](#) (n.d., also see: [video version](#)); [Why I am now officially opposed to adding fluoride to drinking water](#) (2000); [The Absurdities of Water Fluoridation](#)

(2002); [A Response to Dr. Wu](#) (2013). Then also note: "Under the principle of informed consent, anyone can refuse treatment with a drug or other intervention. The Council of Europe Convention on Human Rights and Biomedicine 1997/19... states that health interventions can only be carried out after free and informed consent. The General Medical Council's guidance on consent also stresses patients' autonomy, and their right to decide whether or not to undergo medical intervention even if refusal may result in harm. This is especially important for water fluoridation, as an uncontrollable dose of fluoride would be given for up to a lifetime, regardless of the risk of caries, and many people would not benefit" ([Cheng, Chalmers & Sheldon 2007](#)).

Claim: *People who don't want fluoride in their water can filter it out.*

Response: "It's ridiculous to think that people who need to escape fluoride can go and organise their own water supply. We all pay our water rates for a proper clean water supply, and in fluoridated towns, we're not getting it" (McRae in [Fire Water](#), 2011); "It [fluoridated water] will go to all households, and the poor cannot afford to avoid it, if they want to, because they will not be able to purchase bottled water or expensive removal equipment" ([Connett 2002](#)). Simply and undeniably, water fluoridation is [ethically](#), [medically](#) and [pharmacologically](#) unsound. Exposing citizens, against their will, to a highly [biochemically-active](#) substance, is [self-evidently](#) unethical.

Claim: *Fluoridation does not cause illness or disease.*

Response: "Today, we know that fluoride interferes with many other biochemical molecules and processes in addition to interfering with enzymes. At the heart of this biochemical interference is the fact that the fluoride ion is small and negatively charged. It has a strong attraction for centers of positive charge. Thus it seeks out the metal ions at the active site of some enzymes; it surrounds and combines with other positive ions like aluminum, forming stable complexes which can mimic and interfere with the biochemistry of phosphate ions (e.g., aluminum tetrafluoride can switch on G-proteins which are involved in the transmission of messages across membranes). Fluoride can also interfere with hydrogen bonds which are critically important for both the structure and function of many important molecules, like proteins and nucleic acids. All of fluoride's interactions in biochemistry are concentration-dependent and the places where it is most likely to strike are in the regions where calcified tissues like the teeth and the bone (where fluoride concentrates) interface with adjacent tissues like connective tissue" ([Connett 2012](#)). "Halfway through the twentieth century, fluoride piqued the interest of toxicologists due to its deleterious effects at high concentrations in human populations suffering from fluorosis and in in vivo experimental models. Until the 1990s, the toxicity of fluoride was largely ignored due to its "good reputation" for preventing caries via topical application and in dental toothpastes. However, [in the last decade](#), interest in its undesirable effects has resurfaced due to the awareness that this element interacts with cellular systems even at low doses. In recent years, several investigations demonstrated that fluoride can induce oxidative stress and modulate intracellular redox homeostasis, lipid peroxidation and protein carbonyl content, as well as alter gene expression and cause apoptosis. Genes modulated by fluoride include those related to the stress response, metabolic enzymes, the cell cycle, cell-cell communications and signal transduction" ([Barbier et al. 2010](#)). "As I intensively studied the literature and performed my own research, the evidence clearly demonstrated that fluoridation is more harmful than beneficial" ([Limeback 2013](#)). "What is now clear is that, if proposed today, fluoridation of drinking water to prevent tooth decay would stand virtually no chance of being adopted, given the current

status of scientific knowledge" ([Howard 2010](#)). "When proponents are asked to produce just one study (a primary study, not a governmental review) that has convinced them that fluoridation is safe, they are seldom able to do so. Apparently, they have taken such assurances from others at face value, without reading the literature for themselves. The fact is, it is almost impossible to prove conclusively that a substance has no ill effects. A careful and properly controlled study may show that, under the conditions and limitations of the investigation, no harm is apparent. A hundred such studies may permit a considerable degree of confidence—but in the case of fluoridation, very few studies have even been attempted. As fluoride accumulates progressively in the skeleton and probably the pineal gland, studies need to extend over a lifetime. In [chapter 22](#), we listed the [many health concerns](#) that simply have not been investigated in fluoridated countries. Meanwhile, fluoride at moderate to high doses can cause serious health problems, leaving little or no [margin of safety](#) for people drinking fluoridated water (see [chapter 20](#))" ([Connett, Beck & Micklem 2010](#), p. 251).

Claim: *Fluoride is not an industrial waste product and is manufactured to exacting quality and purity standards. Once diluted, it is no different to the fluoride found naturally.*

Response: "The fluosilicic acid brands used in artificially fluoridating Australia's water supplies are known to be contaminated with lead, arsenic and mercury—major public health hazards for which no safe level exists" ([Awofeso 2012](#), p. 8). "Hydrofluorosilicic acid is recovered from the smokestack scrubbers during the production of phosphate fertilizer... Fluorosilicates have [never been tested](#) for safety in humans. Furthermore, these industrial-grade chemicals are contaminated with trace amounts of heavy metals such as lead, arsenic and radium that accumulate in humans... Long-term ingestion of these harmful elements should be avoided altogether" ([Limeback 2000](#)). Silicofluorides... a class of [fluoridation chemicals](#) that includes [hydrofluosilicic acid](#) and its salt form, sodium fluorosilicate. These chemicals are collected from the pollution scrubbers of the [phosphate fertilizer](#) industry. The [scrubber liquors](#) contain contaminants such as arsenic, lead, cadmium, mercury, and radioactive particles, are legally regulated as toxic waste, and are prohibited from direct dispersal into the environment. Upon being sold ([unrefined](#)) to municipalities as fluoridating agents, these same substances are then considered a "product" ([NTEU 2003](#)). "Further analysis should be done of the concentrations of fluoride and various fluoride species or complexes (especially fluorosilicates and aluminofluorides) present in tap water, using a range of water samples (e.g., of different hardness and mineral content). Research also should include characterizing any changes in speciation that occur when tap water is used for various purposes—for example, to make acidic beverages. The possibility of biological effects of SiF_6^{2-} , as opposed to free fluoride ion, should be examined. The biological effects of aluminofluoride [complexes](#) should be researched further, including the conditions (exposure conditions and physiological conditions) under which the complexes can be expected to occur and to have biological effects" ([NRC 2006](#), p. 88). "Essentially no studies have compared the toxicity of silicofluorides with that of sodium fluoride, based on the [assumption](#) that the silicofluorides will have dissociated to free fluoride before consumption" ([NRC 2006](#), p. 53). [LEARN MORE](#).

Claim: *Some countries don't fluoridate their water, because they already have enough natural fluoride in their water.*

Response: "In Europe, only Ireland (73%), Poland (1%), Serbia (3%), Spain (11%), and the U.K. (11%) fluoridate any of their water. Most developed countries, including Japan and 97% of the western European

population, do not consume fluoridated water" ([50 Reasons](#) Intro). Learn the [REAL reasons](#) why many countries [don't](#) fluoridate [their water](#). Further discussion available via videos: [Mildura \(2011\)](#) and [Wichita \(2012-a\)](#); [\(2012-b\)](#).

Claim: *Water fluoridation has been described as one of the top public health advances of the 20th century.*

Response: "Not a day goes by without someone in the world citing the CDC's statement that fluoridation is "One of the top ten public health achievements of the 20th Century" (CDC, 1999). Those that cite this probably have no idea how incredibly poor the analysis was that supported this statement. The report was not externally peer reviewed, was six years out of date on health studies and the graphical evidence it offered to support the effectiveness of fluoridation was [laughable](#) and easily [refuted](#)" ([Connett 2009](#)).

Claim: *It's safe; it's natural; it's cost-effective.*

Response: It's [unsafe](#); [unnatural](#); and [ineffective](#).

Further reading

[The Case Against Fluoride](#)

[The Affidavit of Dr. Paul Connett](#)