This submission addresses the ill effects of water fluoridation in response to the following questions from the Green Paper

COMMUNITY Consultation Questions

- Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?
- How can we better help you understand the standard of care you are entitled to, and support your involvement in your healthcare decisions?
A System of Health Care

Being all it can be?

Evidence-based medicine is touted as the logical, ethical and responsible approach to health care in the modern era. That sounds good in principle but what does it mean to health care practitioners and how do recipients of that system benefit.

Let me start by addressing the medically defined principle of evidence-based medicine that is currently accepted by the profession and see if and or how it differs in the perception of others.

“Evidence based medicine (EBM) has been defined as the a process of turning clinical problems into questions and then systematically locating, appraising, and using contemporaneous research findings as the basis for clinical decisions.”


If this definition is applied to the issue of widespread chronic ill-health in the Tasmanian community this may lead those concerned with dealing with these health problems, including the public, to ask the obvious question. Why?

Why, when we live in a beautiful island state, in a pristine environment, or so we are repeatedly told, are so many of us succumbing to declining levels of general health?

Why, when we live in a “First World” political-economy, with access to modern education, fresh fruit and vegetables, affordable means of living, health care providers whom have been given up to date training and access to technologically advanced medical infrastructure and a subsidised pharmaceutical system, do we have such low levels of overall health in the general community.

Of course it is easy to claim that people are doing it to themselves. After all they are the ones responsible for their body’s well-being, they should be looking after it. Right?! This is an example of the tried and true principle of blaming the victim.

In response to the invitation to make a submission I would like to introduce the concept, raised by the term “health system”, of what exactly is a system of health. Who is directing it, what result is it intended to achieve, who determines what level of health is desirable and what, as citizens, can we influence regarding our own health aspirations.

It may seem absurd to argue about semantics and definitions but as mentioned in the Green Paper it is part of the Government’s stated goal that Tasmanians must have access to early care to enable them to return to optimal health and maximum independence. One persons definition of and aspirations toward optimal health may not necessarily coincide with that of the state, which is not only directing the expenditure of community funds but of directly involving itself in the intimate biological workings of each member of the general public.
We have, among the competing forms of health management, a system of medicine, which is dominant and has achieved and maintains that dominance for the benefit of its practitioners and the state to the detriment of its victims, oh I mean patients.

Allopathy, which although derided as a label by practitioners today, was based on a system of administering a treatment, which would produce in a normally healthy person symptoms opposite to the ones experienced by the patient in question. This definition I would argue is still relevant as referring to the pharmaceutical industry dominated system of medicine and health care, which is failing so many western industrialised nations in the 21st century.

*Allopathy: The system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment. MDs practice allopathic medicine.*


Does it really make sense to attempt to cure someone by poisoning them with something which will give them symptoms opposite to what they are currently experiencing?

I am not making the claim that everything a doctor knows and everything they do is completely wrong, but they are the dominant players in an area of the lives of the public, which is demonstrably failing in its stated purpose. That purpose I would argue is the provision of services to society, which enable members of the community to achieve an improved level of health that might not otherwise be the case. In other words, if they are not doing people ‘good’, then what is the good of them. Let’s face it, members of this esteemed profession are subsidised in their training, they are subsidised in their employment through Medicare and health insurance, and the treatments they offer are subsidised through the PBS and publicly funded health care systems including hospitals and all the technological equipment they are filled with. We have a reasonable expectation of improving our prospects after encountering this apparatus.

Now I want to tell you what the state does, which is a major contributing factor to all this ill health, including mental ill health. The state, in its infinite wisdom, has determined that everyone is suffering fluoride deficiency. It has taken it upon itself to medicate the entire population with an unproven treatment, without consultation, examination or prior informed consent. This is being done in an uncontrolled way with a substance which is a certified industrial toxic waste that has not been tested for safety and/or effectiveness for any condition.

Proponents of water fluoridation like to claim that the CDC has hailed it as one of the top ten achievements in health care of the twentieth century. That’s a nice big bold claim isn’t it? It has the ring of confidence. The kind that comes from an authority, someone who knows what they’re talking about. No doubt backed up with many years of randomised, double blind, control, multi site studies by independent researchers. Right?
Well, actually no. Most of the claims are just that. They are messages crafted by public relations practitioners to promote an ideology of governments so heavily influenced by the fluoride industries that independent toxicology research is almost non-existent. Where it does exist it is suppressed through a journal publication system, which will not publish studies showing harm from fluoride exposure at the doses received from fluoridated water. In order for researchers to get published they must include what amounts to a disclaimer saying in effect that everyone knows that fluoride at the optimal dose of 1ppm protects teeth from decay, with no ill effects. But what is this claim based on?

For those of you not familiar with the origins of the water fluoridation fiction I suggest you begin by reading “The Fluoride Deception” by Christopher Bryson. I will be adding a list of material, which I recommend those new to this discussion familiarise themselves with, at the end of this submission, including my previous report “Killer Smile”.

Perhaps the first thing one needs to understand is the difference between correlation and causal relationship. Briefly, a correlation may exist where two or more things seem to occur together. Many observers will try to argue that because they occur together one must, by necessity, be causing the other. To illustrate this one may argue that oat based cereal meals and red hair are correlated in certain parts of the British Isles. This may be so, or not. One may then go on to argue that the correlation is so prevalent and endemic that it is clear that one causes the other. Now which causes which? It may be postulated that the expression of the gene for red hair causes the person to eat porridge. Or, conversely it may be that the consumption of oat cereal results in offspring with red hair! To my knowledge neither of these alternate explanations have been investigated and proven one way or the other. If you know of such studies please feel free to contact me and provide evidence of the conclusions. I include this scenario as a fictitious, hopefully and with no disrespect intended to porridge eating redheads, to illustrate the absurdity of prematurely concluding a cause and an alleged effect base on the mere observance of two or more events or occurrences which may appear to be correlated.

Fluoride proponents have alleged that higher levels of fluoride in natural water supplies is correlated with an observed reduction in the level of dental caries and therefore fluoride reduces tooth decay. They have even stated that fluoride is a nutrient and that caries is the result of a fluoride deficiency. These statement are demonstrably wrong.

At this point I would like to introduce the article published in “The Australian Dental Mirror”, a journal of the Australian Dental Association, April 1945 edition, entitled “FLUORINE AND ITS RELATION TO DENTAL HEALTH”. This contains the transcript of a presentation to the Queensland branch of the ADA by Capt. Beach of the U.S Army. In that presentation he discusses the nature of fluorine as an element and its implications for health. He first references fluorine in it relation to the disease caused by its presence, fluorotoxicosis and then mentions its implication in some way with an alleged caries reduction potential. On the second page of this transcript he mentions the toxicity of fluorine compounds and describes the symptoms observed in cattle and sheep.
Many people seem to be under the impression that you can have a safe dose of a toxic element. While it is true that even nutrients can have toxic levels, under conditions of a normal balanced diet this is unlikely as the mechanism of uptake from the gut reduces the level in the blood even when nutrient are present in high levels in the contents of the lumen.

I discuss this article in some detail in my review which will be included in this submission so I will only mention here that after several pages outlining the hazards of exposure to this element he then goes on to recommend that the ADA should proceed to lobby governments to endorse a policy of adding these industrial toxic wastes to the public drinking water supply. Here are a few quotes from the publication;

• Calcium phosphate rock is a frequent adjuvant to cattle feeds, but it is selected carefully from varieties containing minimal qualities of fluorine. Industries utilizing minerals containing fluorine are not uncommonly hazardous to both man and animals. Effluents from such factories have been known to spread from chimneys over fairly broad areas.
• The most frequent offenders are installations treating superphosphates, aluminum smelters using cryolite and bauxite, copper smelters, glass, enamel and brick works using sands and clays of high fluorine content.
• Recent conversations with local Australian scientists have indicated that Queensland and other sections are not free of the fluorine hazard. In some sections, cattle and sheep watered from deep artesian bores have shown fluorosis symptoms. This may become a serious factor in many areas, yet undeveloped in Australia. Also, in some station areas where soil is rich in phosphates, endemic fluorosis of the teeth or tooth mottling occurs among the human population.
• Bone contains as much as 350 parts per million of fluorine, depending, of course, on the quantity of fluorine consumed by the animal.
• Calcium phosphate structures in the body like mineral calcium phosphate, have the peculiar property of drawing fluorine into their structure. Thus powdered bone, powdered enamel, dentine or the mineral apatite will absorb fluorine into their structure even from water solutions of fluorine compounds at great dilution. Soluble fluorine compounds are readily absorbed by the body, but only slowly excreted. Fluorine is more or less cumulative within the body. Fluorine is a strong and specific enzyme poison. It inhibits the splitting of fats by the esterase lipase (4). Likewise, it has been shown to poison some enzymes involved in the fermentation of carbohydrates to form acids.

It goes on in much the same vein and reading the article with my comments alongside will be illustrative in demonstrating what a piece of propaganda it is.

You may feel that I have taken these statements out of context and that in the article they may read differently. By all means read it. But do so with a critical mind. Do not look at the claimed benefits and tell yourself that these disadvantages are a small price to pay for good, strong, healthy teeth. You are not the only ones paying that price even if you think it is acceptable.
Remember at the concentration of 1 ppm in the drinking water alone, 10% of the population will show signs of damaged, defective and in many cases non-repairable teeth. This concentration in the water is not the dose a person receives over a given period. It cannot be claimed to be optimal as there is no biological function dependent on fluoride, it is not a nutrient therefore there can be no fluoride deficient waters and no optimally fluoridated waters.

A common phrase used by those promoting water fluoridation is that it is merely an adjustment of the naturally occurring fluoride ion. Let’s have a look at that statement for example. Water is a molecular substance containing two elements, hydrogen and oxygen. It can neither be optimally fluoridated nor deficient as fluoride is not a part of its chemical make up. Nor are any of the other elements that may be found in nature.

A body of water in the environment may contain concentrations of other elements and/or compounds thereof, in various concentrations and at levels, which may constitute, for some elements at least, toxic contamination. That is what we are referring to when we talk about the level of fluoride in water. The level of contamination. It’s true that in some parts of the world surface waters contain elevated levels of fluoride compounds. Why this should be so is interesting and should be considered in relation to the claimed benefits of water containing allegedly optimal concentrations of these minerals, calcium fluoride, sodium fluoride, etc.

In order for fluoride to be present in natural bodies of water a curious set of circumstances must occur together. Fluorine containing mineral rock, moving water and other minerals in that water, which relate to the hardness of water, mainly calcium and magnesium. These other minerals, apart from fluoride, must be present for fluoride to be leached out of the rock containing it. The chemistry of the water must be such, that a characteristic of that water is an enhanced ability to attract the fluoride ion. Thus it is the case that bodies of water in the environment that contain fluoride must by definition contain high levels of the minerals to which fluoride ions will bind and thereby mitigating its toxic effects somewhat.

In artificially fluoridated public water supplies this does not happen. The natural process is circumvented and soft waters with relatively high fluoride concentrations result. Once again we must look at the chemistry of naturally occurring bodies of water as, even when free fluoride ion exists unbound by other neutralising minerals, it is inhibited from being absorbed into the body by an attraction of the water itself. But only when the other minerals are present to influence the electro-chemical characteristics of the water.

This is truly a cause and effect scenario not mere correlation, as it is a physical property of the elevated mineral content that is required for fluoride to be present. To artificially create a water body profile in which fluoride ions are present to any significant degree is not reproducing a natural environmental occurrence at all because this could not happen naturally, not without there being the other minerals present in high concentrations also.

I am sorry if I am belabouring this point somewhat but it is critical that the reader is aware that many of the claims made by organizations such as the ADA are phases crafted by public relations practitioners which do not tell the whole story. They omit
relevant facts, are deliberately misleading and I feel constitute fraud on the part of those using them.

In Tasmania for instance the concentration of naturally occurring calcium fluoride is about 0.04 ppm. At this level most normally healthy people will be able to excrete the minimal amount of fluoride absorbed into the blood stream, remembering that uptake is related to solubility, another factor against the use of synthetic fluoride chemicals.

At this point it is probably relevant to introduce the definition of medicine since we are reviewing health care service provision.

*Medicine:*

*A drug or other preparation for the treatment or prevention of disease*

[http://www.oxforddictionaries.com/definition/english/medicine](http://www.oxforddictionaries.com/definition/english/medicine)

If, as is claimed, the fluoridation of the public drinking water supply is intended to treat a condition of the person who consumes the product, that being dental caries, it must by any reasonable definition be considered practically and legally a medicine. Whether it is safe or effective in this intended role does not alter this fact. In this regard the Tasmanian Government, and all those involved in the practical application of this policy are in effect practicing medicine without a licence. They are also administering, without the prior informed consent of the person receiving the product, an S 7 poison which cannot be obtained without a prescription. They are also diagnosing a condition without examining the person whom is being treated.

So what I am saying is that the Tasmanian Government is itself a major contributing factor to chronic ill health as it is the organization responsible for contaminating the public through the drinking water supply with a known toxin which is not only a free radical in itself but has the capacity to generate free radicals in our body even converting nutrients to free radicals by robbing them of electrons.

**The standard of care you are entitled to?**

In order to improve the health of the public the government needs to accept its role in contributing to the current state of affairs and be prepared to change its policies to reflect its duty to the community consistent with the principles of the “Rule of Law”. Part of that duty is to not override the rights of its citizens and not favour one section of society of another as it has with supporting the professions of dentistry, medicine and the fluoride industries.
rule of law

the principle that all people and institutions are subject to and accountable to law that is fairly applied and enforced; the principle of government by law.

http://dictionary.reference.com/browse/rule+of+law

The state has obligations to the community with regard to performing due diligence on the claims made in support of water fluoridation, which is an act of mass medication prohibited under the Australian Commonwealth Constitution S. 51. It owes the public a duty of care to see that its actions do not unjustly impair the lives of members of the community.

“It is universally agreed that the rule of law is a worthy ideal that must be treasured and preserved – at least until it becomes inconvenient! Yet, there is not universal agreement as to what “the rule of law” means.

The expression signifies not a legal rule, but more generally rule by “law” as distinct from rule by power, free of legal constraint, whether by a democratically elected government, a tyrant or otherwise. So, the ideal signifies that the institutions of the state, and in particular, the individuals and bodies that are invested with power by the state, should be subject to the law rather than above it.”

The Hon Kevin Lindgren AM, QC*

Health rights are an integral component of the general concept of human rights and are acknowledged by the U.N and even under the Tasmanian Charter of Health Rights. We even have a Health Rights Commissioner whose role it is among other things to ensure the public are protected from medical abuse. However this does not extend to providing protection from abuse by the Government.

As Dr Roscoe Taylor, Director of Population Health, has stated there is “nothing in the law that prevents the state from taking action against its citizens”. That is a rather strange comment to make in relation to water fluoridation, which I am constantly being told is for my own benefit and now I learn that it is the state acting against me. What have I been charged with, tried for and convicted of, that warrants the state acting against me by forcing me to consume a neurotoxic drug purported to strengthen my teeth against bacterially produced acid. Unless, of course being host, providing aid and comfort to a monocellular organism is considered an act of terrorism now!

Even that claim is not without challenge, as evidenced by the chelation and proteolysis-chelation theory of dental caries postulated by Dr Schatz. We must
remember that the bacterial cause of dental caries is not a proven fact but was established by a vote in the hallowed halls of dental academia.

Despite popular belief, fluoride is not a nutrient, even the WHO no longer refers to it as such. The claimed optimal dose of 1 part per million is invalid as this is a measure of the concentration in water, not the amount of fluoride a given individual receives. The justification that governments have used to enforce fluoridation is that being a nutrient and providing a service to the community to prevent a deficiency that we all experience is they are not administering a drug or poison so we have not right to object. The fluoridation Act 1968 states that Councils are not permitted to hold elector polls to obtain the opinion of the public on whether a majority of a community serviced by a public drinking water reticulation scheme wish to have it fluoridated or not.

The Therapeutics Goods Administration has stated that no fluorides in concentrations below 15 ppm are considered medicines, drugs or poisons, even though they are registered as S7 poisons and regulated as DG Class 8 for the designation of transporting dangerous goods. Where does this permitted concentration figure come from? What is the scientific evidence that all people exposed to fluorides will happily tolerate this concentration in any substance they are exposed to for life, with a satisfactory safety margin, and no ill effects, ever?

When it comes to high levels of fluorides in toothpastes the TGA say these products are registered as cosmetics and therefore are not regulated by them so that neatly sidesteps the issue of products with concentrations above the 15 ppm threshold.

We know, we have always known, that fluoride is not a nutrient but in fact a toxin. It is toxic in any amount. It is more toxic than lead. It is used with the intention of treating a condition, namely dental caries and it alters the normal functioning of the cells, tissue structure and metabolic processes of the body. This is, by definition a medicine, whether it be effective in its stated purpose, or not. Whether it be safe for all exposed, or not. Whether it be administered by a trained, qualified and registered medical practitioner, or not. It is a drug and the state does not have the authority to use the public water system to administer it to the public, yet the public do not have the right to hold the government accountable. I know because I have tried. Not the Health Rights Commissioner, not the Ombudsman, nobody I have approached to advocate on my behave has been able to tell me that they can tell the government that what it is doing is wrong.

The whole sorry mess comes down to a Parliament many years ago, voting to make water fluoridation a government policy. This Parliament did so with no sunset clause and no referendum and no way for the public to challenge it. It is all based on a recommendation from an organization that was not elected, has no political authority and no accountability to the public on issues relating to water fluoridation, as they are protected from prosecution.

And where is the evidence used to make this recommendation? Well I have been asking to see it for a while now and no-one is able or willing to provide me with evidence that this product has ever been tested for safety or effectiveness for all exposed, for life. So what are they basing this recommendation on and why should the
government be entitled to abrogate the rights of citizens not to be forcefully medicated by the state?

If the state will poison the public over a merely damaged tooth surface then what else might they do on the flimsiest of pretexts.

Think I’m being paranoid? Why can you sue a doctor for malpractice but not the state?

Nadia Dobromilsky Tasmanian ADA President, was quoted in 2012 as saying that the “silent epidemic of dental disease was largely due lack of access and affordability”. “It is a cost and a burden on the emergency departments, the GP clinics and also pharmaceuticals,” she went on to say. “So you have this huge cost or waste of money compared to if the patients were able to go directly and get their problem fixed by a dental professional.” These were extracted from an article in The Examiner written by Jodie Stevens in February 2012.

Now this situation, if true and I have no reason to doubt it, is completely inconsistent with the premise that water fluoridation is going to fix all the health problems associated with tooth decay in an equitable an cost effective manner.

In 2013 Federal Labour were promising $4.6 B to fix the dental health crisis suggesting it would take $1,000 every two years for Australians under 18 years of age to address the problem. There are of course many statistics like these and water fluoridation was supposed to fix all this for only a few cents each per year.

Water fluoridation can never fix dental decay because it is not a nutrient and in fact damages teeth causing more problems than it alleges to solve.

In “Fluoride in water: An overview” by UNICEF they cite, decisions based on assumptions rather that proven scientific evidence as the cause of widespread fluorosis and the answer to dental disease as improved nutrition.

Part of the problem of getting treatment for fluoride injury is that the point at which damage due to fluoride exposure is recognised only when crippling skeletal fluorosis is evident. However this is and end-stage diagnosis which ignores the earlier discernable stages of chronic fluoride poisoning, which may be passed off as unrelated thyroid dysfunction, immunological disorders, ME/CFS (now systemic exertion intolerance disease), depression and other mental illnesses, and arthritis like symptoms.

The threshold level of 10.5 microMol/ltr in serum set by the NHMRC does not take into consideration that subsets of the population will statistically present symptomatically well below this level of chronic exposure deemed safe by the medical establishment. What is the basis for setting this figure as the safe level? The NHMRC have stated that persons living in a community serviced by a fluoridated water scheme would have a serum fluoride level of no more than 1-2 microMol/ltr. Again I ask, based on what. How does the government know what the fluoride concentration is in any and all of its citizens. Does it even care?
An issue very relevant to fluoride exposure is the ability of the kidneys to process fluoride out of the blood and excrete it from the body via the urine. In people with impaired kidney function this is obviously a greater burden. For indigenous Australians this is a serious consideration as this group of the population has an historically statistically significant lower nephron count thus putting them at higher risk. It could be reasonably argue that water fluoridation policy is by its nature discriminatory. All those with CKD are inherently at greater risk than the average member of the community by as much as three times and are therefore guaranteed to develop fluorosis if they live a normal lifespan.

I was recently told that when scientists and medical researchers are involved in decision making panels you have to trust that they will behave ethically, irrespective of their conflicts of interest. Trust is like a thin veneer, it must be supported by something solid underneath. Trust cannot be based on faith that the right thing will be done, if the evidence to support that belief is not there.

With respect to water fluoridation, the Government has taken our trust that they will look after our best interests. That they will perform due diligence on any advice or recommendations and act with a duty of care toward us, the public, their constituency. They have taken that trust and put it under extreme pressure, held it captive, denied it access to the light of the truth, tortured it to within an inch of its life. And now it is broken. Can it ever be repaired or renewed? Who is to say, but I am sure it will only come from an open and honest exposure of the facts and a commitment to makeup for past wrongs.

I have researched this topic of fluorotoxicosis for many years now and have compiled documentary evidence of symptoms, clinical signs, potential treatments and corruption at the highest levels. This evidence points to a concerted, coordinated effort on the part of certain professions and industries, or at least their representative organizations. They have pursued an agenda, which is intended to pervert the political process and turn it against the best interests of the public. Elements of political parties, parliaments and bureaucracies have all been involved in this abuse. Those networks and individuals exist even today and are actively engaged in concealing this from the public. This is not speculation or paranoia but readily demonstrable facts.

To illustrate this, the town of Maffra in Victoria was the subject of a massive fluoride chemical spill in 2010. The area around the site was evacuated and an emergency decontamination was undertaken. All very professional and appropriate. But who was told about it? One would think that such an even would warrant national media coverage, probably for several days, but there is scant mention of it anywhere and certainly not proportional to the magnitude of the emergency.

Then there is the case of the council that over ordered some fluoridating chemicals so they got dumped at the local tip. When it was discovered, the EPA fined them for dumping untreated toxic waste in a municipal waste site. And so they should, but apparently when it is dumped in the local reservoir for the public drinking water supply that’s a preventative health measure, without it actually being a medication!!?

“What’s up with that?”
It is the duty of the media to report the facts of an event truthfully and commensurate with the significance of those events. I would argue that the examples above demonstrate this is not happening. The public are shielded from reports like this to protect the image of fluoride as being a safe product.

Whenever anyone comments in the media negatively about water fluoridation they are attacked personally. Not the science, not the evidence but the person. It’s as if it is illegal to hold an alternate opinion than that of the fluoridation proponents. The attacks on those opposed to water fluoridation are very person and disparaging, unfounded and irrational.

Those in favour of it seem to be of the belief that humanity has been denied optimal dental health due to restricted environment access to this necessary nutrient (as they claim). And, now that we have an abundance of it no one should be allowed to go without. In fact it is seen by some as a form of neglect or abuse to protect one’s own children from it. The most vehement outbursts are not even necessarily from dentists, doctors or biochemists but self appointed guardians of our individual health, campaigning, as they would have us believe, for our own good. I recall a quote from Dr Brendan Nelson when head of the AMA that medical practitioners that do not support water fluoridation should be struck off. What hope for rational debate is there when medically trained professionals are threatened with loosing their livelihood and reputation over an ideology.

It would seem that all health care practitioners could benefit from training in environmental health, toxicology and ethics, particularly those involved in the fields of thyroid and other endocrine disorders, kidney disorders, immune dysfunction, heart disease, musculo-skeletal disorders and neurologic disfunction.

I do not see myself as an anti-fluoridationist, in part because I am not a single-issue person. I’m actually against a lot of things. I’m also for a lot of things. I see myself as a health rights advocate. If people want to criticise me for defending the right of myself and others to decide what is appropriate for us to put into our own body, then so be it. I’ll happily wear that and in fact take it as a compliment. It is after all a fundamental human right and foundation principle of the “Rule of Law”.

I remain committed to striving to bring to truth of water fluoridation out into the open for public scrutiny and am willing to work with others, including the Government to bring about a rational and unbiased appraisal of the fluoridation issue. I am hopeful that such a review of the facts will lead others to conclude, as I have, that water fluoridation is a chapter in the history of Tasmania that needs to be closed. The conclusion of this chapter should be one of hope that an end to this policy will enable those harmed by long term exposure to the synthetic fluoridation chemicals can be healed and returned to optimal health.

To quote from the Green Paper;

“To give Tasmanians a better health system: a complete, statewide system that places the interests of patients back where they belong – at the forefront of every decision”. 
I wish to offer this piece as the primary document of my submission and to include the documents listed as the supporting evidence of this.

Sincerely Yours

Bernard Needham
Independent Fluoride Toxicology Researcher
Health Rights Advocate
Tasmania

End Notes:
The following list is indicative of the documents presented in support of this submission which will be presented on a disk and sent to Department of Health and Human Services Level 1, 99 Bathurst Street, Hobart or GPO Box 125, Hobart TAS 7001

Killer Smile, Needham 2010

ANNOTATED “FLUORINE AND ITS RELATION TO DENTAL HEALTH”
21012015

The Chelation and Proteolysis-Chelation Theories of Dental Caries: Their Origin, Evolution and Philosophy by Albert Schatz, Ph.D., Joseph J. Martin, D.D.S., Vivian Schatz, M.S. October 20, 1971, Seminar at the School of Dentistry, Emory University

The Nuremberg Code

Fluoridation Errors And Omissions In Experimental Trials Sutton 1960

Fluoride, Gingivitis and Oral Cancer

Enamel Hypoplasia

Fluoride biology

Dental fluorosis linked to skeletal and soft tissue damage

Fluoridation: A Horror Story
Fluoride Induces Endoplasmic Reticulum Stress in Ameloblasts Responsible for Dental Enamel Formation, Fluoride’s Effects on the Formation of Teeth and Bones, and the Influence of Genetics

A Role of Fluoride on Free Radical Generation and Oxidative Stress, Molecular Mechanisms of Cytotoxicity and Apoptosis Induced by Inorganic Fluoride

MSDS for SiF, HF, NaF, H2SiF6 etc

Fluoridation Act 1968 Tas

Draft 2007 NHMRC report contained reference to CKD omitted from final publication

“Poor oral health putting hospitals under pressure” Jodie Stevens, The Examiner, also my response.

Plibersek press release 2013 $4.6 Billion

Being around and knowing the players: Networks of influence in health policy. Jenny M. Lewis 2005

ADA Policy Statement 2.2.1 S. 2.1.5, November 18/19, 2010

Molecular Mechanisms of Cytotoxicity and Apoptosis Induced by Inorganic Fluoride

The Inhibition of Enolase by Fluoride in vitro

Effects of Different Kinds of Fluorides on Enolase and ATPase Activity of a Fluoride-Sensitive and Fluoride-Resistant Streptococcus mutans Strain

50 Reasons to Oppose Fluoridation, Connett

IAOMT Policy position on ingested fluoride and fluoridation

Good Reasons to Doubt Water Fluoridation 11092010, Needham

ACT 1991 fluoride review

TGA SUSMP, re personal correspondence QLD Health, Simon Critchley