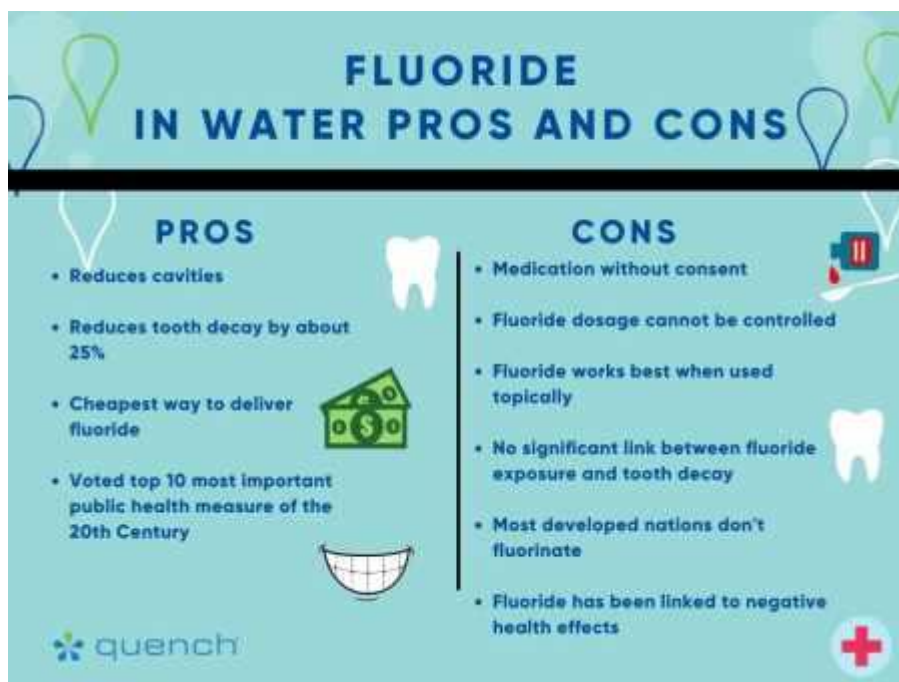


Were We Lied To About Water Fluoridation

By The Daily Skeptic, 10 April 2022



The addition of a fluoride, such as hexafluorosilicic acid or disodium hexafluorosilicate, to public water supplies has been recommended in a joint [statement](#) by the four Chief Medical Officers of the U.K. The Government's [Health and Care Bill](#), which has reached its final [stages](#) in Parliament, includes a small section to facilitate water fluoridation, which is now [expected](#) to be spread throughout the U.K.

Although water is already fluoridated in a few parts of the U.K. (mainly Birmingham), for nearly forty years no new schemes have been implemented since local opposition has managed to defeat them all. The Government is now determined to impose its wishes.

A recent [press release](#) said that "higher levels of fluoride are associated with improved dental health outcomes", and that the "Health and Care Bill will cut bureaucracy and make it simpler to expand water fluoridation schemes". The Bill's [explanatory notes](#) state: "Research shows that water fluoridation is an effective public health intervention to improve oral health for both children and adults and reduces oral health inequalities."

For about 70 years it has been claimed that fluoridation reduces dental decay, and that it is safe. Although there is abundant evidence showing that in fact it is neither effective nor safe, the proponents of fluoridation have long had the advantage of far greater funding than that available to sceptics.

Trials of fluoridation started in 1945 in the U.S. and Canada but, before any had been completed, and without any comprehensive health studies, fluoridation was endorsed as safe and effective by the U.S. Public Health Service. The American Dental and Medical Associations soon added their approval, as later did their equivalents in the U.K.

The original trials were studied by Dr. Philip Sutton in Australia who graduated with honours in Dental Science. Asked to examine them, he [found](#) they were of low quality, full of errors and omissions.

In Austria, Rudolf Ziegelbecker also studied the original fluoridation trials and found they did not show what had been claimed. Professor Erich Naumann, Director of the German Federal Health Office, said of him:

“Your results have been accepted everywhere in Germany with the greatest interest and have increased the grave doubts against drinking water fluoridation.” Prof. Naumann [added](#): “It is regrettable that the existing data on water fluoridation had not been examined earlier using mathematical-statistical methods. Otherwise the myth of drinking water fluoridation would have already dissolved into air long ago.”

In the U.K., pilot schemes started in the mid-1950s in four areas, all of which sooner or later [abandoned the practice](#): Andover (1955-58), part of Anglesey (1955-92), Kilmarnock (1956-62), and Watford (1956-89). In 1957, Dr. Geoffrey Dobbs [wrote](#) in *New Scientist* that they “are now officially described as demonstrations of the benefits of fluoridation, not experiments, so the results are a foregone conclusion” and their purpose quite openly “promotional”.

He added that the studies would gain enormously in value if those responsible were willing to submit them to impartial scientific assessment.

When the UK pilot studies started, it was officially stated that they should [include](#) “full medical and dental examinations at all ages”, but no medical examinations were done, and neither short-term nor long-term possible harms were explored. This lack of concern continues, with a general [failure](#) in fluoridated countries to monitor fluoride exposure or side effects.

In 2000, a major [report](#) by the Centre for Reviews and Dissemination at the University of York concluded that, despite many studies over 50 years, “We were unable to discover any reliable good-quality evidence in the fluoridation literature world-wide”. Even among the 26 better studies on fluoridation and tooth decay, not one was [evaluated](#) as “high quality, with bias unlikely”.

In 2015, a [Cochrane review](#) added: “There is very little contemporary evidence, meeting the review’s inclusion criteria, that has evaluated the effectiveness of water fluoridation for the prevention of caries.”

When Israel ended fluoridation in 2014-15, partly because of health concerns, its Ministry of Health [pointed out](#) that WHO data indicated no significant difference in the level of tooth decay between countries that fluoridate and those that do not fluoridate.

A trial in Hastings in New Zealand was apparently so successful that it was widely reported as a classic case of the benefit of fluoridation, with tooth decay reduced by at least half.

However, when New Zealand passed freedom-of-information legislation, two university researchers were able to access the original records, which revealed that the published results were [fraudulent](#).

One of those involved in running the trials was asked for an explanation but he did not even try to justify the published results.

Not only is there a great absence of good quality evidence that fluoridation significantly reduces tooth decay, there has, especially in recent years, been growing evidence that it is harmful.

In 2006, a major [report](#) by the U.S. National Research Council said that fluoride exposure is plausibly associated with neurotoxicity, gastrointestinal problems, endocrine problems and other ailments. It was also unable to rule out an increased risk of cancer and of Down's syndrome in children.

In 2017, a team of experts in Chile, supported by the Medical College of Chile, [concluded](#) that fluoridation is ineffectual and harmful.

Fluoride occurs naturally in a few water supplies, but so does arsenic. A recent [study](#) from Sweden shows an increased prevalence of hip fracture in post-menopausal women associated with long-term exposure to natural fluoride at levels in water in the same range as used in some parts of the U.K. for artificial fluoridation.

About half a century passed before the declassification of hundreds of U.S. Government documents provided clues to the real reason for fluoridation. Much meticulous research by an award-winning investigative journalist, Christopher Bryson, resulted in his thoroughly documented book, [*The Fluoride Deception*](#), showing beyond doubt the extensive fraud involved.

Bryson's research revealed the strong connection between fluoridation and the Manhattan Project to create the first atomic bombs. Huge amounts of fluorine were used to extract the isotope of uranium needed. Workers suffered hundreds of chemical injuries, mostly from the gas uranium hexafluoride.

In 1943 and 1944, farmers reported workers made ill, crops blighted and livestock injured, with some cows so crippled they could not stand. When the war was over, farmers in New Jersey sued DuPont and the Manhattan Project for fluoride damage. In response the Government mobilised officials and scientists to defeat the farmers.

In 1946, the United States had begun full-scale production of atomic bombs, and the New Jersey farmers' legal action was seen as a threat, because of the potential for enormous damages and a public relations problem, with more trouble likely if they won. The farmers' legal action was blocked by the Government's refusal to reveal how much hydrogen fluoride DuPont had vented into the atmosphere.

Dr. Harold Hodge defended the nuclear programme against the legal threat from farmers. He had the idea of calming the public's fears by talking about the usefulness of fluorine in tooth health. In January 1944, a secret conference on fluoride metabolism took place in New York.

Organised by President Roosevelt's science adviser, James Conant, documents from it are among the first that connect the atomic bomb programme to water fluoridation and to the Public Health Service.

Manhattan Project scientists were ordered to help the contractors. They also played a prominent role in the fluoridation of the public water supply in Newburgh, New York, an experiment that began in May 1945. In 1947 the U.S. Atomic Energy Commission took over from the Manhattan Project.

Dr. Harold Hodge, the Project's senior wartime toxicologist, became the leading promoter of fluoridation. He announced it was so safe that it would take a massive dose of fluoride to cause harm. **(Some 25 years later, in 1979, he quietly admitted in an obscure paper that he had been wrong.)**

A Committee to Protect Our Children's Teeth was formed, with powerful links to U.S. military-industrial interests and their determined effort to escape liability for fluoride pollution. The aim was to transform the public image of fluoride from that of a dangerous pollutant to a beneficial prophylactic medicine.

This aim was achieved with the help of Edward Bernays, an expert in the use of psychological techniques to achieve "manipulation of the organised habits and opinions of the masses" and "the engineering of consent". Bernays advised the avoidance of debate: fluoridation was to be presented as indisputably beneficial; only the ignorant could object to it.

Reviews of Bryson's book included one in the scientific journal *Nature*, noting that he "raises the stakes by reporting a great deal of relevant and often alarming research", and describing the book as "thought-provoking and worthwhile".

Publishers Weekly wrote: "Bryson marshals an impressive amount of research to demonstrate fluoride's harmfulness, the ties between leading fluoride researchers and the corporations who funded and benefited from their research, and what he says is the duplicity with which fluoridation was sold to the people."

Chemical & Engineering News stated: "We are left with compelling evidence that powerful interests with high financial stakes have colluded to prematurely close honest discussion and investigation into fluoride toxicity."

Bryson found that, while the American Dental Association had previously opposed fluoridation, it changed its tune after receiving a large donation from an industrialist with a stake in the commercial use of fluoride.

A study of workers at a chemical company in Cleveland was used to promote the idea that fluoride reduces tooth decay. It said workers exposed to fluoride had fewer cavities than those not exposed to it. The report helped to shift public opinion. The secret version of the report, discovered decades later, stated that most of the men had few or no teeth, and that corrosion affected such teeth as they had.

As early as 1951 a confidential gathering of State Dental Directors in the U.S. was advised by Dr. Frank Bull, “We have told the public it works, so we can’t go back on that”. If it was difficult then, it must be very difficult now for prestigious dental and medical organisations to admit that the assurances of effectiveness and safety they have given for so long were at best mistaken and at worst fraudulent.

Among the various methods used to suppress adverse evidence and dissent have been mocking, silencing, sacking and denigration of scientists who threatened the official story. One of the earliest to suffer was Dr. George Waldbott, an eminent U.S. physician who was viciously maligned after reporting fifty cases of people made ill by fluoridated water, as established by double-blind tests.

Dr. John Colquhoun, a former supporter of fluoridation in New Zealand, was Chief Dental Officer for Auckland when he discovered and reported that fluoride was damaging children’s teeth. This was not what the authorities wanted to hear and **he was sacked**.

Dr. William Marcus was Senior Science Adviser in the Office of Drinking Water in the Environmental Protection Agency. **He was sacked** when he warned that research by the famous Battelle Institute showed that some forms of cancer could be caused by fluoride.

Dr. Phyllis Mullenix was the Chief Toxicologist at the prestigious Forsyth Dental Center, who discovered that fluoride is a neurotoxin that can adversely affect the brain. Following publication of her peer-reviewed study, U.S. Government pressure resulted in her **being sacked** and the institute’s toxicology department closed.

Often those whose research gave results unfavourable to fluoridation found that medical journals were hostile. Dr. Albert Schatz was a co-discoverer of streptomycin, the first effective drug for tuberculosis. When he found that infants in Chile had much higher death rates in fluoridated areas he sent a report in 1965 to the editor of the *Journal of the American Dental Association* **who returned it unread**.

The reluctance of many medical journals to publish adverse findings on fluoride resulted in the foundation of the International Society for Fluoride Research and its quarterly journal *Fluoride*. However, MEDLINE, the bibliographic database published by the U.S. National Library of Medicine, **declined to index the peer-reviewed journal’s contents**.

Dr. Richard Foulkes chaired a committee that recommended fluoridation in British Columbia. Later, a friend urged him to do his own research, after which he changed his mind and said: “My initial belief was based on information given to me by those in authority rather than on the basis of my examination of the facts.”

Dr. Hardy Limeback was Head of Preventive Dentistry at the University of Toronto when in 1999 he apologised for having promoted fluoridation. “I did not realise the toxicity of fluoride,” he said. “I had taken the word of the public health dentists, the public health physicians, the USPHS, the USCDC, the ADA, the CDA that fluoride was safe and effective without actually investigating it myself”.

It used to be claimed that fluoride works on the teeth from within and therefore that pregnant mothers should take fluoride for the sake of unborn children’s teeth. Now it is said that

fluoride's main effect is from the outside ([topical](#), not systemic). Therefore, there is no need to imbibe it.

Water fluoridation is a blunderbuss that hits far more than the intended target. About a third to a half of fluoride that is ingested remains in the body where it accumulates, not only in the teeth and [bones](#) but also in the [kidneys](#), [pineal gland](#) and the [cardiovascular](#) system. [Kidney patients](#) are particularly at risk from fluoridation.

The dose of fluoride a person gets in water is haphazard since people consume widely differing amounts. Bottle-fed babies get very much more fluoride than breast-fed ones, and the American Dental Association [conceded](#) in 2006, with little publicity, that “using water that has no or low levels of fluoride” [should](#) be considered when preparing formula milk for infants. However, neither an ordinary water filter nor boiling can remove fluoride.

Recent research also finds that fluoride damages children's brains. For example, [studies show](#) a [loss of IQ](#) and increased symptoms of ADHD in offspring when pregnant women are exposed to fluoride at doses commonly experienced in fluoridated communities in Canada.

Leading [scientists](#) concerned about fluoride's toxicity, and willing to speak out, include Dr. Philippe Grandjean (Harvard University: “Fluoride is causing a greater overall loss of IQ points today than lead, arsenic or mercury”); Dr. Kathleen Thiessen (“The principal hazard at issue from exposure to fluoridation chemicals is IQ loss”); Professor David Bellinger (Harvard Medical School: “It's actually very similar to the effect size that's seen with childhood exposure to lead”); Professor Bruce Lanphear (“Fluoride exposure during early brain development diminishes the intellectual abilities in young children”); and Dr. Howard Hu (“Fluoride is a developmental neurotoxicant at levels of exposure seen in the general population in water-fluoridated communities”).

No less important is the fact that fluoridation is treatment without consent. People without the resources needed to obtain alternative supplies of water for drinking and cooking are chemically treated, in effect compulsorily.

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