

Leading Edge Master Analysis of Fluorides and Fluoride

The United States as the Most Medicated Nation on Earth

According to Chemical Engineering News in 1988, each year in the United States 80,000 tons of hydrofluosilicic acid, 60,000 tons of sodium silicofluoride and 3,000 tons of sodium fluorides are put into public water supplies. In view of all known research, it would be safe and accurate to rephrase the previous sentence and say that each year the United States Government allows 143,000 tons of fluoride products to be added to public water supplies in order to numb, disempower, and render docile a large percentage of the population. Present estimates in 1995 run about 200,000 tons annually. Now, why on Earth would any oligarchic group (a small group) want to do this to tens of millions of people, deliberately and knowingly?

General Suppression of Scientific Research on Fluorides

All of these fluoride chemicals are by-products of the aluminum and chemical fertilizer industries that are considered to be *hazardous wastes* by the EPA. Robert J. Carton, an environmental scientist at the EPA, says the scientific assessment of the health risks of fluorides in 1985 "omits 90% of the literature which suggests fluoride is a mutagen - causes cellular and genetic mutation." Several scientists in the United States and other countries who have done research or written reports questioning the benefits of water fluoridation, or suggesting health risks, were discouraged by their employers from actually publishing their findings.

In recent years, several dentists who have testified against fluoridation have been reprimanded by state dental officers. The American Dental Association and the United States Public Health Service, who are supposed to be scientifically, not politically motivated, have actively discouraged research into the health risks of fluoridation of public water supplies. Public funds have been spent to fight anti-fluoridation efforts.

John A. Colquhoun, a former dental officer in the Department of Health in Auckland, New Zealand, did a study intended to show the advantages of fluoridation. He carefully compared decay rates in fluoridated and non-fluoridated regions. Unfortunately, he failed to find any difference in decay rates between the areas studied. *After his final report was written, his supervisors refused to let him publish it.*

Institutions Subject to Government Extortion on the Issue of Fluorides

W.B. Hartsfield, mayor of Atlanta, Georgia, stated in *Dental Survey* in 1961 that "no school, college or independent medical research institution dares to be critical of fluoridation *because they receive grants from the U.S. Public Health Service.* Likewise, no big food, beverage or drug company will dare speak critically of fluoride because they are under the supervision of the FDA, a branch of the USPHS. One brewery official told me that *their own research indicated grave questions about fluoridation, but they dare not speak out. As you know, the Food and Drug Administration can bankrupt any national food, beverage or drug company with a little adverse comment.*" Now, why would the truth be so threatening to institutions that are supposed to protect public health and safety? Because these institutions are involved in the overall genocide against the population of the United States. The proof is a matter of historical record. That the Food and Drug Administration is a suppressive organization is a matter of record.

Massive Corruption, Collusion and Conflict of Interest

The same individuals promoting the addition of fluorides to the water supplies also serve on the FDA Dental Products Advisory Board. Fluoridation equipment makers, fluoride suppliers, and federal and state health department staff serve on the American Water Works Association's "Fluoride Standards Board." The American Dental Association, who receives public funds, also receives hundreds of thousands of dollars from Proctor and Gamble, Lever Brothers, Colgate, Warner Lambert, Johnson & Johnson, and others in the fluoride business. After the American Dental Association endorsed "Crest" toothpaste in October 1960, it became known that *the officials responsible for the endorsement of Crest toothpaste had personally profited financially from the immediate rise of \$8 per share in Proctor and Gamble Stocks*. Take another look at the front of this book and examine again the legal definition for criminal conspiracy and gross criminal negligence.

Countries Outside the United States Reject Fluoridation

In 1977, the Minister of the Environment in Denmark recommended that water fluoridation not be allowed, primarily that no adequate studies had been carried out on its long-term effects on both human organ systems and fresh water ecosystems. In 1978, the West German Association of Gas and Water Experts rejected fluoridation for legal reasons and because "the so-called optimal fluoride concentration of 1 mm/L is close to the dose at which long-term damage to the human body is to be expected." In France, the Chief Council of Public Health rejected water fluoridation after he decided in 1980 that it was dangerous.

American fluoridation spokesmen go to great lengths to deny the fact that most of the countries of medically advanced Western Europe have actively *rejected* fluoridation of public water supplies and the use of fluorides altogether. Fluoridation in Western Europe is now down to less than 2%. To illustrate how misleading fluoridation promoters in the United States can be, consider an article which appeared in the *ADA News* on January 23, 1978.

The ADA article, titled "*Public Health Service (PHS) Refutes Claims of Fluoride Ban in Europe*," discusses a *pro-fluoridation resolution* which was voted on in the World Health Organization in 1969. The article states, "Among the nations cited by anti-fluoridationists as those which have banned fluoridation, West Germany, France, Italy, the Netherlands, Norway, Sweden, Switzerland and Yugoslavia, actually supported the 1969 WHO resolution." What this 1978 *ADA News* article does *not* mention is that, subsequent to their 1969 vote supporting fluoridation, several of these countries *reversed* their stand, either by discontinuing fluoridation or by explicitly *refusing* to fluoridate in the first place.

For example, Sweden banned fluoridation in 1971 after 11 years of testing it; the Netherlands banned fluoridation in 1976 after 23 years of "experimentation" involving 9 million people; Norway rejected a Parliamentary bill to introduce fluoridation in 1975, and West Germany discontinued all fluoridation in 1971. Nor does the ADA article point out that, by the time it was written in 1978, the only one of the countries listed that still had any fluoridation whatever was Switzerland, which maintains a single "experimental station." This Swiss "experimental program," which serves 4% of the population, constitutes the *only* fluoridation in Switzerland from 1959 to the present. Finland also has one small "experimental program," which has been operating since 1959, "serving" about 1.5 % of the total population. In addition to all of the above, the countries of Holland, India, and Egypt permit no fluoridation of their populations.

In the United States, however, the U.S. Public Health Service, long a pawn of the industries producing toxic fluorides certified by the EPA as hazardous waste, prematurely endorsed fluoridation of public water supplies in 1950. Since that time the PHS has criminally promoted fluoridation throughout the United States, and actively

promotes water fluoridation worldwide. Using a twisted logic born out of a Nazi biomedical orientation, the PHS believes that, if other countries can be convinced, blackmailed or extorted into fluoridating their populations, it would help reduce the American public opposition to involuntary medication. This is, of course, consistent with PHS attempts to conceal the refusal of most European countries to fluoridate. How can the PHS ever dream of succeeding in their plans to intimidate other countries into compliance with the plans of global socialism to medicate the planet into compliance with a totalitarian planetary system of rule?

International Fluoride Politics, Intimidation and Bribery

The United States Public Health Service (USPHS), which historically has functioned in an Orwellian position exactly opposite to its title, exerts great influence on foreign countries *through the World Health Organization (WHO), which it heavily funds, as well as through its numerous grants (bribes) to foreign Health Ministries, as well as to medical and dental researchers in those countries.* For this reason, many European nations, desiring major research and healthcare grants from the United States, *and unwilling to fund their own research, avoid explicitly banning fluoridation and antagonizing the United States medical oligarchy.* Instead, such a country quietly refuses fluoridation for itself whenever the question comes up. This normal policy of European countries to *reject fluoridation without overtly declaring a ban on it* has been deceptively used, on its face, by the ADA.

For example, in the 1978 ADA article previously mentioned, the ADA refers to the "mistaken assumption by anti-fluoridationists that fluoridation has been banned in European countries." While the article is technically correct in denying that many European countries have *banned* fluoridation, *it fails to point out that most European countries can and do reject fluoridation without formally banning it, i.e., without expressly prohibiting it by law.* The fact of the matter is that Austria, Belgium, Denmark, France, West Germany, Greece, Holland, Italy, Luxemborg, Norway, Spain and Sweden do not fluoridate public water supplies.

Another very important fact *never brought out* by fluoridation spokesmen is that *even those countries that introduce or vote in favor of a pro-fluoridation resolution in the World Health Organization will usually not permit fluoridation for their own people.* In order to understand this apparent "paradox," it is necessary to point out the following important fact. Always included, *as part of the fluoridation resolution package, is the recommendation for WHO funding to assist member states in their cavity-prevention program* (which of course does not address the actual cause of dental caries, i.e., processed foods, etc.), *even if they decide not to fluoridate.* This means that a country could not gracefully accept such "assistance" *unless it votes for the resolution package.*

To cite another example of pressure techniques, it should be pointed out that WHO has long-assisted member nations in improving their water supply systems, independently of any considerations relative to involuntary medication of populations through the water supply itself. However, the 1975 WHO fluoridation resolution contained a reminder of the Water Supply Assistance Program (WSAP), *with the suggestion that water fluoridation be tied to this program.* A country receiving aid under WSAP, but not fluoridating, would at least feel obligated to vote for the pro-fluoridation resolution.

Further, such pro-fluoridation resolutions, which the WHO voted on in 1969, 1975 and 1978, *have always been "watered" down in an attempt to make them acceptable.* For instance, the resolutions never state that fluoridation should be *implemented*, but countries are subjected to a continuing plea for *consideration.*

In 1969, when the WHO first voted in favor of such a fluoridation resolution, fluoridation *promoters* hailed the vote as a "unanimous endorsement" of fluoridation.

In fact, the promoters *did not publicize the fact that the vote was taken when only about 60 of the 1,000 delegates were present* (shadows of the passage of the Federal Reserve Act in the United States). Out of the 60 members present, only 45 actually voted. Most of the member nations were, in fact, not represented at all. Neither did fluoridation proponents point out the *economic inducements* built into the resolution, for its weak non-committal wording.

The *ADA News* article, often referred to by proponents of mass fluoridation, infers that the European countries which reject fluoridation do so against the recommendations of their respective "health authorities", so that such rejections "cannot be interpreted as a confirmation that fluoridation poses health hazards." The reply to this inference should be prefaced with the remark that, in any case, the scientific community should indeed *not* have the right to *impose medication* on the public when no "danger of contagion" is involved. But, as it turns out, *an extensive examination of European medical and dental journals shows the great majority of the European scientific community is in fact opposed to fluoridation.*

Consider, for example, Sweden, which is one of the most medically advanced countries on the planet. Sweden banned fluoridation by Parliamentary vote in 1971. The fluoridation proponents erroneously claim that the Swedish scientific community opposed this ban. In an article written by two pro-fluoridationists in the *British Dental Journal* of July 18, 1972, the Swedish dental profession is attacked for not supporting fluoridation. The British government, who has a history of drugging populations in order to subjugate them, starting with the opium trafficking in the 17th century, have not lost their touch.

The key fact remains that *most medically advanced countries of Western Europe now have no fluoridation*; not because they have neglected to consider it, but because of their own previous experiences with it or as a result of detailed and objective studies of the scientific evidence of its hazards and biophysiological effect on both the human body and human behavior. In contrast to the United States, *which is almost 50% fluoridated*, less than 2% of the population of Western Europe is subject to involuntary medication through their water supplies.

The Goal of Global Socialism is Planetary Fluoridation by the Year 2000

According to the Centers for Disease Control and the United States Public Health Service, *the federal goal is to have universal fluoridation of public water supplies by the year 2000*. This goal was detailed in the CDC *Morbidity and Mortality Report* on May 29, 1992 and the *American Dental Association News* on January 3, 1994. It is an interesting parallel that the political agenda dictates establishment of a New World Order by 2002, moved up two years on analysis of political setbacks.

Political Suppression of Scientific Information on Fluorides in the United States by Medical Journals and Associations

In 1974 Sohan Manocha, now a lawyer, and Harold Warner, professor emeritus of biomedical engineering at Emory University Medical School in Atlanta, submitted a report summarizing a study of enzyme changes induced in monkeys by the consumption of water containing fluorine compounds for publication in the *AMA Archives of Environmental Health*. The editor passed the report around for review. It did not take long before he wrote a letter of rejection back to the authors. One of the peer reviewers had written a comment, " I would recommend that this paper not be accepted for publication at this time, because this is a sensitive subject and any publication in this areas is subject to interpretation by anti-fluoridation groups." After the rejection of their paper, Manocha and Warner were told by the director of their department, who had been warned by the National Institute of Dental Research that

the research "would harm the cause of fluoridation," *not to try to publish their findings in any other United States journal*. Eventually the authors were granted permission to publish in a foreign journal, as indicated in the footnote below.

In 1979, the *American Dental Association* issued a White Paper which includes the following statement, "*dentists nonparticipation in fluoride promotion is overt neglect of professional responsibility*." According to an ADA spokesperson, this is *still* the organization's policy. Dentists who have a grain of conscience are reprimanded by their respective state dental officer.

In 1980, a toxicologist Brian Dementi at the Virginia Department of Health, wrote a comprehensive report on "Fluoride and Drinking Water" that suggested possible health risks from fluoridation. The 36-page study has been *purged* from the department's library even though it is the only one the department has prepared on the subject. Spokemen apparently say the report was "thrown away because it was old", while maintaining that "the department will be preparing another report on the subject soon."

In 1982, John Colquhoun, former principle dental officer in the Department of Health in New Zealand was told after writing a report that showed *no benefit from fluoridation* in New Zealand, that the department refused him permission to publish it. He now teaches the history of education at the University of Auckland, and notes that "the editorial policy of scientific journals has generally been not to publish material which overtly opposes the *fluoridation paradigm*." According to Colquhoun, *scientific journals employ a referee system of peer review, and when the overwhelming majority of experts in an area from which the referees are selected are committed to the shared paradigm of fluoridation (or any other paradigm), the system lends itself to preservation and continuation of the traditional belief that fluoridation is safe and effective. This results in a "single-minded promotion (materialist reductionism), but poor-quality research, and an apparent inability to flexibly reassess in the presence of unexpected new data."* It is quite obvious that the same problem is apparent within the other paradigms (EMF effects, etc.) mentioned in *Matrix III*.

In 1984, after receiving a letter for publication on fluorides from Geoffrey E. Smith, a dental surgeon from Melbourne, Australia, the editor of the *New York State Dental Journal* replied, "Your paper was read here with interest, but it is not appropriate for publication at this time because the opposition to fluoridation has become virulent again."

After the WHO released its study on fluorines and fluorides in 1985, it immediately drew criticism from scientific circles. In a letter from Phillipe Grandjean, a professor of environmental medicine at Odense University in Denmark (see illustration page) to the U.S. Environmental Protection Agency on June 6, 1985, Grandjean wrote, "information which could cast any doubt on the advantage of fluoride supplements was left out by the Task Group. *Unless I had been present myself, I would have found it hard to believe.*"

The 1985 WHO report was not the only thing under fire. Criticism of reports on fluorides authored by the EPA were also under scrutiny. According to Robert J. Carton, an environmental scientist at the EPA, the scientific assessment of fluorides health risks written by the agency in 1985 "omits 90% of the literature on mutagenicity, most of which suggests fluoride is a mutagen."

Tucson Study Finds Fluoride Promotes Tooth Decay - 1992

Those promoting the concept of water fluoridation maintain that the presence of fluoride in the human diet, whether in public water supplies, food, beverages or from

other sources, assists in the prevention of dental caries (cavities). After conducting two years of research on the subject, contacting numerous organizations and pouring through mountains of scientific reports and documents, I could find no credible data supporting this conclusion. In fact, I found exactly the opposite was the case. It explains why the American Dental Association and the National Institute for Dental Research have always supported fluoridation of the population. Aside from the issues of cancer, mutagenicity, osteoporosis and behavior control, one of the results of fluoridation is that it actually *creates more cavities in order to support the dental profession*. Where's the proof?

According to Cornelius Steelink, professor emeritus at the Department of Chemistry at the University of Arizona, who was intimately involved in the debate to fluoridate the water of Tucson, when the incidence of tooth decay versus fluoride content in a child's drinking water was examined in Tucson, a city with discrete geographic areas of groundwater with both high fluoride content (0.8ppm) and low content (0.3ppm), *a positive correlation was revealed*. Dental screening was conducted of 26,000 elementary school children. When the incidence of tooth decay was plotted against the fluoride content of the water, it was discovered that *the more fluoride a child drank, the more cavities appeared in the teeth*.

The fluoride debate in Tucson started when the local county board of health, soon joined by state and federal "public health" organizations, requested that the city of Tucson add fluoride to the drinking water. The city referred the matter to the subcommittee chaired by Dr. Steelink. The subcommittee also discovered that a large population of poor children would get no benefit from optimum fluoride in the water, as the largest factors in tooth decay (besides processed foods and sugar) were lack of access to dental facilities, poverty and poor oral hygiene. In its final report, the subcommittee stated that "there was no obvious relation of fluoride content in municipal water to the prevention of tooth decay in Tucson" and "because there are multiple causes of tooth decay, a decision to fluoridate would still leave pockets of poor dental health." Furthermore, it was reported that "children, who lived in a fluoridated community, had 11 times the odds of developing fluorosis."

Studies of young males and fluoridated water have produced some interesting results. A February 1991 U.S. Public Health Service study linked fluoridated water to bone cancer in young males in Seattle, Washington and Iowa. A New Jersey Department of Health Study in November 1992 found bone cancer rates among young males to be six times higher in fluoridated than in non-fluoridated communities.

Important Sources of Fluoride to Avoid

(1) Dentists use fluoride treatments at levels of 5,000 ppm to 20,000 ppm, which is extremely hazardous. There are records of child deaths caused by dental fluoride treatments. Tell you dentist you will not tolerate the use of toxic fluorides on you or your children. Also request non-amalgam fillings, if fillings are indicated.

(2) Fluoride toothpastes contain from 1,000 ppm to 1,500 ppm fluoride. Buy toothpastes with low abrasion and no fluorides. Toothpastes containing fluoride are also packaged in aluminum tubes. Replace with non-fluoridated toothpastes.

(3) Fluoride mouth rinses sold in stores or administered in schools contain 500 ppm fluorides and can make children seriously ill. Schools will ask for your "consent", but you will not receive *informed consent*. You will not be told of the damage fluorides can do to your child. Refuse to sign permission slips for the fluoride mouth rinse programs. Help educate other parents about this issue.

(4) Fluoride tablets or drops prescribed for infants or children. Again, in 1993 the FDA admitted no studies existed which show that fluoride tablets or drops are safe.

(5) Ironically, the medical establishment recommends fluoride tablets for osteoporosis! These tablets contain 50 times more fluoride than children's tablets. It is an established scientific fact that *osteoporosis is one of the first signs of fluoride poisoning in humans and animals*. Fluoride treatment of osteoporosis causes predisposition to bone fractures, especially hip fractures.

(6) Processed foods often contain fluoridated water. This concern prompted infant formula manufacturers to remove fluorides from their products.

(7) Some bottled water contains fluorides. Use non-fluoridated *distilled* water.

(8) The use of fluoridated water in food preparation where the water is also consumed. Boiling fluoridated water in aluminum pans amplifies the toxic nature of the water. Get rid of all your aluminum cookware and utensils and buy stainless steel. Don't forget to replace the strainer used for pasta.

(9) Check whether or not your public water supply is fluoridated. If so, spread the word publicly on fluoride. Use purified or distilled water for all your drinking and cooking needs. When purchasing foods, take care to *avoid* beverages such as soft drinks, beers and wines, juice drinks and fruit juices from concentrate, etc., *that have been bottled in fluoridated areas*. If you must purchase fruit juices, get those that are 100% pure juice with no water added. A home distiller is perhaps the most reliable way to remove fluoride and other toxic chemicals from drinking water.

For Further Information Contact:

New York State Coalition Opposed to Fluoridation - P.O. Box 263, Old Bethpage, New York 11804. Telephone 516-378-7309, or representative Carol Kopfs at 516-796-5336. NYSCOF is a volunteer non-profit organization of individuals, professionals, lawmakers and organizations. NYSCOF is committed to eliminating the fluoridation of public drinking water, and have successfully assisted communities threatened with water fluoridation.

National Health Federation - 212 West Foothill Blvd., P.O. Box 688, Monrovia, California 91016. Telephone 818-357-2181.

Center for Health Action - P.O. Box 270, Springfield, Massachusetts 01108. Telephone 413-782-2115.

Safe Water Coalition Contra Costa Chapter - P.O. box 773, Orinda, California 94563. Telephone 415-254-2431.

Safe Water Coalition of Washington State - West 5615 Lyons Court, Spokane, Washington 99208. Telephone 509-328-6704.