

Water fluoridation chemicals are NOT safe, NOT effective, NOT ethical and a toxic waste product.

There is now overwhelming evidence to show that water fluoridation is unsafe, ineffective and unethical. Following is a summary of this evidence.

1. Water fluoridation is NOT safe

More than 2,000 studies and reviews have reported adverse effects of fluoride on almost every organ and tissue in the human body. The influence of fluoridation chemicals on our physiology is pervasive, evidently disrupting many biological processes.

There are more than 2,000 published, peer-reviewed studies and reviews showing fluoridation chemicals can damage the developing brain, bones/joints, teeth, eyes, kidneys, thyroid gland and pineal gland, cardiovascular system; inhibit enzymes and cell proteins and contribute to iodine deficiency. All of these studies are available on this [Study Tracker](#).

These include:

- 455 studies on the skeletal system, including 75 studies on arthritis;
- 294 studies on the mechanisms by which fluoride damages cells, including 155 on oxidative stress;
- 237 studies on the brain, including 95 studies on cognitive function;
- 182 studies on the kidneys, including 64 studies on the heightened risks faced by kidney patients.

On neurodevelopmental toxicity alone there are 58 separate water fluoridation studies, providing compelling evidence that fluoride exposure during the early years of life damages a child's developing brain. Twelve of these studies are reviewed [here](#), including six rigorous Mother-Offspring studies showing the relationship between maternal fluoride ingestion and subsequent lowered IQ in their children. Four of these studies were funded by the US NIEHS (Bashash, 2017, 2018; Green, 2019 and Till, 2020) and found damage to the brain in children exposed to fluoride (either at the fetal or infant stages of life) in fluoridated communities at 0.7ppm or at doses at or less than used for fluoridation in Australia.

Amongst the numerous studies showing fluoride's damage to our skeletal system, we review a [recent study](#), showing that post-menopausal women consuming fluoridated water at 1mg/L were 50 per cent more likely to experience hip fractures.

There are several major studies showing how fluoridation chemicals affect the endocrine system and especially damage the thyroid gland. We review three major studies [here](#).

For a summary of the major harms caused by fluoride, also see [this article](#).

We also highlight 39 recent studies [here](#).

Promoters of fluoridation are only able to deny this evidence by focussing on epidemiological studies – the weakest form of evidence – while inadequately considering or unjustifiably dismissing actual fluoride toxicity studies, such as those referenced in this document.

2. Water fluoridation is NOT effective

The early fluoride studies on which fluoridation is based are dubious to say the least, with many errors since exposed. More recent fluoridation studies are also notoriously lacking in quality and rigour, as is discussed below. Even the large-scale fluoridation studies have shown little or no difference in tooth decay rates between fluoridated and non-fluoridated areas.

The following material is divided into two areas; i) studies and other evidence refuting the original fluoridation studies conducted between 1942 and 1955; and ii) subsequent studies showing water fluoridation is not effective.

i) Studies and other evidence refuting the original fluoridation studies

The early studies, on which fluoridation is based, are the well-known two-part, 21-city “Dean study”, (conducted by H. Trendley Dean, Francis Arnold and Elias Elvove in 1942), and other early trials that collectively form a longitudinal study conducted between 1945 and 1955 in the US, Canada and a little later in New Zealand.

- Even most fluoride advocates are not aware that Dean’s data has been shown several times to be erroneous. In conducting his study, Dean had access to far more comprehensive data – in fact, the primary dental records from 272 cities or regions from 26 separate states of America – and yet he only chose to publish data from 21 cities in four states. This is a remarkable oversight. In 1960, when testifying in several court hearings, Dean himself admitted that his data was not valid, acknowledging that some of the cities did not meet the study’s criterion and therefore were not selected.
- **F.B.Exner, “Analytical Commentary on the 1960 Testimony of D. H. Trendley Dean in the Suit to Enjoin Fluoridation of Chicago’s Water, Part II,” in Fluoridation: Its Moral and Public Aspect; A New and Comprehensive Study (New York), The Greater New York Committee Opposed to Fluoridation (undated).**
- In 1954, nine years into the Newburgh-Kingston trial in the US State of New York, John Frost, Managing Director of the New York State Education Department, reported that in unfluoridated Kingston, only 41.6% of participants had dental decay, compared to 62% in fluoridated Newburgh.
- **Letter from John Frost, MD, NY State Education Dept, to DR James Kerwin of the New Jersey Department of Health, October 26, 1954.** (also see 1998 Newburgh-Kingston study below)
- In 1959, several studies were published examining the secondary trials conducted between 1945 and 1955 in US, Canada and New Zealand. These researchers thoroughly investigated these trials and found many weaknesses in methodologies, including a very obvious lack of control of both the participating communities and confounding factors.
- **De Stefano, TM, “The fluoridation research studies and the general practitioner,” Bulletin of Hudson County Dental Society, Feb 1959.**
- **Sutton, PRN, “Fluoridation: errors and omissions in experimental trials,” 1st Edition, Australia: Melbourne University Press, 1959.**
- **Sutton, PRN, “Fluoridation: errors and omissions in experimental trials,” 2nd Edition, Australia: Melbourne University Press, 1959.**
- In 1980, when reviewing these early trials, Dr Hubert Arnold, a statistician from the University of California, summed it up well:
“The announced opinions and published papers favoring mechanical fluoridation of public drinking water are especially rich in fallacies, improper design, invalid use of statistical methods, omissions of contrary data, and just plain muddleheadedness and hebetude. Many of the blunders were so glaring that I gave them to my beginning freshman classes in statistics at the very first meeting. The students see through them straightway, and are afforded great amusement. Uproarious laughter frequently ensues. No special statistical equipment is necessary to detect those peccancies. Of course the class and the Group soon tired of those infantilities, and sought and found greater challenge.”
- **Letter from Hubert A Arnold, PhD, University of California (Davis) to Dr. Ernest Newbrun, Medical Sciences Building 653, San Francisco, California, May 28 1980; available [here](#).**

- 1981, Rudolf Ziegelbecker, an Austrian statistician, demonstrated that the original “21-city Dean Study” (1942) was erroneous. He conducted a far more comprehensive and robust study, examining all the data he could find from the United States and Europe and comparing the rates of tooth decay against residents of areas with natural fluoride levels in the water. He found no correlation at all between fluoride levels and reduced dental decay (caries). The only correlation he did find was the direct link between fluoride and the damage it causes to teeth in the form of dental fluorosis – as the fluoride level increases, so did the rate of fluorosis.
 - Ziegelbecker, R., “A critical review on the fluorine caries problem,” *Fluoride* 3, no.2, 1970
 - Ziegelbecker, R., “Fluoridated water and teeth,” *Fluoride* 14, no.3. 1981.
- In 1986, the Hastings-Napier trial that began in 1954 and was used to promote fluoridation in New Zealand, was found to be fraudulent. A significant change in methodology during the trial was used to portray much lower decay rates in fluoridated Hastings and this change was not acknowledged by the authors when the results were published.
 - J Colquhoun and R Mann, “The Hastings Fluoridation Experiment: Science or Swindle?” *The Ecologist* 16, no.6 (1986): 243-48;
 - Colquhoun J. “Education and Fluoridation in New Zealand: An Historical Study,” Ph. D. diss. , University of Auckland, New Zealand, 1987.
- In 1996, Dr Philip Sutton, an Australian Doctor of Dental Science and senior research fellow in the Department of Oral Medicine and Surgery at the Dental School of the University of Melbourne, published two books heavily criticising and again exposing the extremely poor methodology used in the early trials. The last of these was titled “The greatest fraud: fluoridation.” His critiques have never been successfully refuted by fluoride proponents.
 - Sutton, PRN, “The greatest fraud: fluoridation,” Lorne, Australia: A Factual Book, Kurunda Pty Ltd, 1996.
- In 1998, two separate papers forming a study again examined the effect of water fluoridation on dental decay and dental fluorosis between Kingston and Newburgh in New York. This was particularly relevant given the control community of Kingston has never been fluoridated, allowing researchers to continue the comparison of the two communities. This study soundly revealed that tooth decay in unfluoridated Kingston was less than tooth decay in fluoridated Newburgh.
 - JV Kumar et al; “Changes in Dental Fluorosis and Dental Caries in Newburgh and Kingston, New York.” *American Journal of Public Health* 88, no.12 (1998): 1866-70.
 - JV Kumar and EL Green, “Recommendations for Fluoride Use in Children. A Review.”

ii) Subsequent studies showing fluoridation is not effective

- During the 1980s and early 1990s, John Colquhoun, the former Chief Dental Officer for Auckland, New Zealand, compared the trends in tooth decay rates before, during, and after the introduction of both water fluoridation and fluoride toothpaste in New Zealand. Among 5-year-old children he found there was no measurable effect on the nation’s downward trend in tooth decay. In fact he found that decay rates were slightly less in non-fluoridated areas.
 - Colquhoun J. “New Evidence on Fluoridation,” *Social Science & Medicine* 19, no. 11, 1984;
 - Colquhoun J. “Influence of Social Class and Fluoridation on Child Dental Health,” *Community Dentistry and Oral Epidemiology* 13, no. 1. 1985;
 - Colquhoun J. “Child Dental Health Differences in New Zealand,” *Community Health Studies* 11, no. 2, 1987;
 - Colquhoun J. “Flawed Foundation: A Re-examination of the Scientific Basis for a Dental Benefit from Fluoridation,” *Community Health Studies* 14, no. 3. 1990;
 - Colquhoun J. “Possible Explanations for Decline in Tooth Decay in New Zealand,” *Community Dentistry and Oral Epidemiology* 20, no. 3. 1992;
 - Colquhoun J. “Dental Caries Among Children in NZ,” *Comm. Dentistry and Oral Epidemiology* 23, no. 6/95.
- In 1986, Australian scientist Mark Diesendorf conducted a study comparing trends in tooth decay in fluoridated and unfluoridated countries across decades. This study was published in *Nature* journal in July 1986 where Diesendorf concluded: “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 M 1986, “The mystery of declining tooth decay.” *Nature* 322:125-129.

- In 1986-87 the US National Institute of Dental Research (NIDR) conducted the largest national health study in the country, examining over 39,000 children in 84 areas of the US. This study found that children who had lived their whole life in fluoridated areas did not have less tooth decay (measured by DMFT – decayed, missing or filled whole *teeth*) than children who had lived in non-fluoridated areas.

- Yiamouyiannis, JA, “Water fluoridation and tooth decay: results from the 1986-87 National Survey of US school children,” *Fluoride* 23, no.2, 1990.
- In 1989, Hildebolt et al published their study involving dental decay data from 6,584 school children in Missouri. They found “there were no significant differences between those children drinking optimally (sic) fluoridated water and those drinking sub-optimally fluoridated water.”

- Hildebolt CF, et al, “Caries prevalences among geochemical regions of Missouri.” *American Journal of Physical Anthropology*, 1989.
- In 1990, another subsequent study was published using the same NIDR database as used by Yiamouyiannis, apparently intended to counter the initial finding. It reported that when a more precise measurement of decay - DMFS signifying decayed, missing or filled tooth *surfaces* - was used, a small benefit from fluoridation was shown – much less than one cavity per child. In the study’s abstract, the authors claimed an average 18 per cent reduction (based on a relative percentage decline) in tooth decay in five to seventeen year olds, however the average difference was actually 0.6 of one tooth surface (amongst more than 100 tooth surfaces) – i.e. an absolute difference of 0.6 per cent or slightly more than half of one per cent.

- Brunelle, JA and Carlos JP, “Recent trends in dental caries in US children and the effect of water fluoridation,” *Journal of dental research* 69, 1990.
- In 1990, Mark Diesendorf published his paper titled “Have the benefits of water fluoridation been overestimated?”, highlighting the ineffectiveness of fluoridation, as demonstrated in various studies.

- Diesendorf M. “Have the benefits of water fluoridation been overestimated?” *International Clinical Nutrition Review* 10(2): 292-303, 1990.
- In 1993, Zeigelbecker and his son conducted a subsequent study including dental data from the World Health Organisation in several individual countries and again found no correlation between tooth decay and naturally occurring levels of fluoride in drinking water.

- Ziegelbecker, R and Ziegelbecker RC, “WHO data on dental caries and natural fluoride levels,” *Fluoride*, no 4 (1993).
- In 1994, Professor Steelink obtained dental records of all 26,000 school children in Tucson, Arizona, along with information on the fluoride content of Tucson water. He found a distinct correlation: “When we plotted the incidence of tooth decay versus fluoride content in a child’s neighbourhood drinking water, a positive correlation was revealed. In other words, the more fluoride a child drank, the more cavities appeared in the teeth.”

- Jones T, Steelink C, Sierka J. “Analysis of the causes of tooth decay in children in Tucson, Arizona.” Paper presented at Annual Meeting of the American Association for the Advancement of Science, San Francisco, USA, February 1994. Abstract in *Fluoride* 27 (4) 238, 1994.
- In 1994, Professor Teotia and his team published the results of a comprehensive, long-term, epidemiological study, which involved examining the teeth of 400,000 children in both fluoridated and non-fluoridated areas of India over a period of 30 years. They found that tooth decay increases as fluoride intake increases and stated that tooth decay results from a deficiency of calcium and an excess of fluoride.

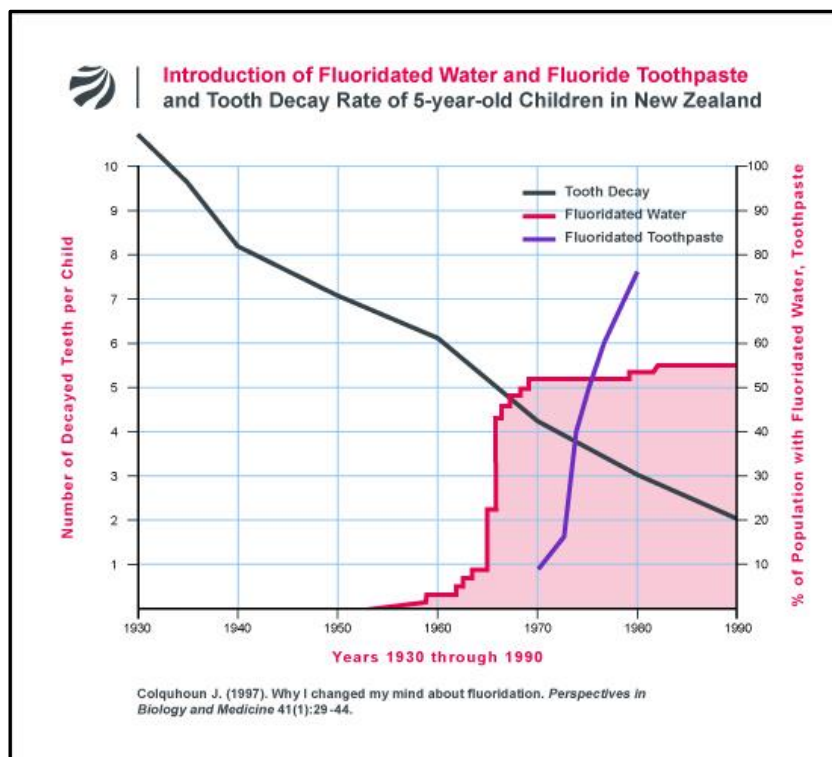
- Teotia SPS, et al, “Dental caries: A disorder of high fluoride and low dietary calcium interactions (30 years of personal research).” *Fluoride* 27(2):59-66 · January 1994.
- In 1996, a large Australian study conducted by Spencer, Slade and Davies claimed in their abstract that the results support water fluoridation. In fact the study found an average difference in tooth decay in permanent teeth (DMFS) between children who lived their whole life in fluoridated versus non-fluoridated communities of between 0.12 and 0.3 tooth surfaces per child. Amongst 128 tooth surfaces, that’s an absolute saving of 0.09 to 0.23 per cent, i.e. a small fraction of one percent.

- Spencer, AJ, Slade GD, Davies, M. “Water Fluoridation in Australia,” *Community Dental Health* 13, suppl.2, 1994.
- In 1996, Spencer, Slade and Davies also conducted another study, claiming 65 per cent less tooth decay in fluoridated Townsville, also with a tiny absolute difference of 0.17 of one tooth surface. More details [here](#).

- Spencer (1996) "Caries experience among children in fluoridated Townsville and unfluoridated Brisbane" (Aust N Z J Public Health 1996;20;623-9). Slade GD1, Spencer AJ, Davies MJ, Stewart JF.

- In 1997 John Colquhoun again demonstrated that decay rates were coming down before fluoridation was introduced in Australia and New Zealand and have continued to decline even after its benefits would have been maximized. As the chart below from his paper shows, other factors, including the introduction of toothpaste, are more probably responsible for the decline of tooth decay.

- Colquhoun J. "Why I changed my mind about fluoridation." *Perspectives in Biology & Medicine*. 1997

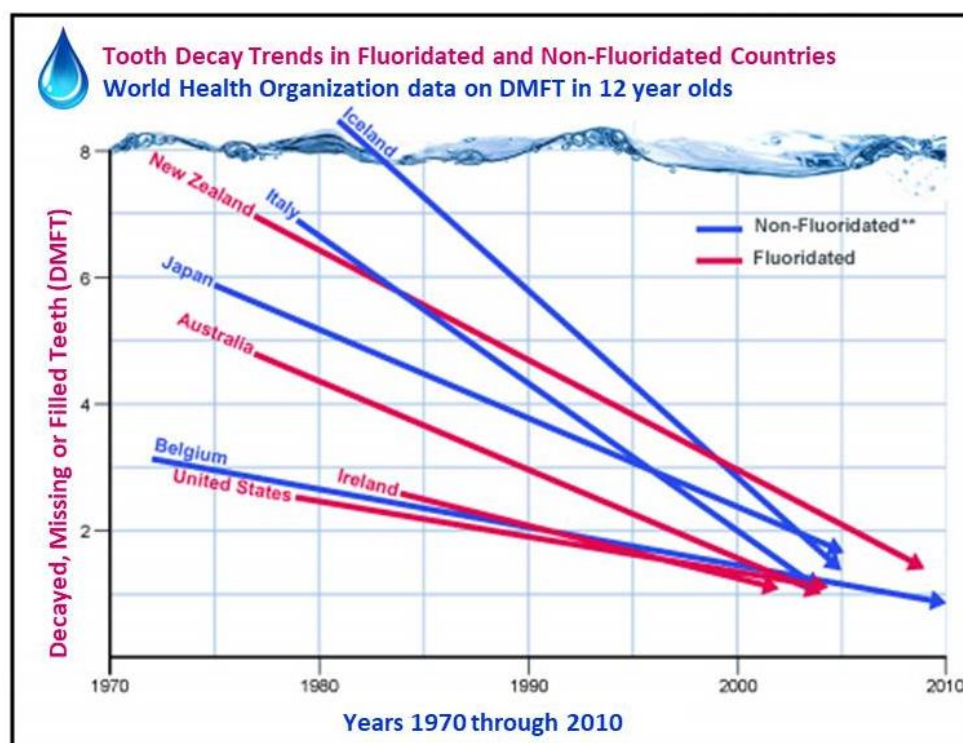


- In 1999, Dr David Locker BDS, PhD, of the University of Toronto and Howard Cohen BA, MA, PhD, co-authored an article on the science and ethics of fluoridation and concluded; "Canadian studies of fluoridated and nonfluoridated communities provide little systemic evidence regarding the benefits to children of water fluoridation. Ethically, it cannot be argued that past benefits, by themselves, justify continuing the practice of fluoridation."
 - Cohen, H and Locker, D "The Science and Ethics of Water Fluoridation," *Journal of the Canadian Dental Association*, 2002.
- In 2004, Australian pro-fluoridationists, Jason Armfield and John Spencer from the University of Adelaide, studied dental health records of 13,000 children in South Australia, comparing children aged 10 to 15 years who had always drunk fluoridated water for all their lives against children who had never drunk fluoridated water. Their paper reported "no significant difference" in decay of permanent teeth, but subsequently they publicly denied their own result.
 - Armfield JM and Spencer AJ; "Consumption of Nonpublic Water: Implications for Children's Caries Experience," *Community Dentistry and Oral Epidemiology* 32, no. 4, 2004.
- In 2009, the results of the multi-million-dollar, long-term *Iowa Fluoride Study*, funded by the US National Institute of Health, were published. This study, which monitored 600 Iowa children from birth to adolescence over a 12-year period, found no significant difference in tooth decay rates between fluoridated and unfluoridated groups. However, the study did find yet again that fluoride intake was significantly associated with dental fluorosis, involving actual damage to teeth.
 - Warren JJ, Levy SM, Broffitt B, et al, "Considerations on Optimal Fluoride Intake Using Dental Fluorosis and Dental Caries Outcomes— A Longitudinal Study," *Journal of Public Health Dentistry* 69, no. 2, 2009.
- In 2011, a team of scientists from the Saarland University in Germany found that the fluorapatite layer supposedly formed by fluoridated water is only six nanometers thick. It would take almost 10,000 layers like this to span the width of a human hair. That's at least 10 times thinner than previous studies indicated.

The scientists questioned whether a layer so thin, which is quickly worn away just by ordinary chewing, can in fact protect our teeth from decay.

- Müller F, et al, "Elemental Depth Profiling of Fluoridated Hydroxyapatite: Saving Your Dentition by the Skin of Your Teeth?" *Langmuir*, Langmuir2010262418750-18759; November 2010.

- In 2013, Alexis Zander from the University of NSW published the results of a relatively small study; relevant however due to its focus on rural Australian towns or communities where decay rates are normally reported as higher, more severe and generally less treated than those in our cities. This cross-sectional survey measured the oral health of 434 children aged 3 to 12 years in three small rural or regional areas. The study found that socioeconomic status, tooth-brushing and Aboriginal status were significantly associated with tooth decay, and that gender, water fluoridation and parental education were not.
- Zander A, et al, "Risk factors for dental caries in small rural and regional Australian communities." *Rural Remote Health*. 2013; 13(3):2492. Epub 2013 Aug 13.
- In 2014, perhaps the most significant large-scale study was published by the WHO Global Oral Health Program, using statistics measuring decayed, missing and filled permanent teeth (DMFT) amongst 12 year olds from more than 150 industrialised western countries between 1960 and 2014. This study clearly showed that fluoride treatments (including water and salt fluoridation) do not reduce dental caries and that the substantial decline in tooth decay over the last 70 years has occurred just as precipitously in fluoridated and non-fluoridated countries. This study also shows that several countries without water fluoridation and without fluoridated salt are actually performing better than Australia where around 90 per cent of our population receives fluoridated water.
- World Health Organisation (WHO) Oral Health Country/Area Profile Programme (CAPP); Collaborating Centre for Education, Training and Research in oral Health; Malmo University, Sweden; June 2012.



Tooth decay comparison of fluoridated and non-fluoridated countries – WHO data on DMFT (Decayed, Missing and Filled Teeth) for 12 year olds, involving no water or salt fluoridation. The graph shows just a sample of the hundreds of countries surveyed, to illustrate the difference between countries with artificial water fluoridation and those with no water or salt fluoridation.

- In 2015, the Cochrane Collaboration, acknowledged internationally as the gold standard in the review of health science, published the results of a substantial meta-analysis, involving the review of all water fluoridation studies conducted between 1951 and 2015. The authors of this comprehensive review concluded:
 - There is a lack of evidence that water fluoridation reduces caries in adults;
 - There is a lack of evidence that water fluoridation reduces inequalities among children from different socio-economic groups;

- There is a lack of evidence showing the incidence of caries increases when water fluoridation ceases;
- Any possible reduction in caries in children is based predominantly on old studies that may not be applicable today;
- The majority of studies were conducted prior to 1975 and the widespread introduction of the use of fluoride toothpaste; and
- Nearly all of the studies were deemed [poor quality](#) with a high risk of bias;

It is also worth noting that NOT ONE single published Australian fluoride efficacy study met even the [relaxed](#) inclusion criteria for this extensive review.

- [Iheozor-Ejiofor, et al, "Water fluoridation to prevent tooth decay," Cochrane Library 2015.](#)

- Other large-scale studies conducted in Australia, Britain, Canada, Sri Lanka, Greece, Malta, Spain, Hungary, and India have revealed a similar theme – either no correlation between water fluoride and tooth decay, or a positive correlation, in other words more fluoride, more decay and more dental fluorosis. And where fluoridation has been discontinued in communities, from Canada, Germany, Cuba and Finland, for example, the rate of tooth decay has not increased, instead it has continued to decline.
- The US National Research Council also reported that saliva/fluoride levels in individuals consuming 1mg/L fluoridated water is only 0.016mg/L which is 75,000 times less concentrated than fluoride contained in toothpaste and therefore drinking fluoridated water will be ineffective in affecting teeth topically, by direct contact.

There is a plethora of evidence clearly showing that water fluoridation is absolutely not effective. Nevertheless, Australia's National Health and Medical Research Council (NHMRC) and our federal and state health departments continue to ignore the published science to defend their historical position, held since 1953, and promote fluoride as being safe and effective at protecting us against tooth decay.

A more detailed article on the lack of effectiveness of fluoridation is available [here](#).

3. Water fluoridation is NOT ethical

If a therapeutic substance added to our drinking water is demonstrably not safe and not effective for its purpose, then it is absolutely not an ethical health intervention, even before considering other aspects of medical ethics.

As we state in [this article](#), "The arrogance surrounding the ethical considerations of mandatory water fluoridation in Australia is staggering and the tactics used to defend and promote the process of adding toxic fluoridation chemicals to our drinking water are also far from ethical."

In addition to its lack of safety and lack of effectiveness, water fluoridation is a violation of ethics for the following reasons:

1. Fluoridation deprives the individual of their basic right to informed consent. Fluoridation allows government bodies to impose on the public what an individual doctor is prohibited from doing to any individual. The section on **community consultation** as recommended within the Australian Drinking Water Guidelines, is available [here](#).
2. Fluoridation provides an uncontrolled dose, depending on the volume of water consumed and the individual's body weight. People who drink large quantities of water such as bottle-fed infants, outdoor workers, athletes and diabetics are particularly at risk;
3. Fluoridation disregards an individual's personal circumstances. Medical science understands well that individuals respond very differently to the same dose of a given medication. In fact the dose of a medication that is safe for one individual may be toxic for another and this applies very much to fluoride;
4. Fluoridation does not involve a medical expert's ongoing monitoring, unlike other medications. There is also no program or system in Australia or other fluoridating countries to track the level of fluoride ingested and building up in people's tissues or bones, or to monitor for side effects. Despite the

overwhelming evidence of harm and despite fluoridation being forced on the nation, and despite recommendations from its own reviews, Australia's NHMRC admits it has never funded a single study into the potential adverse health effects of fluoridation chemicals on human health;

5. Fluoridation effectively robs people of their choice. It is unacceptable that many individuals who, having informed authorities they do not consent, are still subjected to the medical treatment of fluoridation regardless;
6. Fluoridation has never been proven safe. A Randomised Controlled Trial for water fluoridation has never been conducted and fluoride has never been approved by the US FDA or tested by Australia's TGA. In fact the TGA has excluded fluoridation chemicals as a therapeutic good to be regulated, despite this highly-controversial substance being added to the drinking water of entire communities for therapeutic purposes. Many studies, including the prestigious US National Research Council's comprehensive 2006 review "Fluoride in Drinking Water" clearly show that long-term, low-level consumption of fluoridation chemicals damages various aspects of human physiology;
7. Fluoridation is arrogant, ignorant and disrespectful. Fluoridation promoters argue that "fluoridation ensures that fluoride gets to those that need it most". This is wrong on two counts: firstly no one "needs" to ingest fluoride (it has no place in normal human physiology), and secondly, many people they claim "need it most" are actually the people who are most likely to suffer from its toxic effects due to poor nutrition or some other bodily dysfunction.

4. Water fluoridation chemicals are a toxic waste

The fluoride chemicals added to drinking water in Australia (and in less than 5 per cent of the world's population) are: hexafluorosilicic acid (or hydrofluorosilicic acid), sodium fluorosilicate, and infrequently sodium fluoride. Unlike the fluoride compounds found in toothpaste or supplements, fluoridation chemicals are not pharmaceutical grade quality. Instead, they are highly-toxic, hazardous, unpurified industrial waste products that are collected in the air pollution control systems of certain industries, especially the agricultural fertiliser industry.

In Australia, most of the hexafluorosilicic acid used for NSW, Victoria, Tasmania and South Australia comes from the Incitec phosphate fertiliser factory based in Geelong. Nearly all of the hexafluorosilicic acid used in Western Australia comes from the CSBP phosphate fertiliser factory based in Kwinana. Queensland imports powdered sodium fluorosilicate from China, where fluoridation chemicals are banned for addition to drinking water.

These chemicals are often contaminated with lead, mercury, cadmium, chromium, arsenic and sometimes uranium. They are classified as a Schedule 6 or 7 Poison and therefore require special safety equipment to handle and store.

Without any purification or processing, the raw hydrofluorosilicic acid is trucked directly from fertiliser factories to various water dosing plants around Australia and added directly to our drinking water.

For more information, please refer to the following:

[FFA: The source of fluoride - find out what you're really drinking](#)

[FAN: Fluoridation chemicals](#)

[Wikipedia: hexafluorosilicic acid](#)

[National Library of Medicine: hexafluorosilicic acid](#)

[Hydrofluorosilicic Acid Spill & Clean-up in Rock Island Illinois, 24 March 2011.](#)

Water fluoridation continues for two reasons: to protect an entrenched policy and to preserve the reputation of those who have historically supported fluoridation. For the health and well-being of our nation, the myths surrounding water fluoridation must be exposed and this malpractice ended.

For more information on why fluoridation is NOT safe, NOT effective and NOT ethical, please visit fluoridefreeaustralia.org