

A paralysis in public health policy: water fluoridation

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Main Findings:

In Queensland, parliamentary support for water fluoridation is conditional on community approval. Political ambivalence and the constraints of the *Fluoridation of Public Water Supplies Act (1963) Qld* have hindered the advocacy of water fluoridation. The political circumstance surrounding the *Lord Mayor's Taskforce on Fluoridation Report (1997)* influenced its findings and confirms that Australia's biggest local authority, the Brisbane City Council, failed to authoritatively analyse water fluoridation. In 2004, a private member's bill to mandate fluoridation failed in a spectacular fashion. In 2005, an official systems review of Queensland Health recommended public debate about water fluoridation.

Principal Conclusion:

Without mandatory legislation, widespread implementation of water fluoridation in Queensland is most unlikely.

Introduction:

Within the last decade, several political developments have focused on Queensland's low adoption of adjusted water fluoridation. As a consequence, Queensland Health (QH), the Australian Dental Association Queensland Branch (ADAQ) and other professional bodies have highlighted the contradiction between the Government's high expenditures on public dentistry and Queenslanders' comparatively lower standard of oral health. This paper explains how Queensland's campaigns to promote water fluoridation meet a mix of legislative and administrative obstacles, which allows continuous procrastination between the State Government and local authorities.

Materials and Methods:

This review used traditional historical methods involving literature from ADAQ archives, journals, major provincial newspapers, parliamentary proceedings and official Queensland reports.

The QH Review:

Formal concerns about the standards of surgical competence at the Bundaberg Base Hospital surfaced in the Queensland Parliament in early 2005. Matters rapidly came to a head when patient complaints and media reports alleged malpractice within Queensland's public hospital system. Queensland Premier (1998 -) the Right Honourable Peter Beattie, (ALP, MLA, Brisbane Central, 1989 -) responded with an outsourced systematic review and a commission of inquiry: the *Queensland Health Systems Review* and the *Queensland Public Hospitals Commission of Inquiry*. Both had terms of reference to investigate the delivery of public health care within the health department, known as Queensland Health (QH).

In the *Queensland Health Systems Review*, hereafter referred to as the *QH Review*, consultant Peter Forster (2005) includes issues relating to oral health. He concludes: "Queenslanders have the lowest standard of oral health in Australia"(1). Citing QH's inability to adequately service public dental demand and conceding that water fluoridation was outside his terms of reference, Forster recommends "informed public debate about widespread fluoridation of Queensland's water supply"(1). While Queensland's fluoride advocates embraced the opportunity for debate, prior negative experiences carried consequences for Forster's aforementioned recommendation. These require description but first, attention should be given to some background explanation.

QH's Predicament:

QH's Oral Health Unit faces a complex predicament. Its size and the demands for its services pushed QH's 2003-2004 oral health budget to \$132 million(2). The National Advisory Committee on Oral Health (2004) provides 2001-2002 public dental expenditures and staffing figures. Queensland tops the nation in terms of expenditure and staffing levels of dentists and dental assistants(3). The Australian Institute of Health and Welfare concurs by showing that 31 percent of all 2002-2003 dental expenditure in Queensland is from government sources(4). The Australian average is 17%. Successive Queensland Governments have established and maintained the largest public dental service in Australia under circumstances where the Federal Treasurer (1996-), Honourable Peter Costello (Liberal, MHR, Higgins, 1990 -) has no intention of reinstating federal dental subsidy via the Commonwealth Dental Health Plan, which ceased in 1997(5). Queensland is the only state to fully replace this annual \$20,000,000 shortfall in federal assistance(6). The gravity of the situation is obvious. Foley (2005) cites more than 140,000 cardholders on QH's dental waiting lists(7). Short (2004) reveals annual figures of 2000 infants undergoing general anaesthetic for dental procedures(8). Other problems aggravate QH's plight. Beattie (2005) highlights the impact on QH of a daily population rise of 200 people(9) and his Health Minister (2005 -) Honourable Stephen Robertson (ALP, MLA, Sunnybank, 1992 -) concedes that QH is struggling to attract and keep dental graduates(5). These issues manifest themselves as lengthy waiting lists, which are an enduring and politically sensitive issue that regularly appears in the media(10-12). Parliamentary debates and media reports show that Queensland politicians highlight gross dental expenditure, occasions of service and length of waiting lists as quantification of QH's dental success(6). Such oratory avoids more complex issues like inability to access care, quality of service and standard of dental health in Queensland.

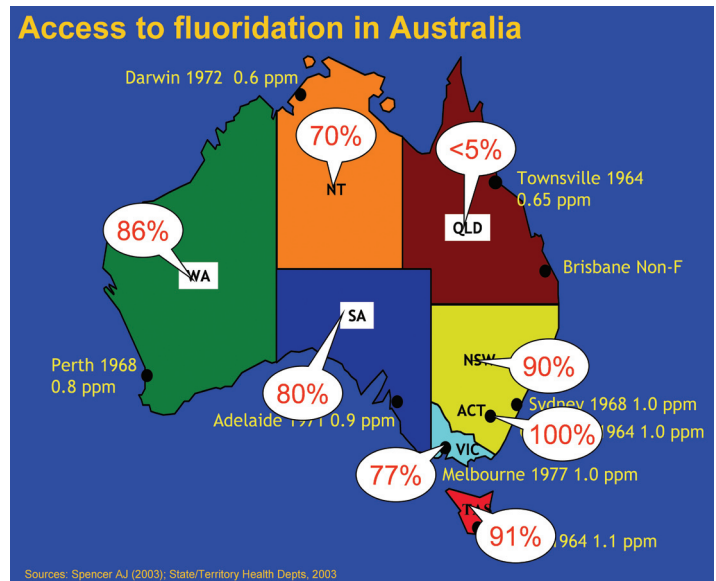
In spite of a Brisbane City Council's (BCC) *Lord Mayor's Taskforce on Fluoridation Final Report (1997)*, hereafter referred to as the *BCC Report*, contrary finding for Brisbane's 12-year-olds, considerable evidence confirms that Queenslanders have a lower standard of dental health when compared to other Australians(13). The *National Oral*

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Health Survey 1987-1988 concludes, “dental caries of the primary dentition was...highest in Queensland”(14). QH’s submission to the *Lord Mayor’s Taskforce on Fluoridation* cites Queensland’s 10 to 14-year-olds as “equal worst” in an Australian “tooth decay” comparison(15). Moreover, the *Child Dental Health Survey Australia 1996* reports that Queensland, when compared to other states, has the highest level of caries experience for deciduous teeth and the lowest percentage of 5 to 12-year-olds with no caries experience(16). QH (2005) reports a lag in the decline in fall in mean DMFT when Queensland 12-year-olds are compared with their Australian equivalent from 1990 and 2000(17). Moreover, a major newspaper editorial(18), ADAQ Presidents Anning(19), Foley(20) and McCray(21), QH(17) and Beattie(22) accept Forster’s assessment of Queenslanders’ comparatively lower standard of oral health. Dental surgeon and parliamentarian John Langbroek (Liberal, MLA, Surfers Paradise, 2004 -) perceives the conundrum. **Queensland pays “top dollar for Queensland children to have the worst teeth in Australia while a cost-effective form of prevention worth millions of dollars in oral health savings goes begging”**(6). Although not specified in his review, Forster presumably recognises some of these aforementioned problems by commenting that QH “is unlikely to remain in the situation where it can continue to fund free public dental health services to Queenslanders without increasing waiting times to the point where dental care is so neglected that lifetime damage is the consequence”(1). This literature shows that QH’s Oral Health Unit faces problems with recruitment, employee morale, escalating costs, patient access, limited federal assistance and optimal treatment of dental caries. However, Forster’s call for debate on water fluoridation has to be viewed within the context of Queensland experiences over the prior decade: most notably circumstances surrounding the *BCC Report* in 1997 and the rejection of Langbroek’s private members’ bill to amend the *Fluoridation of Public Water Supplies Act (1963) Qld*, hereafter called the *Qld Act*, in 2004.

The 1997 Brisbane City Council Lord Mayoral Election:

During the campaign for the 1997 BCC election, a mayoral candidate announced a policy to fluoridate Brisbane’s water supply. The incumbent mayor responded by announcing a *Lord Mayor’s Taskforce on Fluoridation* to investigate this unexpected proposal. Before analysing the findings of the *Lord Mayor’s Taskforce*, some observations are in order. Within the Australian municipal landscape, the *City of Brisbane Act (1923-1924) Qld* makes the BCC the dominant local authority in terms of size, diversity of legislative responsibility, budget and human resources. More than any other local authority in Australia, the BCC has the capability to authoritatively investigate fluoridation. Furthermore, Brisbane Water also supplies reticulated water to the Ipswich, Logan, Pine Rivers and Redcliffe councils or shires. A favourable decision could fluoridate most of Queensland’s southeast corner and have a potential domino effect across other Queensland shires and councils. The *BCC Report* was Queensland’s first public investigation



into fluoridation and became distinctive in its failure to endorse fluoridation as a communal health measure for Brisbane(13). Given the broad, scientific endorsement of fluoridation, its widespread Australian adoption and Forster’s recommendation for communal debate, the *BCC Report* is worthy of re-examination. Attention will now be diverted to the political milieu surrounding both the *Lord Mayor’s Taskforce* and the *BCC Report*.

Lord Mayoral Candidate B Mills:

On January 27 1997, the Liberal Party (LP) Lord Mayoral candidate for the March 15 Brisbane City Council (BCC) election, Cr Bob (R) Mills announced his first major policy, a proposal to fluoridate Brisbane’s municipal water supply(23). It carried a *caveat* that filters would be supplied to “residents opposed to fluoride.” Although Mills had voted against fluoridation seven years earlier, his recapitulation was due to media reports about a University of Adelaide and University of North Carolina study that “found Brisbane children would have 65 percent less decay if fluoride was added”(24). While Mills publicly cited an unspecified “ADA investigation,” the ADAQ had no prior knowledge of his proposal. Events in 1996 are relevant, because they expose Mills’ political isolation. During 1996, the ADAQ had requested state policy on water fluoridation from the major political parties. The farcical nature of the reaction warrants brief explanation. Queensland LP Director, Jim Barron, referred the request to a federal colleague, who did not understand the Qld Act and incorrectly informed the ADAQ, “the decision to fluoridate water supplies is a State rather than a Federal responsibility” (written communication M Wooldridge to Thompson, 15 July 1996). In Queensland, fluoridation is a local authority responsibility. Archives confirm the ADAQ’s frustration: “messages we are getting from the (State) Minister and both the Coalition parties at parliamentary, party and committee level give us no optimism” (written communication I Thompson to Wooldridge, 25 July 1996). State Liberal vacillation again surfaced during the mayoral campaign, when then parliamentary leader of the LP (1991-1998) Deputy Premier, Treasurer and Minister for

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the Arts (1996-1998), Honourable Joan Sheldon (MLA, LP, Landsborough, Caloundra 1990 – 2004), distanced herself from Mills by referring an ADAQ request for a “meeting regarding fluoridation” to the Minister for Health, (1996-1998) Honourable Michael Horan (MLA, National Party, Toowoomba South, 1991-). Moreover, LP candidates for the BCC wards did not openly endorse Mills’ proposal, with Cr Graham Quirk stating after the election that he, “like most of his Liberal Party colleagues,” has an “ambivalent attitude to fluoridation”(25). This evidence confirms that Mills’ announcement had little party backing. It was a spontaneous decision restricted to the mayoralty campaign. His opponent’s reaction was both swift and astute.

BCC Lord Mayor Jim Soorley:

In the *Courier-Mail* article carrying Mills’ announcement, Brisbane Lord Mayor, Cr Jim Soorley (ALP) refers to fluoridation as “mass medication,” alludes to “controversy” and states “doctors were divided on the benefits of fluoride”(23). Soorley’s enduring opposition to fluoridation was well-known and had been publicly reiterated two weeks earlier(26,27). Within twenty-four hours of Mills’ announcement, Soorley issued a media statement, which targeted Mills’ un-costed obligation to provide filters. Soorley refers to a purchase cost of \$300 per filter, \$100 for half-yearly replacement cartridges and a three-to-one water wastage factor in de-fluoridating tap water. Soorley also highlights the potential fluoridation of adjacent local authorities: announces a taskforce of stakeholders to “weigh up” all the evidence; commits the BCC to fluoride supplements; and wants the “cheap politics taken out of the fluoride debate”(28). This media release, essentially a defensive strategy, was astute political jujitsu in that it decentralised any decision to fluoridate and complicated the agenda for communal acceptance of fluoridation. While Soorley’s response delayed proceedings, it allowed for immediate public reaction, which would evolve into prolonged debate through the media. It also expanded the forum into adjacent local authorities, increased the number of high profile and parochial political players and broadened public input. In his media release, Soorley adopts a bipartisan stance: “I have my own views but I am prepared to be guided by a group who has considered all the issues”(28). In essence, Soorley devolved a divisive decision out of an electoral arena where a BCC commissioned telephone poll revealed “62% support for fluoridation in Brisbane”(29). The ALP ward candidates lined up behind their mayoral candidate(24). Within the party-political context, Mills appeared alone in his defence. Soorley had very quickly, shrewdly and effectively isolated his Lord Mayoral opponent.

Queensland’s Minister for Health Honourable Mike Horan:

The State Government was also relevant, in that it further exposed Mills’ naivety, his political seclusion and the complexities of Queensland’s fluoride politics. Nine days prior to Mills’ announcement, Horan had publicly ruled out mandatory state fluoridation and sanctioned local authority as the domain for such decisions(30). Like Soorley’s, Horan’s opposition to adjusted fluoridation was both perennial and well known(31,32). During the BCC mayoral campaign, Horan instructed QH’s director-general, Dr

Robert Stable, to initiate a legislative amendment via the *Health Act Amendment Bill (1997) Qld* to make referendum mandatory(33). Horan writes: “Coalition policy is extremely clear that mass, involuntary medication must never proceed without the express consent of the relevant community expressed by referendum.” This position was repeatedly stated as Government policy throughout 1997(34-36). Even if Mills had won the mayoral election and attempted to implement fluoridation, there would have been opposition from the ALP faction within City Hall, Horan and the State Coalition Government. While Mills believed that a successful mayoral election result provided a mandate for fluoridation, under the *Qld Act*, either the Minister for Local Government, the BCC or disgruntled ratepayers could call for a referendum. Horan’s media releases confirm that he also was prepared to call for a referendum, even though it was not the legislative responsibility for the Minister for Health to do so(33,37). Mills’ bid for the mayoralty was unsuccessful, so further extrapolation is conjectural, but this evidence suggests the implementation of fluoridation in Brisbane was always improbable. Moreover, this 1997 standoff collaborates Forster’s view that Queensland has not experienced a meaningful debate on oral health. However, the absurdities of Queensland’s fluoride politics ran deeper than this.

The BCC elections and the taskforce proceedings were conducted over a period of political volatility for Premier (1996-1998) Right Honourable Robert Borbidge’s (MLA, Surfers Paradise, 1980 – 2003) National-Liberal Coalition Government. During 1997, Borbidge faced problems with ministerial scandals, federal legislation on gun control and an emerging political movement, Pauline Hanson’s One Nation(38). In the context of deteriorating relations between the Liberals and Nationals, Horan argued Mills’ proposal was outside acceptable State Coalition parameters. He referred to a National-Liberal state policy where the actual decision for fluoridation rested “in the hands of the people”(39). As stated earlier, the Liberals had no policy on fluoridation and the President of the National Party Australia (Queensland Nationals) David Russell had also informed ADAQ that the *Coalition Dental Policy* made “no mention of fluoridated water” (written communication D Russell to Thompson, 23 April 1996). When the 1997 ADAQ President, M (Patrick) Jackman, revealed that such Coalition policy did not exist, Horan cryptically replied: “There is no need for a Coalition policy because we always felt what is in the Act is quite satisfactory”(34). However, the *Qld Act* does not mandate referendum for the decision, as exposed by the State Cabinet decision to autonomously fluoridate the township of Moranbah in 1971 and other Queensland fluoridations by local authorities at Dalby, Mareeba and Townsville(40). The ambivalence of the state ALP was also demonstrated when its shadow spokesperson on health, Wendy Edmond (ALP, MLA Mount Coot-tha 1989 – 2004 and Minister for Health 1998-2004) revealed that Labor did not have a policy on fluoridation(34). Clearly State Parliamentarians were not interested in fluoridation and arguably perceived Mill’s proposal as naïve.

QH:

The political milieu is important because it helps explain QH’s role within the Lord Mayoral Taskforce. QH’s

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submission has to be viewed in the context of its politicised culture of power and control that surfaced eight years later in commissioner Geoffrey Davies' *Queensland Public Hospitals Commission of Inquiry* and Forster's *QH review*. Under Horan, QH offered no support to Mills and was conspicuously silent during the proceedings leading up to the *BCC Report*. QH's subservience is obvious in its ambiguous submission to the BCC Taskforce where it "supports the optimal use of fluoride" but recommends neither adjusted artificial fluoridation nor its implementation. QH also mirrors Horan's views by supporting "extensive public discussion on this issue before any decision is made"(15). Mills was left with only one ally, the ADAQ, which is an apolitical body.

The ADAQ:

The ADAQ's support for water fluoridation has been public and ongoing and its reaction to any Queensland proposal is predictable. While supportive of Mill's initiative, the ADAQ was not involved in its origin, timing or content. Jackman perceived the dilemma. He appreciated Mills' naivety and political isolation but ADAQ policy was committed to water fluoridation. After his defeat, Mills disappeared from Queensland's political landscape, and, once again, the ADAQ provided the infantry and \$60,000 of members' funds for an eight-month campaign for fluoridation across Queensland, which turns attention to an analysis of the *BCC Report*(35).

The Nature and Findings of the BCC Report:

Politics were important to the *BCC Report* because the players' positions and roles were determined by the election results. Soorley not only comfortably won the mayoralty but also controlled City Hall. The media releases announcing the formation of the taskforce reveal some relevant features. Without consultation, Soorley instituted a taskforce and determined its structure, chairman, membership and draft terms of reference. He also offered Mills the deputy-chair, which Mills rejected. The terms of reference were obscure and there were no statements of who would make decisions and what would be the decision process. This is absurdly logical because the terms of reference did not ask whether or not Brisbane water should be fluoridated. This was to be neither an independent nor detailed investigation of fluoridation. However additional problems soon emerged and further demonstrate issues associated with local authorities conducting fluoride debates.

During proceedings, the decision process became contentious(13). The methodology involved literature review, expert submissions and public input and as such, the proceedings became a forum for allegations. Moreover, Taskforce membership was generally a part-time duty outside the members' prime field of competence with members having restricted resources and limited time for comprehension of complex argument. As an additional strategy, Soorley independently declared a public meeting and set the rules for debate(41). Media reports confirm escalating differences between Soorley and Jackman to the extent that Soorley suggests Jackman "makes no more statements on fluoride and me until after the Task Force Report"(written communication J Soorley to Jackman 6 May 1997). Clearly the machinations were becoming

polarised and dysfunctional, as the findings reveal.

The *BCC Report* has some interesting features, which arguably reflect the aforementioned inadequacies in structure and terms of reference. Most notable are the generic author and the references to majorities and minorities, which are not organisationally described and rarely quantified. A dissenting report is neither appended nor referred to(42). The conclusions are ambivalent. They reveal "the majority of Taskforce members would not support the introduction of water fluoridation to Brisbane" and their fundamental reservations hinge on "questions concerning efficacy, effectiveness and safety"(13). However, contrary to newspaper headlines citing "bans" and "rejection"(43-45), the Report also concludes: "However, if the required data gathering and research were carried out, the Taskforce could be reconvened to consider new evidence"(13). Clearly the door for fluoridation was still slightly ajar. Given the resources available to BCC and the eventual outcome of the *BCC Report*, many Queensland fluoride advocates believe this experience underwrites Forster's aforementioned observation that Queenslanders have not experienced a meaningful debate on oral health. The political constraints placed on QH over the next decade are also relevant.

QH 1996-2005

The administration of the *Qld Act* is one of perennial and bipartisan indifference in that the Act remained unvisited between 1963 and 2004. Premiers (1989-1996) Right Honourable Wayne Goss (MLA, ALP, Salisbury Logan, 1983-1998) Borbidge and Beattie shared the same fluoride policy (36,46,47), which still exists. Horan's 1997 instruction to his Director-General appears in QH's submission to the *BCC Report*: "Whilst recognising that the balance of the scientific argument favours the use of fluoride in the pursuit of oral health, coalition policy is extremely clear in that mass, involuntary medication must never proceed without the express consent of the community(33)." Beattie (2003) stated the Queensland Government position and wrote similarly, except he substitutes "it is a principle of ethical public health" for Horan's "coalition policy is extremely clear." This policy has to be viewed in the context of Davies' and Forster's findings of a QH "culture" of employee control and centralised decision-making. Indeed, Beattie's Minister for Health (2004 – 2005, resigned) Honourable Gordon Nuttall (ALP, MLA Sandgate, 1992 – 2006) goes further: "the state's health system is racked by a culture of intimidation and secrecy"(48). Nuttall, as Minister for Health, infers that QH bureaucracy stifled his attempt to ascertain events within QH. However, with the administration of the *Qld Act*, the converse is true. **Political control stifled QH's attempt at fluoride promotion as parliamentarians and councillors incorrectly infer that referendum is a right in any decision to fluoridate. These actions have biological and fiscal consequences for Queenslanders' oral health.**

Attempts at Reform:

Having said this, understated public attempts to change attitude to water fluoridation emerged in 2004. In October that year, the Director-General of QH, Dr Steven Buckland, launched QH's *Strategic Health Plan for 2004-2010*. In the presence of Beattie and Nuttall, Buckland acknowledges

the need to address Queensland's poor dental health record via water fluoridation(49), which view QH's *Oral Health Outcome Area Plan 2003-2006* also expressed. Moreover, a QH-employed dental surgeon, Michael Foley used his Vice-Presidency of the ADAQ to advocate vigorously for water fluoridation. From 2004 to 2006, Foley moved through ADAQ's executive and became Queensland's most visible fluoride advocate. Moreover, in 2004 and 2005, Nuttall and his successor (2005 -) Honourable Stephen Robertson (ALP, MLA, Sunnybank, 1992 -) also publicly supported fluoridation and QH openly canvassed the measure(50-52). Whether Nuttall and Robertson's support constituted a major paradigm shift in Queensland public policy is a moot point because their newfound political enthusiasm for fluoridation was conditional on community approval. Langbroek validated this point in September 2004, when he introduced a private members' bill, the *Fluoridation of Public Water Supplies Amendment Bill (2004) Qld*, which would have mandated water fluoridation. It was defeated seventy-one votes to six with only Liberals supporting it. However, Forster's QH review and its recommendation for debate meant that Beattie would soon return to the *Qld Act*.

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The Post-Forster Political Reaction:

In a fanfare of publicity, Beattie welcomed Forster's QH review by announcing "the state's first ever mini budget – almost \$6.4 billion in just over five years to help build the best public health system in Australia"(9). Fluoridation and oral health were not mentioned in the initial media releases. However, Forster's recommendation for fluoride-debate was widely reported and within days, two major newspapers, *The Australian* and *The Courier-Mail* editorialised favourably(18,53). While Beattie's prior position on fluoridation was at best ambivalent(54,55), press reports declare Beattie's "change of heart"(50) as he euphemistically asserts that (fluoridated) Townsville residents "don't glow in the dark"(22). Beattie also issued a veiled threat to "take over" water and mandate fluoridation within five years(56,57), which statement caused a well-publicised confrontation with the Local Government Association of Queensland(58). While Buckland, Foley and Langbroek's attempts at policy change warrant acknowledgement, political control over water fluoridation soon re-appeared. Within a month of the release of Forster's QH review, QH's (2005) *Water Fluoridation Questions and Answers* retreats to the perennial haven of the *Qld Act* by naming local authority as the tier of government responsible for the decision to fluoridate(59). Beattie soon backed away from mandatory legislation by emphasising the need for community approval. He revisited the *Qld Act* with a minor amendment that satisfies Forster's recommendations but did not break the legislative nexus between the *Qld Act* and the *Local Government Acts (1993) Qld*, which facilitates subsequent calls for referendum. This astute political reaction does not address Queensland's oral health issues. In essence, Beattie, in accordance with the QH review, is prepared to partly fund capital costs for fluoridation and to allow QH to generate public debate, but neither parliament nor local government is prepared to engage the community over fluoridation nor prepared to make the decision to fluoridate.

Conclusion:

The evidence confirms that any serious proposal for adjusted water fluoridation in Queensland will become paralysed with no tier of government prepared to accept the responsibility for a decision to fluoridate. Apart from a week of post-Forster rhetoric, there has been no change in the political environs since 1996. While the Beattie government has amended the *Qld Act*, provided some funding and allowed QH to propagate debate, under the auspices of the *Qld Act*, implementation of fluoridation within any large municipality is highly improbable.

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