

Riding the Fluoridation Tiger

Secretary of State for Health, Alan Johnson, announced in February that the Department of Health would over the next three years make £42 million available to Strategic Health Authorities in England and Wales for new fluoridation schemes.

By presenting fluoridation as a means of preventing tooth decay the Health Secretary confirms the practice is medication, which is carried out by water companies in violation of their customers' human right to refuse consent to any medical intervention.



Fisons was an early supplier of fluorosilicic acid

Of the world population, about 350 million, i.e 6%, receive artificially fluoridated supplies - water usually dosed with fluorosilicic acid from the phosphate fertiliser industry – but World Health Organisation figures show that dental health has improved as much in countries without fluoridation as in those with fluoridation.

With human rights abuse on such a grand scale surely the science supporting the practice must be of the highest quality.

Not so. The early trials carried out in the USA and other English-speaking countries were seriously flawed.

In 1999, the US Center for Disease Control stated that fluoride's effects were topical rather than systemic, confirming that we do not need to ingest fluoride.

The UK Government-funded York Review (2000), found no high quality research to support pro-fluoridationist claims of efficacy, safety or a reduction in health inequalities. More high quality research was called for. To date none has emerged from the UK. Basel, the only Swiss city to fluoridate, ceased in April 2003 after Swiss scientists failed to identify one high quality study to support fluoridation.

Disparities in dental health expenditure invalidate comparisons between the West Midlands (with high expenditure) and Manchester where dental expenditure has recently been cut.

The Water Act 2003 removed water companies' discretion whether to fluoridate or not, ostensibly so that communities can 'choose' fluoridation after 'consultation'. The Chief Dental Officer's recent guidelines indicate that consultations will, in effect, be propaganda exercises followed by tiny opinion polls that will ask a leading question.

The US National Research Council's 2006 Scientific Review of the US EPA's drinking water standards concluded that levels of fluoride between 2-4 ppm were not protective of human health for the following endpoints:

- 1 Severe Dental Fluorosis
- 2 Bone Fracture
- 3 Stage II skeletal fluorosis

The NRC Review Panel called upon the US EPA to determine a new Maximum Contaminant Level Goal for fluoride. The starting point in determining a new MCLG is to find the LOAEL or Lowest Observable Adverse Effect Level. A safety factor of at least 10 should then be applied to protect vulnerable subsets of the population such as infants, the elderly and those with impaired kidney function.



Mild-moderate dental fluorosis

The American Dental Association, in November 2006, issued advice to its members that infant formula should not be mixed with fluoridated water. The British Fluoridation Society, with Department of Health knowledge, issued similar advice to UK dentists.

With so much evidence against artificial fluoridation and none to support it, it is difficult to understand why it continues. The best explanation comes from US EPA scientist Bill Hirzy who, when interviewed in 2000 about his Union's call for a moratorium on fluoridation, said of promoters - "They are riding a tiger and can't get off". We may need to look to the Courts for a tranquilliser dart.

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A full version of this article will appear in the April Edition of The Ecologist – www.theecologist.org

