

# WATERSHED

National Pure Water Association

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**IN THIS ISSUE: ADA WARNS AGAINST FLUORIDE FOR INFANTS- NPWA ACTIVITIES - CONSULTATIONS COMING? - NFIC CONFERENCE - DENTAL HEALTH POLICIES - DR PAUL CONNETT IN UK - BMA CAN'T SPELL - & MORE...**

## ADA warns members not to recommend fluoridated water for infant formula feed

On 9th November 2006, the American Dental Association (ADA) issued 'Interim Guidelines', telling its members (dentists) not to advise mothers to mix powdered infant formula with fluoridated water. Babies consuming formula mixed with fluoridated water receive up to 200 times more fluoride than is present in human breast milk and are at risk of dental fluorosis. The (US) Center for Disease Control (CDC) repeated the warning on its website. Neither organisation has done much to alert mothers to a possible problem, leading to the charge that they are more concerned to avoid litigation than to protect vulnerable infants.

The ADA's action has resulted in many calls for fluoridation to be halted, specifically by five NGOs, The Alliance for Natural Health, The Dr. Rath Health Foundation, The US based National Health Federation, Voice of Irish Concern for the Environment and the Danish civil health-rights organisation, MayDay.

The alliance of NGOs opposed to fluoride is arguing that drinking water is an inappropriate medium for the delivery of fluoride, because it is impossible to control dosage owing to different levels of consumption. Additionally, toxicity varies greatly between different

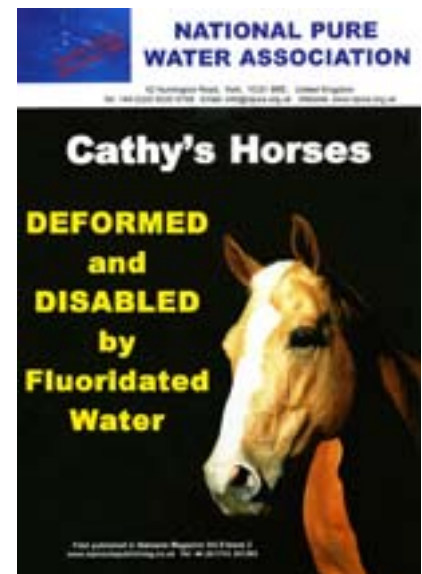
groups, with small babies the most sensitive. The NGOs propose that any government wishing to promote fluoride for the purpose of reducing dental caries should make it, at most, optional and should ensure that in whatever form fluoride is delivered, the dosage can be controlled according to body weight, age, medical condition and individual consent. The NGOs want an international ban on fluoridated drinking water, a medication that is consumed involuntarily and has never been licensed by any drugs-regulator worldwide. Its use by governments is seen as a violation of human rights.

## Press polls reject fluoridation

In February, The Bolton News asked its readers "Should we put fluoride into Bolton's water supply? The result, reported on 13 February was 6.3% in favour of fluoridation and **a whopping 93.5% against**. On 28 February Bolton MBC resolved "...to hold a referendum to ascertain the views of the people of Bolton as to the addition of fluoride to drinking water."

Another poll in the Sheffield Star, lasting a single day, asked "Should fluoride be added to Sheffield's tap water?" The result, reported on 23 February 2007 was 25% for and **75% against**.

## Cathy's Horses



Not everyone will have seen our leaflet about the Colorado horses that suffered from Chronic Fluoride Toxicity, caused by fluoridation of the local water supply. We therefore enclose a copy with this Watershed. The leaflet tells a sad story but it has a happier ending. The suffering of the horses has inspired anti-fluoride campaigners all over the world.

Cathy Justus tells us that the surviving horses are now doing well. The one on the leaflet's cover is Win, Baby Doe's colt who was born very immature. He looks fine and is now healthy but Cathy tells us it's a good thing he isn't smiling—because he has **terrible teeth...**

Further copies may be obtained from the York office, three for £1 plus large SAE.

## Recent activities

We manned a Stand at a Mind Body Spirit Fayre at Dudley on 22 October. It was not as big an event as Buxton or Harrogate, but people were welcoming and keen to speak to us. An evening meeting arranged by some of our Manchester associates on 16 November was chaired by Liz Vaughan. Tony Lees and Paul Clein spoke to an interested audience. We launched the horse leaflets there and spoke to people in the interval, making some useful personal contacts. Greater Manchester is probably the place under greatest threat of fluoridation and we have had discussions on strategy to help the opposition there. Since their launch, horse leaflets have been sent to a large number of stables and establishments for the welfare of horses.

A representative of NPWA attended a Green Party convention in Doncaster on 18 December and a Green Party event in Sheffield on the occasion of the opening of the Party's office in the Town Hall. We are always doing our best to spread our message, oppose the *fluoridistas* wherever their Medusa-head pops up and support people in localities where fluoridation is threatened. Valuable information comes in and goes out every day. We always try to respond to any mention of fluoridation in the press and have had some useful media coverage. Apart from a slight lull in activity over Christmas, there has been no let-up.

Elizabeth McDonagh spoke informally to Doncaster's Overview and Scrutiny Committee for Health and Wellbeing on 17 January.

In advance of the NFIC Conference of 31 January, we sent a letter to NFIC outlining NPWA's response to the Conference. A brief Report on the Conference is on Page 4. A fuller version is available (SAE and £2 to York office please). We had radio coverage on the day of the Conference.

NPWA was invited to send a witness for Rotherham Metropolitan Borough Council's 'Review on Fluoridation' on 19 February. We were shocked at the line-up (five speakers for fluoridation against us)

and asked for changes but these were not forthcoming. A press release was sent out to the local media which resulted in a full page in the Rotherham Advertiser of 16 January and some radio coverage. Our presentation to the councillors emphasised the toxicity of fluoride and we answered their questions. In addition, each councillor was presented with a pack of leaflets and statements. Subsequently the Review Panel sent eight further questions to which we responded by their deadline. To date, the councillors have not voted on the issue. We discovered that the Facilitator for the Review was on contract to and paid by the Centre for Public Scrutiny which, in 2004, received £2.25 million from a fluoridation-promoting Department of Health. We cannot but be concerned at this potential for a 'conflict of interest'.

On 7 March we observed a meeting at Halifax Town Hall where Calderdale Council's Scrutiny Panel for Health and Social Care were receiving a presentation by Dr John Beal and Dr Ronnie Levine. Subsequently, we wrote to all the councillors present pointing out inaccuracies in Dr Levine's statement, enclosing information and asking for an opportunity to speak to the Committee. So far, no reply has been received and we shall be following this up.

Thanks to everyone who has been involved recently. We very much appreciate your help and support.

## News from Ireland

Irish Minister for Health and Children, Mary Harney, has recently placed before the Parliament of the Irish Republic (Oireachtas) new regulations which would reduce the level of fluoride added to public water supplies from 1.0 ppm to 0.7 ppm. This was recommended, in 2002, by the Irish Forum on Fluoridation, to counteract an increase of dental fluorosis in children. Meanwhile, John Gormley TD, a Member for the Green Party, has completed a Report for the Joint Oireachtas Committee on Fluoridation. It is by no means certain how the Report will be received by the Government but Mr Gormley

hopes the Committee (which has patiently heard views of experts and opinion-makers on both sides of the argument) will support him in his efforts to put an end to fluoridation in Eire. If that fails, the Green Party says it will insist that dropping water fluoridation is a condition in any future arrangements for its participation in government.

## News from Tennessee

A bill is to be introduced into the Tennessee Senate and the Tennessee House as follows:-

"All bottled water sold in this state which contains fluorides at more than two tenths (0.2) parts per million concentration shall have the following on each item of bottled water:-**FLUORIDE NOTIFICATION:** This water contains fluoride. (Symbol or drawing of a baby's milk bottle surrounded by a circle with a line drawn diagonally across the circle, with the word "NO" spelled clearly immediately under the circle shall be adjacent or nearby.) The National Research Council has identified infants and children, diabetics, kidney patients, seniors, and others as being at greater risk for harmful effects from ingested fluorides."

Bottled water which contains fluorides at less than or equal to two tenths (0.2) parts per million concentration would be labelled with a statement that it was low- or no-fluoride.

The fluoride lobby is expected to try to prevent the passing of the Bill but there are already moves to introduce similar legislation in other American states.

For sixty years, we have been told that 1 ppm of fluoride in water is entirely safe for all members of fluoridated populations. This is something NPWA has always disputed. Note the very low level—only 0.2ppm—which is selected as safe for babies under this Bill.

## Consultations coming?

Consultations under the Water Act (2003) can be expected in some Strategic Health Authority (SHA) areas towards the end of this year. We have unearthed some indications that public consultation is not always what it seems. There are known techniques for ensuring that the authorities, on consulting with the public, get the results they desire. Currently, we may be seeing the 'warm-up' stage of such an operation. The NFIC Conference was a call to arms. NFIC itself, funded by central government, is putting out pro-fluoride propaganda and keeping very quiet about possible adverse effects. Officers for Dental Public Health, public health doctors and officials of the British Fluoridation Society (many of whom attended the Conference) are busy issuing press releases about 'dreadful' dental decay and giving presentations promoting fluoridation to council committees, PCTs, SHAs, women's groups, mother-and-baby clinics etc.

We might expect some 'scrutiny reviews', 'training days', 'workshops', or 'information-gathering exercises', cleverly structured to keep us in the minority and to ensure that the public's opinions are received covertly, so the full extent of opposition is not revealed. Classic debates are unlikely because those opposing us often refuse to participate in them.

Local activities of our members and supporters will be critical to the success of our campaign over the coming months. Here are some ideas for how you can help.

NPWA's 'yellow card campaign' is still putting pressure on the water companies and their shareholders. Please continue to distribute these. Cards cost £1 for 25 (inc p & p) or £3.50 for 100 (inc p & p), from the York office.

Please promote membership of National Pure Water Association to your family, friends and colleagues. If each member could

find one more we would double our membership. We enclose a Say NO leaflet with each copy of this *Watershed* for this purpose. Please note that due to SPAM our old email address is no longer operating. Our new email address is—[info@npwa.org.uk](mailto:info@npwa.org.uk)

Challenge press calls for fluoridation by letters to editors. We are very grateful to all who do this and pleased to receive details of articles and correspondence. Press letters reach thousands of people.

If you are able to find out which local councillors and MPs promote fluoridation and which are on our side, please pass on this information to NPWA. You may be able to influence MPs and (new?) councillors by speaking to them or sending them information.

Form or join a group to monitor events in your locality and to oppose any local moves to fluoridate. Try to find out whether councils or their scrutiny committees, PPIFs, and PCT Boards, have had pro-fluoride presentations. If they have, ask to be allowed to present the case against fluoridation. NPWA can often help with this.

Try to foster links with your local Green Party which is opposed to fluoridation. The nationalist parties in Wales and Scotland have also expressed their opposition.

**Thank you all for your support.  
We are right and we shall win.**

## Accidents happen

On Friday 20 April 2007, because of a pump failure, 170,000 tonnes of raw sewage was discharged into Scotland's Firth of Forth. There were fears that the effluent contained dangerous viruses & bacteria which could impact on the area's rich variety of wildlife.

This reminds us that fluoridation plants are also accident-prone. American overspills are recorded on the website—  
[www.fluoridealert.org/health/accidents/fluoridation.html](http://www.fluoridealert.org/health/accidents/fluoridation.html)

## Nic Brugge

7 July 1927 - 3 December 2006

In December, we heard of the sad death of Nic Brugge and sent a letter of sympathy to his family.

Nic Brugge was born in the Netherlands and moved to the UK in 1951. He was a qualified horticulturalist and an early organic grower.

Nic became active in the anti-fluoride campaign in Manchester in the 1970s and, in 1977, accepted the post of NPWA Secretary which he subsequently managed from his Shropshire home, together with his insurance business.

Nic produced regular NPWA newsletters and other publications. He dealt with the press and spoke at numerous meetings, ceaselessly countering misinformation and raising public awareness of the dangers inherent in water fluoridation proposals.

He worked hard to establish the 'Safe Water Trust' as an educational charity, led opposition to the fluoridation of Tyneside and encouraged the formation of North West (now UK) Councils Against Fluoridation. Nic left the NPWA in 1994 and, with other activists, set up the Safe Water Information Service which still continues.

A full obituary was published in The Guardian of Friday 5 January 2007.

<http://tinyurl.com/2kro5e>

### **Dr Paul Connett, BA, PhD**

The world's leading scientific critic of fluoridation will speak at

**Friend's Meeting House  
6 Mount Street  
Manchester  
M2 5NS**

**Thursday 17 May 2007  
Refreshments from 7pm  
Talk starts at 7.30  
Q&A from 8.30-9.00**

## **NFIC Conference**

**Manchester 31 January 2007**

Several groups and individuals opposing fluoridation had applied and been told they were “on a waiting list” but attendance at this National Fluoride Information Centre Conference was so restricted that Ian Packington from NPWA was the only delegate representing opposition and no speaker gave the case against fluoridation. Rosie Winterton, Minister of State for the Department of Health, put in a brief appearance.

NFIC, set up in 2005 and funded largely by the Department of Health, claims to be the only independent body providing objective information on “all types of fluoride delivery to the public”.

The Conference was essentially a call to dental and health professionals to focus on extending fluoridation. Statements from NPWA and Safe Water Information Service, drawing attention to human rights implications and evidence of harm were included in delegate packs but were ignored, as were Ian’s attempts to question specific speakers.

One senior delegate suggested that rigorous trials of fluoridation would require ‘before and after studies’ on a newly fluoridated population. [Pay attention, Greater Manchester! Your children are potential guinea-pigs for this “research”].

Unless the general public unites with sufficient resolution to demand its dismantling, the fluoridation bandwagon will continue to roll. Whole populations will, without individual consent, be forced to consume a cumulative poison which has been shown to damage teeth and bones, increase

neonatal mortality, raise cancer rates, compromise the thyroid gland and disrupt enzyme function.

NPWA expressed its opposition to fluoridation by means of a large banner outside the Conference venue. We tried to speak to delegates as they left but most declined our advances, affirming their belief in fluoridation as they hurried off to catch their trains.

## **New website for APPGAF**

The All Party Parliamentary group Against Fluoridation has a new website - [www.appgaf.org.uk](http://www.appgaf.org.uk) APPGAF’s homepage carries a very succinct description of the fluoridation issue and states that there are criteria other than scientific ones which need to be addressed by a free and responsible society when making decisions on fluoridation. These include ethical, legal, technical, environmental and cost-effectiveness considerations. The site includes news and information, About Us, FAQs, Reports, Archives and Links.

## **Watershed double issue**

We were just too busy early in the year to produce our usual Spring Issue of Watershed. We hope that the double issue will make up for this.

There are times when we find it difficult to let everybody know what is going on. And sadly, some people draw the rather hurtful conclusion that NPWA is doing nothing! Often we are putting all our efforts into a particular campaign or helping a particular group with an urgent matter such as providing councillors and PCTs with information to counteract the endless propaganda of the fluoridistas. We are after all only human and are doing our best.

## **Book review**

*Something in the Water—The Anti-Fluoride Campaign in Andover, 1955 -1958*

by David J Borrett published by Andover History and Archaeology Society (2002) ISBN: 0903755 19 X

In 1956, the first woman mayor of Andover, Mrs Olive Harvey, was, within a few months of her election, forced to retire from public duties because of ill health. She eventually concluded that the fluoridated municipal water had caused her illness and took the extreme measure of having a well sunk in her garden. She was soon prevailed upon to supply others with water and to lead the fight against fluoridation. The matter was reported in the Andover Advertiser and on the radio.

After 600 people attended an open meeting on 20 November 1956 the opposition became unstoppable. The fluoride issue dominated local elections, leading to a complete change in the composition of the Borough Council and an end to the personal ambitions of some former councillors.

With b/w pictures of Andover in the 1950s and portraits of the leading figures, the book is well indexed. It may be purchased from Andover Museum, 6 Church Close, Andover Hampshire SP10 1DP. Price £8.50 inc p&p.

Cheques should be payable to “Hampshire County Council”

## **Water companies owed millions**

OfWAT revealed last Autumn that water companies were owed £490 million in unpaid bills for the period 2005 to 2006, up £30 million on the previous year. Debt management cost the industry £78 million.

## Fluoridistas in denial

In recent months there have been several opportunities to hear the proponents of fluoridation present their poisonous message. They usually give data on the ‘appalling’ dental decay rates in five-year-olds for the district in which they are speaking. They don’t seem to know that caries rates have improved everywhere (whether fluoridated or not) over the last forty years. They tell us that the York Review found fluoridation to be safe, effective at reducing tooth decay and able to even out inequalities in oral health experience between deprived and more affluent areas. They cannot have read the York Review which found no good evidence for any of those claims. They tell us there is no difference in the bioavailability of fluoride from natural sources or from artificial fluoridation; the Newcastle Bioavailability Study has proved it. The Newcastle researchers studied only ten healthy individuals against ten equally healthy controls. To make sure they got the answer they wanted, they excluded the results from one of the participants because those results indicated otherwise. In no way can that study tell us anything about bioavailability in the young, the old, the sick or the exceptional individual. Nor can tooth decay studies tell us anything about what fluoride does to the rest of the body as it accumulates over a lifetime.

The fluoridistas deny three things in particular:

- **They deny** any harmful effects of fluoridation though evidence for harm stares them in the face. Dental fluorosis is known to occur with as little as 0.2ppm fluoride in the water and is not merely cosmetic. The 2006 NRC Report, Bassin’s research into osteosarcoma, Chinese research linking fluoridation

with lowered IQ, fluoride’s action on the thyroid and on enzymes cannot be swept under the carpet.

- **They deny** that fluoridated water is a medicinal product. It was judged to be a medicine in Scotland by Lord Jauncey in 1983. It also fulfils the definition of a medicinal product in terms of the EU Directive 2004/27/EC (31 March 2004) on medicinal products for human use: “Any substance or combination of substances presented as having properties for treating or preventing disease in human beings...” Nonetheless, fluoridated water has never been subjected to the testing of any regulatory authority as required of a medicine; nor has it been granted a marketing authorisation by the EU, as required of all medicines in EU Member States.
- **They deny** that fluoridation is unethical, claiming it is a ‘supplement’ akin to the vitamins and minerals added to food. Vitamins and certain minerals are essential to certain body processes. Fluoride has no essential role in the human body. The benefit fluoridated water may confer on developing teeth is so small and uncertain that if fluoridated water were tested as a drug it would not pass the first hurdle of the testing process, that of efficacy. The level of dental fluorosis in fluoridated districts and the ADA warning about baby food indicates that there is no safety margin between the level claimed to be beneficial and the level that is toxic.

Article Five of the European Convention on Human Rights and Biomedicine states: “An intervention in the health field may only be carried out after the person concerned has given free

and informed consent to it.” It is not legitimate to hold consultations or referenda asking people to consider whether or not their neighbours’ fundamental human rights should be violated.

### Quebec City to cease fluoridation

We have had the following message from Quebec:

“Last night, 16 April 2007, the City Council of Quebec voted not to extend fluoridation to surrounding cities, and to terminate fluoridation in Quebec City on 1 January 2008.”

### OOPS! A Minister, fluoride and baby food

David Drew MP tabled the following Written Parliamentary Question on 18 December 2006.

*To ask the Secretary of State for Health what research she has (a) commissioned and (b) supported on the inclusion of synthetic fluorides in infant milk formulas.*

The following answer was given by Minister of State for Public Health Caroline Flint on 11 January 2007:

*The Department and the Food Standards Agency have not commissioned or supported research on this topic. The composition of infant formula is harmonised at European Union (EU) level, and for fluoride reflects the recommendation of the EU Scientific Committee for Food that, on safety and nutritional grounds, no minimum level, but a maximum level of 100 milligrammes of fluoride per 100 kcal, should be set. This advice recognises the potential fluoride intakes of infants from supplements and/or water used to make up the formula.*

That’s an awful lot of fluoride, Caroline. We’ve told the All Party Parliamentary Group Against Fluoridation the maximum is actually 100 micrograms per 100kcal—you’re out by a mere thousand and any baby on your regime would be unlikely to survive!

**Following the article by Chris Holdcroft, included with the last edition of *Watershed*, we present two further articles. The first casts light on dental policies which are influenced by the belief in fluoridation. The second points up the sad state of NHS dentistry.**

## **The harmful consequences of fluoridation policy on UK dentistry**

### **Part 1**

Dentists can be divided for convenience into two kinds; those who work hard to treat dental disease and to resolve orthodontal problems for the patients in their care, and those whose professional life is spent in policy-making and dental research. If the latter are selected predominantly on the basis that they support fluoride interventions as a matter of 'compelling' priority – a policy which reaches right to the top of the NHS – they can frame dental health policy in such a way that it actually inhibits the effectiveness and fairness of distribution of the dental services provided. Then, whenever a particular geographically localised problem has been identified for which fluoridation is a plausible remedy, local dental public health advocates can demand action on this basis.

When at the Rotherham Review (19.02.07) Professor Lennon claimed that for every extraction of primary teeth under anaesthetic in Birmingham there were no less than seven in South Yorkshire, and that the absence of fluoridation was responsible for this pitiful situation, he was—as we can readily discover—being less than open and transparent about the underlying causes of this alarming discrepancy.

Chris Holdcroft has illustrated the changes in dental procedures and overall treatment-costs that occurred in Wolverhampton when fluoridation was extended to 100% of the population in 1996 [1]. His data also shows clearly how much more money is spent by the NHS in maintaining child dental health in the naturally more fortunate Southern parts of the country, (including deprived Tower Hamlets and Southwark) where there is also adequate calcium in the drinking water to improve caries resistance. As in fluoridated West Midlands, dmft data is being carefully kept at a low level throughout the child population. Elsewhere, a different picture emerges; NHS capitation fees are inadequate for the proper restorative treatment of teeth in children whose 'early onset' caries threatens to swamp the General Dental Practitioner's budget [2]. Teeth are either extracted or deliberately left unfilled in the hope that they will fall out naturally before the decay reaches the pulp cavity to cause pain, general infection, and abscess [2,3]. Some dentists will even turn away children because 'they cannot afford to go on treating them' [4].

Now in this *artificially exacerbated* situation fluoridation might, indeed by slowing the *rate* of enamel and dentinal *penetration*, allow time for the natural shedding of the primary teeth before multiple extractions under general anaesthetic become necessary. Levine [3] has demonstrated how, in his own practices in unfluoridated Northern cities, less than 20% of unrestored primary teeth became so inflamed that emergency treatments were needed before they exfoliated naturally. His 'care' included an oral fluoride regime. He also called for a general debate about the need to restore carious primary dentition.

Some dentists are clearly appalled at this policy of 'deliberate neglect'. Professor Curzon, in a forthright article [2] entitled "Do we still care about children's teeth?" stated that "it is inexcusable...and cruel...to leave primary teeth decayed and untreated in a child's mouth." His views are dismissed as "conservative" by those who clearly wish to see fluoridation implemented as widely as possible across the North, in Wales and in Scotland.

In Curzon's view, the inadequacy of NHS capitation fees (which need to be increased 3-fold) compounded by a gross lack in the UK of *specialist paediatric dentists* (to whom GPs can refer their more carious, and perhaps less co-operative, child patients for proper treatment) have precipitated the kind of crisis that Prof. Lennon has used to claim that fluoridation is effective in halting rampant decay in the primary dentition. Whose priorities have determined the distribution of NHS dental funding? Are the opinions of Prof. Lennon and the BFS worthy of public support?

Curzon also pointed out that the great majority of children, whose parents do enforce proper diet and dental hygiene, were being adequately supported by their NHS dentists. But—ten years on—how many more families in Northern England are unable today even to register with an NHS dentist?

Ian Packington

### References

1. C Holdcroft "Preventative Treatments and Dental Health Expenditure in Wolverhampton 1997-2002" published by NPWA (2006).
2. MEJ Curzon MA Pollard Brit Dent Jnl (1997) 182: 242-244
3. RS Levine NB Pitts ZJ Nugent Brit Dent Jnl (2002) 193: 99-103.
4. NB Pitts Brit Dent Jnl (1997) 182: 273-278.

Part 2 will detail effective anti-caries measures and ask why so many of them have been ignored by the NHS.

## NHS dentistry in meltdown

New contracts were introduced (in April 2006) for the payment of NHS dentists, since when over 2000 dentists (8%) have stopped treating NHS patients. Dentists are increasingly choosing to work privately and less than 50% of dentists' overall income now comes from NHS work. Salaries have increased to typically £80,000 to £100,000 a year, with some earning up to £150,000, but the amount of money paid to PCTs from dentists' fees is £120 million less than the Government expected. Some cash-strapped PCTs have stopped dentists treating patients when their cash allocation ran out, effectively 'laying them off' until the new financial year.

The new contracts were supposed to encourage dentists towards a more preventative approach to dental problems. Edward Heathcoat Amory, writing in the Daily Mail of 29 March 2007 says that 'experts' believed that fluoride toothpaste, introduced in the 1970s, would so improve oral health that fewer dentists would be needed. Many dental training places were abolished and we now have only 3.7 NHS dentists per 10,000 people. Two million people cannot find an NHS dentist and paediatric dentists are as rare as hens' teeth. The problems are markedly worse in the north than in the south. It is sheer neglect of childhood caries that leads to so many children in deprived northern communities eventually requiring major dentistry under general anaesthetic.

Fluoridation of the water supply is being touted as a panacea for the divergence in caries

experience between areas of relative affluence and deprivation, though the *York Review* (2000) could find no good evidence that it works. Early childhood caries (=baby bottle caries) is not prevented by fluoridation and use of fluoridated water for mixing baby formula may lead to dental fluorosis even in permanent teeth. Recent studies show no difference in caries experience between fluoridated and non-fluoridated areas, though fluoridation can cause a delay in the onset of tooth decay, leading to apparent differences when comparisons are made on young children (*Limeback South Coast Today* 14 May 2006).

Water fluoridation is known to cause the mottling and staining of teeth known as dental fluorosis. (*York* 2000) There is evidence that it also increases osteosarcoma rates in young boys (*Bassin, Cancer Causes and Control* May 2006), increases the risk of bone fracture in the elderly, impacts adversely on the thyroid gland and has neurotoxic consequences. (*US NRC Report on Fluoride in Drinking Water* 2006) All this potential harm is denied by the [UK] DoH and by the dental and medical authorities. A legal challenge may be the only way to change such attitudes.

As Wilson and Sheldon have suggested in *Muddy Waters: evidence-based policy making, uncertainty and the 'York review' on water fluoridation*—when faced with a new synthesis of the best available evidence, those who subscribe to an old and firmly-held paradigm find it very difficult to change. (*Evidence & Policy* Vol 2 No 3, 2006 pp321-331). When one's professional career has been based on such a belief, to reverse one's thinking is apparently impossible.

Elizabeth A McDonagh

## British Medical Association still pushing for fluoridation—or is it flour they want in the water supply?

A December 2006 'Briefing Paper', issued by the BMA, reaffirms the Association's support for fluoridation, in England and Wales, 'on the grounds of effectiveness, safety and equity'. The BMA believes there is no convincing evidence of any adverse risk to human health from water fluoridation and cites the *York Review* and the MRC Working group to back its position. The Briefing Paper equates the fluoridation of water with the supplementation of foods with essential vitamins and minerals, and outlines the legal obligations of water companies in terms of the Water Act (2003). Fluoride (sic), the Paper informs us, occurs naturally, in some areas approaching 1 ppm, and 'Flouridation' was introduced progressively in various areas between 1966 and 1988.

The BMA in Scotland has produced a very similar 'Scottish Parliamentary Briefing', while managing to avoid the spelling mistakes. It promises that fluoridation would halve tooth decay in five-year-olds and improve the cosmetic appearance of children's teeth. (Tell that to sufferers from dental fluorosis). The last words are of concern:—"***The BMA welcomes the statement by the Scottish Executive, committed to a full public consultation on the fluoridation of Scotland's water supplies.***"

The British Dental Association in Wales has issued a 'Manifesto' calling for the next Welsh National Assembly to "support a policy which gets fluoride into contact with teeth in the most clinically effective, cost-effective and acceptable way." by enacting Section 58 of the Water Act (2003) which would compel Welsh Water to fluoridate if, after public consultation, the Health Authority required it to do so.

## Postcard launch in Cockermouth

The water supply from Ennerdale and Crummock Water, serving Whitehaven to Ravenglass, Loweswater and parts of Aspatria, is fluoridated. *Cumbrians Against Fluoridation* was formed seven years ago. The group launched a new postcard campaign in Cockermouth on 27 February. To be sent to the Department of Health, the card carries a picture of stained teeth (dental fluorosis). It asks why the Department is not researching, consulting, monitoring or testing fluoride intake in areas where fluoridation is practised and why mothers are not warned of the danger of mixing baby food with fluoridated water. The response from the DoH to the 60 people who signed cards at the launch, has been platitudes of reassurance regarding fluoridation and a declaration that breast-feeding is advised.

**Cards are obtainable from:**  
**Dianne Standen, 104, High Street, Maryport. Cumbria CA15 6EQ**  
**To receive 7 cards, please send £1 and SAE with first class stamp.**

## Children ‘at risk of brain damage’

Two researchers, writing in *The Lancet* of 8 November 2006, warn that common chemical pollutants may be affecting foetuses and infants, to cause a ‘silent pandemic’ of brain disorders. And, guess what, among the chemicals mentioned in their paper, as toxic in excess, is our old enemy, FLUORIDE.

Authors Phillipe Grandjean and Philip Landigran emphasise that of thousands of potentially neurotoxic chemicals only a very small percentage have even been tested on animals. Data for the effect they have on humans is miniscule. It is thought that the number of children with some kind of developmental disability may be as high as **one in six** and the exact causes are said to be “unknown”.

Incidentally, Dr George Waldbott was one of the first people to link adverse health effects with exposure to toxic chemicals.



Dianne Standen and campaigners launch the CAF postcard campaign. Both sides of the CAF postcard are shown below. This photo courtesy of olga moss

## FLUORIDE DAMAGED TEETH



In 2000 the Government funded Independent Review of water fluoridation at York University found high levels of dental fluorosis (excess fluoride) in fluoridated areas. Scientists there criticised the quality of existing information and advised effective research.

Please send an explanation of why you are not currently researching, consulting, monitoring or testing levels of fluoride intake in areas that already receive fluoride.

Please tell me why you are not advising parents to avoid mixing baby formula with fluoridated water. [As advocated in the U.S.A.]

Please note and register my objection to water fluoridation. Please copy your response to my M.P. Name and address details (please print)



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 Department of Health  
 Richmond House  
 79 Whitehall  
 London SW1A 2NS