



WATERSHED

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IN THIS ISSUE: JOHNSON PLANS TO MASS-MEDICATE MILLIONS MORE - FLUORODISTAS ARE RIDING THE FLUORIDE TIGER - GREENS CALL TO SOUTH CENTRAL SHA TO DROP FLUORIDATION MOVE - RECENT ACTIVITIES & MORE...

DoH plans for water companies to mass-medicate many millions more without individual consent

On Tuesday 5 February, the Secretary of State for Health, Alan Johnson, urged the NHS to consider fluoridating tap water for those areas with poor dental health "to help prevent tooth decay and reduce health inequalities" He claimed that children in fluoridated Birmingham have half the cases of tooth decay of children in non-fluoridated Manchester. He announced the allocation of £14 million per annum extra funding for the next 3 years to those Strategic Health Authorities who, following consultations, find that the local community is "in favour" of fluoridation. The press had advance warning of the Minister's statement and most of the 3 February Sunday papers reported it.

NPWA put out a press release, summarised as follows:- "Alan Johnson's presenting fluoridation as a means of preventing tooth decay confirms the practice is medication and violates the human right of water companies' customers to refuse consent to any medical intervention.

The NHS-funded York Review (2000) was unable find any high quality research to support claims of efficacy or safety for fluoridation. York rejected BASCD surveys which took no account of confounding factors.

Fluoridated West Midlands spends more on dental health per head of population when compared with unfluoridated Manchester.

Past consultations on fluoridation have involved an opinion poll of a fraction of 1% of the target community who were asked a leading question - 'Do you think fluoride should be added to water if it can reduce tooth decay?' Even if a community rejects fluoridation, Statutory Instrument No. 921 (2005) allows a Strategic Health Authority to ignore this by giving greater weight to views it considers more cogent - ones that favour fluoridation."

On Tuesday morning the office 'phone never stopped ringing with requests for media interviews and information to journalists. Spokespeople for NPWA featured in radio and TV programmes as far afield as Manchester, York, Newcastle and Fowey in Cornwall where the Australian presenter declared that fluoridation in Australia had caused her own dental fluorosis. Further press coverage ensued and our supporters responded with letters to editors and on-line discussions. Thanks are due to all who took part, in some cases at very short notice. It gave us an idea of the media frenzy we might expect at a future date if consultations are announced.

Riding the Fluoride Tiger

The March edition of the *Parliamentary Monitor* carried one-column statements by Professor Trevor Sheldon, Chair of the Advisory Committee to the York Review, Graham Brady, MP for Altrincham and Sale, and Professor Michael Lennon of the British Fluoridation Society.

Professor Sheldon emphasised the poor quality of the research which means that there are uncertainties as to the effectiveness of and possible harm from fluoridation.

Graham Brady M.P., Chairman of the All Party Parliamentary Group Against Fluoridation, opposed fluoridation on the grounds that mass medication is unethical and against Human Rights.

Professor Lennon (he who drafted the BFS warning that bottle-feeds for babies should not be mixed with fluoridated water) was all for fluoridation, claiming that its adoption in Greater Manchester would save tens of thousands of children's teeth from decay and avoid the necessity for dental anaesthesia for under tens.

We took out an advertorial on the opposite page of this *Parliamentary Monitor*. Members can find it here – www.npwa.org.uk/files/tiger.pdf Entitled "Riding the Fluoridation Tiger", it consisted of a summary of John Graham's article "Riding the Fluoride Tiger" published in the April edition of the *Ecologist*. Please try to pick up a copy and perhaps submit a short letter to the Editor.

http://www.theecologist.org/pages/archive_detail.asp?content_id=1876

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Recent Activities

NPWA had a stand at the two-day Harrogate Health and Healing Festival in September and Elizabeth McDonagh gave two short talks to interested audiences. On 5 October, the British Medical Journal published an article 'Adding Fluoride to Drinking Water' by J.J. Cheng, Iain Chalmers and Trevor Sheldon. 'Rapid Responses' were invited and were posted on the BMJ website; Most responses were against fluoridation. Our Directors' and other contributions to the debate may be read on – <http://tinyurl.com/63uvj7>

On 25 October a group of members attended a Health Scrutiny meeting at Wakefield Town Hall. We were not allowed to address the meeting but made useful contacts and left literature for the councillors. Wakefield PCT's Board met on 30 October and allowed Elizabeth to outline to them the main objections against fluoridation. The 20 November debates in the Isle of Man are recorded (in Paul Connett's own words) in the insert to this Watershed. Congratulations to all involved.

We have continued to work with like-minded groups, in particular Friends of the Earth's anti-fluoridation campaign and the Green Party. A new local group in Manchester was supplied with literature in spite of appalling weather conditions and a motorway journey from hell. Events surrounding Health Secretary Alan Johnson's 5 February speech in support of fluoridation are reported on the front page. We have revised and organised reprints of 'Say No' leaflets, yellow cards and 'Cathy's Horses'. You can now see a video on *YouTube* of Cathy and Wayne telling their story.

<http://tinyurl.com/6pbrrw>

NPWA has had a number of requests for articles this year, notably John Graham's 'Riding the Fluoride Tiger' in the April issue of *The Ecologist* and Elizabeth McDonagh's 'A Briefing on Water Fluoridation' to be published in *Nature's Path*. Our website is being

completely updated. It will take a little time but should prove an excellent resource for members as well as making for improved communications.

We receive newspaper articles, letters from politicians and news of anti-fluoride activities from many members. One member is arranging for our leaflets to be distributed via organic box schemes. If you know of a company which would like to help us in this way, please let us know. Another member is sending an anti-fluoride message to all his email contacts with a request that they forward it on. Please contact your local councillors (especially the new ones) and supply them with information. The next two years will be critical. Thank you all for your support and your contributions to the Campaign.

An easy way to contact your MP is via the website – www.theyworkforyou.com

Treatise on Fluorosis

We have recently received copies of Professor A.K. Susheela's book, 'A Treatise on Fluorosis'.

After a distinguished career at the All India Institute of Medical Sciences, Professor Susheela is now Executive Director of the Fluorosis Research and Rural Development Foundation in Delhi.

She estimates that 66 million people in India are damaged by high natural levels of fluoride in their water supplies and her book clearly describes the many facets of the disease syndrome (fluorosis) caused by excessive intake of fluoride.

The book may be obtained from - Prof.(Dr.) A.K. Susheela, Executive Director Fluorosis Research & Rural Development Foundation Saransh B-1, 34 I.P. Extension Delhi – 110 092, India Tel: 91-11-2273-1886

The overseas selling price is US\$50/copy + handling charges US\$10/copy (total US\$60). Payment should be made by Banker's Draft to "Fluorosis Research & Rural Development Foundation, New Delhi" www.fluorideandfluorosis.com

Green MEP tackles Southampton health chiefs over fluoridation

Green Euro-MP Dr Caroline Lucas has sent an open letter (25/03/08) to South Central Strategic Health Authority in Southampton demanding that plans to put fluoride into Southampton's drinking water be dropped.

Dr Lucas said: "I am writing for two reasons, firstly, to express my concern at the proposal currently being considered to fluoridate the drinking water in Southampton, and possibly elsewhere in Hampshire and secondly, to ask what levels of exposure are there in the current Southampton population? If this is not known, what steps are being taken to find out?"

Water fluoridation has simply not been proven to be effective for teeth, particularly when the bad effects of dental fluorosis are taken into account. Furthermore, many studies have indicated links between water fluoridation and serious ill health effects, including thyroid problems, skeletal fluorosis, bone cancers and mental problems.

Putting fluoride in our water amounts to mass medication of the population. This directly contravenes the Convention on Human Rights and Biomedicine, and is contrary to medical ethics. We are seeking a legal opinion on its further contravention of the Medicines Directive."

Caroline Lucas is now awaiting a response to her concerns.

In 2007 Caroline Lucas was voted Politician of the Year in the Observer newspaper's Ethical Awards. She was elected in 1999 as the Green Party MEP representing the South-East of England. She sits on the European Parliament's Trade, Environment and Climate Change Committees, as well as being Vice President of the Parliament's Animal Welfare Group. Caroline's work – both within the Parliament and in her constituency – also includes peace and human rights, international trade and development, transport planning and health issues. www.carolinelucasmp.org.uk

UKCAF tackles DoH & Medicines Regulator

In response to Secretary of State for Health Alan Johnson's release on water fluoridation, a formal complaint has been sent to Jack Straw, Secretary of State for Justice, on behalf of UK Councils Against Fluoridation. UKCAF's complaint is that the DoH refuses to acknowledge extensive evidence that the side effects of fluoridation can be so severe that, were it to be classified as a medicinal product (as EC law demands) it would instantly be withdrawn from the market. UKCAF therefore accuses the DoH of malfeasance and being unfit for purpose.

UKCAF has also reported to Mr Straw that the regulator, the Medicines and Healthcare Products Regulatory Agency, has arbitrarily misused its powers by refusing to recognise the medicinal nature of fluoridated water.

Congratulations to UKCAF on the launch of its new website - www.ukcaf.org

Memorial Fund

We recently received a generous donation from **Green People**. Details of their lovely organic skin & hair care products can be found on - www.greenpeople.co.uk Another came from **Shipton Mill**, suppliers of organic and speciality flours to Royalty - www.shipton-mill.com A big 'thank you' to them and to all other contributors and fundraisers. We need to raise £100,000 if we are to have a realistic chance of funding a legal challenge to stop fluoridation.

We again invite you to ask your friends for contributions using the form enclosed with this Watershed. Many thanks.

Miss Mary Glenn

It is with deep regret that we report the death last year, at the age of 92, of NPWA life-member, Miss Mary Glenn. A former primary school headmistress in Leeds, Miss Glenn moved to Cumbria for her retirement. Former pupils at her school recall a tuckshop devoid of sweets but where fresh fruit and nuts were available. Miss Glenn was an active member of the Soil Association and a generous supporter of NPWA and Leeds Against Fluoridation.

Another EU Consumer Directive undermines fluoridation

The EU's Scientific Committee on Consumer Products (SCCP) has declared that there is minimal risk of fluorosis from fluoridated toothpastes in children under 6 years old, provided toothpaste is the only source of fluoride for children(1). Clearly, this is not the case in fluoridated areas, nor will it be in areas to which fluoridation is extended.

Subsequently, an EU Directive to be transposed into the law of Member States by 19th April 2008, stipulates that all toothpastes containing from 1,000 to 1,500 parts per million (ppm) fluoride must be labelled "For adult use only" or else carry the obligatory labelling "Children of 6 years and younger: Use a pea sized amount for supervised brushing to minimize swallowing. In case of intake of fluoride from other sources consult a dentist or doctor." Commission Directive 2007/53/EC of 29th August 2007 amends a Council Directive (76/768/EC) on cosmetic products, in particular in relation to restrictions and conditions on fluorine compounds.

Belatedly, the importance of total fluoride intake from all sources and the particular susceptibility of young children to fluoride's toxic effects are being recognised. The SCCP Report and EU Directive simply highlight the absurdity of water fluoridation.

(1)<http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:26:0019:01:EN:HTML>

Epidemic of Dental Fluorosis in Eire

Dental fluorosis in Irish 15 year olds was shown by a recent UCC Oral Health Services Research Survey to have increased seven fold from 1984 to 2002 and to now affect four Irish teenagers in ten. Irish Dentists Opposing Fluoridation, numbering over a hundred and twenty practising dentists, describes the incidence of fluorosis among children as 'an epidemic'. www.idof.net

Children's toothpastes launched by GSK

GlaxoSmithKline has launched a new range of children's toothpastes with the following fluoride levels :-

Aquafresh Milk Teeth Toothpaste (0 to 3 years) 500ppm

Aquafresh Little Teeth Toothpaste (4 to 6 years) 1000ppm

Aquafresh Big Teeth Toothpaste (6+ years) 1400ppm

The Company plans to spend £2 million on marketing the range. The Milk Teeth version is to be included in 'bounty bags' given to new mums and the new range has been launched to dental professionals to encourage recommendation.

We hope and pray that everyone gets the message 'do not swallow'.

New toothpaste leaves 'magic shield'

Researchers at Bristol University are testing a new kind of toothpaste which, used before meals, puts an invisible layer of sodium hexametaphosphate on the teeth. Tests indicate that this may be more protective of teeth than fluoride toothpaste.

Toxic toothpaste alert

12 July 2007

The Medicines and Healthcare Products Regulatory Agency has warned that a toxic chemical (diethylene glycol) has been detected in fake Sensodyne toothpaste which is being sold in markets and car boot sales. The MHRA says the chemical could be harmful to young children and those with kidney or liver impairment. The 50ml tubes of toothpaste are labelled in English and Arabic and carry the batch code PROD 07 2005/EXP 08/2008. Genuine Sensodyne is unaffected.

Political challenge on fluoridation ticket.

Our correspondent in Calderdale, (Halifax in West Yorkshire) tells us that former Tory Councillor, Robert Reynolds, will stand as an anti-fluoridation candidate in the May council election. The Councillors have had repeated presentations from the dental lobby but have never given those opposing fluoridation an opportunity to speak to them, in spite of requests that they do so.

How Lincoln got fluoride

In the 1980s, fluoridation of Lincoln's drinking water supply had been discontinued due to the highly corrosive acid having worn out the dispersal equipment. No one was interested, at that time, in the waste disposal problems of little Fisons of Immingham, a firm with insufficient clout to persuade the local disease bureaucrats to repair the damage.

Then, Fisons were taken over by the European giant, Norsk Hydro. Within six weeks, the North Lincs. Health Authority (NLHA) met and decided that Lincoln's children's teeth were in immediate need of the very same waste chemical which Norsk were producing in vast amounts. £300,000 (£800,000 at today's value) of public money was spent on the equipment and, in June 1983, the Anglian Water Authority, against the wishes of its paying customers, began to dump the waste in the public supply. Not only was Norsk's problem solved, the tax payer was - and is - paying for the acid.

Together with a few local fellow opponents, I set about searching the reality of what I regarded as a nice little piece of banana-republic corruption and helped to create a groundswell of criticism and demands for a local consultation and vote. To counter this, the NLHA and the P.R. department of the Sheffield-based District Health Authority decided to have their own version and keep it in the family.

I found out, by accident, that they had placed fluoride adverts, in the form of a 'consultation card' in doctors' and dentists' waiting rooms, hospital public areas etc. The cards were quite entertaining, in their own way. FLUORIDATION - is safe, effective, a "best buy", benefits all social groups: it means fewer children's lives at risk through general anaesthetic, better general health for all, more chance for dentists to concentrate on education and prevention - all that was happening was the "topping up" of the naturally-occurring fluoride, falls in tooth decay of 50% are common...and so on.

After I had the scam exposed on the front page of the local Chronicle, the cards and the 100%-in-favour "vote" were quietly forgotten. Needless to say, it made no difference to the waste dumping. I then produced a leaflet,

complete with skull and crossbones, telling the punters what the AWA were up to. This produced a letter from the AWA Secretary, one Frederick Wild, who was not wild about my opinions: "totally incorrect...defamatory...legal action..." etc.

After telling the Lincolnshire Echo, I started giving out the offending sheets. This produced some comments about my mental health from the AWA but no court action. However, the AWA accounts department did go to court to obtain the considerable backlog of cash they considered their dues. In fairness, until they really upset me, I did pay the sewage rate, having explained to them that this was all their water was good for.

A stream of threatening letters ensued plus a visit from the ADA goons, who found they could not turn off the supply without depriving the neighbours. Having failed, they decided on litigation.

One campaigner took a large quantity of empty water bottles into court with him to show where the money had gone; another campaigner and I counter-claimed that the dumping was in contravention of the Water Act. All was to no avail. The AWA Solicitor and the Magistrate had a chuckle about our efforts as they co-wrote the verdict.

We - myself, wife Elissa, two children, three cats and a rabbit - relocated to Devon and the banks of the Dart for the Winter. They never did get their money. I still have "final demands" - unopened.. **Pat Rattigan**

Chlorine leaks at water plants

On 10 August, two South West Water employees and a contractor were taken to hospital after coming into contact with chlorine vapour at the Bovy Cross Water Treatment Works near Moretonhampstead, Devon. Fire crews from Worcester, Upton-upon-Severn, and Pershore and specialist appliances from Droitwich, Malvern and Evesham were called to deal with the leak. A spokesman for Severn Trent said: "It is routine that the fire service are automatically called when a leak occurs. Fortunately this was a very small leak which was quickly dealt with. There was no danger to the public or the water."

Chlorine is acutely toxic and heavier than air. Large leaks carry great potential to harm anyone in the vicinity.

A similar leak occurred at Strensham Water Works on 17 May.

Donegal study shows seven out of ten people getting too much fluoride

16 October 2007

Seven out of ten people in County Donegal are getting too much fluoride, says VOICE campaigner Robert Pocock. His comments are backed up by results from a survey involving volunteers from three different fluoridated areas of County Donegal, who monitored their urinary fluoride intake over a 24-hour period.

The survey was carried out by Clane GP, Dr Andrew Rynne who engaged an EU-accredited pathology laboratory to obtain the results. Urine samples from Inishowen, Letterkenny and Stranorlar were obtained from people aged between 19 and 68 and evenly split between men and women. Of the subjects tested in Co Donegal 72% were at or above the safe intake of fluoride. The safe level was based on the UK Food Standard Agency guideline value based on daily fluoride intake related to body weight. The proportion at or above the safe limit in largely unfluoridated UK is 20%, suggesting that the addition of fluoride to Irish drinking water is completely unjustifiable.

"Of the 32 subjects who volunteered, only nine tested within a safe intake" said Dr Rynne. "This confirms the suspicion that the fluoridation of Irish drinking water is the major contributor to fluoride over-exposure. Several subjects are many times over the stated safe intake."

YouTube has the Cathy's Horses story

There is now a short video on the internet about the fluoride-poisoning of Cathy and Wayne Justus's horses -

<http://tinyurl.com/4rcqha>

There are also a number of videos on fluoridation on - www.fluoridealert.org

Cumbrians Against Fluoridation are now on the web -

www.cumbrians-against-fluoridation.org.uk

Connett-Lennon debates in the Isle of Man, 20 November 2007

The Isle of Man is located in the Irish Sea mid-way between Ireland and the England. At night from the small port of Ramsey one can see the lights of the nuclear processing plant in Sellafield in North West England. To sports fans, the Isle of Man is most famous for its annual motor bike race around the island. It has a population of only 80,000 but it proudly boasts the longest continuously running parliament in the world.

About four years ago citizens of the Isle of Man discovered that the Island was being earmarked for fluoridation again (a previous attempt was defeated about 20 years ago). The champion for this second attempt was Dr. Paul Emerson who works for the Department of Health and Social Services (DHSS). Opponents found out that he is a member of the British Fluoridation Society - hardly an unbiased source on these matters. In his many appearances on the radio Dr. Emerson has presented the case for fluoridation with absolute certitude. He is both abrupt and dismissive with anyone who has concerns about the practice.

However, Dr Emerson totally underestimated the very astute and well-informed opponents on the island. Led by Kevin Glynn (a supplier of specialized dental products) and Greeba Skinner (a newly qualified naturopath), a small but ever growing anti-fluoridation group has turned out to be quite a match for the pro-fluoridation lobby in the DHSS. The group has been greatly aided by a steady supply of advice and invaluable information from John Graham of the National Pure Water Association in the UK.

Last April Kevin was able to tweak Emerson's outward appearance of confidence on this issue and get him to accept the challenge to debate me. However, a few weeks before the chosen date for the debate Emerson decided to use Professor Michael Lennon, the chairman of the British Fluoridation Society, to debate me instead. So it was that, yesterday, for the first time in 11 years, I was able to debate (not once but twice) one of the world's leading and most influential proponents of fluoridation.

The Tynwald debate

The first debate was held at lunchtime, before invited members of parliament (MHKs) in the Tynwald, the island's parliamentary building. It was moderated by Mr Malachy Cornwell Kelly – Clerk of Tynwald, who did so in his full regalia. Proponents were given 20 minutes, then I was given 20 minutes and then the remaining 20 minutes was given over to questions from the audience. The meeting was not open to the general public or the media.

After a local health official outlined the dental situation on the island, Professor Lennon used the balance of the time to present the argument for fluoridating the Isle of Man's water supply. He made a huge issue about the number of primary teeth being extracted under anaesthesia, which was much higher than in both unfluoridated and fluoridated cities the UK (Manchester and Birmingham). Throughout his presentation he referred only to fluoridation's supposed benefits to primary teeth. He offered no evidence on secondary teeth. He stressed how many people worldwide were "enjoying the benefits of" fluoridated water (350 million) and said over 30 countries were fluoridating their water,

The only health effect he acknowledged was dental fluorosis but said it was nothing to worry about. He even said that two of his own children had dental fluorosis, but neither they nor his wife knew they had this condition! His dismissal of other health concerns was based on three reports: 1) The Royal College of Physicians (1976); 2) the York Review (2000) and 3) the MRC research recommendations based upon the York Review (2002). He did not mention the 2006 National Research Council (NRC) review but in response to my statement that both proponents and pro-fluoridation governments were ignoring this report, he said that he had a copy in his briefcase.

I first warned against accepting "endorsements" from so-called "authorities" in place of science-based arguments. I then countered Lennon's 350 million people drinking fluoridated water in over 30 countries with the facts that, 1) over 98% of European citizens do not drink fluoridated water and 2) only 8 countries in the world had more than 50% of their populations drinking fluoridated water. These are Australia, Columbia, Ireland, Israel, Malaysia, New Zealand, Singapore and the United States where the practice began in 1945 and was endorsed by the US Public Health Service in 1950 before any trial had been completed and before any comprehensive health study had been published.

I then offered arguments and evidence as to why fluoridation is not ethical, necessary, effective or safe.

I personally felt that I won this debate quite convincingly. We were told that one MHK said, "Lennon was good, but Connett was brilliant" another said it was "Game, Set and Match" to Connett and another said, "It's all over".

Then I set about preparing for the big public meeting. This was to be recorded on professional quality video and recorded by Manx Radio for later broadcast. The meeting was well advertised by the DHSS, which spent over £1,000 on paid advertisements in the local newspapers. As readers of these bulletins know, debates between leading spokespersons on both sides of this issue are very rare. Proponents usually decline to debate the matter so persuading Professor Lennon to debate me was a major event in this long running controversy. The National Pure Water Association challenged Michael Lennon to debate me in Oxford in 1996 but he declined. I am intrigued as to why he chose to accept this time round, and why he chose the Isle of Man for the battleground.

Not surprisingly therefore the debate attracted a number of distinguished visitors from the UK, which included Dr. Jennifer Luke, a prominent fluoride researcher who first demonstrated the accumulation of fluoride in the human pineal gland, Walter Graham who led the fight to keep fluoridation out of Northern Ireland, Liz Vaughan the chairman of UK Councils Against Fluoridation and Doug Cross an independent researcher who has served on the UK Committee on Toxicology, and has spent several years investigating the "legality" of fluoridation. The proponents had in attendance Dr. Kishore, Director of Public Health, Dr. Paul Emerson, other members of the DHSS and the Minister of Health.

The Public Debate

The debate was moderated extremely fairly by Miss Norma Cowell, a retired head teacher, who was recommended to the organizers by the Minister of the Methodist Church where the event was held. The organizers had invited all the MHKs, all the Commissioners, all the Parish Captains, all the doctors, all the dentists and all the hygienists on the island to attend. The front 5 rows were reserved for these people and most seats were taken. Each side was given up to 45 minutes to present their case and any unused time would be given over to the audience for Q and A.

Speaking first was Dr. Kishore (who hails from the state of Kerala in India). He argued that one has to be careful about extrapolating from the ill effects caused by fluoride in India to effects, which might be experienced in western countries. Levels in India can be very high, up to 25 ppm and several issues might compound these effects: poor diet, the hot climate, and other contaminants in the bore well water.

To my utter amazement Professor Lennon gave almost exactly the same presentation he had given at lunchtime, even though he had twice the time to deliver his comments. I couldn't understand why he didn't try to address any of the damning evidence I had presented in my lunchtime presentation. I was surprised he didn't address the health concerns in the NRC (2006) review a copy of which he said he had in his briefcase. Did he really believe that he had won the lunchtime debate?

I expanded on my lunchtime address giving far more details on the evidence indicating ineffectiveness. This included a power point slide prepared by John Graham showing that the expenditures on dental interventions in Wolverhampton (UK) had doubled in the 5 years following the introduction of fluoridation there in 1997, thus raising questions about whether the reductions in tooth decay were caused by fluoridation or these interventions. I also gave the evidence of harm as presented in the National Research Council review of 2006.

Because Professor Lennon had used the York Review several times to buttress his case I showed a slide of and read out the letter Dr. Trevor Sheldon (Chairman of the Advisory Committee to the York Review) had sent to the House of Lords complaining about the misleading claims being made by the BFS and others on the content of York Review, as well as re-iterating what the Review found and did not find. (Note: A refined critique of these distortions, as well those by the British Government was published recently by Cheng et al. in the October 5th 2007 issue of the British Medical Journal.) We then had questions from the audience. This included a brilliant and hilarious account by Walter Graham on how fluoridation was kept out of Northern Ireland. Doug Cross also gave a summary of his research showing that fluoridation is illegal under European law.

Shortly after 9 pm, Professor Lennon announced, much to the dismay of both the moderator and the audience, that he had had enough. He said that it had been a long day, that he was up at 8 am, he was looking forward to eating some seafood and he was leaving. As he made his exit, someone asked the audience how many people

were in favour of fluoridating the Isle of Man. Only the retreating proponents (which included the DHSS entourage and the Health Minister) raised their hands. We counted three hands raised. We were not sure

whether the Minister was raising his or just waving it in farewell. Earlier the Minister had announced that fluoridation was not a done deal. When the audience was asked how many opposed fluoridation the remaining 100 plus hands shot up, which included at least 5 doctors and several dentists and many of the elected officials.

Just how many people came with their minds already made up no one knows, but the organizers think it is highly likely that many were persuaded by the arguments which I, and others, gave against the practice. What was very satisfying about this meeting was that everything was done fairly. Both sides were offered equal time. The moderation was scrupulous. There was no shouting and no mudslinging. We won on the arguments. Our science was simply better than their science. For once we were able to show this in public and the media was there and every word was videotaped and recorded.

Shortly, we hope that you will get a chance to see for yourselves how we did when you watch the DVD of the meeting. I hope you will agree that we clearly won this debate and that this video will be a powerful new tool in fighting this practice worldwide. I will simply end by saying that I think I slept more soundly last night than either Professor Lennon or Dr. Emerson.

Paul Connett
fluoridealert.org

A Response to the Nuffield Council on Bioethics Report (2007) **“Public Health: ethical issues”[Case Report 4: Fluoridation of Water]**

This Report from the Nuffield Council on Bioethics dissects the roles that Government, industry and other stakeholders should play in the realisation of ‘better public health’. Proper healthcare provision involves collaboration between all those whose work contributes to the shaping of the manmade environment, the provision of clean air, drinking water, and a wholesome food supply. It includes due consideration of the best ways to introduce *effective* societal measures to address health inequalities. Traditional ethics are analysed in a public health context. John Stuart Mill’s ‘harm’ principle justifies coercive state interventions - e.g. the banning of smoking in public places - when the sole purpose is to prevent harm to others. Bioethics (whose principles of autonomy and informed consent are so relevant to clinical decisions) cannot govern *all* public safety issues, when restriction of choice may be the only liberty to be compromised and the results are clearly beneficial - e.g. compulsory use of seat belts.

The authors develop a “stewardship” model for the role of government in a liberal state. Coercion and intrusiveness should be minimised. An “intervention ladder” is outlined: the more intrusive the measure, the stronger must be the justification for its use. On ‘practical’ grounds they advocate the substitution of ‘democratic decision-making’ in public health matters for the otherwise central role of individual consent *but* “if substantial risks are involved, then individual consent would have to be sought.” Cost-effectiveness is a key concept. All acceptable interventions must be evidence-based; all the risks involved must be evaluated. This demands scrupulously careful trials, backed up with effective monitoring and published, open and unbiased reporting of results.

This overarching need for reliable, shared evidence to inform public policy is contrasted with self-interested evaluations of evidence, particularly by major stakeholders (e.g. industry, public health bodies and lobby groups) that are described as “unhelpful”. The media must report matters responsibly. Businesses have major obligations towards society and not merely to their shareholders. Many now seek to incorporate this in ‘social responsibility’ policies. Government regulation and the courts *must* intervene effectively wherever corporate bodies fail to meet reasonable standards of care for their employees, their customers and the environment. Public involvement is an effective force - demanding better standards of food production and marketing, better consumer information and choice. The State should intervene - e.g. by cost-effective targeting - to help vulnerable and disadvantaged groups of all ages, whose access to healthy living is clearly compromised by their circumstances.

In Chapter 6 [Fluoridation] the authors try hard to convey an impression of even-handedness. The dental public health case for fluoridation – “it protects children; it reduces dental health inequalities across entire populations” - is set against “the coercive and unavoidably intrusive nature of the measure” which “could be used to argue against the addition of any substance to the water supply” (for purposes other than purification). They disagree. After all, the measure is firmly in place. They also try to marginalize those who affirm that the optimal wholesomeness of the drinking water supply must remain a *fundamental* priority in maintaining human health; deliberately to compromise this provision must require extraordinarily cogent reasons. They never hint that fluorides are cytoplasmic poisons, but they do accept that the anticaries effects of fluorides are antibacterial and topical, so swallowing of fluorides is dentally ineffective.

Following York CRD [1] they argue that the current evidence-base for dental benefits and for all the harms attributable to fluoridation practice is ‘inadequate’, ignoring again the very large number of scientifically rigorous studies that fell beyond the CRD’s protocol. Despite evidence of its declining effects, they refer to fluoridation as “an otherwise promising strategy” and they notably fail to advocate the precautionary cessation of fluoridation until vital matters (e.g. childhood cancers) are clarified. They merely require UK Health Authorities to “monitor the effects of water fluoridation, including the severity of fluorosis and other possible harms”. This, of course, will never remedy the situation because the fox is in charge of the hen house. Is it not curious that neither the MHRA nor the FSA regard fluoridation as falling within their remit? Policy on water fluoridation is determined by the Department of Health, which has never faltered in its view that fluoridation is “safe and effective”; nor has it ever accepted a report that had not first passed through the hands of dental advocates whose function is to keep fluoride treatments on the public health agenda at all costs. Nuffield describes but fails to see the significance of these extraordinary legal and political provisions.

True to their principles, the Nuffield authors consider “less coercive alternatives to water fluoridation”. Unhesitatingly they present only fluoride-based alternatives, but recognise that these retain the element of choice. They fail to consider targeting of young children in danger of ‘runaway caries’- a situation leading inexorably to pain and extractions under anaesthetic which fluoridation cannot prevent. They reiterate the BFS’s “350 million people in over 30 countries use fluoridated water.” Impressive? This represents just over 5% of the world population; in most of these countries a tireless campaign to remove fluoridation from the public health agenda is being waged against entrenched official advocacy.

Had John Stuart Mill’s ‘harm’ principle operated in the U.S. courts, fluoride polluters would long ago have been forced to clean up their industries and to fully compensate the workers and communities whose health has been devastated by environmental fluoride exposures [2]; the rational, evidence-based, health requirement to keep fluoride levels in drinking waters down to ~ 0.1 ppm could never have been hijacked to enable the fluoride polluters and their dedicated agents, the dental profession, to bask in excessive and largely unethical profits, here underwritten by U.K. taxpayers. Every significant public debate on mass fluoridation ends with an overwhelming majority of those involved rejecting the practice; consent and trust in this coercive measure are conspicuous only by their absence.

Perhaps the following quotation best encapsulates the fundamental issue:

“No local authority, Parliamentary or other collective decision-making process is in any way appropriate in this instance (fluoridation). I have not vested in my MP, my local councillor or my neighbour the authority to decide what is good for me or my child” [Anne Butcher].

The inability of Nuffield to acknowledge as sacrosanct this cornerstone of a truly liberal society is simply one more regrettable consequence of a decision made fifty years ago to establish fluoridation as “a health measure that cannot be debated.”

Ian Packington

References

- 1 NHS CRD Report 18 ‘A Systematic Review of Water Fluoridation’ 2000
- 2 Bryson C. ‘The Fluoride Deception’ p/b 2004 Seven Stories Press NY 10013

