

BARRY GROVES

FLUORIDE



BARRY GROVES



FLUORIDE

DRINKING OURSELVES to DEATH?

Contents

Foreword

Introduction

Chapter 1: Water Fluoridation

Chapter 2: Fluoride and Water Safety

Chapter 3: Cancer and Fluoride

Chapter 4: Safe Limit for Fluoride

Chapter 5: Fluoride and the Brain

Chapter 6: Research into Fluoride

Chapter 7: Fluoridation and High Infant Mortality

Chapter 8: Fluoride as a Cumulative Poison

Chapter 9: Fluoride Kills

Chapter 10: People at Risk from Fluoride

Chapter 11: EPA Scientists and Fluoride

Chapter 12: Support for Fluoridation Diminishes in America

Chapter 13: The Totality of Fluoride

Chapter 14: The Ethics and Legality of Fluoridation

Chapter 15: Dental Fluorosis

Chapter 16: The Dose Makes the Poison

Chapter 17: Fluoride-Related Bone Problems, Part One

Chapter 18: Fluoride-Related Bone Problems, Part Two

Chapter 19: The Death of Science

Chapter 20: The Poor and Fluoride Toxicity

Chapter 21: Sugar and Truth Decay

Chapter 22: Money Down the Drain

Chapter 23: The History of Water Fluoridation, Part One

Chapter 24: Arsenic and Old Lies

Chapter 25: The History of Water Fluoridation, Part Two

Chapter 26: Dentifrice – or Rodenticide?

Chapter 27: Europe Against Fluoride

Chapter 28: Skeletal Fluorosis

Chapter 29: The Public and Fluoride

Chapter 30: Legislating for Fluoride

Chapter 31: Fluoride Not an Essential Nutrient

Chapter 32: Fluoride and Controversy

Chapter 33: The UK Review: The Final Word on Fluoride?

Chapter 34: Are You at Risk?

Chapter 35: Conclusion

Appendix A: Scientific Opposition to Fluoride

Acknowledgements

Foreword

Barry Groves has performed a considerable service to society by producing a clearly written book, which summarises much of the scientific evidence available on the vexed question of the fluoridation of public drinking water supplies. The format of the book is based on a circular notice sent to UK dentists by the British Fluoridation Society (BFS), which detailed a series of questions that might be posed by patients and provides suggested answers to those questions. Barry Groves takes each question and the BFS answer in turn as the basis of a series of short chapters which then present what is known and published about each topic. This juxtaposition serves to put in stark relief the apparent evasive nature or clear bias of many of the BFS's suggested responses.

What are the most important questions? Readers of this book will find that the science underpinning the widespread introduction of drinking water fluoridation, with the claim that it reduces dental decay, appears decidedly thin and shaky. For instance, the data presented shows that there are many examples of dental decay rates being higher in fluoridated than in non-fluoridated areas. There are relatively few countries in the world that use fluoridation: the USA (where it all started) and some mainly English speaking countries across the globe. In many other countries it is simply against the law to contemplate the mass medication of a whole population with a substance that everyone, even the protagonists, admit has the potential to be toxic at certain doses.

A major consideration about fluoride is that the margin of safety for fluoride is about 100 times less than that tolerated for drinking water pollutants. The industrial source of the actual fluorosilicates used to fluoridate and their potential contamination with toxic metals is thoroughly covered in the book. What other therapeutic prophylactic substance has ever been allowed to be administered to patients, unsupervised, with no control over consumption and no recommendation for dose? Fluoride is recognised as a cumulative toxic substance and there is considerable scientific evidence to show that a proportion of the population is liable to consume more fluoride than is advisable. This can lead, amongst other conditions, to osteoporosis.

Since the concept of fluoridating public water supplies was introduced we have become exposed to many other sources, through fluoridated dentifrices, tablets, and dental treatments, which has exacerbated the problem. In addition, for any drug that has ever been produced, there is a minority of the population who, because of their genetic make up, are peculiarly susceptible to its toxic properties. Furthermore there are periods, such as foetal life, infancy and extreme old age, when the body's ability to detoxify substances and excrete them are less than optimal. It appears that few considerations for

such vulnerabilities in water fluoridation have been made. Whatever the merits of the case, and you can judge those for yourselves, I am personally opposed in principle to the mass medication of whole populations.

There is no shortage of products containing fluoride for people to be able to make an informed choice on their own behalf and that of their families. In addition there are no overwhelming arguments for the necessity of such treatment. This combined with the genetic susceptibility of some, as outlined above, makes the whole proposition subject to question on an ethical basis, as discussed in this book. The book contains a number of accounts of actions that have been taken against dentists and academics who have had the temerity to question the wisdom of mass fluoridation. There would appear to have been clear violations of academic freedom.

With a majority of young academics appointed to short term contracts, this is something that should exercise the minds of all those who value the importance of freedom and independence of thought amongst scientists. If academic freedom is ever allowed to be strangled then the type of data that has made the writing of this book possible will become very scarce. I hope that you will enjoy this book, which must be regarded as essential reading for those who wish to enter an informed debate on this topic. As a microscopist who has had a research interest in the formation and build up of dental plaque and a toxico-pathologist with an interest in the effect of toxic substances on development, I have found this volume to be in turn informative, readable and thought provoking. When you have finished reading, if you come to the same conclusion, recommend it to others!

Dr C Vyvyan Howard MB, ChB, PhD, FRCPath Toxico-Pathologist

Introduction

“Fluoride is more toxic than lead and only marginally less toxic than arsenic”.
Clinical Toxicology of Commercial Products, 5th edition

“I cannot pretend to be an expert on the matter [fluoridation], but from what I read, it seems to be better, rather than worse, for people’s health”. UK Prime Minister, Tony Blair, Prime Minister’s Questions, Hansard, 6 May 1998

If someone were to tell you that you were being subjected to a known poison, without your consent, that the substance could lead to an increased risk of cancer and osteoporosis, and that it was used as a commercial rat poison, you would probably think they were mad. And if they averred that this medication was being administered today with the full knowledge and cooperation of government and the medical profession, you would be sure they were mad. Yet this is what is happening to millions of people in Britain,

Ireland and other countries today, for that poison is fluoride. For nearly fifty years, governments and media have been telling us that fluoride reduces dental cavities, especially in children.

It is put in toothpaste, given to children in pill form, used as a gel on children's teeth, and, even though it frequently occurs naturally, the law allows water companies to add fluoride to water supplies whenever an Area Health Authority asks them to. In Ireland and some other countries, it is now quite difficult, if not impossible, to avoid fluoride. It may come as a surprise, therefore, that although an impressive list of health, dental and regulatory organisations in Britain and Ireland (see Table 1) advocate water fluoridation and actively campaign for its wider use, they represent very much a minority opinion within the scientific community; and that no country in continental Europe and only a handful of countries worldwide fluoridate their water supplies to any great extent.

In other words, most have not been convinced by the pro-fluoridation lobby, even though the supposed benefits and safety of fluoride are promoted as 'incontrovertible'. Organisations that advocate water fluoridation in the UK:

Association for Public Health, Association of Directors of Public Health Medicine, British Association for Community Child Health, British Association for the Study of Community Dentistry, British Dental Association, British Dental Health Foundation, British Dental Hygienists' Association, British Fluoridation Society, British Medical Association, British Society for Paediatric Dentistry, British Society of Dentistry for the Handicapped, Faculty of Dental Surgery of the Royal College of Surgeons of England, Faculty of General Dental Practitioners (UK) of the Royal College of Surgeons of England, Faculty of Public Health Medicine of the Royal College of Physicians of the United Kingdom, FDI World Dental Federation, Health Education Authority, Health Promotion Wales, Help The Aged, MENCAP, National Dental Health Education Group, NHS Confederation, NHS Consultants' Association, Oral Health Promotion Research Group, Patients Association, Public Health Alliance, Royal Society of Health, Scottish Association for Community Child Health, Socialist Health Association, Unison Health Care.

Industrial waste

The fluoride put in drinking water has never been shown to be safe. Suggested adverse effects of ingesting fluoride include dental and skeletal fluorosis, kidney disease, genetic mutations, birth defects and cancer. An acrimonious argument about whether or not fluoride should be added to drinking water with the aim of reducing dental decay has raged for half a century. For fluoride has another side that governments never mention.

The 'fluorides' put in public drinking water and toothpastes are toxic industrial wastes: hazardous pollutants that, under circumstances other than water fluoridation, are very strictly controlled. This fact has raised concern amongst health risk assessment scientists at the United States Environmental Protection Agency (EPA), who have helped draw attention to the fact that the only other place these chemicals can legally be disposed of is in a hazardous waste facility. Dr William Hirzy, senior vice-president of the trade union that represents professionals working at the EPA headquarters in Washington, DC, pointed out: '[I]f this stuff gets out into the air, it's a pollutant; if it gets into the river, it's a pollutant; if it gets into the lake, it's a pollutant; but if it goes right straight into your drinking water system, it's not a pollutant.

That's amazing!' Amazing, but true. But if overexposure to fluoride were admitted to be harmful, the impact on industry would be catastrophic: companies would be faced with enormous bills for the disposal of this toxic waste, since fluoride is one of the most toxic substances known. Government knows about it too. If word got out (as it is doing), public health services that promote fluoridation, such as the National Health Service (NHS) in Britain, could face claims for compensation that could bankrupt them. Thus, industry and government have a powerful motive for claiming that fluoride is safe.

Fluoridation by stealth?

In 1998 the British New Labour government published a consultation paper, *Saving Lives: Our Healthier Nation*. It highlighted four priorities for improving health in Britain: heart disease and stroke, accidents, cancer, and mental health. But in the heart of the document, buried between 'an integrated transport policy' and 'tough measures on crime', are two paragraphs on fluoridation of drinking water. Their disguised position may not be accidental. Frank Dobson, then Secretary of State for Health, was reported in *The Dentist* (July/August 1998) to have told officials that he intended to 'push forward' with fluoridation in the coming White Paper and, if necessary, to do so by 'subtle means'.

The consultation paper said that it recognised 'the strongly held views on the issue of water fluoridation' and welcomed 'ideas on how best to test public opinion'. But surely public opinion should not decide this issue. Whether a chemical should be fed indiscriminately to the whole population with the sole purpose of altering the chemical composition of body tissues is, surely, a medical question. Is 'the public' medically qualified to take such a decision?

Only a crank would want a clean water supply

Research conducted in countries where fluoridation is not practised, and where public health officials are not committed to fluoridation, is unbiassed. It

is largely in these countries that fluoride's detrimental effects have been exposed. In countries where fluoridation is practised, the reverse has been true. Overzealous proponents have denied all evidence of harm that has come from the other countries, they have stopped scientific research, and they have stifled debate. In Britain, as in the only other countries to fluoridate their water to any extent (Ireland, the USA, New Zealand, Canada and Australia), the fluoride dispute has adversely affected both the funding that should have been devoted to studying the long-term effects of fluoride exposure, and the quality and type of research conducted.

The debate, which has now continued for more than half of the twentieth century, has become acrimonious. Proponents reject as clinically insignificant every study that casts doubt on the safety of fluoridation: the adverse effects, they say, are attributable to something other than fluoride, or are irrelevant; while those who oppose fluoridation are vilified as scaremongers, quacks and fluorophobes. The following is a good example of such denigration. In 1996 Frances Frech, an American opposed to fluoridation, noted in a letter to the dental/public health listserv on the Internet, that the Journal of Public Health Dentistry, no less, had said:

84 per cent of 17-year-olds have had tooth decay with an average of 11 affected surfaces.... black, low-income, and Native American children, respectively, have 65 percent, 91 percent, and 265 per cent more untreated tooth decay than their peers.

Frech pointed out that ALL (not some, not most, ALL) Native American reservations are fluoridated by order of the US Public Health Service.... Fluoride, then, whether safe or not, is clearly NOT very effective IF at all.

With this, Frech challenged the proponents of fluoridation to a debate. Dr Michael Easley has a PhD in dentistry from Ohio State University and an MPH (Master of Public Health) degree from Michigan State University. He is a former Director of Environmental Health and Community Safety for the Commonwealth of Kentucky. Currently, he is president and chief executive officer of International Health and Management Associates. He is the national spokesman on fluoridation for the American Dental Association and has testified on fluoridation both in the USA and in Britain. Easley answered Frech's letter on the Internet with the following attack on 7 August 1996. He warned dentists that they:

"... should not waste their precious time and energy dealing with these health terrorists. As you can see from Frech's propaganda, none of them know a damn thing about what they are talking about. Besides, Frech and the like make it up as they go – there is no science behind their false claims. From their perspective, that is all right though, because their twisted minds have

accepted the notion that it is OK to lie, slander, libel, exaggerate, misquote, inaccurately quote, quote out of context, and invent 'truths' at the drop of a hat, in their misguided attempts to frighten the public into not accepting fluoridation. If members of this listserv would only 'surf' the net occasionally and read some of their materials, you'd see what kooks they really are.

As you are all aware, there can be no legitimate debate about fluoridation because there is no scientific controversy about it – it remains safe, effective, efficient and cost-effective, regardless of what Frech and the other anti-fluoride ilk say about it. 135 million people drink fluoridated water in the US, with another 10 million drinking water that has natural fluoride levels at optimal levels. And the number is growing rapidly as we continue to fluoridate additional cities, despite the failed attempts of the fluorophobics.

The one principle that needs to be remembered is that anti-fluoride cultists will not be dissuaded by the truth. Fluorophobics are not deserving of your efforts. Let them spew their garbage, ignore them, and go on with your discussions as if they weren't there. They have their own anti-health homepages from which they can pollute the Internet with their illogical propaganda. You won't eliminate quackery by debating with quacks – debating them here only gives them an additional forum from which to publicize their twisted logic. Spend your energy fluoridating communities. The best way to beat the anti-fluoride zealots is to fluoridate their water supply. If they don't want to drink the water, then they can buy bottled water or move to the country. The rest of their community wants and deserves fluoridation”.

Note the choice of words Easley uses. Calling people who simply want a wholesome water supply, uncontaminated by added medication, 'health terrorists', 'cultists' and 'quacks' is hardly the language of reasoned debate. Don't forget that Frech was quoting from a prestigious dental journal and merely asking for the issue to be debated. But then, the second paragraph of his tirade begins: 'As you are all aware, there can be no legitimate debate about fluoridation because there is no scientific controversy about it.' Isn't there? Easley couldn't be more wrong, as this book will demonstrate.

Easley cannot help but be aware of it: after all, it is his job. No, Easley doesn't want this subject debated. Easley is not the first person not to want a fluoride debate. In 1961 Dr C.H. Patton, then president of the American Dental Association, told a meeting of the California Dental Association: 'I contend the subject [fluoridation] is not debatable.' Four years later, the executive secretary of the ADA repeated: 'Fluoridation of drinking water is no longer a subject that is scientifically debatable.' And the following year yet another president of the ADA told a National Health Assembly: 'Fluoridation is no longer debatable in the scientific community; it should not be debatable in the political community.' Of course, if a subject cannot be debated, then any

evidence, either for or against, cannot be heard.

This means that those in both the dental and medical fields, who need to be aware of any adverse effects, are denied access to that information – potentially a very dangerous situation. In a court case to decide the legality of fluoridation in Allegheny County, Pennsylvania, Judge Flaherty, formerly chairman of the Pennsylvania Academy of Sciences and now a Justice of the Supreme Court of Pennsylvania, declared: 'Prior to my hearing this case, I gave the matter of fluoridation little if any thought but I received quite an education, and noted that the proponents of fluoridation do nothing more than try to impugn the objectivity of those who oppose fluoridation.'

Oppose and be damned

Vilification of those who oppose the mandatory fluoridation of drinking water is commonplace in the history of fluoridation. Voices of opposition have invariably been suppressed since its inception over half a century ago; many scientists who have spoken out against fluoridation have been fired from their jobs. It is a far from healthy story, and it still goes on today.

What should be done?

The questions hanging over the safety and effectiveness of fluoride need to be addressed as a matter of urgency. Refusing to debate this issue will not resolve the matter. Neither will burying one's head in the sand in the hope that it will go away. The safety of fluoride is firmly on the agenda, and there are many questions about fluoride that need to be answered:

1- The world witnessed a dramatic decline in the prevalence of dental caries in the twentieth century. Fluoride is frequently cited as the reason for this improvement. But caries has also declined in countries that don't fluoridate. Is the decline due to fluoride or something else?

2- The safety of the fluorides put in water have never been tested. The UK government-sponsored review of fluoridation, *Fluoridation of Drinking Water: A Systematic Review of Its Efficacy and Safety*, published in 2000, does not address this question. Nor does it look at all sources of fluoride, even though the World Health Organization says that fluorides from all sources must be considered before yet more are introduced into the food chain. With a recommended 1 mg per day 'required' to prevent cavities, and one cup of tea alone containing up to 7.6 mg, do we really need more?

3- Or should we really be considering removing fluorides from our diet? This book cannot hope to cover all the thousands of studies that have been published over the past century, but it will endeavour to cover enough of both

the scientific evidence on which fluoridation is based and the ethical questions that this indiscriminate mass medication raises for readers to be able to make a more informed decision about whether they want fluoride in their diet.

The British Fluoridation Society's suggested answers to issues raised by the public – and the truth

The advent of the Internet, with its millions of pages of data, has allowed the public to look at many issues connected with health, and as a consequence, people are beginning to question many of the foodstuffs and treatments available today. One result of this increasing awareness is that dentists are finding that their patients are asking more and more questions about dental treatments. Not surprisingly, those patients expect dentists to have sufficient knowledge to answer those questions.

But dentists do not know. Some three years ago I asked my own dentist, who is a university lecturer on dentistry, what he knew about any possible adverse effects of fluoride. He replied that he knew of none, and that he left that 'to the experts'. I had expected him to be an expert. The British Fluoridation Society (BFS) is a British government-funded limited company, composed mainly of dentists, which campaigns to put fluoride in drinking water. Because the questioning of dentists has become ever more common, the BFS recently prepared a briefing paper containing specimen questions and suggested answers, with brief background résumés, for dentists and BFS spokespeople.

These questions and the BFS's suggested answers, with résumés in italics, exactly as they are presented, form the basis of the chapters in this book. This book takes each question, its suggested answer and the brief résumé, as published by the BFS, and then answers the questions in detail with reference to published evidence. In this way it will cover issues of safety and efficacy, as well as the ethics and legality of fluoridation. It will also look at the history of fluoridation to uncover a story of arrogance and ignorance. In addition, this book will discuss the British government-sponsored NHS review of the benefits and adverse effects of fluoridation (Fluoridation of Drinking Water: A Systematic Review of Its Efficacy and Safety), the results of which, published on 6 October 2000, did not show fluoride to be safe. Finally, several practical suggestions are made to enable you to avoid this iniquitous poison.