The Fluoridation Failure
by Dr Paul Connett (PhD Chem.), Director, Fluoride Action Network (USA)

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[A week ago promoters of fluoridation celebrated the 68th anniversary of the beginning of fluoridation (25th January, 1945) in Grand Rapids, Michigan. Rather than just blindly celebrating this outdated practice promoters would be more convincing if they debated the issue in public with leading scientific opponents of fluoridation like Paul Connett, PhD, Director of the Fluoride Action Network. It has now been 25 days since Dr. William Maas, former director of the Oral Health Division of the CDC, and now spokesperson for the Pew Charitable Trust, was challenged to debate Dr Connett, but as of today there has been no word. Meanwhile, Dr. Maas has no problem insulting Dr. Connett in his one-way communications.

Professor Connett today, had this message for Dr. Maas, "Hey, Bill either put up or shut up. If you have the confidence to insult me then you should have the confidence to debate me in public."

Paul also wrote the following analysis of the fluoridation failure of the past 68 years, with the suggestion that campaigners share this information with local decision-makers and the media by email and by reading it at public hearings.]

If fluoridating the public water supply was as good as the promoters say it is, then after 68 years...

- The majority of countries would be doing it – but they aren’t. 97% of European countries do not fluoridate their water.
- There would be a clear difference in tooth decay between countries that do and those that don’t – but there isn’t.
- There would be randomized clinical trials that demonstrate its safety and effectiveness - but there aren’t.
- The US Food and Drug Administration would have approved fluoride for ingestion – but it hasn’t.
• The public water supply would have been used to deliver other drugs – _but since fluoridation began this has not been done._

• The promoters would gladly agree to publicly debate leading scientific opponents of fluoridation – _but they very rarely do._

• Promoters would not have to use insulting ad hominem attacks on opponents– _but they do._

• The promoters would not have to intimidate the members of their own professional bodies to toe the party line – _but they do._

• The promoters would not have to spend millions of dollars on public relations outfits and lobbyists to win their case for them behind closed doors – _but they do._

• Rather than force through mandatory fluoridation bills at the state level promoters would encourage communities to freely vote on the matter - _but they don’t._

• The promoters would cite scientific studies to prove their case rather than relying on second hand endorsements and biased review panels – _but they seldom do._

• The promoters would have performed studies of their own to check the findings of researchers who have found harm in countries with moderate to high natural levels of fluoride in their water - _but they don’t._

• The promoters would have resolved every question about safety – _but they haven’t._

• The promoters would have carefully tracked the levels of fluoride in the blood, urine and bones of people living in fluoridated communities - _but they haven’t._

• The promoters would have checked scientifically the many anecdotal reports that certain individuals are particularly sensitive to fluoride’s toxic effects – _but they won’t._

• The promoters would have used the severity of dental fluorosis as a biomarker for epidemiological studies to investigate potential harm to children - _but they haven’t._

• The promoters would accept liabilities for any harm caused by fluoridation, including payment for treating dental fluorosis, which now impacts at least 42% of
American adolescents - *but they don’t*. [The incidence of dental fluorosis in the fluoridated areas of the UK and Ireland is approximately 40%.

**Fluoridation is not a good practice at all**

There is no doubt that the vast majority of people that promote fluoridation truly *believe* in this practice. But public health policy must be based upon more than a *belief system*. It must be rigorously defended using the best science available. Not one single health question should be left unresolved. However, after 68 years the promoters have not rigorously proved either fluoridation’s safety or effectiveness. Key studies have simply not been done. **The absence of study is not the same as the absence of harm.** In fact there is now a wealth of evidence to suggest that fluoridation is neither safe nor effective (see *The Case Against Fluoride* by Connett, Beck and Micklem, Chelsea Green, 2010).

[Inserts in square brackets by Stuart Cooper, FAN’s Campaign Manager and Joy Warren, Coordinator, West Midlands Against Fluoridation.]

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