FLUORIDATION IN EUROPE

I have been engaged in scientific and political work on water fluoridation for 30 years. During this time I have analysed many fluoridation studies, published scientific papers, lectured on this subject at international conferences and congresses, was nominated as an expert in official hearings, and have discussed the problem in panels, in newspapers, on radio, and on television.

I would now like to inform your readers about the present stage of development of water fluoridation mainly in Europe since the resolution of the WHO in 1969:

1. The World Health Assembly (WHA) adopted Resolutions in 1969 (WHA22.30), in 1975 (WHA28.64), and in 1978 (WHA31.50) which recommended that Member States introduce community water fluoridation as a safe, inexpensive and effective measure, and urged Member States to consider fluoridation of public water supplies as part of their national plans for the prevention and control of oral disease; and it suggested that, where community water fluoridation is not feasible, alternative methods of achieving optimum daily intake or application of fluorides should be envisaged.

These Resolutions are promoted by the International Dental Federation (FDI), which prepared the Report by the Director General of the WHO, and backed up by Public Health Officials with their National Dental Organizations. The FDI first recommended water fluoridation in 1951. The "caries reductions" reported by dentists were undoubtedly constructed by dentists (e.g. in the 21-cities-study by H T Dean et al (1942) or in the Grand Rapids/Muskegon Study by F A Arnold Jr and J W Knutson et al (1950-1962)) or are the result of influences other than those of fluorides. The dentist J W Knutson, Assistant Surgeon General, Chief Dental Officer, US Public Health Service, was engaged as an expert of the WHO in the expert committee 1957 and an Adviser Member of the Health Assembly in 1969. In my opinion the dentists in the WHO who recommended water fluoridation as safe, inexpensive, and effective, are not competent in this field of science because the problems are statistical and epidemiological and not problems of dentistry. The dentists in the WHO defend dogmatism instead of relying on facts. It is impossible to prevent and control oral disease by water fluoridation.

2. Whereas the WHO and WHA recommended the introduction of community water fluoridation in 1969, 1975, 1978, water fluoridation was stopped in some of the European Member States of the WHO. The reason for these cessations of water fluoridation was not a political one, but the consequence of scientific discussion of its effectiveness and side effects. Water fluoridation was stopped in the following States: Federal Republic of Germany (introduced 1952, stopped 1971); Sweden (introduced 1952, stopped 1971); Netherlands (introduced 1953, stopped 1976); Czechoslovakia (introduced 1958, stopped 1988/90); German Democratic Republic (introduced 1959, stopped 1990 (Spremberg 1993)); Union of Soviet Socialist Republics (introduced 1960, stopped 1990);
Finland (introduced 1959, stopped 1993); outside Europe: Japan (introduced 1952, stopped 1972).

In Europe more than 53 million people who had water fluoridation for many years are now free from it.

4. Dentists and WHO experts have predicted a very large caries increase ("a tide of caries") after termination of fluoridation. Analyses of the data, however, reveal a significant decrease in dental caries (caries decline) after suspension of water fluoridation in Japan, in the Netherlands, in Prague, in the German Democratic Republic, and elsewhere. Never has any real increase in dental caries been observed after water fluoridation was discontinued.

Furthermore, many fluoride tablet measures were stopped also. In Graz (Austria), for instance, the dental caries of children had increased during the fluoride tablet actions in schools since 1956 and decreased after the stop in 1973.

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References
4. "Dr. Rowlett, who is the secretary of the International Dental Federation, is a very persistent fellow. He began beating a path to the doorstep of WHO two years ago in Rome. He found it a bit hard to get the doors open more than just a little crack, but he was persistent..." Leonard A. Scheele, US Surgeon General, at the 1951 WHA conference. See Reference 2, p 2.


