

MORE NEWS FROM TIEL AND CULEMBORG

On Saturday November 5 1994 Dutch TV broadcast an interview with Dr Josephien van den Berg, dentist. She told a most remarkable story. Before giving you a summary of her exposition, first a short introduction:

When Tiel was fluoridated in 1952, with as control city the non-fluoridated Culemborg, no provisions were made by the medical and dental authorities to compare the various aspects of health in the two cities. The only thing they were interested in was a possible difference in tooth decay. Later the authorities indeed affirmed that plans had never existed to look at other health aspects.

Tiel was fluoridated until late in 1973. After those twenty years the High Court of the Netherlands came to the conclusion that fluoridation of the water supplies had been illegal all that time, and Tiel stopped adding fluoride to the drinking water.

Van den Berg wanted to know if differences in health had occurred between Tiel and Culemborg 20 years after the measure was stopped. She chose the people between 40 and 60 years of age, as these people had drunk fluoridated water from their birth onwards for twenty years. Of course only those people were taken into consideration who had lived in the two cities the whole of their lives (as happens frequently in the Netherlands). There was a surprising 40 and 46% response to the 14,200 enquiry forms that were sent out. Here are some of the most interesting results:

Brain and Nervous Diseases:

Women 51-55 years,	N = 146	Tiel 18.6%	Culemborg 7.0%
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Memory Loss:

Women 56-60 years,	N = 109	Tiel 4.40%	Culemborg 0.0%
All Women	N = 698	Tiel 3.40%	Culemborg 0.9%
Men and Women	N = 1537	Tiel 3.30%	Culemborg 1.80%

Cancer:

Women 56-60 years,	N = 109	Tiel 11.10%	Culemborg 3.10%
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Arthritis (In Dutch: joints complaints):

Men 51-55 years,	N = 179	Tiel 33.70%	Culemborg 46.90%
Men 56-60 years,	N = 156	Tiel 41.40%	Culemborg 26.70%

Heart and Blood vessel diseases:

Women 40-45 years,	N = 253	Tiel 2.8%	Culemborg 8.0%
All women	N = 698	Tiel 7.3%	Culemborg 11.70%

The general conclusion was that the original population in Tiel, especially women between 50-60 years, showed certain diseases more frequently than the same group in Culemborg. It seems possible that there exists a relation between the frequency of several degenerative diseases later in life and the long term consumption of fluoridated water in youth.

The lesser occurrence of heart and blood vessel diseases might also have a relationship with fluoridated water.

The reason why mostly women were affected might be the fact that many women are from their early years more engaged in domestic work and so more exposed to water. It is thought that fluoride is easily absorbed through the skin.

According to van den Berg the results support the hypothesis that long term exposure to non toxic dosages of fluoride could result in an increased frequency of chronic diseases.

It is interesting to note that higher cancer frequencies again appear in this research, thus supporting the findings of Dean and Yiamouyiannis back in 1975.

On the other hand the lower frequency of heart and blood vessel diseases are contrary to the findings of Isabel Jansen in Wisconsin. It is to be hoped that independent studies will be done in other still fluoridating regions, to see if these findings can be affirmed.

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DRINKING WATER CONTRACEPTION?

In his book *Vorsicht Fluor* (Caution Fluoride) the German writer Dr. Bruker mentions the frequent suggestion that a contraceptive be added to public water supplies. Now, this might already have taken place, for almost 50 years! I am certain that you are monitoring the fluoride literature more intensively than I do, but just in case this has slipped through your net I would like to draw your attention to an article* by Dr S C Freni (from the United States Food and Drug Administration, National Center for Toxicological Research, Division of Biometry and Risk):

EXPOSURE TO HIGH FLUORIDE CONCENTRATION IN DRINKING WATER IS ASSOCIATED WITH DECREASED BIRTH RATES

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This is probably the first study of effects of fluoride on human fertility after almost 50 years of claims that fluoride is safe. The study shows a significantly decreased fertility in communities with (natural) fluoride of 3 ppm and above with fertility decreasing with increasing fluoride levels.

It is interesting to note that already in 1977 (D R Taves in: *Origin of Human Cancer*) it was found that "... only one of the (ten) fluoridated cities (of the Yiamouyiannis and Burk study) had gained in population from 1950-1970, whereas seven of the ten nonfluoridated cities had gained in population ..."

In the article "Down (sic) syndrome, water fluoridation and maternal age", J D Erickson of the Center for Disease Control, US Public Health Service (*Teratology* 21 177-180 1980), it is claimed that the rate of Down syndrome babies in fluoridated areas was not abnormally high, when the mothers age was taken into consideration. The mothers just happened to be slightly older in fluoridated areas. No wonder that they were if, due to reduced fertility, it took them longer to complete their families!

It has been claimed that the increase in the crude cancer death rate in Birmingham after fluoridation in 1964 could be explained by a "change in population structure", which means that all of a sudden there were more older – or rather less younger – people. While it could be argued that this was due to the contraceptive pill, in Basle a similar increase in the crude cancer death rate after fluoridation occurred in 1961, three years earlier. According to the data accessible to me, the birth rate decreased around 1964 in Birmingham, whereas it did not change in e.g. Manchester, and Switzerland was claimed to have been rather more reluctant than other European countries to introduce new contraceptive methods. Therefore it is very unlikely in the case of Basle, and probably Birmingham as well, that a "change in population structure" was an effect of the "pill".

So we now have the situation that fluoride is positively associated with fluorosis, is not effective (see R and R C Ziegelbecker in *Fluoride* 26 pages 263-266 October 1993), is negatively associated with human fertility and is therefore not safe. Therefore it is unethical.

* The abstract was published in *Fluoride* 27 (4) October 1994, page 231.

It has been unethical at least since 1946, because in that year the international war crimes tribunal in Nuremberg issued its Nuremberg Code which specified rules for biomedical research (Full disclosure of even remote risks of study, voluntary consent absolutely essential, the subject must be free to withdraw from the study at any time ... etc). Neither Sir Richard Doll nor the Scottish Office Home and Health Department were able to name me even a single community fluoridation experiment that would have fulfilled these criteria. I have just received a letter from the Department of Health in London in which they state about research on fluoridation and human fertility: "no such studies exist that we are aware of." It is appalling that no such study has ever been done in 50 years of allegedly "safe" water fluoridation. In the absence of any such study it can no longer be maintained that fluoridation is safe.

While I would not go as far as to liken fluoridation to the Nazi hypothermia experiments, it is certainly comparable to the "controlled release" experiments of radioactivity from the Hanford nuclear site in Washington state (code-named "Green Run").

You might also be interested about ethical implications today. Sir Richard Doll considers fluoridation to be "prophylactic medication" (*British Medical Journal* 286 445-453 1983) and "... in fact, compulsory medication ..." (*Lancet* 1 1300-1301 1977). The British Fluoridation Society considers fluoridation to be "therapy" (J J Murray *et al* in *Fluorides in Caries Prevention* 1991; and J J Murray and A J Rugg-Gunn in *Fluoridation and Declining Decay, a reply to Max* (sic!) *Diesendorf*. British Fluoridation Society, London 1987). But medication requires individual consent and, at least in Europe (now including Austria as well, after it joined the EU) "every man must have a guarantee that he has free choice of therapy" (Charter of Nuremberg by the Standing Committee of Physicians of the EEC, Nuremberg 1967).

According to the UN, iodization of salt is a form of medication and it would have to be regarded as a violation of human rights if no medicaments-free alternative were made available to the public at the same time (*Encyclopaedia of Human Rights*. UN Centre for Human Rights, New York and London 1991 p 709). It seems to me that the same should apply to fluoride-medication and therapy!

Last but not least I find it worth noting that according to the rules of debate (quote from Taves in *Origins of Human Cancer Book A*, Cold Spring Harbor, New York 1977 pages 358-359, and from Menger and Haim in *Nature* 395 pages 666-668 1992): "It seems to me there is a long standing scientific etiquette which says that papers pointing out errors should be published in the same journal in which the original paper appeared." None of the publications by Sutton, Ziegelbecker and Diesendorf have been so refuted to date. It does not help the fluoridationists if they just put their heads in the sand.

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