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THE POLITICS OF  
FLUORIDATION

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The campaign for fluoridation in  
the West Midlands of England

Paul Castle

## Foreword

The Water (Fluoridation) Act 1985 clearly laid on District Health Authorities the responsibility for decisions about water fluoridation. However the Act requires Health Authorities to consult with local Authorities, to publicize details of their proposals in the local media and to consider representations from the public. At the time of the DHSS report 'Care in Action' the Secretary of State urged health authorities to 'create a climate of opinion in favour of fluoridation of water supplies as a key measure towards prevention of dental decay' and more recently urged Health Authorities, in those areas where dental health was poor, to give careful consideration to the benefits of fluoridation.

Clearly fluoridation of water supplies is a key element in the government's preventive strategy for improving dental health, and its promotion is an important task for those who are responsible for promoting public health in general.

This book provides a detailed case report of a major health promotion success in the West Midlands Health Region of England. The introduction of water fluoridation in Birmingham in 1964, and its subsequent extension across the West Midlands, is yet another feather in the cap of the Region's political and health leaders. In a recent epidemiological study, conducted by the University of Manchester, of the dental health of teenagers in South Birmingham, the benefits of fluoridation were obvious, and contrasted sharply with the dental condition of similar children in the North West of England.

However, these other regions are learning fast, and are using the experience of the West Midlands as an inspiration and a model. Health promotion is, by its very nature multi-disciplinary, and it is fascinating to read of the contributions by doctors, engineers, press officers, health service administrators, dentists, politicians and other community leaders to the West Midlands campaign; to see how the leadership of the group changed from time to time as one professional group would come forward and another fade temporarily into the background; and perhaps particularly to see the professional fulfilment and sheer sense of fun that was generated by the campaign.

This book must therefore be studied carefully by all people involved in the promotion of water fluoridation; but it also deserves a much wider audience because it has lessons for all people involved in health promotion. Paul Castle brings to his task a unique blend of experience; as a working journalist, as a press officer, politician and senior health service administrator. I look forward to a revised second edition in which he will recount the successful culmination of his work in the North West, Yorkshire, Northern Ireland and other dentally deprived regions of the United Kingdom.

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## Preface

This is the story of a fight by health authorities in one region of England – the West Midlands – to prevent the pain and suffering caused by caries, one of the commonest diseases in the country. Their goal: the fluoridation of water supplies, a proven public health measure known to reduce the incidence of tooth decay by as much as a half.

That health authorities should have had a fight on their hands is not unique. Like many other important public health policies, such as vaccination, smoking prevention and air pollution control, fluoridation has had its opponents. In recent times, health authorities in the United Kingdom have not achieved much success in implementing their policies. What makes *this* story unique is the fact that *the health authorities won*. The fruits of their victory: 2¼ million more people able to benefit from fluoridated water.

This book reveals the attitudes and responses of West Midlands health authorities in the late 1970s and early 1980s towards intense, highly organized pressure group politics, and examines the practical options open to health authorities in such hostile conditions.

It is hoped that experience in the West Midlands will encourage health authorities both in the United Kingdom and abroad to re-assess their tactics on fluoridation and adopt a much more positive approach.

The fluoridation 'affair', perhaps more than any other single issue, demonstrates the importance to the National Health Service (NHS) – and other public organizations – of considering 'political and public relations factors' which materially affect and may even stifle the implementation of policies that have taken many years, and consumed substantial resources, to research and prepare. It demonstrates how public authorities are vulnerable to the manipulations of opinion against them and how they must be aware of, and ready to counter, those 'below the line' activities.

For local health authorities particularly, it demonstrates the need for close cooperation on major preventive health issues. There is no room for blinkered parochialism on something with such international ramifications as fluoridation. What transpires on one side of the Atlantic swiftly becomes manoeuvred into a 'hot issue' on the other.

In the following chapters the main events will be examined in chronological order, although certain landmarks will be picked out and their implications evaluated outside the narrative. The *background and origins of fluoridation*, together with the events leading up to the West Midlands campaign, will be briefly reviewed in order to set the story in its context. The starting point for detailed analysis and comment coincides with the formation of a 'Fluoridation Publicity Action Group' (FPAG), under the umbrella of the West Midlands Regional Health Authority, with the aim of ensuring that the arguments for fluoridation did not go by default.

## PREFACE

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The *nature and strength of the opposition* will be assessed, with emphasis on the factors critical to the unblocking of the impasse reached in the years following the reorganization of the NHS and local government in April, 1974.

The *complexity of the decision-making process*, itself responsible in large measure for the apparent petering out of progress on fluoridation since 1974, will be described, including the roles and policies of health authorities, water authorities, community health councils and district councils.

Central to the whole study are the planned, deliberate initiatives of the Fluoridation Publicity Action Group. Of equal significance is the way in which FPAG responds to unexpected incidents.

This constant interplay of forces and arguments is highlighted chapter by chapter. Few health policy issues have excited so prolonged and so bitter a debate. The purpose of this book is to show how tangible progress has been achieved in the West Midlands.



**Community Health Councils (CHC) in the West Midlands Health Region (1974–1982).** Wol, Wolverhampton CHC; Wal, Walsall CHC; Dud, Dudley CHC; San, Sandwell CHC; Sol, Solihull CHC; Cov, Coventry CHC; NB, North Birmingham CHC; WB, West Birmingham CHC; CB, Central Birmingham CHC; EB, East Birmingham CHC; SB, South Birmingham CHC.



**Area Health Authorities in the West Midlands Health Region (1974–1982).** AHA, Area Health Authorities; HD, Health District. Wol, Wolverhampton AHA; Wal, Walsall AHA; Dud, Dudley AHA; San, Sandwell AHA; Birm, Birmingham AHA; Sol, Solihull AHA; Cov, Coventry AHA. Of the 11 AHAs, 4 were sub-divided into Health Districts for day to day administrative and operational purposes, i.e. Birmingham, Hereford-Worcester, Staffordshire and Warwickshire.

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## Glossary of abbreviations

RHA	Regional Health Authority
AHA	Area Health Authority
CHC	Community Health Council
LA	Local Authority
WA	Water Authority
ADO	Area Dental Officer
AMO	Area Medical Officer
PRO	Public Relations Officer
STWA	Severn-Trent Water Authority
SSWC	South Staffordshire Waterworks Company
WWA	Welsh Water Authority
FPAG	Fluoridation Publicity Action Group
NWPA	National Pure Water Association

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My thanks must also go to John Roberts, the Regional General Administrator of the West Midlands RHA at the time, for having recommended me for the King's Fund Fellowship project and for having encouraged me to record the techniques used by the Fluoridation Publicity Action Group to promote better dental health in the region, and to Michael Lennon, Regional Dental Officer of the North Western Regional Health Authority in Manchester, who put me in touch with John Libbey & Co. and kindly read the proofs of the book.

# Chapter 1

## Science versus anti-science

Obstacles to public health  
The 'anti-science' phenomenon: possible causes  
Pigeon-holing policies  
Creating an impression of controversy  
Philosophical polemics  
Games without rules  
Politics and health

To prevent tooth decay, along with its associated pain and possible disfigurement, must be sufficiently worthy to justify public health measures to this end. No matter how sophisticated the techniques of modern dentistry, no matter how much physical discomfort may be assuaged by anaesthesia, it may safely be presumed that individuals would prefer *not* to experience dental decay and the consequent treatment of the affected molar, canine or incisor. That there exists proven means of substantially reducing tooth decay – by the adjustment of the level of a chemical found naturally in water – is a boon for mankind which might be expected to have been universally welcomed and extensively implemented.

### *Obstacles to public health*

Sadly, such simplistic hopes do not accord with the fitful and often hotly contested progress of preventive medicine and public health over the past 200 years. The advent of purified public water supplies and properly treated sewage was not without enormous political opposition in the 19th century. The use of vaccination to stamp out infectious diseases did not escape the mixture of negative reaction and ignorant fear that may confront new scientific and medical advances.

Fluoridation of the public water supplies, for the purpose of preventing tooth decay, has proved no exception. The history of its implementation, or non-implementation, is littered with controversy. Political tub-thumping, court room scenes, countless newspaper articles and seemingly endless argument have accompanied the issue for 30 years or more. Debates have ensued, sometimes eloquently, sometimes vituperatively, in chambers as far removed in the power structure as the House of Lords and parish councils: the fluoridation 'affair' has all the ingredients of a television drama documentary.

Edwin Chadwick, who led the struggle for improvements in water supply and

sewerage systems in Britain, was born long before the age of fast and easy mass communications via the cathode-ray tube. His campaign ran constantly into obstacles from both vested interests and public opinion. Eventually, in 1843, a Royal Commission was appointed to investigate the state of large towns and populous districts. It reported that out of 50 places examined the water supply was either insufficient or impure in 31 cases.<sup>1</sup> In Birmingham, it found that four out of every five houses were without water. Even so, a bill introduced to Parliament in 1845 to deal with these gross deficiencies was withdrawn for 'further discussion', a good 19th century example of political delaying tactics.

Then came the dispute over the repeal of the Corn Laws, which pushed aside the issue of public health reform, an example of economic affairs relegating consideration of other policies. It was 25 years and another Royal Commission later before a comprehensive attempt through government legislation to get on top of the problems of public health. The wheels of community action ground slowly at that time; they do not always move much faster in the 20th century.

*The 'anti-science' phenomenon: possible causes*

Apart from the fact that both issues are to do with water, there are parallels between the slowness in getting fluoridation implemented and the extraordinary difficulty encountered by Chadwick and his fellow campaigners in first securing wholesome supplies a century earlier. Both issues have been affected by the phenomenon of 'anti-science'. What is meant by this? How is it that science – the pursuit of systematic knowledge – should have spawned an antithesis?

The answer, I suggest, is fivefold:

1. Science, in the pursuit of knowledge, may unearth new discoveries of which those who have not participated in the quest prefer to remain ignorant or about which they wish no action to be taken, whether out of fear, prejudice or innate conservatism.
2. Science, in the course of making these fresh discoveries, may inadvertently (or sometimes deliberately) cut across established ideological interests based upon subjective moral, political, ethical or religious considerations.
3. Science, by virtue of its methods and techniques, develops a language and a mystique of its own which may appear 'exclusive' or even threatening to those who do not share in it. This 'exclusion factor', as it may be termed, leads to resentment and suspicion. Ultimately, it reveals itself in an anti-expert syndrome.
4. Science may lead society – or give it the capacity to go – in directions in which, retrospectively, society wishes it had not travelled. Development of nuclear weapons is an apposite illustration, their destructive potential having probably alienated many against the peaceful, beneficial uses of nuclear energy. When mistakes are made in developing new technologies or putting their fruits into practice, ammunition is provided to those who see science on a pedestal from which they would like to have it toppled.
5. Science faces a communications problem, in spite of the fact that its discoveries have themselves apparently facilitated the mass communications process.

Translating the information acquired through science into concepts readily comprehensible to those not trained in its methods and jargon is not always easily achieved. The means of communication are available but not always the right messages. At worst, this failure results in the inability of those with the knowledge to explain it to the public in general and decision-makers in particular.

#### *Pigeon-holing policies*

Advocates of public water supplies in the 19th century, and advocates of fluoridation of water for dental health purposes in the 20th century, have encountered the anti-science phenomenon at work. Manifesting itself under different guises, it has succeeded in frustrating and blocking attempts to implement these public health policies.

Individuals not well versed in the innumerable twists and turns of fluoridation politics may be forgiven for becoming confused and bemused by the disputes they seemingly engender. Health authorities charged with the decision-making powers on the matter often lapse into enforced impotence as they come up against one obstacle after another.

Between 1974 and 1979 no new schemes were implemented in England, despite the fact that some 85 out of 90 Area Health Authorities (AHAs) passed resolutions in favour of the principle.<sup>2</sup> As the National Health Service has enough problems to tackle without expending scarce resources and valuable professional time on fruitless attempts to push fluoridation through, there is an inevitable temptation for health authorities to channel their energies into other priorities more likely to lead to tangible results. Fluoridation gets 'pigeon-holed'.

#### *Creating an impression of controversy*

Opponents of fluoridation are invariably both persistent and outspoken. Whenever and wherever health authority members propose new schemes, they may anticipate a deluge of anti-fluoride material through their letter-boxes. The anti-fluoride lobby is well-organized and ever watchful for signs of NHS activity in all parts of the country. Letters will begin to appear in the columns of local newspapers, albeit in many cases bearing addresses of individuals who may reside more than a hundred miles away from the location to be fluoridated. The appearance of controversy and scientific debate is quickly generated. A public meeting will be called, ostensibly to sound out the state of local opinion, but with the real intention of adding fuel to the flames of an artificially stimulated furore.

Before long the health authority which raised the issue will be pushed back on the defensive. Its medical and dental advisers, probably unaccustomed to dealing with such an expertly conducted pressure group, feel isolated and ill at ease. An impression is created that the proverbial 'man in the street' abhors fluoridation, seeing it either as an attempt by inept public sector bureaucracies to ram a poison down his throat or as an infringement of his basic human rights. Somehow, in all the commotion, *the case for fluoridation goes unheard by default.*

The scenario described here may be horribly familiar to many a community

physician and dental officer in the United Kingdom, and it is likely that the same sequence of events has unfolded in other countries, if under slightly different circumstances. It is extremely doubtful whether the average person spends his time ruminating on the pros and cons of fluoridation, any more than he is inclined to contemplate the intricacies of nuclear power generation. Yet within a few weeks of a formal proposal to fluoridate water supplies, inveterate opponents from far afield will purport to show overwhelming *local* resentment in their bid to stifle progress on fluoridation *everywhere*. How this occurs, and why it should occur so repeatedly with relative ease, is possibly best summarized by an analysis of the process of public opinion formation in the March, 1979, issue of the *Journal of the Dental Association of South Africa*:

Public opinion has more than one definition. To most people it infers a view that is widely held by the population, but these views are attitudes rather than precisely formulated opinions and usually form part of long-standing social traditions. They are generally confined to major issues of public concern such as hanging and abortion. Because issues of lesser importance fail to stimulate a general view among the population, the field left open to the many small 'publics'. These can be influential individuals, pressure groups or the mass media who are, in effect, making public their private opinions.<sup>3</sup>

#### *Philosophical polemics*

In complex, modern industrial societies, with rapid communications systems and political structures based on representative democracy, kicking up a fuss about something which only a few may dislike is accomplishable without too much difficulty. The freedom to do this is precious.

But it is interesting to observe how quickly groups which, for sincerely held reasons, oppose a particular measure, are disposed to shout 'stop it, it's anti-democratic' when they really mean 'stop it, *we* don't like it.'

There is little doubt of the strength of feeling among those who have made the anti-fluoridation campaign their *cause célèbre*. The precise motivation is not always evident. Perusal of the literature suggests a number of inter-connected factors. There are certainly elements of *anti-medical feeling* which fit into the *anti-science* mould already described. In some cases it is less well defined: a more diffuse antagonism towards 'the experts' or simply 'them'. Possibly there is a sincere conviction that the data on which fluoridation is based are wrong. Possibly there is an ingrained fear or dislike of anything that smacks of collective, corporate activity designed for the community as a whole. Possibly some people have a basic need to fight a kind of personal battle, with fluoridation an almost accidental or conveniently available target.

Whatever the motivation, a characteristic of anti-fluoride propaganda is the readiness to impugn the integrity of those who support the measure. In an open letter on House of Commons notepaper, one MP has written in venomous language scarcely credible from someone entrusted by electors to take a mature, responsible approach to important issues. The document speaks of '... health authorities who work with vested interest to secure profit from pollution'.<sup>4</sup> It continues: 'The unethical utilization of misinformation to promote a health hazard as being a medical asset is the sort of corruption which requires Freedom of Information as soon as possible.'

Polemical accusations of this kind are not uncommon in the war waged by committed anti-fluoridationists. Listening to the tirades, the casual observer might be bludgeoned into presuming that the World Health Organization, the US Public Health Service, the Department of Health, the Royal College of Physicians, the British Medical Association, the British Dental Association and the vast majority of the health authorities in the United Kingdom were either stupid or conspiratorially revolved to condemn entire populations, including themselves, to a slow death, or both. Eminent physicians, who have dedicated their whole lives to the improvement of the health of the people, are dismissed as fools or crazy schemers. Dental officers are collectively portrayed as conniving at the demise of democracy. Small wonder, then, that health authorities in many countries lose heart, pass token policy resolutions affirming their commitment to the principle of fluoridation, but subsequently shrug their shoulders and shelve the issue until circumstances are more propitious. Keeping a low profile is understandably the watchword of many.

#### *Games without rules*

In essence, the dilemma for medical and dental officers responsible for advising health authorities on fluoridation is that they are unwittingly transported into a ball game whose rules, or lack of them, defy all the customary criteria for measured deliberation on the actual merits and scientifically established facts.

Members of health authorities may be equally taken aback by the onslaught. They will find themselves attacked with unusual ferocity, as though they were public enemy number one. They will be told that because they are not directly elected, they are not entitled to take decisions which affect the health of the community – as if anti-fluoridation fanatics would accept the will of an organization composed entirely of elected representatives (an aspect of the argument to be examined later in this book). Such niceties apart, the objective is to undermine the confidence of health authority members in the legitimacy of their own powers and their ability to take a considered decision on the basis of the available evidence.

All this will occur in a hot-house climate fed by wilder and wilder statements about the effects of fluoridation. Facts, figures and statistics will literally shower down on the lay members of authorities. It is difficult, but imperative, in these conditions to sort out scientifically substantiated data from highly subjective assertions without recognized validity. To the uninitiated, the complex arguments may seem to hold equal weight.

It is really a dispute between experts who cannot agree, they may conclude. Who is to be believed? In the heat of the moment, the credentials behind each conflicting proposition are clouded. Even if the health authority stands firm and accepts, as nearly all do, the extraordinarily strong dental and medical arguments for fluoridation, there are further hurdles to surmount and many more potential pitfalls before the fluoride level of water is artificially adjusted to one part per million.

Since health authorities do not control the water supply function, they must request the assistance of the appropriate statutory water authority. The same tortuous process is certain to repeat itself as the anti lobby submerges the water authority members under a barrage of propaganda. And if the latter submit, the

issue can get stuck at this point. Impasse is reached, much to the delight of the opponents, to whom delay is tantamount to victory.

There are added complications for health authorities, to whose members and officers alike the task of getting fluoridation schemes off the ground may have frequently appeared like wrestling with a soft sponge under water. As soon as one edge is grasped, the creature assumes a different shape and contour. The anti-fluoridationists attack from one direction and then, if losing the scientific argument, spring on to an entirely different course. In this way it is *they*, and *not* the advocates of the policy, who have taken the initiative and dictated the rules of the game.

The endless merry-go-round provoked both the Consumers Union of the United States and the British Consumers' Association to undertake their own independent investigations. The former published its detailed conclusions in 1979, giving an unequivocal 'thumbs up' to fluoridation and dismissing the claims of opponents that it is somehow responsible for a higher incidence of cancer, congenital malformations, renal disorders, allergic reactions and a multitude of other singularly unwelcome side effects. So confident of its ground was the US Consumers Union that it felt able to sum up the fluoride battle in clear-cut, no-nonsense terms:

The survival of this fake [*sic*] controversy represents, in our view, the greatest triumph of quackery over reason of our generation.<sup>5</sup>

Further 'independent' support for fluoridation emerged in Britain some 12 months later, when the magazine of the Consumers' Association, *Which?*, undertook a comprehensive review of tooth care and methods of avoiding decay. Revealing its findings in April, 1980, *Which?* reported thus on water fluoridation:

There is no other method that would ensure so reliably that children's teeth get the fluoride they need to make them strong, healthy and free from decay.<sup>6</sup>

Despite such reassuring support from bodies with no axe to grind in favour of the medical establishment, the battle for fluoridation continues unabated in many parts of the United Kingdom and in many other countries of the world, evidence of the degree to which the anti-fluoridationists have succeeded in determining the scope and direction of the conflict. But there is equally an accumulation of evidence to suggest that, where pro-fluoridation interests have resolved actively and systematically to impose *their* will on the scope and direction of the conflict, and where they have properly understood the nature of the opposition and the significant battles to be won, the tide has been effectively turned in their favour. As one American political scientist has put it:

For what shall it profit us if we are organised to win all the little battles and lose all the big ones? Is it enough to start a multitude of battles if we cannot follow through? In politics as in everything else it makes a great difference whose game we play. The rules of the game determine the requirements for success.<sup>7</sup>

### *Politics and health*

Strictly speaking, the fluoridation issue is not 'political' – at least in party terms. About half the population of the United States drinks fluoridated water, along with some 80 million citizens of the Soviet Union. In Britain, successive Labour and

Conservative governments have officially endorsed the continued use and extension of the technique.

On the other hand, the issue is 'political' in as much as it requires action by statutory organizations, including health and water authorities, if schemes are to be put into practice. No major health policy can be divorced from these political considerations in the widest sense. Health and politics are inextricably inter-twined. The NHS official who approaches fluoridation as a straightforward or 'passive' administrative issue is doomed to failure from the outset. Whether he likes it or not, he is in the milieu of pressure politics.

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# Chapter 2

## Much ado about teeth and politics

The caries epidemic

A natural defence against tooth decay

Early fluoridation schemes in Britain

Benefits to children

From local government to the NHS: the transfer of responsibility

Blockages in the decision-making pipeline

Recognizing the nature of the problem

Leaders of opposition to fluoridation

So what's a few rotten teeth? Why all the fuss? Such may be the reaction of those on the periphery who perceive the hulabaloo and wonder perhaps whether time on both sides might be more constructively expended on some more fruitful activity than furiously debating the merits of fluoridation. Yes, yes, an anti-fluoridationist would say, it is surely not worth health authorities getting so steamed up about stopping a few teeth from decaying. Is it not up to parents to ensure that children look after their teeth by regular, effective brushing and by avoiding sugary foods?

### *The caries epidemic*

Opponents of fluoridation tend to minimize the significance of the caries problem and to point to opportunities theoretically open to the individual to do something about it for himself. This 'head in the sand' attitude totally ignores the facts. A survey in England and Wales in 1973 showed that out of 13 000 five-year-old children examined, about three quarters had some caries and on average each child had four teeth affected.<sup>1</sup> By the age of 15, the average child has ten out of twenty-eight permanent teeth either decayed, missing or filled.<sup>2</sup>

The problem persists in adult life. In the age group 16–34, men are likely to have 16 teeth affected and women about 18.<sup>3</sup> One random sample of people over 16 years of age in England revealed in 1968 that as many as 37 per cent had lost all their teeth.<sup>4</sup> Some 10 years later about three out of every ten adults were found to be similarly affected.<sup>4</sup>

These figures are bad enough. What they conceal is the amount of suffering and discomfort associated with tooth decay and, despite advances and improvements in treatment techniques, with subsequent filling or extraction. Complications arising from tooth decay can lead to death. Caries is known to contribute to a potentially

fatal heart disorder, bacterial endocarditis.<sup>5</sup> About 12 people die each year in England and Wales from dental anaesthesia.<sup>6</sup>

Britain and many other countries may be said to be suffering from a veritable epidemic of tooth decay. Treatment costs are high. The NHS spends more than £500 million annually on repairing the damage inflicted on teeth. Caries is one of the nation's most expensive diseases to treat. As the report of the Court Committee on Child Health put it:

The cost (of not fluoridating) in unnecessary disease, personal pain and discomfort, misuse of professional resources and national expenditure has been immense.<sup>7</sup>

The Royal Commission on the Health Service, which published its findings in July, 1979, regarded the prevailing level of dental disease as 'unacceptably high' and pointed out that whilst there had been improvements, progress was slow and erratic often as a result of the uneven access across the country to dental treatment services.<sup>8</sup>

The Royal Commission concluded:

If we regard the retention of a natural set of teeth for life as a fundamental aim for a national service, the present approach via the treatment of established disease has little prospect of success.

The Commission called for a much more positive approach to dental health and recommended four main measures:

- (1) Fluoridation of water supplies.
- (2) Better financial recognition of preventive work by dentists.
- (3) Effective dental health education supported by relevant behavioural studies.
- (4) Increased support for biomedical research directed towards prevention.

The Commission came down unequivocally in favour of the preventive, as opposed to curative, approach. Other major health policy documents published in recent years have tended to lend weight to this new emphasis. A government White Paper entitled 'Prevention and health: everybody's business' went a considerable way down the same road.<sup>9</sup> But the practical problems on the ground of translating policy into action have generally continued to block and delay the introduction of fluoridation schemes. Switching the health train on to the preventive track is never easy.

#### *A natural defence against tooth decay*

The history of fluoridation has been meticulously documented elsewhere and it is not the purpose of this study to regurgitate the ample facts already available.

Briefly, fluorides occur naturally in water, soil, rocks, plants and virtually all animal tissues. Fluorine, the basic chemical element on which fluorides are based, is one of the most frequently occurring in nature and is thought to be essential for life to exist.<sup>10</sup> The association between the natural fluoride content of water and the apparent benefits to the teeth of the people who drink it was discovered almost accidentally in the first half of the 20th century. Water containing several parts per million of fluoride had long been thought to be responsible for a mottling effect visible on the surface of the teeth. Further studies in various countries, including the United States and Britain, pinpointed not only this causal relationship but a marked

difference in such areas in the amount of caries. An optimum level of fluoride concentration (around one part per million)<sup>11</sup> was eventually identified. Above this level very little further reduction in tooth decay was feasible. But at this level, the mottling previously linked with much higher concentrations seemed relatively absent, with only sporadic, mild cases which required close examination for their detection.

Much of this investigative work took place in the 1930s. The first practical application followed in January, 1945, with the object of artificially raising a low fluoride water supply to the one part per million concentration. Laurels for being leaders in the field, so to speak, went to the town of Grand Rapids in the American State of Michigan. Over a six-year period sodium fluoride was added to the local water and the dental health of the town's children was monitored and compared with that of children living in neighbouring Muskegon, which had a low natural fluoride level.

The results were impressive. Six-year-old children from Grand Rapids who had been born around the starting point of the experiment now had half the level of tooth decay of six-year-old children in Muskegon. Other experiments were being conducted elsewhere and comparable results obtained. The communities of Newburgh in New York State, Evanston in Illinois and Brantford in Ontario, Canada, all reported an approximate 50 per cent reduction in caries in young children since fluoridation commenced.<sup>12</sup>

#### *Early fluoridation schemes in Britain*

Whilst not in the actual vanguard, Britain followed on soon enough. The first schemes were implemented in 1955. Three areas took part in a controlled trial: the towns of Watford and Kilmarnock and part of the island of Anglesey. Five years later, the caries in deciduous (milk) teeth had dropped markedly, compared with experience over the same period in low fluoride towns selected for control purposes.<sup>13</sup> Watford and Anglesey continue to receive fluoridated water today. But in 1962 the borough council in Kilmarnock dropped the scheme, despite a local survey showing a majority to be in favour of its retention: early testimony, perhaps, to the extent to which astutely applied pressure by opposition interests can push a fluoride policy off course.

In the West Midlands, the city of Birmingham was the first community to experience water fluoridation when the council approved the installation of plant at its Elan Valley reservoir source in Wales. Fluoride at one part per million of water began flowing down the pipeline in 1964, an event heralded by the kind of ferocious onslaught of insults and wild predictions which have become inseparable from most subsequent proposals for fluoridation.

To the anti-fluoridation lobby, the fact that millions of people over successive generations had been drinking naturally fluoridated water in other parts of the country seemed immaterial. No call was made then, or is made now, for urgent public health programmes to extract the natural fluoride. Only in cases where a responsible public body is seeking to supplement the insufficiently high natural level do the scare-mongers emerge.

To its eternal credit, Birmingham Council stuck to its guns and the hue and cry

died down. A similar sequence of events took place in other parts of the region. In Birmingham as elsewhere, fear of the unknown lent weight to the apocalyptic visions of the opposition. Once the scheme had got under way, however, the storm quickly abated. Whereas some commercial enterprises manufacturing filtering devices might have expected a sudden boom in demand by anxious Birmingham residents, no such phenomenon materialized. As usual, the anti lobby diverted its activity to other places where the issue had yet to be thrashed out, preferring not to focus attention on a community where its accusations would be proved worthless by practical experience.

#### *Benefits to children*

Just over 5 years after the Birmingham scheme began, a study of 5-year old children showed a 62 per cent reduction in the average number of decayed, extracted or filled deciduous teeth.<sup>14</sup> Before fluoridation, the average Birmingham 5-year-old had about five teeth affected. By 1970, the figure fell to under two. Birmingham now compared extremely favourably with its unfluoridated Black Country neighbour, Dudley. The following table tells the story graphically.

#### *Comparison of five-year-old children in Birmingham and Dudley (1970)*

	<i>Birmingham (Fluoridated)</i>	<i>Dudley (Unfluoridated)</i>
5-year-olds free of decay	47%	24%
Average decayed deciduous teeth per child	1.9	5.1
Teeth extracted	4 per 100 children	90 per 100 children

Statistics from the Birmingham Community Dental Service (CDS) for the period between 1965 and 1976 underline the degree of improvement.<sup>15</sup> The number of first teeth extracted from children aged under 15 in CDS clinics fell from 34 500 to 13 800. The number of general anaesthetics given dropped from 18 400 to 5 100. The number of children making emergency visits because of bad toothache fell from 10 500 to 1 500.

Other areas of the West Midlands feeding off the Birmingham water supply system automatically benefited from the same measure, including Solihull and parts of Warwickshire, Shropshire and Hereford-Worcester. In the late 1960s and early 1970s additional schemes were introduced. Nearly all of South Warwickshire started to receive fluoridated supplies, including the towns of Warwick, Leamington Spa, Stratford-upon-Avon and Alcester. The east of the county, including the town of Rugby, also became fluoridated. Parts of east Worcestershire joined in, creating a belt of fluoridated territory stretching from Rugby through Birmingham to Bromsgrove, Redditch, Droitwich and Evesham. All the decisions along the line had been taken by local authorities, ie councils, which negotiated terms and agreements

with independent water suppliers for the installation of capital equipment and running costs.

*From local government to the NHS*

The reorganization of local authorities and the National Health Service which came into effect in April 1974, resulted in slowing down progress on fluoridation, both in the West Midlands and elsewhere in the United Kingdom. By then some 5 million water consumers were benefiting from fluoridated supplies, of whom 1¼ million lived in the West Midlands Health Region. Other schemes had been introduced in the counties of Oxford, Buckingham, Bedford and Hertford in the South of England and in Cheshire, Derbyshire, Nottingham, Lincoln, Yorkshire, Cumbria, Northumberland and Durham in the Midlands and North. But not all homes in these counties were supplied with fluoridated water. As in the West Midlands, much depended on the nature of the water pipeline network and the concurrence of all the local authorities receiving the same supplies. In the remainder of the UK, fluoridation had been undertaken in Anglesey and Clwyd in north Wales, Gwent, Mid Glamorgan and South Glamorgan in the south of the country and in the communities of Wigtown in Scotland, Lerwick in the Shetlands and Holywood and Tandragee in Northern Ireland.

About one tenth of the total population of the country was affected, but large areas with 'low natural fluoride' water had still not seen the artificial adjustment of the fluoride level up to the optimum of one part per million. Theoretically, the transfer of responsibility for fluoridation from local government to the newly reorganized National Health Service should have helped to accelerate movement towards a more comprehensive national coverage. The NHS now combined under one administrative roof the running of hospitals as well as community and preventive services. Long-term strategic planning of improvements in the nature and balance of services became established as a basic management philosophy for the first time since the inception of the NHS in 1948. So might it not have been anticipated that an organization whose very *raison d'être* is the health of the people would begin to make substantial strides in extending the proven dental benefits of water fluoridation?

Actual responsibility for taking the decision *whether* to fluoridate was devolved by the Secretary of State for Social Services (who is statutorily accountable to Parliament for the provision of a comprehensive Health Service to the nation) to the 90 operational Area Health Authorities set up under the 1973 NHS Act to run local hospital and community health services.<sup>16</sup> One by one, each set about the task of determining its policy on the issue. By April, 1978, four years after the reorganization, all but a handful of AHAs had declared in favour. In a written Parliamentary answer given in that month, the then Minister of State for Health, Mr Roland Moyle, reported that the only exceptions were Barnsley, the Isle of Wight, North Tyneside, Wirral and Wolverhampton.<sup>17</sup>

Equally auspicious signs may have been drawn from the report of the Royal College of Physicians, *Fluoride, teeth and health*. In October, 1973, the college set up a special committee, led by its president, Sir Cyril Clarke, to review the accumulation of evidence about fluoride. The committee comprised representatives of the dental profession and specialists in general medicine, paediatrics, community medicine,

toxicology, epidemiology and genetics. It looked at evidence from a wide range of sources, including documents purporting to demonstrate harm caused by water fluoridation. Its final report, published in 1976, offered the following conclusions:<sup>18</sup>

- (1) Fluoride in water added or naturally present at a level of approximately 1 milligramme/litre (one part per million) over the years of tooth formation substantially reduces dental caries throughout life.
- (2) There is no evidence that the consumption of water containing approximately 1 mg/litre of fluoride in a temperate climate is associated with any harmful effect, irrespective of the hardness of the water.
- (3) In comparison with fluoridation, systemic fluoride supplements such as tablets, drops and fluoridized salt have not been shown to be effective on a community basis.
- (4) There is no evidence that fluoridation has any harmful environmental effect.

The Royal College of Physicians went on to give its support, recommending 'fluoridation of water supplies in the United Kingdom where the fluoride level is appreciably below one milligramme per litre'.

In the wake of the RCP report, the Department of Health and Social Security issued Health Circular (76) 34, reiterating a Parliamentary statement of January, 1976, in which Mr Roland Moyle had urged AHAs to give urgent consideration to introducing fluoridation as part of their preventive health responsibilities. The circular stated that £½ million would be made available from central DHSS funds annually as a contribution towards the capital cost of initiating schemes. It also suggested that neighbouring AHAs might find it helpful to work together in order to simplify arrangements and reduce costs. The role of Regional Health Authorities would be to coordinate schemes and liaise on behalf of AHAs with the DHSS and the appropriate water authorities. At first glance, fresh impetus had been given to the fluoridation campaign. The way seemed open for new schemes to commence within a few years.

Had any Area Medical Officer or Area Dental Officer entertained such optimistic notions early in 1976, he was soon to become sadly disillusioned. Making headway on this issue is never easy or straightforward. The NHS, now vested with the responsibility, was to find it no less troublesome to discharge than local government had discovered during the 1950s and 1960s.

Area Health Authorities could talk about fluoride and teeth until they were blue in the face, but ultimately they would be entirely dependent on the goodwill and cooperation of water authorities, which had no statutory obligation to comply with their earnest requests.

Preventing tooth decay is not the business of water authorities. It is hardly surprising that fluoridation should be absent from their list of top priorities, even though it is the NHS which bears the cost of installing and running the necessary plant and equipment. Whilst the Secretary of State for the Environment, in a sincere attempt to give his Cabinet colleague with the health portfolio a helping hand, might 'encourage' water authorities to accede to the approaches of the NHS, the former could in the last resort please themselves and lay down whatever provisos and conditions they saw fit.

*Blockages in the decision-making pipeline*

Not only do the constitutional niceties of the situation militate against health authorities; the complexity of water supply systems is such as to cause complications over and above the willingness or otherwise of an individual water authority to respond favourably to the idea in principle. Pipelines underground do not conform to administrative boundaries drawn on a map of the surface. One health authority might therefore find itself dealing with two different water suppliers, which could adopt contrasting attitudes. Or a single water supply might serve the populations or parts of the populations of three or four health authorities, one of which opposed fluoridation or felt unable to proceed because of noisy local opposition. Furthermore, organized pressure group opposition to fluoridation is well entrenched in the United Kingdom and ready to pounce on any individual health authority with the temerity to try to do something positive about the issue.

These multifarious blockages on the fluoridation route underline the fact that, *whilst policy-making is one thing policy implementation is quite another*. How many grand strategies, whether at central government or local level, falter because insufficient care and attention is accorded to the actual process of putting a policy into practice? Simply because a public body vested with the legitimate decision-making powers has proclaimed itself on an issue, whether in the form of a resolution at a public meeting or a 600-page policy document full of statistics and supporting evidence, does not guarantee translation of the idea into working reality. Indeed, many political analysts have commented on the problems which commence immediately after a policy issue has apparently been resolved.

The effort of getting the matter on to the policy agenda in the first place and successfully steering it through the trials and tribulations of debate is often not matched by the same degree of effort at the implementation stage. In their book *Governing under pressure: The policy process in a post-parliamentary democracy*, J. J. Richardson & A. G. Jordan write:

Modern governments are becoming increasingly aware of the fact that the real test of power is whether or not they can get their policies implemented. Getting a policy approved by the legislative may be difficult . . . but Acts are not worth the paper they are printed on if the policies break down at the implementation process.<sup>19</sup>

They point also to the opportunities for determined pressure groups to throw a spanner in the works at this point:

It is a truism in pressure group studies that the public aspect of pressure group activity is merely the tip of the iceberg. The bulk of the activity lies below the water line and this is particularly true of pressure group influence on the implementation process. Once a decision is reached, once a policy is announced, once an Act is passed, there is a tendency for the issue concerned to leave the political agenda. In the eye of the public 'informed' by the media, the problem has been dealt with. There is little concern about what actually happens after that point. So groups are able to work quite effectively at the erosion of public policies away from the glare of publicity.<sup>20</sup>

For reasons already explained in this chapter, implementing fluoridation is complicated not least by the fact that the decision-makers (the health authorities) depend on an entirely separate and independent group of organizations (the water authorities) to carry out their decisions. This gives those who oppose the policy

ample opportunity to have two bites at the cherry and to outflank health authorities by putting pressure on the water authorities to resist requests for implementation of schemes. Like the Act of Parliament which, according to Richardson and Gordon, may not be worth the paper it is printed on, the health authority's fluoridation policy may be equally futile if the authority does not fully prepare and equip itself for the real obstacles which come after its deliberations about the basic principle.

*What a health authority must first do is to recognize that it is faced by a pressure group situation*  
Making a formal request to a water authority, without adequate planning and supportive action in regard to opposition pressures at work, is scarcely calculated to win the day.

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# Chapter 3

## Charting the campaign territory

U-turns and amber lights  
Changing the conflict  
The statutory jigsaw  
Role of the news media  
An anti-fluoridation shopping list  
Establishing global contacts

In spite of the known difficulties, portents for fluoridation in the West Midlands may have been slightly more favourable in the mid-1970s than in most other parts of the country. After all, the region's largest city had been fluoridated 12 years before the publication of Health Circular (76) 34 by the DHSS and one in every three west Midlanders already consumed fluoridated water.

In July, 1976, the West Midlands Regional Health Authority affirmed its own support for fluoridation,<sup>1</sup> thereby endorsing the views of the Royal College of Physicians and the West Midlands Regional Medical and Dental Committees. Early in 1978 the RHA issued a consultative document setting out its strategic planning policy for health care for the next ten years.<sup>2</sup> A section devoted to the dental aspects of primary care committed the RHA to 'pursue as quickly as possible the completion of the fluoridation of water supplies throughout the region.'

### *U-turns and amber lights*

Two almost simultaneous events signalled in the first few months of 1978 that serious problems lay ahead. Up to then all eleven of the region's AHAs had supported the principle of fluoridation. But at a meeting on February 28th, 1978, Wolverhampton AHA reversed its policy by a single vote.<sup>3</sup> The ripple effects of the U-turn were enormous. As Wolverhampton shared water supplies with the neighbouring areas of Staffordshire, Walsall, Sandwell and Dudley, the latter would be prevented from making any further moves. One vote in one debate had, more than anything else, halted any possibility of introducing fluoridated water to the entirety of the so-called Black Country\* and beyond. Around 1¾ million people would be deprived of the benefits enjoyed by the citizens of Birmingham.

The second event reflected the attitude of Severn-Trent Water Authority, the largest of the four water suppliers in the West Midlands Health Region, which

\*An industrial area to the north-west of Birmingham.

embraces the counties of West Midlands, Stafford, Shropshire, Warwick and Hereford-Worcester. At its meeting on February 16th, 1978, Severn-Trent resolved *not* to accede to any request for fluoridation unless the Area Health Authority concerned could show that a majority of consumers was in favour.<sup>4</sup> Severn-Trent had not blocked the path but had thrown the issue into a new and perplexing dimension. The lights, so to speak, were on amber.

How were health authorities expected to determine whether a majority of consumers supported their proposals? Would Severn-Trent insist on a household referendum? How would this be organized? How big a majority would be deemed satisfactory? How would an even balance of opinion be interpreted? These and many other questions had now to be resolved.

The implications of the Severn-Trent decision were debated by the Regional Health Authority at its meeting on March 15th, when the situation was still unclear. Ostensibly, a constitutional hurdle had been erected which might prove costly and time-consuming to climb. The Severn-Trent stance could be interpreted as a direct challenge to the statutory competence of the NHS to determine policy on an important health issue. RHA members viewed the incident with concern and anxiety. If the largest of the region's four water supplies was intent on blocking moves towards more extensive fluoridation, prospects for dental health promotion would be bleak indeed.

From one standpoint, the March, 1978, meeting of the regional Health Authority may be regarded retrospectively as the watershed of the fluoridation fight in the West Midlands. It was not that circumstances changed overnight or that all obstacles were swept aside with ease. But what had dawned on members and senior officers of the RHA alike was a realization that the NHS could take nothing for granted on fluoridation. The fact that the NHS, in pursuit of a preventive health priority, knocked on the door of other public organizations whose cooperation was essential to further progress, did not itself guarantee automatic opening of the door and a welcoming mat inside.

*Positive advocacy* of fluoridation had therefore become a *sine qua non* of further progress. Something had to be done to sell the fluoridation policy of the NHS and to demonstrate to sceptics that it was beneficial and effective. The objectors had to be met head on. Their protestations and their arguments had to be tackled thoroughly and publicly. Complex scientific data had to be translated into concepts intelligible to a lay audience.

#### *Changing the conflict*

What all this boiled down to was *an obvious need to change the scope and nature of the fluoridation conflict*. As long as it remained in its traditional mould, with the antis making the running and dictating the pace and direction of each skirmish, the health lobby would be facing an uphill climb. The anti-fluoridation forces had a vested interest in preserving the status quo, for in this way they might hope to keep a stranglehold on fluoridation.

In *The semisovereign people* E. E. Schnattschneider describes the importance of controlling the scope of conflict:

To understand any conflict it is necessary to keep constantly in mind the relations between combatants and the audience because the audience is likely to do the kinds of things that determine the outcome of the fight. . . .

At the nub of politics are, first, the way in which the public participates in the spread of the conflict and second, the processes by which the unstable relation of the public to the conflict is controlled. . . . The most important strategy of politics is concerned with the scope and conflict. So great is the change in the nature of any conflict likely to be as a consequence of the widening involvement of people in it that the original participants are apt to lose control of the conflict altogether. . . . It follows that conflicts are frequently won or lost by the success that the contestants have in getting the audience involved in the fight or excluding it, as the case may be.<sup>5</sup>

Applying this theory to the situation of the West Midlands Health Region in the late 1970s, we see that it would have suited anti-fluoridation pressure groups for the NHS and health lobby to adopt the stereotyped posture of a passive bureaucracy, taking few if any positive steps to secure the implementation of its chosen policy because of the fear of invoking much antagonism for little reward. That the NHS in the West Midlands resolved not to sit back and philosophically accepts its predicament provides a fascinating case study in the politics of preventive medicine.

Two specific initiatives flowed from the crucial RHA debate about the Severn-Trent stance. First, it was resolved that 'the chairman and appropriate members seek a meeting with member representatives of the Water Authority with a view to exploring all possibilities to achieve early fluoridation in the region.'<sup>6</sup> What the RHA intended to do as quickly as possible was to clarify exactly the position of Severn-Trent on the issue of consumer opinion. Secondly, a special group of officers was formed in order to consider in detail how best to promote the fluoridation cause in the West Midlands. That group, known as the 'Fluoridation Publicity Action Group' (FPAG), was to take on the formidable task of dislodging the opponents of fluoridation as main source of information to the press, the public and politicians. No longer would the National Pure Water Association and its allies be allowed to dominate the scene.

Convening for the first time on April 26th, 1978, FPAG began analysing the reasons why fluoridation had seemingly got stuck. Chairing the discussions was Mr John Charlton, Area Dental Officer for Sandwell and adviser to the RHA on dental matters. His team comprised a number of Area Dental Officers from other parts of the West Midlands and two Area Medical Officers. Joining them from the RHA were a Specialist in Community Medicine with responsibility for health promotion and preventive medicine, a Senior Administrator whose duties involve the implementation of capital building schemes, and myself, as the Regional Public Relations Officer called upon to advise on public relations and publicity techniques.

How, then, could the scales be tipped in favour of fluoridation? First, the group had to consider some fundamental questions:

1. What were the main practical obstacles standing in the way of fluoridation in the West Midlands?
2. In what sequence should those obstacles be tackled?
3. How much did the decision-makers, the public and news media know about fluoridation?
4. To what extent had anti-fluoridation propaganda pre-disposed them against health authority proposals?

5. What were the arguments deployed by the opponents?
6. Had the counter arguments been put with sufficient force and frequency?
7. How was it that a small pressure group had managed to block advancement of one of the most effective preventive health measures in the armoury of the NHS?

Superficially, the main obstacles were the decisions of Wolverhampton Area Health Authority and the Severn-Trent Water Authority. But those decisions were symptomatic of deeper problems. They reflected a long-standing failure throughout the NHS to publicize the benefits of fluoridation and to ensure that organisations and individuals in a position to influence the outcome of fluoridation proposals were in possession of the facts.

### *The statutory jigsaw*

One of the first exercises of FPAG was to draw up a chart of the fluoridation decision-making process and to pinpoint the role which statutory bodies played in it. *Health authority members bear the actual responsibility for recommending fluoridation in their local communities.* On the basis of advice from medical and dental officers, they say yes or no to the idea in principle. Because they take the basic decision, they are subject to intense pressure from outside as dedicated opponents seek to undermine their confidence. It is imperative that they should be kept fully informed on the latest developments and be aware of the scientific flaws in the allegations which may be hurled at them.

But health authority members do not stand in isolation. Other statutory bodies and public representatives inevitably come into the picture. *Water authority members* have a critical function. By refusing a health authority's request, or by raising technical or constitutional barriers, they can effectively stop a fluoridation scheme dead in its tracks. They, too, are prime targets for anti-fluoridation pressure. If the opponents cannot get their way in a health authority, they always hope to by-pass the NHS and get their work done for them at the water authority down the road.

*Local authority members* are also involved, not least because one third of the membership of health authorities is formed from council members.\* The latter do not have to be elected members of the local authority but in many cases they are. By virtue of their dual membership role, they are in a position to exert a strong influence on the outcome of a health authority policy debate. Moreover, if anti-fluoridation activists are strong in a particular locality, it is not unlikely that the local ward councillors will be pestered into representing what the activists would like to put over as grassroots popular feeling but what is usually nothing more substantial than their own prejudices. Whatever the rights and wrongs of the situation, many a health authority has found itself struggling in the face of diehard antagonism from a caucus of local authority members.

*Community health councils* are yet another piece in the jigsaw. They are the appointed 'watchdogs' of the NHS. They exist to monitor the performance of health authorities

\*The proportion of local authority nominees was reduced from one third to one quarter in the reorganization of health authorities which came into effect on April 1st, 1982.

and to express a viewpoint on behalf of the lay consumer. It is not surprising that their views should be taken into account by health authorities, and as we shall see in due course, those views were to become crucial in the fight for fluoridation in the West Midlands.

One further and intriguing complication arises from the frequency of dual and even triple memberships of health authorities, water authorities, local authorities and CHCs. An individual might be, at one and the same time, a local district councillor, a member of the Community Health Council and of the Regional Water Authority. These organizations are functionally separate and work to entirely different briefs. However, in terms of the mechanics of decision-making, they cannot be viewed as mutually exclusive.

Last but by no means least are *Members of Parliament*. In the long-term it is the corpus of knowledge and opinion among MPs which may either consign fluoridation to the dustbin or ensure its universal application.

### *Role of the news media*

In identifying clearly all these points of the decision-making compass, FPAG saw as one of its highest and most urgent priorities the need to initiate a steady flow of information and comment in their direction. It was essential to provide clear, well-documented guidance to organizations and individuals capable of influencing the issue. But the need to adopt a much higher profile than in the past went further. The role of the news media in moulding opinion, both among the decision-makers and in the wider community, had to be recognized. All too easily, dramatic headlines could do untold damage to public confidence in fluoridation. If opponents put out a statement claiming that one part per million of fluoride caused cancer or congenitally malformed babies, newspapers would carry stories based on those allegations. Refuting them is not easily done in a couple of short sentences at the foot of an eight paragraph article. Besides, once the emotive words 'cancer' or 'mongolism' have taken pride of place in a banner headline, they register in the minds of casual readers who may not read to the bottom of the article and who may miss the next edition in which the more detailed refutation is published. In any case, speed of response is vital if a 'knocking' story is to be confounded. The impact is lost if the riposte to adverse criticism comes two or three weeks after the event.

Past press reports revealed the importance and consequences of giving (or not having given) a prompt, authoritative response. They also suggested a need for reiteration of the positive aspects of fluoridation. If the only news ever received by the press came from the anti-fluoridation lobby, small wonder that health authorities would find themselves on the receiving end of unfavourable coverage. The following extracts are not untypical of the flavour of much of the exposure of the issue in the region prior to 1978:

*Worcester Evening News* January 8th, 1976

Headline . . . Doctors lashed on fluoride findings

The Worcester-based National Pure Water Association has slammed the Royal College of Physicians' call for all water supplies to have fluoride added.

The deputy secretary of the NPWA, Valerie Culverhouse, said the RCP report on fluoridation – almost three years in the making – was a mere rehash of old research which has already been discredited.

*Express & Star* (Wolverhampton) June 1st, 1976

Headline . . . Fluoride 'must be curbed'

The use of fluoride should be restricted rather than added to our water, says a scientist who spent four years studying the chemical. Dr Paul Wix claims that we do not know enough about it to go ahead with the water schemes.

Dr Wix is head of food science at the Polytechnic of the South Bank in London. He says scientist' opinions on fluoridation are blurred and confused.

No amount of arguing will alter the fact that fluoride is a poison, he says.

*Shropshire Star* November 6th, 1976

Headline . . . Wives blast fluoride decision

Two Shrewsbury housewives have started the next round of the fight against adding fluoride to the town's water supplies with a blast against the county's health chiefs and their decision to go ahead with the plan.

Mrs Lucy Shrank . . . and Mrs Phyllis Griffiths condemned this week's meeting of Salop Area Health Authority as a step closer to Orwell's 1984.

Public officials may be tempted to blame the press for articles which are not to their liking. Indeed, they may be tempted sometimes to see the fourth estate as locked in an unholy conspiracy to sling whatever mud is available at local councils, health authorities and other statutory bodies. That newspapers and their counterparts in the broadcasting world are so malevolently inspired is no more accurate than the satirical image of fat bureaucrats sitting on their proverbial posteriors in plush office-blocks. Most of the press serves the news up as it comes, when it comes. Since journalists are as human as the rest of us, mistakes *are* made. It would be short-sighted and unfair to label the press as 'anti-fluoride' en bloc. Many journals are neutral in an editorial sense and straightforwardly echo the news as it filters in to them. It is anti-fluoride, that is what they print. The ball lies in the court of the supporters of fluoridation to promulgate their viewpoint more consistently and more forcibly.

Admittedly, a small number of newspapers have, for one reason or another, decided to take up the fluoride cudgel and beat the local health authority with it. No-holds-barred editorials are written in a deliberate attempt to emphasize anti-fluoride arguments. Where this occurs, especially in a small town served by one newspaper in a monopoly position, obtaining fair coverage of the pro-fluoride case can be very difficult.

On the other side of the coin, there is no law of nature or of man to prevent a newspaper writing a pro-fluoride leader – and some do. The *Coventry Evening Telegraph*, for example, published a hard-hitting leader article after Severn-Trent Water Authority had seemed to be back-peddalling in 1978.

*Coventry Evening Telegraph* March 17th, 1978

Headline . . . Scaremongering on fluoride

The Severn-Trent Water Authority . . . is running scared before a vociferous minority.

The result will probably be that thousands of children in Coventry and Warwickshire will be denied the advantage of growing up with strong and healthy teeth.

In the same issue of the newspaper there appeared a long feature article supporting fluoridation and calling for prompt action to obtain its benefits. The writer stressed the differences in dental health between neighbouring Birmingham and Coventry and the title of the article summed up the dilemma in rhetorical flourish: 'Must the rot set in while bureaucrats dither?'

The message for FPAG was clear enough. Whilst the news media did not take decisions, they helped to create a 'climate of opinion' in which the decisions were taken by others. It would therefore assist the fluoridation cause if health authorities provided more information and were generally quicker off the mark in their dealings with the press.

*An anti-fluoridation shopping list*

As well as defining its target 'audiences', FPAG examined the types of allegation generally used by fluoridation opponents:

- (1) Inefficacy of fluoridation in achieving its stated objective or reducing and preventing tooth decay (one of the most half-hearted of the anti-fluoride arguments which often tends to be dropped or conceded during debate; it is not surprising, though, that opponents should have a go at undermining the foundation of something they do not like).
- (2) Risk of adverse, possibly fatal, side-effects, including cancer of various organs, congenital malformations, renal disorders, allergies and bone diseases (no sooner does one allegation get disproved than another pops up; at times, it is reminiscent of the ancient Greek tale of indestructible soldiers springing up from the ground).
- (3) Opposition of 'public opinion', as reflected through politicians, pressure groups and petitions (a much bandied-about concept which, on closer investigation, is not necessarily what it seems or what the antis would have everyone believe).
- (4) Undemocratic decision-making process and insufficient consultation (based on the premise that if you cannot discredit the policy, you attack the legitimacy of the policy-makers).
- (5) Mass medication and infringement of the basic human right of the individual to eat and drink exactly what he likes (probably the most 'genuine' of the opposition arguments and the ideological cornerstone of the committed anti-fluoridation hard core).
- (6) Discord among the 'experts', with some claiming that fluoridation does harm (playing on the notion that there is always a knight in shining armour who, whilst the rest of a profession basks in ignorance and sin, will expose the naked truth for all to see and swallow).
- (7) Abandonment of fluoridation schemes in other countries (there is virtually an unofficial international consortium of anti-fluoridation pressure groups which recognize the mutual benefit of swapping interpretative accounts of fluoridation reverses; in some countries, they have been far more successful than in the UK in frightening the populace and, in particular, nervous legislators).
- (8) Availability of other methods of achieving reductions in tooth decay among children (there are alternatives, in theory at any rate; but none is anywhere near as effective on a community-wide basis and the issue is really a smokescreen or rearguard manoeuvre by the antis).

However weak, from a scientific point of view, this shopping list of anti-fluoridation criticisms might be, FPAG acknowledged the importance of producing

well-reasoned arguments against them. The man in the street or the local district councillor who had scarcely ever heard of fluoridation could find one or more of the criticisms sufficiently convincing if no one put an alternative view to him. FPAG decided that the antis should not be allowed to get away with unchecked, unrefuted propaganda.

*Establishing global contacts*

Equally, FPAG appreciated the impact on the West Midlands of events far outside the regional boundary. One of the prime difficulties faced previously by the supporters of fluoridation had been the speed and efficiency with which the opposition in different parts of the country and in different continents were able to exchange information. In practice, this meant that unsubstantiated statements could be reported in the news media about affairs in unheard of places thousands of miles away. By the time the real story had been uncovered, it was almost too late to repair the damage.

What had to be done, therefore, was to monitor the progress of the fluoridation issue as closely as possible around the world in order to be in a position to respond instantly and on the basis of firm knowledge. Contact had to be established in particular with the US Public Health Service Centre for Disease Control in Atlanta, Georgia, and the World Health Organization.

Much of the first meeting of FPAG was devoted to a painstaking analysis of the issues and the principal obstacles to be overcome. It was clear that solutions would not be easily or quickly obtained. There was no single act which would, in a flash, transform the total picture. What was needed was a long-term, multi-faceted public relations programme which would enable health authorities to achieve their goals.

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# Chapter 4

## Early losses, early gains

The need for an informed debate: publication of *Fluoridation News*  
Lobbying the legislators at the House of Commons  
One step forward, one step back (getting nowhere fast with the  
Welsh Water Authority)  
Referendum or consultation? (a conundrum from Severn-Trent)

The meeting of the Fluoridation Publicity Action Group (FPAG) in Birmingham in April, 1978, was the first time the NHS representatives in the region had seriously debated *how* to get fluoridation implemented rather than *whether* it should be implemented. FPAG was not a policy-making body. Its concern was to get a major preventive health policy out of the rut in which it had become well and truly stuck.

One of its first decisions was to rectify the imbalance in the kind of information received by the policy-makers whose collective views would conspire to extend or block fluoridation in the West Midlands: MPs, councillors and members of Area Health Authorities, Water Authorities and Community Health Councils. Most of them received little or nothing on a regular basis in support of fluoridation. There was virtually no hope of making headway unless those policy-makers were kept up-to-date about fluoridation from a source other than the National Pure Water Association and its lobbyists.

*The need for an informed debate: publication of Fluoridation News*

In July, 1978, the first issue of *Fluoridation News* was published under the banner of the West Midlands Regional Health Authority. Its purpose was clearly explained in the leading article written by the then Regional Medical Officer, Dr Tom Ramsay, under the title: 'The need for an informed debate'. He said:

The aim of this news-sheet is to provide a constant flow of up-to-date information on fluoridation, which is considered by many authorities to be one of the most effective preventive health measures available to the community today. . . . In spite of the overwhelming evidence of its safe use and benefits to dental health, there is still opposition to the concept and practice of fluoridation. It is right, of course, that the community should question and debate such issues. Equally, it is essential that the debate should take place on the basis of established well-researched facts.

FPAG members believed they had everything to gain by fostering a spirit of genuine debate in which the real facts would speak volumes for themselves. Readers of *Fluoridation News* were told that its columns would:

- (1) Report on progress towards extending fluoridation in the West Midlands.
- (2) Advance the case for fluoridation and consider such objections as appeared to be relevant.

Here at last was a vehicle through which pro-fluoridation views and analysis would be expounded regularly and systematically, not simply to an audience of sympathetic dentists and doctors but to groupings of key policy-makers over an entire region of the country.

There was no attempt in the first issue of *Fluoridation News* to cover every nook and cranny of the fluoridation dispute. Busy individuals with a host of other pressing problems on their minds were unlikely to wish to pore through a voluminous document crammed with technical detail. At this stage, the objective of FPAG was to give some general background information and to present it in crisp, well laid out format.

*Fluoridation News* was not a glossy brochure. It was a simple, workman-like production using basic journalistic and graphic techniques to present data in a digestible, readable manner. It was not a 'one off' newsletter but the first in a succession of briefing sheets which would make an impact by their consistency of distribution and topicality of content. There would be no fixed time-table for publication. Issues would be produced in response to events, so that two might appear in rapid sequence if necessary. Between July, 1978, and September, 1982, eight issues were published<sup>1</sup>.

Issue No. 1 of *Fluoridation News* helped to set the scene. It summarized the conclusions of the Royal College of Physicians, whose report had led on to the Department of Health encouraging health authorities to implement new fluoridation schemes, and explained in broad terms what fluoridation was and why it was needed. It also reviewed the extent of support for fluoridation and listed the communities within the region where it was hoped to introduce new schemes: the suburb of Sutton Coldfield in Birmingham (not part of the city in 1964 and not connected to the Elan Valley reservoir water supply which feeds the rest of Birmingham), the city of Coventry, the boroughs of Sandwell, Dudley, Wolverhampton and Walsall in the Black Country, and parts of Warwickshire, Hereford-Worcester, Shropshire and Staffordshire. With around 1½ million people drinking fluoridated water in the region at that time, the RHA declared its aim of doubling that number 'within a few years'.

Another article focused attention on the incidence of 'natural' fluoride in many of the commodities we eat and drink, including water (traces of it are even found in Malvern water, which is consumed for its purity and much-vaunted health giving properties). It pointed out that there is no chemical difference between the fluoride present naturally and the fluoride added artificially, a fact which may never have been fully appreciated by many people, even if they know it occurs in a natural form.

FPAG awaited with interest the outcome of and response to this initiative, not that the publication of a single sheet of paper with information about fluoridation was ever expected to 'revolutionize' the debate. Rather, it was a declaration of intent and a symbol that health authorities of the region meant business. Letters and telephone calls to the RHA proved that it had been 'noticed'. There were many requests for further information. Some correspondents were obviously opposed to fluoridation –

at least on the basis of what they knew at that point – but the distribution of the news-sheet had opened up the potential for communication and exchange of views. If a CHC member or a councillor harboured anxieties, those anxieties would not be cleared up by a low profile policy of silence by the NHS. The greater the dialogue, the better the chances of movement forward with the fluoridation programme.

Copies of *Fluoridation News* had been sent simultaneously to the news media throughout the West Midlands. Its contents could not be described as ‘hard news’ destined for the front pages of the provincial press. On the other hand, it was possibly one of the few pro-fluoride communications seen by many a news desk, helping to impress upon editors the existence of a positive as well as negative voice on the subject. Some articles did subsequently appear and many telephone calls were received at the RHA from journalists whose curiosity had been evoked. One caller expressed greatest interest in the cost of the news-sheet, only to sound a trifle disappointed on learning that print charges amounted to less than a hundred pounds. But, generally, press treatment was more straightforward and the media now had a clear point of contact for comment on material fed into the news machine by the pro-fluoridation side.

All in all, the exercise had proved well worthwhile. Community physicians and dental officers came back with requests for more copies of future issues, such had been the degree of interest shown in the first. Requests to be put on the mailing list swiftly materialized from NHS and other organizations outside the West Midlands Health Region. *Fluoridation News* had made its mark. The previous communications void had been filled.

#### *Lobbying the legislators at the House of Commons*

This was by no means the only step to be taken by the FPAG during the summer of 1978. A seminar for West Midlands MPs was arranged for July 5th, 1978. It took place in the committee room of a House of Commons annex in Westminster, Sir David Perris, chairman of the West Midlands RHA, leading the NHS delegation. Formal presentations were made by Professor James of the University of Birmingham Dental School, who reviewed the historical background of fluoridation; Professor Sir Melville Arnott, a distinguished West Midlands physician and a member of the special committee set up by the Royal College of Physicians in 1973, who discussed the medical aspects of fluoridation, and Mr Ivor Whitehead, the then Birmingham Area Dental Officer, who enumerated the benefits to the city’s dental health.

Out of 56 MPs representing constituencies within the West Midlands Health Region, 22 turned up. They included Mr Ivan Lawrence, Conservative MP for Burton in Staffordshire and a long-standing campaigner against fluoridation. Mr Lawrence was not slow to declare himself, contending with the West Midlands panel of dental and medical experts that *they* were not in possession of the full facts, which *he* professed to hold in the hefty, cross-referenced files balanced on his lap.

Like anyone else, Mr Lawrence is entitled to his opinion. However, he possibly overdid things, since the embarrassment of some of his Parliamentary colleagues was plain to see. A few of these might even have been alienated by his singularly aggressive approach and by his hogging of much of the available discussion time.

Informal conversations with individual MPs afterwards suggested that there was genuine confusion among them and a disinclination to swallow the utterances of an anti-fluoridation fanatic in their midst. The seminar had given encouragement to pro-MPs to speak out in future and made the uncommitted less likely to accept what anti-pressure groups and Lawrence told them.

*One step forward, one step back (getting nowhere fast with the Welsh Water Authority)*

During the spring and summer of 1978 other significant developments were taking place which were strongly to influence the course of the fluoridation issue in the West Midlands. These largely concerned the response of the water authorities. Back in April, when FPAG was being set up, negotiations had been proceeding between officers of the West Midlands RHA, Hereford-Worcester AHA and the Welsh Water Authority over a contract for the fluoridation of the city of Hereford and its surrounding rural districts. Ostensibly the signs were promising. No legal or technical obstacles had appeared on the horizon and by the beginning of May a draft agreement had been drawn up. Such was the confidence of the NHS negotiators that on May 5th a press release was issued by the RHA announcing that contract details had been worked out and were likely to be officially approved by both parties within a fortnight.

Optimism ran high in the NHS camp. At last real progress seemed possible. Negotiations with the Welsh Water Authority were going well, even if the Severn-Trent Water Authority had thrown a spanner in the works elsewhere. The scheme at Hereford involved installing fluoridation plant at the Broomy Hill waterworks at an estimated cost of £36 000. It was thought that work would begin later in the year and be completed within about 12 months, after which some 110 000 consumers would be supplied with fluoridated water. Such optimism was reflected in the words of the RHA's adviser on dental matters, Mr John Charlton, who was quoted in the text of the press release:

This is a vital step forward in improving dental health in the West Midlands. Future generations of Hereford children are going to be spared the agony of rapid, wholesale tooth decay. I am delighted that the Welsh National Water Authority has taken such a positive attitude in cooperating with health authorities.

At this juncture there was no reason to suppose that matters would turn sour. The Welsh Water Authority had direct experience of fluoridation and up to that point had not displayed any reluctance to proceed with the Broomy Hill scheme. With hindsight, the press release may have been premature, in as much as it gave the diehard anti-fluoridation lobby an opportunity of kicking up a fuss before the contracts could be formally sealed and exchanged. In the event, local representatives of the National Pure Water Association lost no time in marshalling their forces. By June a petition with 5000 signatures was handed in to the Welsh Water Authority protesting against the scheme. The health authority found itself further under attack by the local newspaper, the *Hereford Times*, whose editorial columns unashamedly espoused a straight anti-fluoridation line.

Perhaps the press release should not have been issued so early on. But sooner or later the news had to be disseminated publicly and it is difficult to believe that the antis would have sat back and done nothing. Indeed, it is possible that a low profile

approach might later have incurred accusations of secrecy and attempts to slip through a fluoridation scheme via the back-door. The Welsh Water Authority undoubtedly felt discomfited by the sudden high exposure of the issue. But however misleading petitions can be in gauging the true state of public opinion, the receipt of 5000 signatures at the Brecon headquarters of WWA instilled an element of caution – some might say over-caution – in its subsequent handling of fluoridation matters. Further action was postponed until the full membership of the water authority had an opportunity of debating issue in July. Good news seemed at this point to leap-frog with bad. Delay in finalizing the agreement at first heralded the possible demise of the whole scheme. Would the Welsh Water Authority lose its nerve and back out altogether? At its July meeting the authority decided that fluoridation was properly a matter for health authorities and confirmed that it would agree in principle to the Broomy Hill scheme. In a letter to the Hereford-Worcester Area Dental Officer, the WWA chairman, Mr T. M. Haydn Rees, wrote:

The Authority has endorsed the recommendation of the Operations Committee that the existing policy of the Authority in dealing with requests for Area Health Authorities for the fluoridation of water supplies be re-affirmed. . . .

At long last a hard-fought battle had been won. Fluoridated water would be flowing in the water mains of Hereford within a year.

After only a few months, however, it became painfully evident to the NHS side that agreements in principle were one thing, implementation of them another. By October, 1978, health authority officers involved in the detailed discussions to tie up the contract realized that things were going wrong. All of a sudden the WWA dug in its heels. The problem centred on the indemnity written into all fluoridation agreements to protect water authorities against legal claims for possible damages. Although no such claims have ever been lodged in the courts, provision is made in the formal agreements between water and health authorities for the latter to bear the costs of insuring against them or meeting claims which cannot be borne by insurance.

Normally, the form of indemnity used is the one which is laid down in a model agreement framed by the DHSS for precisely this situation. The indemnity is comprehensive but not unlimited. It does not cover 'negligence' on the part of the water authority or its employees in executing a fluoridation scheme and does not provide for an open-ended financial liability by the health authority. Its purpose is, within reason, to ensure that the water authority does not lose out financially because it is carrying out a task on behalf of the NHS. But whereas all WWA's previous agreements had been entered into on this basis, it now insisted on much tougher conditions: the health authority to meet the full cost of any legal consequences arising out of the negligence of WWA employees and, in addition, a blank cheque liability to be accepted by the NHS, with no upper limit on the indemnity at all.

Neither of these unexpected demands could be satisfactorily resolved. In the following months correspondence circulated endlessly between the West Midlands RHA, Hereford-Worcester AHA, the DHSS, the Welsh Water Authority and the Department of the Environment (the ministry responsible for water supply policy at a national level). Two years later no tangible progress had been achieved. No

fluoridated water was being received in Hereford and there was no sign of the Welsh Water Authority moderating its contractual requirements. If anything, circumstances were even less propitious. As time went by, WWA fired a further shot across NHS bows. It transpired that, notwithstanding the indemnity impasse, the water authority found itself unable in the foreseeable future to spare the necessary technical manpower to undertake the installation of fluoridation plant at Broomy Hill. The scheme which at one stage had looked like being the easiest to get off the ground was now virtually dead and buried.

*Referendum or consultation? (a conundrum from Severn-Trent)*

By contrast, the serious problems previously facing FPAG in the heart of the region proved not to be insurmountable. It had been a resolution of the Severn-Trent Water Authority in February, 1978, which galvanized the RHA into taking up a firm stand and forming the Fluoridation Publicity Action Group. Severn-Trent's policy had implied a challenge to the statutory powers of health authorities to act on fluoridation. Was one public body asking another to go into the referendum business? Was this not merely a device by anti-fluoridation members of the water authority to frustrate the implementation of a preventive health measure which lay within the competence of the NHS?

Urgent representations were made by the RHA to Severn-Trent. In May, 1978, the RHA chairman, Sir David Perris, led NHS representations to Severn-Trent headquarters in an effort to clarify the resolution. Of equal concern to the NHS side was the possibility that existing schemes serving Birmingham, Solihull and Rugby, agreements for which were about to expire, might be similarly ensnared. Was it conceivable that Severn-Trent would refuse to renew those agreements and discontinue fluoridation schemes started almost 15 years previously?

The strength of the NHS delegation bore witness to the degree of its underlying anxiety and the importance attached to fluoridation. Sir David was accompanied by Sir Robert Hunter (now Lord Hunter), the then Vice Chancellor of the University of Birmingham and a member of the RHA. They were joined by Councillor Arnold Ward, also an RHA member and coincidentally the chairman of Staffordshire County Council. Senior officers included Mr John Charlton, the RHA's adviser on dental matters. The party comprised representatives from Trent Health Region, some of whose AHAs would look to Severn-Trent to implement requests for fluoridation and which therefore had an equal interest in setting the record straight.

Much of the actual discussion between the two sides centred on the powers and responsibilities of health authorities. NHS representatives stressed that the Secretary of State for Social Services had devolved to Area Health Authorities the same decision-making role on fluoridation as local authorities had enjoyed prior to the 1974 reorganization of both services. They pointed to the sum of 2½ million voted annually by Parliament for grant aid toward the capital cost of new fluoridation plant and equipment. The fact that provision of those funds had never been challenged stood as endorsement of government policy.

Responding for Severn-Trent, its chairman Sir William Dugdale said that his members had been under extremely heavy pressure from the anti lobby. He explained that they had been regaled with opposition propaganda and were anxious

to avoid going along with a policy which did not benefit from public support and understanding. The authority's Policy and Resources Committee had recommended that requests for fluoridation from AHAs should be approved by the chairman (ie, himself) and the chairman of the Water Management Committee, after consultation with Severn-Trent's Director of Operations on the practicability of such requests. But at the meeting of the full authority the results of powerful anti-fluoridation pressure had made themselves felt. Members resolved to override the recommendation and to insist on requests coming before them instead. What otherwise might have been a fairly routine procedure would now be subject to possible blocking by members persuaded to oppose the agreed policy of AHAs.

At first the NHS delegation must have thought their chances of making headway rather small. However, a ray of sunshine emerged when Sir William gave his interpretation of the addendum to Severn-Trent's resolution concerning demonstration of public support for fluoridation. This did not entail AHAs entering into the referendum game. But, he thought, they would have to be able to show that a majority of Community Health Councils in the geographical zone affected were ready to back fluoridation. If they did not, many Severn-Trent members might be reluctant to approve a formal request for it (at that time, no formal request for a specific scheme had been put on the table). On the other hand he did not expect his authority to refuse to renew agreements on existing schemes in the city of Birmingham, Solihull and Warwickshire, even though requests for their renewal would have to go to a full meeting.

In essence a new phase in the battle for fluoridation was being delineated. The attitude of the lay watchdog bodies of the NHS, the 22 Community Health Councils monitoring management performance in each of the region's 22 health districts, would be a crucial factor.

### Reference

1. West Midlands Regional Health Authority, *Fluoridation News*, issues published in July 1978, November 1978, February 1979, January 1980, August 1980, January 1981, September 1981, September 1982.

# Chapter 5

## The fight for community support

Community Health Councils and the consumer's voice  
Success for the health authority consortium: Severn-Trent says  
'yes'  
The high costs of absenteeism  
Dental and medical offensives

During the early days of its existence in 1978, the Fluoridation Publicity Action Group (FPAG) had to devote much time and energy to ensuring that the case for fluoridation was put to the region's 22 Community Health Councils, whose attitude would in large measure pre-determine the responses of the largest water supplier, the Severn-Trent Water Authority.

At the beginning of the year, only about half of them had formally recorded their policy on the issue. Of those which had decided where they stood, there was a two to one majority in favour. Four were against fluoridation: Coventry, Dudley, Mid Staffs and Salop. Those in favour were: Hereford, Worcester, North Staffs, South East Staffs, Rugby, Central Birmingham, West Birmingham, Sandwell and Wolverhampton.

Most of the remaining CHCs which had not shown their colours were in parts of the West Midlands already receiving fluoridated water and where its continuance was not a political hot potato. The degree to which fluoridation becomes part of society's 'environmental wall-paper' once it has been implemented is testified in no small way by the previous absence of pressure on CHCs in those communities to express a view.

### *Community Health Councils and the consumer's voice*

Uncommitted CHCs rapidly became the fulcrum on which much of the pressure group activity pivoted in the first half of 1978. Both pro and anti-fluoridation forces wanted these CHCs to declare themselves in order to sway Severn-Trent one way or the other. Not that the policies of CHCs *already* committed to fluoridation could be taken for granted. Behind the scenes there was intense pressure on them from the anti lobby to change their minds. The future of fluoridation in the West Midlands hung in the balance.

Members of FPAG fully appreciated the significance of the CHC vote and lost no time in contacting CHC secretaries with offers of information and speakers for

meetings. Early on it became obvious that not all CHCs would react in the same way. Some went ahead without more ado and placed fluoridation on their next routine monthly agenda for discussion. Others adopted a more 'formal' approach, inviting outside speakers for both sides to come and put their cases. Some felt disinclined to make an immediate move, preferring possibly to wait and see.

What especially concerned FPAG was that the manner in which some CHCs handled the matter might totally exclude the possibility of medical and dental advice being given to their members. Decisions might then be made in a vacuum, with the CHC members merely conscious of a highly vocal opposition cell. The latter would be likely to pack the public gallery with its supporters, seeking to create the impression by a physical presence that there was overwhelming public antagonism to fluoridation. FPAG tried to counter this tactic by ensuring that a contingent of fluoridation supporters attended these key meetings, even if no-one other than CHC members themselves was permitted to contribute to the debate. It was fascinating to observe the same old faces popping up time and time again as the anti-fluoridation caucus moved round from one CHC to another. One thing was certain: they were not being allowed to have things their own way. The conflict had moved beyond *their* control.

In support of the activities of FPAG, the then Regional Medical Officer, Dr Tom Ramsay, wrote a personal letter in June, 1978, to all CHC members throughout the West Midlands. He said:

CHCs, as representatives of NHS consumers, have a vital contribution to make to the debate. . . . I am writing to place before you certain information which you may find useful in forming your own view on fluoridation.

Referring to the likelihood of their receiving anti-fluoridation material, he added:

Because of the importance of CHCs in matters such as this, you may yet receive, or have already received, information from anti-fluoridation interests which purports to demonstrate a link between fluoridation and various disorders. You would understandably be alarmed, as a responsible citizen, to read material of this kind. However, I would ask you to weigh the evidence very carefully and to give health authorities an opportunity of putting forward their viewpoint.

Dr Ramsay stressed that in his opinion, and that of the Regional Health Authority's professional advisers, the authoritative medical evidence overwhelmingly supported not only the continuation of schemes already in existence but the extension of their proven benefits to other communities. He pointed out that fluoridation in the West Midlands was not a theoretical exercise. It was a tried and tested practice which had been closely monitored for well over a decade. He pointed out that both he and the RHAs dental adviser (John Charlton, a member of FPAG) lived in fluoridated communities and that neither harboured the slightest reservation about their personal consumption of fluoridated water.

Between April and August, several CHCs debated or re-debated the fluoridation issue. Three of the Birmingham CHCs which had not hitherto declared a policy (East,<sup>1</sup> South<sup>2</sup> and North<sup>3</sup>) now openly came out in favour. Both North and South Warwickshire CHCs<sup>4,5</sup> were similarly disposed, together with Solihull CHC<sup>6</sup>, which voted to support the continued fluoridation of the borough's water supplies. Central Birmingham CHC reiterated its position in the strongest terms:

Central Birmingham CHC unanimously reaffirms its support for fluoridation . . . and does so as the statutorily constituted representative of approximately a quarter of a million consumers of health services and water living in the Central Birmingham Health District.<sup>7</sup>

Two CHCs, Worcester<sup>8</sup> and Mid-Staffs,<sup>9</sup> resolved to sound out public opinion. Worcester CHC, which was technically still in favour, set up a small working party to consider how best to ascertain and evaluate local views. Mid-Staffs CHC, up to that point opposed, decided to refer the question to district councils, who in turn would be asked to find ways of determining public opinion.

Despite the indecisive response of at least two of the CHCs, the overall picture looked considerably more propitious by the middle of the summer. A chart compiled by FPAG on August 15th showed that of the 22 CHCs, 16 had come out in favour of fluoridation. Four remained against (as they had been at the beginning of the year) and two (Bromsgrove-Redditch and Kidderminster) had not yet debated or formulated a policy. The battle of the CHCs was largely, if not totally, won. Even so, FPAG could scarcely afford to sit back complacently and presume that all would henceforth be plain sailing. Anti-fluoridationists inside and outside the CHCs would not give up the fight so readily. They would undoubtedly seek reversals of policy as and when circumstances permitted. Moreover, persistence by a few CHCs opposed to fluoridation still prevented some AHAs from proceeding with formal requests to Severn-Trent Water Authority.

*Success for the health authority consortium: Severn-Trent says 'yes'*

While FPAG concentrated its efforts on the CHCs, the Regional Health Authority had been trying to marshal together a consortium of AHAs on whose collective behalf such a formal request might be made. On June 6th, 1978, Sir David Perris wrote to the chairmen of those Area Health Authorities whose communities were supplied wholly or partly with water by Severn-Trent: Walsall, Sandwell, Dudley, Staffordshire, Salop, Hereford-Worcester, Warwickshire, Birmingham, Solihull and Coventry. Wolverhampton, though receiving most of its water directly from Severn-Trent, was not contacted because of the AHA's known opposition to fluoridation at the time.

Within a month Sir David had received the official responses of the ten AHAs with whose chairmen he had corresponded. All had indicated their commitment to the principle of fluoridation, but Coventry and Salop AHAs felt constrained by the opposition of their Community Health Councils. The formal request which Sir David then forwarded to Sir William Dugdale at the Severn-Trent Water Authority excluded those two authorities. The letter, dated July 6th, 1978, began:

On behalf of the West Midlands Regional Health Authority I hereby request the Severn-Trent Water Authority to undertake the fluoridation of water supplies, not currently fluoridated within the boundaries of the under-mentioned Area Health Authorities. . . .

The AHAs concerned were:

- Hereford/Worcester AHA
- Warwickshire AHA
- Walsall AHA
- Dudley AHA

Sandwell AHA  
Staffordshire AHA  
Solihull AHA

In the same letter applications were made on behalf of a number of AHAs in other regions whose water supplies were partly shared with those of Severn-Trent water consumers within the West Midlands and who had given the West Midlands RHA authority to act on their behalf. They were:

*From the Trent Health Region*

Nottinghamshire AHA  
Derbyshire AHA  
Leicestershire AHA

*From the South Western Health Region*

Gloucestershire AHA

The letter also broached the question of the existing agreements due to expire within the ensuing twelve months. Sir David stressed that the NHS wished those agreements to be renewed. And in support of all the applications, he underlined the fact that 19 out of 22 CHCs had considered the issue of fluoridation and as many as 14 had given it their formal blessing.

By all accounts, the NHS had conformed with the terms and conditions laid down by the water authority early in the year. But could it expect to see a dividend for its troubles? That hinged on the next full meeting of Severn-Trent scheduled for July 20th, 1978, which resolved

That the request in the letter from the West Midlands Regional Health Authority for fluoridation of water supplies within that region . . . be approved in principle so far as concerns the Area Health Authorities in that region mentioned in the request and accordingly the matter be referred to the Water Management Committee for investigation in respect of the technical considerations involved.<sup>10</sup>

#### *The high costs of absenteeism*

This decision was historic. In practical terms, it meant fluoridation could and would be extended in the West Midlands.

Detailed technical discussions followed as water authority engineers and NHS capital works staff endeavoured to map out a plan of action according to feasibility, costs and priorities. It quickly became apparent, however, that the absence of Wolverhampton and Coventry from the consortium would entail disadvantageous financial consequences. Working on a population basis of 477 000, the capital installation costs were of the order of £2 per head and running costs around £0.20 per head per annum. If it were possible to include Wolverhampton and Coventry (making a total new population to be served of approximately 1.1 million), the capital figure dropped to £0.80 per head and running costs to £0.12 per head per annum.

The incompleteness of the consortium had further immediate and potential consequences. A tiny enclave of Wolverhampton on the Bilston side of the town received its water not directly from Severn-Trent but from the South Staffordshire Waterworks Company, which supplied most of the rest of the Black Country to the north and west of Birmingham. The other Area Health Authorities in that part of the

region all wanted fluoridation but were prevented from getting it because a few thousand people across the boundary in Wolverhampton would be affected.

Secondly, water supply undertakings were increasingly moving towards a policy of integrating their supplies from different sources in order to give themselves maximum operational flexibility for coping with peaks of demand and the problems of drought. Interchangeability of water supplies might threaten the effectiveness of fluoridation if water from fluoridated and non-fluoridated sources had at any time to be mixed. Not only would this process result in dilution of the fluoride level, thereby diminishing its benefits to dental health, but a whole fluoridation scheme might be terminated if fluoridated water had to be diverted into the territory of an AHA which had not consented to it.

Curiously, the Wolverhampton and Coventry situations were each the reverse of the other. In the former, the Area Health Authority opposed fluoridation, whilst the local Community Health Council had consistently voted in favour of it. In the latter, the AHA supported fluoridation but the CHC did not. From the point of view of the Fluoridation Publicity Action Group, it was important that the Wolverhampton CHC should *not* change its mind. Otherwise, the task of completing the consortium would be made doubly difficult.

In Coventry, however, it was important that the CHC *should* change its mind, for that would enable the AHA to go ahead and make a formal request for fluoridation in the city. The challenge for FPAG was to ensure that the anti-lobby did not get a foothold first and manage to push things in the wrong direction. It was essential, therefore, to monitor the local scene very closely in each case and to be aware of any moves to get the fluoridation issue debated.

### *Dental and medical offensives*

The autumn of 1978 was a period when FPAG, having made many useful gains in preceding months, could not afford to lose the initiative. Various steps were taken to keep the issue of fluoridation in the public eye and to push the anti-lobby back on to the defensive. On October 24th, the eleven Area Dental Officers of the West Midlands collectively signed and published an open letter to the news media.<sup>11</sup> Their aim was to show community dentistry acting resolutely and in concert across the entirety of the region. The letter focused attention firmly on the dental issues involved, because it was felt the public were probably insufficiently aware of the degree to which fluoridation contributed to prevention of tooth decay. Every ADO in the region putting over the same message simultaneously would both ensure widespread coverage in the media and at the same time reinforce the impact of the message itself.

Dear Sir,

As Area Dental Officers for a population of over five million in the West Midlands, we feel impelled collectively to write this open letter<sup>11</sup> to the press on the urgency of extending the well-proven benefits of water fluoridation to as much of the community as possible.

Let us say straight away that we are not, most certainly not, zealots embarked on a crusade to force personal opinions down the throat of the man in the street. We are dentists. We are qualified professionals charged with the responsibility of monitoring and improving dental health. We have a job to do and we look for those tools which will help us to do it most effectively.

Nor should anyone under-estimate the size of our task. The odour of nitrous oxide may

be less noticeable now in dentists' surgeries than twenty years ago. But today's more sophisticated techniques for saving decayed teeth cannot conceal the unnecessary suffering still caused by dental decay, which is a preventable condition.

By the age of 15 a child in this country is likely to have about one third of all his permanent teeth decayed, missing or filled. Around three out of four children under five suffer from tooth decay.

Every year children of school age receive over eight million courses of dental treatment. The NHS supplies more than 7000 dentures annually to children. So let no-one be complacent, for caries not only causes immeasurable pain and discomfort but contributes to avoidable deaths from diseases such as bacterial endocarditis. About 12 people also die each year from dental anaesthesia.

But we have an available solution. Water fluoridation has had excellent results in reducing tooth decay to a large extent. In some communities there is sufficient fluoride present naturally in water. Where it is not, the existing level can be adjusted under stringently controlled conditions.

Abundant scientific evidence shows that dental decay is significantly lower when there is a certain level of fluoride in the water supply (one part per million) and that no harmful side effects to health are caused.

As dentists we cannot help but contrast dental health in communities with fluoride at the required level and those with much less. Graphic examples are found right here in the West Midlands. One study has looked at comparative figures for 5-year-olds in Birmingham (fluoridated since 1964) and Dudley (non-fluoridated). The average of decayed teeth was twice as high in Dudley.

In the same sample, for every 100 Dudley children examined, there was a total of 90 teeth extracted. For every 100 Birmingham children there had been only four extractions.

Opponents of fluoridation claim its benefits do not last. That is not so. Naturally fluoridated towns in Britain and elsewhere reveal a markedly better state of adult dental health than in low fluoride towns.

Fluoridation is good value for money. For just a few pence per person each year, it substantially reduces dental decay, which accounts for much of the £233 million spent on dental services. It prevents human suffering and the loss of many millions of man hours to industry because of dental illness.

Everyone benefits – at least those who still have natural teeth. Of course, those who drink fluoridated water from birth or a very early age benefit most of all.

In the West Midlands we have seen the advantages of fluoridation at first hand. Already over one and a half million people – mainly in Birmingham but also in parts of Solihull, Warwickshire and Worcester – consume water with an adjusted fluoride content. We unreservedly and wholeheartedly support moves to extend schemes to cover other parts of the region.

We have no ideological axe to grind about the 'purity' of water, since it is impossible for us to drink chemically pure water. On the other hand, we would readily oppose fluoridation if there was evidence that, in preventing tooth decay, it did harm elsewhere.

It is not a question of preaching to others about what is good for them. As water consumers, we are perfectly happy to drink fluoridated supplies and for our families to do likewise.

If 'philosophy' enters into the debate at all, we see pressure group opposition to fluoridation as a denial of human rights – in particular the rights of this and future generations of children to be protected from the ravages of tooth decay.

Let those who would deny their rights spend some time in one of our clinics. They will see the evidence staring them in the mouth.

The letter served exactly the purpose for which it was intended. It received extensive coverage in the regional daily and weekly press, in some instances being reproduced verbatim, in others being translated into a prominently displayed story on the main news pages. Some Area Dental Officers were contacted by local radio stations for interviews and participation in 'phone in' programmes.

Two further FPAG-inspired initiatives followed on during November, 1978. The second issue of *Fluoridation News* was published and a letter signed by all the Area Medical Officers of the West Midlands was sent to the press.

Five months previously the first issue of *Fluoridation News* had proved its worth. This cheaply produced two-sided newsletter filled what had obviously been a communications void. Requests for extra copies were profuse, not only from within the West Midlands Health Region but from health authorities and dentists outside the region altogether. In the relatively short period of its operations, FPAG came to realize the paucity and weakness of pro-fluoridation publicity hitherto.

The second issue was equally well received. It concentrated on the headway which had been made with water authorities and CHCs, as well as on specific issues which had featured in anti-fluoridation publicity or correspondence with health authorities in the immediate past. Perhaps it was the immediacy of its contents which made *Fluoridation News* successful, for it dealt with up-to-date, 'live' topics of debate which in other circumstances the anti-fluoridationists might hope to exploit unchecked.

A public statement by all the Area Medical Officers<sup>12</sup> of the West Midlands, made only a few weeks after the letter which had been published over the signature of their Area Dental Officer colleagues, gave further impetus to the pro-fluoridation publicity drive. Media coverage was again extensive, especially in the regional daily and local weekly press. 'Medical officers back call for fluoride' was a typical headline, with large chunks of the letter quoted verbatim, just as in the case of the Area Dental Officers. The impact, therefore, was one of reinforcement. Two groups of qualified professional advisers to health authorities were unanimously declaring their firm support for a particular health policy.

Whereas the dentists had focused attention, naturally, on the benefits to teeth, the doctors discussed some of the allegations of harmful side-effects to general health:

We are concerned that members of the public may be misled and alarmed by erroneous unsubstantiated allegations regarding possible side effects of water fluoridation. It would be a tragedy for the community if the overwhelming weight of authoritative scientific evidence were to be undermined by public doubt based on false premises. Scientifically controlled studies show no statistically significant discrepancies in the ill health of comparable fluoridated and low fluoride areas. In fact, the incidence of particular diseases has been demonstrated to be marginally greater in the low fluoride areas. This would by no means justify claims that fluoridation leads to a decrease of those ailments – any more than slight variations in the figures the other way would justify claims that it caused harm. Unfortunately, some of those who argue against fluoridation are inclined to put two and two together and make five.

The letters from the Area Dental Officers and Area Medical Officers did not pass without counter-blast from the anti lobby. It was never expected that they would. But the essential difference between this and the customary exchanges of crossfire between the two sides was that, on this occasion, the pro-fluoride camp had made the running and grasped the initiative. In the world of publicity, it is often the first strike which counts and which tends to attract the biggest headlines and the most editorial space.

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# Chapter 6

## Dirty tricks and democracy

- A war of correspondence
- An ill wind from Holland: the Moolenburgh allegations
- Ideological cross-fire
- Health authority credentials under challenge
- The importance of a positive approach
- Carcinogenic scare-mongering
- The Allegheny County affair comes to Britain

From the start of the campaign for fluoridation in the West Midlands, the Action Group set up by the Regional Health Authority (FPAG) had recognized the importance of tackling 'head on' the unfounded allegations of the anti lobby about harmful side effects of fluoridation, as well as the host of other objections they persistently raised in letters to newspapers and public meetings.

### *A war of correspondence*

After the first few months of its concerted push in 1978, FPAG began to experience the phenomenon which ultimately befalls all public authorities or persons openly supporting fluoridation: a war of correspondence. Initially, there was just a trickle of letters, which gradually built up to a steadier flow as the campaign took off in earnest and the pro-fluoridation side started making headway.

Examination of the RHAs correspondence files reveals a distinct trend in the nature of the in-coming letters. In the early days, they *seemed* largely to come from West Midlands residents genuinely posing questions about particular aspects of fluoridation. Later, letters arrived from much further afield, so that the West Midlands RHA found itself having to deal with inquiries from parts of the country completely outside its sphere of direct responsibility. The use of the word 'inquiries' is possibly misleading, because as time went by the interrogative posture of the letters changed perceptibly into a tone of outright and sometimes extremely insulting condemnation.

Two other factors become apparent in an analysis of the letters. Over a certain time they tended to deal with the same basic issues, such as supposed allergic reactions to fluoride, the possibility of harm to various organs of the body, or the balance of public opinion (seen through the eyes of the antis, of course). Not *all* the letters asked precisely the same questions. But a high percentage of them would, for a

period of a few months in some cases, rake over the same information, drawing seemingly from an identical bag of questions. After a while, they would drop that line of inquiry and turn to another topic, almost as if an unseen hand were guiding the direction and tone of direct communication between the anti-fluoridationists and health authorities.

No doubt there were individuals who in no way formed part of, or had any contact with, a formally organized anti-fluoridation group. A lasting impression, however, is that there is a well-drilled clique of willing correspondents prepared to write off in their own hand to any organization or individual who dares promulgate the benefits of fluoridation to the community.

A second factor to emerge was the conspicuous swapping of information between some of the correspondents *after* they had separately and individually received replies from the Regional Health Authority. So, for example, a letter might first be dealt with from an address in Hertfordshire, to be followed up a few weeks later by another from a different part of the country but in which direct reference might be made to the contents of the RHAs reply to the original correspondent. It may be concluded, therefore, that correspondence which health authorities receive on fluoridation from members of the public is not always what it seems. In many cases it is simply part of the anti-fluoridation campaign, which seeks to bog health authorities down in a morass of inquiries from opposition supporters who already have the information they pretend to want.

*An ill wind from Holland: the Moolenburgh allegations*

In the summer of 1978, the first spate of letters received by the RHA made frequent reference to, or enclosed photocopies of, a document purporting to originate from a Dutch family doctor practising in the town of Haarlem. That document was a letter addressed by a Dr H. C. Moolenburgh to Mr N. Brugge, Secretary of the National Pure Water Association based in Manchester, England. It claimed that patients of Dr Moolenburgh had experienced a variety of ailments, including mouth ulcers, skin rashes and asthma, which could be attributed directly to their consumption of fluoridated water.<sup>1</sup>

Neither the doctors nor the dentists who were members of FPAG had previously ever heard of Dr Moolenburgh or read about his experiments with patients in any scientific journals. Dr Moolenburgh's personal communication to the National Pure Water Association had come out of the blue. In consequence, it was decided to investigate the matter at source by getting in touch with the Dutch doctor directly for further information and clarification of the scientific substance of his work, which appeared in its conclusion to contradict the opinions of reputable scientific agencies throughout the world. The task was assigned to the then Area Dental officer for Birmingham, Mr Ivor Whitehead, who had considerable experience of monitoring a fluoridation scheme in practice and was obviously concerned about any evidence of allergic reactions which had so far failed to present themselves in Birmingham.

On August 18th, 1978, Mr Whitehead wrote to Dr Moolenburgh requesting detailed information:

My search of the medical literature for the report of the project of yourself and your colleagues has proved unproductive and I wonder if it may have been published only in

Holland. If so, I should be most grateful if you would send me a reprint of your paper, translation of which would present no problem. Alternatively, perhaps you would be kind enough to send me details of the research project, including the number of patients involved in the experimental and control group.<sup>2</sup>

For his pains Mr Whitehead did not get far. About two weeks later he received Dr Moolenburgh's reply, in which he refused to give details of his work.

Dr Moolenburgh's reply and Mr Whitehead's reaction to it were both prominently featured in the November issue of *Fluoridation News*. The message was clear enough to the anti-fluoridationists who had been freely circulating the Moolenburgh letter: either come up with the firm evidence, acceptable within a proper scientific framework, or stop making allegations which the originator is not prepared to back up himself. As Ivor Whitehead put it in *Fluoridation News*:

Individuals must draw their own conclusions. But I am very surprised to get such a kick in the teeth from someone who claims to have irrefutable evidence.<sup>3</sup>

In the wake of the exchange of letters between Dr Moolenburgh and the Birmingham Area Dental Officer and the publication of the outcome of that correspondence, the topic virtually disappeared from anti-fluoridation letters received by the West Midlands RHA. One Birmingham resident had previously written in to say that she suffered from mouth ulcers, like some of Dr Moolenburgh's patients, and attributed her condition to the fluoride in the water supply. She was asked if she would like to take part in controlled trials in order to evaluate her theory. Nothing more was heard from her.

### *Ideological cross-fire*

Letters from individuals opposing fluoridation were not confined to the question of allergies. Some chose to focus on entirely different aspects, such as the issue of personal freedom vis-à-vis health authorities undertaking preventive health measures on a community-wide basis. Interestingly, many of those who grasp this particular nettle are inclined to refer to World War II as a justification for their thesis. This is a typical opening from such a letter:

Somewhere along the line I recall a war (World War II) which was fought for freedom of speech, deed and word. We witnessed death because the government of the day thought it was good for *them*. There is no doubt that many even more so today feel that much is good for *them*. . . . I do not propose to pay NHS rates for a direction by an Area Health Authority that fluoride passed to me in water by compulsion is good for me and my family.

The following extracts are taken from another letter pursuing this theme:

. . . By what right does the Regional Health Authority assume the mantle of God and decide what we should or should not drink? . . . I have discussed fluoridation with a great many persons in the last few weeks and have not met one who agreed with it. . . . To flout opinion in the way you propose is not only undemocratic; it is irresponsible in the extreme and a gross misuse of your authority.

These and other examples reveal a common strand running through the fabric of much anti-fluoridation thinking: that, even if fluoridation or any other preventive measure can be demonstrated to be a boon for mankind, its implementation may infringe the basic rights of the individual *not* to accept the protection society offers

him on a collective basis. This attitude is, in essence, philosophical. It touches on the ideological conflicts which necessarily govern each man's view of his relationship with the community of which he is part. The anti-fluoridationist may take an essentially 'libertarian' view: that he should be free to suffer the consequences of tooth decay and that it is open to each individual to take whatever personal protective measures he prefers. As a corollary, he may infer that organizations implementing a 'collective mechanism' for fighting tooth decay are *ipso facto* dictators to be resisted at all costs.

There is a tendency for health authorities to shy away from defending the 'philosophical' basis of their health promotion activities when vigorously attacked on libertarian grounds. But it is not an issue which will disappear: silence on the part of those accused may quickly be construed as admission of presumed guilt. FPAG believed an alternative philosophy *could* and *should* be argued in the public forum. Under no circumstances should opponents of fluoridation be allowed, by a divine right ascribed to themselves, to hold philosophical court without challenge. So in both correspondence and public encounters with anti-fluoridation interests, the accusations of mass-medicating dictatorship were firmly grasped. Indeed, at the behest of a Member of Parliament (who had been impressed by the counter arguments of the Regional Health Authority after he asked for its reaction to a constituent's letter), a front page article in an issue of *Fluoridation News* was devoted to the philosophical and political issues involved.<sup>4</sup> The author was Sir David Perris, chairman of the RHA. His concluding paragraph sums up the alternative view:

It is not only the objectors who have rights to defend their personal liberty. The rest of the population also has the right to be able to benefit from a proven and safe public health measure.

### *Health authority credentials under challenge*

Not only do the anti-fluoridationists peddle the spurious 'mass medication-personal freedom' thesis at every opportunity; they attempt equally to undermine the credentials of the statutory body responsible for making the decision they do not like. Opponents of fluoridation often protest that health authorities should not be vested with these powers because their membership has not been chosen by means of direct public elections. On this score, they hope to push health authorities back on the defensive by affixing to them the perjorative label of being 'undemocratic'.

This attack on the NHS is riddled with inconsistencies and illogicality. If, fundamentally, opponents do not accept even the philosophical justification for fluoridation, the status and mode of appointing or electing the members of the decision-making body is irrelevant to the argument, as they would surely oppose the measure regardless of the democratic pedigree of the organization concerned. The leader of an anti-fluoridation group in Australia has put it on record:

My league is opposed to the fluoridation of public water supplies, even if a majority of people should vote in favour on constitutional, moral and ethical grounds.<sup>5</sup>

So the argument about democracy is specious. In Britain the venom and vigour of the anti-fluoridation lobby was no less in evidence when, prior to 1974, local councils were vested with the necessary powers. Councillor Mrs Marjorie Brown, who 10

years previously as chairman of the City of Birmingham Health Committee had pulled the lever which literally put 'supplementary' fluoride into its water supplies, recalls the enormous pressures on her and her colleagues at the time. It was, she says, the period in her political life when she came closest to having a nervous breakdown.<sup>6</sup> The fact that a *directly elected* body was taking the step did not seem to deter the anti-fluoridationists at all.

But health authorities need not go on to the defensive about the constitution and composition of their membership. One quarter of their members are nominated by the local district council(s) within their territorial boundaries. The rest are made up of individuals from a wide variety of professional and social backgrounds. Moreover, health authorities are ultimately responsible to a democratically elected Parliament through the Secretary of State for Social Services. Successive Secretaries of State, in both Conservative and Labour governments, have devolved to them the power to determine policy on fluoridation. Indeed, governments of both main political parties have consistently supported fluoridation for more than 20 years.<sup>7</sup>

Nor must it be forgotten that each health authority is monitored by a 'watchdog' representing the interests of NHS consumers: the Community Health Councils which, in the West Midlands, have been pivotal in the fluoridation debate. When the Severn-Trent Water Authority first announced in 1978 that CHCs would have to be consulted before it could decide whether to accede to the health authorities' requests for fluoridation, there was not a single murmur of dissent from the opposition. After several CHCs had carefully considered the arguments and resolved in favour of fluoridation, opposition speakers were heard ungraciously to be calling into question the right of CHCs to express a view on the issue. Many anti-fluoridationists equate democracy with a capacity to get their own way.

#### *The importance of a positive approach*

The lesson to be learned by health authorities is that they should not sit back and allow aspersions to be cast freely in their direction. Experience in the West Midlands showed that the antis were much less inclined to keep throwing stones if some were picked up and thrown back. That does not mean adopting the same tactics as the antis; it means taking a consistently positive, open line and not allowing them to get away with unjustified, misleading statements.

A similar conclusion has been drawn by pro-fluoridation groups campaigning in other parts of the world. For example, in his case study describing the battle for fluoridation in the town of Newton, Massachusetts between 1959 and 1961, Thomas F. A. Plaut writes:

One of the lessons that the Newton group learned . . . was the necessity of building into people 'resistance' against the emotional arguments that were sure to be used by the opponents in their last-minute appeals. It became clear that it would be advantageous for the proponents to raise some of these arguments themselves and then proceed to show that they were fallacious. In this manner persons could be prepared for the last minute appeals that they would be flooded with.<sup>8</sup>

That the health lobby cannot afford to ignore these crucial factors is further reinforced by Mr Brian W. Head in his account of the fluoridation controversy in the Australian State of Victoria:

The proponents appeal to our desire to reduce suffering through the rational application of scientific expertise, while the opponents appeal to our fear of poisoning and our suspicion of measures imposed by the authorities for our 'own good' without due regard for individual freedom. . . . Whatever the scientific merits of fluoridation may prove to be, the case against fluoridation has been politically very strong, for it is based on some of the most widely held ideas and emotions of our culture, such as fear of toxic chemicals (cf thalidomide) and distrust of governmental intrusions into the field of individual liberties.<sup>9</sup>

The reference to thalidomide is interesting, because anti-fluoridation groups frequently use it as a bogey with which to frighten the public. Their theory: if fluoride can be equated in the lay person's mind with a drug which has caused deformities, the emotional reaction against fluoridation proposals will be strong enough to stop them or cause considerable delays.

The thalidomide 'red herring' was raised during a referendum on fluoridation in Shoalhaven Shire, New South Wales, in 1979. But the Dental Health and Research Foundation, which organized and coordinated the 'yes' campaign, was able to secure the support of Dr William McBride, who was behind the discovery of the link between thalidomide and deformities in children whose mothers had used the drug during pregnancy. In fact, Dr McBride was willing to appear in television commercials produced by the pro-fluoridation side, testifying that he and his children drank fluoridated water and that if there was any risk at all he would not be supporting the campaign.

A local newspaper, the *Nowra News*, records Dr McBride's sharp criticism of an anti-fluoridation advertisement with the misleading headline: 'Remember thalidomide':

It is very wrong to imply any similarity between fluoride and thalidomide. They have totally different actions and can in no way be associated. I think it is quite terrible that such advertisements should be placed by anyone.<sup>10</sup>

In both Newton (United States) and Shoalhaven Shire (Australia) the supporters of fluoridation went on to score convincing successes in their respective referenda. A major contributory factor must have been their positive strategy. Rather than avoiding the difficult issues, they took the bull by the horns and went on the offensive, pre-empting the possible exploitation of emotional 'hot potatoes' by the opposition.

### *Carcinogenic scare-mongering*

Given the psychological impact on the layman of anything to do with cancer and its causes, to be able to associate fluoridation of the water supplies with a higher incidence of the disease would be a major coup. Nothing would be more calculated to stir up a rapid groundswell of public anxiety, which might subsequently lead to political action to curtail fluoridation.

The committee set up by the Royal College of Physicians in the early 1970s to review fluoridation looked at the available evidence on cancer. From studies in fluoridated and low fluoride communities, it concluded there was no statistical or scientific basis for claims that fluoridation caused cancer.<sup>11</sup> Notwithstanding this and many other refutations, the anti-fluoridationists persevered in their attempts to prove the connection.

The lynchpin of the anti-fluoridation cancer case was the work of two American biochemists, Dean Burk and John Yiamouyiannis. They claimed their studies showed a higher increase in deaths from cancer in the 10 largest fluoridated cities in the United States than in 10 of the largest unfluoridated cities. Their figures were analysed by the US National Cancer Institute, the US National Academy of Sciences at the University of Rochester, New York, the Royal Statistical Society, the Royal College of Physicians, the Department of the Regius Professor of Medicine at the University of Oxford, the US Center for Disease Control and the US National Heart, Lung and Blood Institute. All rejected the interpretation of Burk and Yiamouyiannis, insisting that the two American anti-fluoridationists had failed to apply the statistical checks which are commonplace in the practice of epidemiology. They had, said their critics, omitted to take proper account of the effects of the age composition, sexual balance and racial mix of the cities they selected, factors which materially influence the incidence of cancer.

Such concepts are not, of course, easy to communicate to the lay public. If a scientist appears to possess data which, however superficially, suggests a possible link between a substance and cancer, a lay audience is inclined to give him the benefit of the doubt. To say that 'x' causes cancer requires only a few words to secure the desired effect of implanting anxiety. To prove that the original statement is wrong requires more than a few words and may involve complicated arguments which are by no means simple enough to compress into a couple of newspaper paragraphs.

FPAG members were aware of the damage done by successful exploitation of the Burk-Yiamouyiannis study. It had been used to defeat a proposal of the Los Angeles city council to introduce fluoridation in the third largest city in the United States.<sup>12</sup> In the mid-1970s many other Americans had been similarly frightened off the idea of fluoridation. The alarm spread quickly across the Atlantic. In February, 1976, Burk appeared on Dutch television. He told viewers that fluoridation was causing thousands of cancer deaths annually in the United States. 'Fluoridation', he said, 'is a form of mass murder.' Members of the Dutch Parliament were circulated with copies of the Burk-Yiamouyiannis report and it was not surprising, in the light of these 'shock-horror' style tactics, that a proposal shortly afterwards by the Minister of health for legislation to facilitate fluoridation of all water supplies in Holland had to be withdrawn when it became clear that the bill would not obtain a majority in the Dutch Parliament. Although the main reason for Parliamentary opposition was that no alternative provisions were available or acceptable to those who objected to drinking fluoridated water,<sup>13</sup> it is reasonable to presume that the cancer issue stiffened political resistance to the passage of enabling legislation.

#### *The Allegheny County affair comes to Britain*

Amazing though it may seem, the best opportunity for the anti-fluoridationists to use the cancer weapon in Britain arose out of a court case in the suburbs of the American city of Pittsburgh, Pennsylvania. The city is already fluoridated but the water authority responsible for supplies to some of its outlying unfluoridated areas, the West View Water Authority, resolved after extensive consultation to implement a new fluoridation scheme. Anti-fluoridation interests hired lawyers to try to stop the

scheme and the case came up before Judge John Flaherty in the Allegheny County Court in 1978.

In the evidence presented by both sides to Judge Flaherty, the Burk-Yiamouyiannis thesis was of paramount importance, not least because he chose to accept it, in spite of strong arguments against its statistical validity. On November 16th he issued a decree ordering that no fluoride should be added to the water supply in that area. This was just what the anti-lobby had been waiting for. If a court – *any* court – decided against fluoridation on *any* grounds, that decision could be exploited *ad nauseam* for propaganda purposes.

It was not long before the British anti-fluoridation publicity machine latched on to the Allegheny case. Fortuitously, FPAG had been forewarned thanks largely to excellent contacts forged earlier in the year with the Atlanta-based US Centre for Disease Control, which promptly despatched relevant background papers and press cuttings. Included were transcripts of the submissions from both plaintiffs and defendants, together with the judge's final summing up. Worth its weight in gold, this material helped FPAG to evaluate the circumstances and prepare to deal with inquiries from the West Midlands news media.

What about the reactions of Pittsburgh newspapers? Did they see Flaherty as an omniscient defender of the people against the wrongful advances of public health promoters? Apparently not. A hard-hitting leader article appeared in one of Pittsburgh's principal local newspapers, the *Post-Gazette*:

... his decision in the anti-fluoridation suit is so remarkable – measured against the scientific and legal consensus – that one expected to find in his opinion persuasive factual and legal justification for such a departure. . . . But the Flaherty opinion is unpersuasive on both counts, and the judge's gratuitous political philosophising weakens the force of the opinion even more and raises questions about his view of his judicial role.<sup>14</sup>

Another strong editorial had appeared in the *North Hills News Record* a few weeks before the West View Water Authority began fluoridating. 'The authority,' it said, 'considered . . . and considered . . . and considered the decision. The consideration, in fact, took five years. No-one can fault the authority for rushing into this action without giving it full consideration. Everyone has had an opportunity to state his case, friend and foe of fluoridation alike. We hope that those who oppose it will accept the fact that five years of debate is enough and that their point of view is not found to be valid by most medical authorities.'<sup>15</sup>

In December, 1978, Professor Sir Melville Arnott, consultant adviser in clinical research to the West Midlands Regional Health Authority, wrote an open letter to the news media reviewing the background circumstances of the Allegheny incident. He concluded:

What is especially disturbing about this latest American episode is not so much the decision by a single judge in one town but the psychological impact this apparent dispute could have on people in Britain who either drink fluoridated water now or may be about to in the near future. . . . Physicians know what an emotive term the word cancer is. Laymen may be instinctively inclined to shun any substance or activity about which the slightest whisper of cancer risk, however unfounded, is uttered. My own view is that to halt the fluoridation programme in Britain because of the Pittsburgh case would be to permit emotion to overcome reason and science.<sup>16</sup>

The text of Sir Melville's letter and a detailed report of press reaction in Pittsburgh

to the Allegheny decision were published in the February, 1979 issue of *Fluoridation News*, by which time additional information from the US Public Health Service shed a new light on what was actually happening. A higher court, the Pennsylvania Commonwealth Court, had set aside Flaherty's earlier ruling, allowing fluoridation to continue while the issue was referred to the Pennsylvania Department of Environmental Resources for consideration. The DER reviewed a transcript of the court case and reported in January that it found the Burk-Yiamouyiannis study 'unpersuasive' in establishing any cancer risk. So whilst each side contemplated what further legal action to take in practice the communities involved continued to receive fluoridated water.<sup>17\*</sup>

The 'psychological effect' to which Sir Melville alluded in his letter was felt in some quarters: For example, Walsall Community Health Council, which previously supported fluoridation, reversed its policy in January, 1979.<sup>18</sup> Generally, however, the anti-fluoridation cancer weapon failed to make a mark in the West Midlands.

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# Chapter 7

## Intelligence gathering and tactical manoeuvres

- Foreign mythology and the anti-fluoridation propaganda machine
- Fluoridation around the world: the real picture
- The American connection and its impact on the other side of the Atlantic
- Monkey business in Monrovia
- Communist plots and capitalist profits: the grand conspiracy theory

The Allegheny court case, the repercussions of which are described in the previous chapter, gave ample testimony (if any were needed) of the necessity for health authorities in Britain to keep constantly in touch with the world situation if they were to avoid being caught on the hop. The Fluoridation Publicity Action Group acknowledged in its very early days the critical importance of a fast, reliable 'intelligence service' which would provide detailed information about developments in other parts of the world.

Voluminous dossiers of data on every aspect of fluoridation around the world were compiled from a multitude of sources, including public health agencies in other countries, universities, embassies and individual contacts. Indeed, the value of this information gathering and evaluation function cannot be too highly stressed, for it enabled health authorities in the West Midlands to keep track of potentially newsworthy controversies to a much greater degree than would otherwise have been possible. This applied not only to the Burk-Yiamouyiannis cancer saga and the disputed Allegheny court decision but to a myriad of other issues waiting to be picked up and 'used' by the anti-fluoridation lobby.

The National Pure Water Association was quick to try to exploit the Allegheny affair. Within a matter of weeks it was circulating a newsletter with the headline: 'Fluoridation Danger to Health – Official'.<sup>1</sup> Judge Flaherty's personal ruling was described as a 'clear and decisive defeat of fluoridation of the public water supplies'. This was most definitely not the case and thanks to the ample flow of up-to-date information received from the United States, FPAG was able to deal confidently with reporters' inquiries and letters from members of the public who had been perturbed by newspaper articles.

*Foreign mythology and the anti-fluoridation propaganda machine*

Anti-fluoridation lobbyists in Britain are keen to create the impression that some foreign governments have banned fluoridation because they accept allegations that it does harm. Since the man in the street is not in a position to be able to check up easily on such facts, or may be disinclined to go to the trouble, the antis hope the impression will go unchallenged and lead the public to believe that Britain is out on a limb.

How convenient it would be for them to leave in people's minds the notion that in Holland, where fluoridation is not currently practised, the Dutch government had itself swallowed the Burk-Yiamouyiannis thesis hook, line and sinker. But the circumstances in Holland are somewhat different, as FPAG discovered when one of its members wrote to the Dutch Ministry of Health in March, 1979. The reply, signed by the Deputy Director for International Affairs, revealed that it was legal technicalities rather than health considerations which led the government down the pathway of abandoning fluoridation.<sup>2</sup>

During 1973 the Dutch government introduced a bill in Parliament to plug a legislative gap identified by the High Court in the regulations permitting fluoridation schemes to be implemented by local health authorities. The bill was withdrawn in 1979 when it became evident that it would be rejected by a majority of deputies. According to the Ministry of Health, many deputies were dissatisfied with the absence of alternative provisions for those consumers who did not want to receive fluoridated water. That is a far cry from saying that the Dutch authorities turned against fluoridation for medical reasons. In fact, from April, 1979, topical fluoride application to teeth was accepted as part of the country's health insurance scheme.

Sweden tends to be quoted by anti-fluoridationists as proof of 'civilized, sophisticated' western governments having supposedly banned fluoridation. Since most British people regard Sweden in a favourable light, the fact that its government may have stopped fluoridation, is calculated, in the minds of the anti-fluoridationists, to cause a ripple of concern which could lead to political pressures building up here.

Detailed investigation by FPAG showed the Swedish situation to have been grossly misrepresented. Fluoridation was authorized by a Swedish government bill passed in 1963. Swedish anti-fluoridationists persevered in their opposition and made several unsuccessful attempts in Parliament (the Riksdag) to get the law repealed. Eventually, their efforts were rewarded in 1971: a private member's bill repealing the 1963 enabling legislation scraped through a sitting of the Riksdag by 137 votes to 126 on a day when about a quarter of Swedish deputies were absent. The bill had no support from the government or from any medical or dental organizations and actually went against a majority report issued by the Riksdag's Social Insurance Committee.<sup>3</sup>

Of course, the anti-fluoridation lobby relies on the fact that health authorities in Britain are unlikely to have sufficient details at their fingertips to refute statements about government policies in other countries. At public meetings and in the news media, opposition speakers like to slip in a few references to other European governments having taken this or that action against fluoridation. It all helps to add weight to their arguments and to lend credence to their statements about harmful

effects. Unless they are fully briefed, pro-fluoridation speakers may be caught off guard by this kind of 'gamesmanship'. To circumvent such manoeuvres, FPAG made a point of gathering as much information as possible about the political history of fluoridation around the world.

Such are the political and legislative complexities in Britain and other countries that it is not uncommon to find governments supporting fluoridation without much progress having been made in establishing fluoridation schemes. This book highlights the problems and difficulties of making headway in Britain and shows the extent to which anti-fluoridation groups in different countries help one another in fighting their respective health authorities. Seemingly anomalous situations can arise whereby governments of countries which have not themselves implemented fluoridation extensively (or even at all) have no qualms about sponsoring pro-fluoridation resolutions at the World Health Assembly, such as Norway<sup>4</sup> in 1969 and 1975 or Finland, which has only one town fluoridated<sup>5</sup> but whose delegate introduced the 1975 resolution of the Assembly.<sup>6</sup>

*Fluoridation around the world: the real picture*

Throughout the world some 217 million people drink artificially fluoridated water<sup>7</sup> (100 million more than in the early 1970s and an indication of the continuing trend, albeit painfully slow in some parts of the world, towards fluoridation as a means of preventing tooth decay). In January, 1980, FPAG featured the world-wide trends in *Fluoridation News* in order to dispel the anti-fluoridation myth that fluoridation was on the decline. A list of countries with schemes in operation or planned was updated in the September, 1982, issue:

Argentina	Fiji	Libya	Portugal
Australia	Finland	Luxembourg	Puerto Rico
Brazil	German	Malaysia	Poland
Bulgaria	Democratic	Mexico	Romania
Canada	Republic	Netherlands	Singapore
Chile	Greece	Antilles	Spain
Columbia	Guatemala	New Zealand	Switzerland
Costa Rica	Guyana	Panama	Taiwan
Cuba	Honduras	Papua New	USSR
Czechoslovakia	Hong Kong	Guinea	United Kingdom
Ecuador	Irish Republic	Paraguay	USA
Egypt	Israel	Peru	Venezuela
El Salvador	Kuwait	Philippines	Yugoslavia

In addition, FPAG recorded reaffirmations of government support for fluoridation in other parts of the world. For example, the US Centre for Disease Control, a federal agency, has been charged with the responsibility of implementing a prevention programme aimed at total fluoridation of the American community water supply within ten years.<sup>8</sup> In Canada, where some 8½ million consumers drink fluoridated water, the government remains committed to its pro-fluoridation policy. In September, 1979, the Canadian Minister of National Health and Welfare, David Crombie, issued the following statement:

In this Year of the Child, tooth decay is still a widespread and costly disease. Fluoridation of public water supplies is the most effective and inexpensive method of combatting it.

Canada has had successful experiences with fluoridation for 34 years . . . I have no hesitation in advocating the widest practicable implementation of this public health measure by the authorities responsible for community water supplies in Canada.

*The American connection and its impact on the other side of the Atlantic*

Much of the ammunition used by anti-fluoridation groups in Britain is based on material supplied from their allies in North America.

Anti-fluoridation pamphlets and letters sometimes refer, for instance, to evidence of chromosomal damage which two Americans, Mohamed and Chandler, claim to have found in mice exposed to higher levels of fluoride.<sup>9</sup> By contrast, extensive animal experiments and microbial assays by the Laboratory of Developmental Biology and Anomalies at the US National Institute of Dental Research showed that fluorides had no mutagenic effects.<sup>10</sup>

In a detailed statement issued in September, 1977, the laboratory reported on experiments undertaken in collaboration with scientists from the Department of Biochemistry at the University of Minnesota and the Laboratory of Cellular and Comparative Physiology at the US National Institute on Aging:

Recently, Mohamed and Chandler from Kansas City, Missouri, reported that adult mice given various levels of fluoride developed an increase in chromosomal abnormalities in bone marrow and testis cells.

We have also carried out studies on animals receiving levels of fluoride similar to those used in Mohamed and Chandler study. In addition, we examined the chromosomes of animals bred and raised on no fluoride and high fluoride water.

In these studies, the incidence of chromosomal abnormality showed no changes that could be related to fluoride intake. Further, we examined fluoride for mutagenic activity in bacteria (Ames method) and no mutagenic activity was observed.

Specifically, we have examined the possible effect of fluoride intake on chromosome damage in four different experiments, including mice raised for several generations on 50 parts per million fluoride drinking water and mice kept for six weeks on water with fluoride concentrations of 0, 1, 5, 10, 50 or 100 parts per million.

There was *no* evidence of increased frequency of chromosome aberration in bone marrow or testis cells related to either long-life or short-term fluoride intake<sup>10</sup>. . . .

Whilst this material does not make for banner headlines (evidence that harm is *not* caused by a certain substance is never nearly so newsworthy as that which suggests that harm is caused), FPAG benefited from the gradual and consistent collation of this kind of data. Its real worth would be amply demonstrated at public meetings or clashes between 'pro' and 'anti' forces on the radio or television.

*Monkey business in Monrovia*

Health authorities may not be immediately familiar with the status and origins of foreign organizations whose statements and allegations are regurgitated by British anti-fluoridationists. American material circulating in the West Midlands in 1978 and 1979 was often found to bear the imprint of the 'National Health Federation' based in Monrovia, California. Investigation of the aims and purposes of the NHF revealed that John Yiamouyiannis, one of the two American scientists claiming to

have found a link between fluoridation and cancer, had actually been hired by NHF in June, 1974, to stop fluoridation in the United States. These extracts are taken from a fund-raising letter signed by NHF's president, Charles Crecelius, on November 1st, 1974:

For several months plans have been in preparation for mounting an effective national campaign which could break the back of promoters' efforts to fluoridate more American cities.

We can reverse the trend. On June 1st Dr John Yiamouyiannis was hired by the Federation to head such an effort. . . .

We promise to fight until victory is won. Will you help to make this effort a winning one? Your generous contribution at this time can ensure the success of another vital NHF program.

Equally interesting are the published comments of the American Medical Association about the National Health Federation. The latter, it says, has espoused the causes of 'unestablished and unproved cancer remedies, chiropractic and other forms of cultism, food faddism, anti-fluoridation and anti-immunization'.<sup>11</sup>

### *Communist plots and capitalist profits: the grand conspiracy theory*

Anti-fluoridationists become very indignant at suggestions that some of them could be verging on the 'cranky', if not over the verge. But the plain fact is that the anti-fluoridation cause in the United States *does* attract more than its fair share of 'peculiar' organizations.

In November, 1965, the Journal of the American Dental Association published a remarkable survey on opponents of fluoridation. It reveals that opposition to fluoridation in the United States is an automatic tenet of ultra conservative, ultra right wing political groupings such as the John Birch Society and Ku Klux Klan, which regard fluoridation as a communist plot to undermine capitalism and the American way of life. Other anti-fluoridationists have promulgated fanciful stories about conspiracy between aluminium waste produce entrepreneurs and health authorities. The latter, it appears, run the risk of being dubbed agents of the Kremlin or big business, depending on how the antis chose to play cards.

A proponent of the 'big business' theory is Dr G. L. Waldbott, an American physician who has dedicated himself to the task of bashing the US Public Health Service – and any other organization with the temerity to disagree with him. In a preface to his book *Fluoridation, the Great Dilemma*, Waldbott quotes John F. Kennedy on 'truth', as if to try and associate the president with his work.

The John Birch Society, on the other hand saw Kennedy and his predecessor, Eisenhower, as victims of communist influence. Consistency of argument never has been a hallmark of the anti-fluoridation lobby.

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# Chapter 8

## Back on the merry-go-round

The battle for the Community Health Councils: round two  
No progress in the Wolverhampton 'bottleneck'  
Turning the corner in Coventry  
Some flak on the flanks but Hereford-Worcester holds firm  
A reversal in Walsall  
A coupon election in Kidderminster  
The final tally of CHC votes: 18 for and 3 against  
Speaking on a public platform: the Guild Hall debate  
Briefing the professionals

This chapter picks up the thread of events in the West Midlands during the final months of 1978, as officers of the Regional Health Authority and Severn-Trent Water Authority began detailed discussions on the practicalities of fluoridation schemes for those areas about which agreement in principle had already been reached: Hereford-Worcester, Warwickshire, Walsall, Dudley Sandwell, Staffordshire and Solihull.

Basically, the aim was to work out a priority ranking for the various Severn-Trent water sources involved, with cost-effectiveness and dental needs being paramount considerations. A significant complication arose from the fact that a high percentage of the water supplied to four of the Areas concerned – Walsall, Dudley, Sandwell and Staffordshire – came not from sources managed by the Severn-Trent Water Authority but from the South Staffordshire Waterworks company (SSWC). As water supplied by SSWC to these four Areas was also consumed by a few thousand people living in Wolverhampton, whose Area Health Authority was the only one in the region to oppose fluoridation, the way was effectively barred to introduction of the largest and probably, from the point of view of dental health deprivation, the most needed scheme of all.

### *The battle for the Community Health Councils: round two*

One of the factors which strongly influenced Severn-Trent in its policy of cooperation with health authorities was the preponderance of support for fluoridation from the region's health watchdog bodies, the Community Health Councils. It was therefore imperative that the CHCs should hold firm and not be catapulted into resistance by heavy pressure from the anti lobby. Although the battle for the

CHCs earlier in the year had seemingly been won, the Fluoridation Publicity Action Group knew that it was not in the nature of the antis to accept defeat and that they would leave no stone unturned in their endeavours to reverse decisions which had already been made. Between October, 1978, and February, 1979, five CHCs debated the issue, some of them for the second or even third times in their relatively short history.

The precise sequence of events is intriguing, for it underlines the unpredictability of the fluoridation issue and the requirement for constant vigilance and attention to detail if health authorities are to stand any chance of making progress. The first CHC to reconsider its attitude was Dudley, which hitherto had opposed fluoridation. Since Dudley is geographically a vital part of any 'Black Country' consortium of authorities requesting new schemes, the CHC's vote was known to be crucial. Prior to their meeting on October 26th, the RHA's dental adviser, Mr Charlton, wrote to individual Dudley CHC members to stress the importance of fluoridation for the future dental health of children in the borough. At the meeting itself a short address was permitted from Dr Peter Rock, a lecturer from the University of Birmingham Dental School and a member of FPAG. To the delight of his colleagues, Dudley CHC voted to reverse its policy and to support the adjustment of fluoride in water supplies,<sup>1</sup> the first time that a CHC had started off in the opposition camp and later changed sides.

The next CHC to reconsider the matter was Wolverhampton, where members who were against fluoridation hoped to reverse the CHC's previous backing for it. Since, rather anomalously, the local Area Health Authority was at that time opposed to fluoridation, a change of heart by the CHC would have almost certainly killed off any possibility of persuading the AHA to alter its stance. Fears that the CHC would bow to external pressure proved groundless. At a meeting on November 6th its existing policy was reaffirmed.<sup>2</sup> In the same month SE Staffs CHC also reconsidered the matter and resolved to continue its support for fluoridation.<sup>3</sup> As 1978 drew to a close, the trends seemed promising, at least on the health watchdog front.

*No progress in the Wolverhampton 'bottleneck'*

It is curious how the twists and turns of history, whether in the field of politics or military campaigns, can be pulled one way or the other by the mere chance of events or by what might be referred to in some quarters as 'luck'. Virtually at the same time as the Community Health Council in Wolverhampton was debating its policy, the Area Health Authority members were reconsidering theirs. But there was a big difference in the circumstances. In the case of the AHA, it was the pro-fluoridation side who wished to take the initiative and place the item on the agenda. Unfortunately, the CHC debate took place a few weeks after that of the AHA. If the sequence had been the reverse, it is not unreasonable to speculate that the re-endorsement of the CHC's pro-fluoridation policy might just have swayed one or two members of the AHA sufficiently to cause them to vote in favour or to abstain if they were previously against.

As things turned out, Wolverhampton AHA members were not subjected to that additional pressure, although the neighbouring health authority in Sandwell wrote to them on October 3rd to urge a vote for fluoridation in order that schemes held up

in Sandwell and elsewhere could proceed.<sup>4</sup> This was indeed an interesting course of action: that one public authority should formally communicate with a second of equivalent status to bring about a complete reversal of the other's policy. Such interplay is not uncommon between authorities at different levels, ie, between a district council and a county council on say, planning or transportation issues, or between public authorities with entirely different responsibilities, such as a health and water authority, whose primary objectives may not necessarily be in accord. But it must be unusual for public body A to feel it has to call for a complete U-turn by public body B when both A and B are basically in the same line of business. Indeed, Sandwell AHA was not alone in seeking the cooperation of Wolverhampton. The chairmen of other health authorities affected, including the Regional Health Authority, also wrote to express their concern.

In case Wolverhampton AHA should not be willing to consent to fluoridation of the entire borough, Sandwell AHA proposed a compromise: that the former should agree to the fluoridation of water for those few homes on its border with Sandwell which happened to receive the same supplies. In this way, Wolverhampton AHA would no longer be putting a brake on schemes which were largely intended to serve other areas.

When Wolverhampton AHA finally came to discuss the matter in October, it was clear that the members remained almost evenly divided. But in spite of a strong reiteration by the Area Medical Officer and Area Dental Officer of the benefits of fluoridation and the absence of any evidence that it did harm, a motion to support its implementation was defeated by a margin of one vote.<sup>5</sup> One small step forward was made. The Wolverhampton members agreed that Sandwell AHA should be invited to conduct a poll of the one thousand or so households inside Wolverhampton which received the same water as Sandwell, a suggestion rejected by the latter at that time but taken on board later by FPAG in a general reappraisal of public opinion. In essence, though, nothing had changed and Wolverhampton remained the bottleneck through which major progress on fluoridation seemed unlikely without considerable difficulty.

#### *Turning the corner in Coventry*

Meanwhile, on the other side of the region in Coventry, events were taking an altogether more favourable course. There the Wolverhampton situation was reversed, with the AHA supporting fluoridation and the CHC opposing it. For this reason, the AHA had felt constrained from joining the consortium of health authorities requesting fluoridation. The Coventry Area Medical Officer and Area Dental Officer were naturally anxious to see fluoridation implemented and held detailed discussions with FPAG about possible ways of clearing the Coventry impasse.

An idea eventually emerged which proved to be the key: to organize a joint seminar on fluoridation for members of the Area Health Authority, the Community Health Council and the local authority. Thanks largely to the energy and enthusiasm of the local AHA officers, the idea was successfully floated with, and accepted by, the different parties involved. The seminar was arranged for December 7th. The agreed format entailed presentations by four 'witnesses' from either side.

The Coventry ADO (Mr Stuart Boulton) and AMO (Dr George Pollock) would explain the need for fluoridation in Coventry and clarify the safety aspects. FPAG provided two supporting speakers, one to underline the dental benefits and the other (Mr Roger Bell, ADO for neighbouring Solihull) to give an account of his particular local experience in measuring and monitoring the impact of a fluoridation scheme.

This combination of speakers representing the pro-fluoridation case promised to be singularly effective. It embraced not only local Coventry medical and dental advice but also a strong supporting element from other parts of the region where fluoridation had been tried and found extremely beneficial. Hence lay participants in the seminar would feel neither that they were being preached at by outsiders nor that they were listening simply to local experts on their same hobby-horse. There would also be opportunity to feed into the presentations all the useful information obtained in preceding months by FPAG, of which Mr Boulton had himself become a permanent member.

The seminar achieved all that could have been hoped for. On February 20th, 1979, Coventry CHC voted in favour of fluoridation by 17 votes to 7, a resounding victory.<sup>6</sup> In the local authority, victory was secured by a very much closer decision, with 26 votes for and 25 against. Importantly, the Area Health Authority now had the backing of both the CHC and the city council. The way was open for a formal request to Severn-Trent for fluoride to be added to the city's water supplies.

#### *Some flak on the flanks but Hereford-Worcester holds firm*

If further evidence is needed of the see-saw nature of fluoridation politics, it is seen in the pressure from anti-fluoridation groups on two public bodies which, up to the winter of 1978/79 had been in favour. Hereford-Worcester Area Health Authority, which earlier in the year had obtained agreement in principle from the Welsh Water Authority to fluoridate supplies to Hereford, was on the receiving end of continuous flak from a well organized anti-fluoridation/pure water lobby. And whereas in Coventry the local newspaper had generally reported fluoridation issues objectively, in Hereford-Worcester the antis found they could rely heavily on newspapers such as the *Hereford Times* and *Worcester Evening News* to publish the wildest statements and letters in full.

Anti-fluoridation resolutions were passed during this period by a number of local authorities in the county, including Hereford City Council, Leominster District Council, Malvern Hills District Council and Wychavon District Council. On December 15th, the Area Health Authority members considered these representations and decided overwhelmingly to reaffirm their support for fluoridation and to continue a policy of extending fluoridation schemes throughout the county. Dr Peter Ferrer, the Area Medical Officer, commented afterwards:

As a doctor responsible for advising on health care for the county's 600 000 residents, I am delighted that the members should have re-emphasised their confidence in this important preventive measure. The dental health of this and future generations of children will benefit substantially as a result.<sup>7</sup>

#### *A reversal in Walsall*

These encouraging trends were interrupted in Walsall, where the CHC officially

espoused fluoridation as early as 1976. While attention had been focused on developments in Wolverhampton and Coventry, Walsall CHC changed sides virtually unnoticed.

The item was placed on the agenda of its January 26th meeting at the request of one of its most ardent anti-fluoridation members. On the evening of the meeting, only 14 of the members were present. The CHC chairman asked whether the item should be deferred until a special meeting could be convened with a contribution from outside experts. This suggestion was turned down. According to the minutes of the meeting, the members felt that they had heard the experts (although, it is not clear where or how) and wished to discuss the matter from the lay person's point of view.<sup>8</sup>

Careful perusal of the minutes gives a vivid picture of the kind of points raised time and time again by anti-fluoridationists. The principal speaker claimed that *all* research that had been carried out on the subject for the past 30 years showed *conclusive* dangers. He said that the evidence presented by Burk and Yiamouyiannis *proved* there was some increase in the cancer rate for fluoridated cities in the United States. He also challenged the US National Cancer Institute to *prosecute* Burk and Yiamouyiannis if their allegations were wrong – a strange perception of the duties of a governmental research agency. Other opposition speakers referred to the toxicity of fluoride; one of them raised the issue of cadmium poisoning in Somerset (an entirely unconnected matter) and maintained that fluoride was 'an even more deadly poison to the system than cadmium'. One speaker said that fluoridation of the water supplies infringed personal choice and that parents who wanted children to benefit from the dental effects of fluoride should be able to purchase fluoridated milk for them. One said that fluoride was 'much more dangerous' than phenacetin, a drug which had been withdrawn after first being considered safe.

Although counter points were made by the chairman of the CHC and by a few members, the impression from the minutes is that the debate consisted largely of unsubstantiated and erroneous statements out of the classic anti-fluoridation dictionary. It is doubtful whether any of the supporters of fluoridation possessed sufficiently detailed knowledge – especially of the Burk-Yiamouyiannis theory – to be in a strong position to refute them. Nor can the fluoridation cause have been helped by the intervention of a local community physician who was quoted in the press as giving credence to the claims of Burk and Yiamouyiannis on cancer.

It is difficult to assess how much harm these remarks may have done at the time, but it is reasonable to presume that they contributed towards the CHC's change of policy.

The outcome of the Walsall CHC debate was the biggest upset sustained by the pro-fluoridation lobby in the West Midlands during this phase of the fight. A resolution supported by ten members was passed in the following terms: 'That Walsall CHC believes that it is not in the interests of the people of Walsall to have fluoride added to its water supply'.<sup>9</sup> None voted against the resolution and three abstained. The Fluoridation Publicity Action Group, preoccupied with events elsewhere in the region, had not kept sufficiently abreast of the Walsall situation and appeared to have been caught off guard.

*A coupon election in Kidderminster*

Two other interesting situations involving CHCs arose in the first half of 1979, both in Hereford-Worcester, a county in the front line of the fluoridation fight during the first eighteen months of the FPAG campaign. Kidderminster CHC, in whose Health District a small number of consumers already received fluoridated water, decided to sound out local opinion and accepted the offer of one of the weekly newspapers in the town, the *Kidderminster Shuttle*, to print a coupon inviting readers to indicate whether they were for or against fluoridation. In the event, the vast majority of coupons returned to the newspaper were from opponents of fluoridation. The CHC is reported also to have received 31 letters, of which only two supported fluoridation.<sup>10</sup>

The Kidderminster experience is not untypical of what tends to happen when polls are conducted on this issue through the medium of the local newspaper. Those who are vehemently against fluoridation, albeit small in numbers as a percentage of the total population, are sufficiently motivated to fill in the coupons and to get their friends to do likewise. Those who support fluoridation may not, on the other hand, be sufficiently motivated to take the trouble, and the impression is created that the 'people' are not in favour.

In spite of the newspaper poll Kidderminster CHC members came down on the side of fluoridation by a majority of nine votes to four. According to the official minutes of the meeting, they felt the issue should not be pursued at any greater length and believed there was an inevitability about the fluoridation of water supplies which they could not change: 'The general feeling of the members was that as the Area Health Authority had already decided to fluoridate the water supplies in spite of the Hereford and Worcester County Council opposing it, there seemed little purpose in continuing the debate'.<sup>11</sup>

*The final tally of CHC votes: 18 for and 3 against*

This second phase in the battle for the CHC's votes ended in an overwhelming consolidation of the pro-fluoridation position overall. As at April, 1979, the regional picture in the West Midlands showed eighteen out of 22 CHCs supporting fluoridation:

*West Midlands CHCs supporting fluoridation*

Central Birmingham*	Solihull
East Birmingham*	Hereford
North Birmingham*	Worcester*
South Birmingham*	Kidderminster*
West Birmingham*	Dudley
North Warwickshire	Sandwell
South Warwickshire*	Wolverhampton
Rugby*	SE Staffs
Coventry	North Staffs

*West Midlands CHCs against fluoridation*

Mid Staffs  
Salop\*  
Walsall

\* Indicates that all or some consumers within district covered by the CHC received fluoridated water supplies at that time.

Note: One CHC, Bromsgrove-Redditch, had not discussed the subject since its formation in 1974, before which time most of its district had been fluoridated.

Possibly the greatest 'moral' victory came a few months later at the July meeting of Hereford CHC, which had consistently stuck to a pro-fluoridation policy, in spite of a strong anti-fluoridation campaign waged in the local newspaper and hectic activity by the pure water lobby. When the CHC's most ardent anti-fluoridation member proposed a motion to reverse its policy, he failed even to obtain a seconder.<sup>12</sup> Enough is enough, seemed to be the message from his colleagues. The CHC had meticulously considered the issue on numerous occasions and had come to a reasoned conclusion.

By now FPAG was amassing a wealth of experience on the conduct of public meetings associated with fluoridation. Most CHCs had debated it. Some had invited speakers from both sides and FPAG was becoming increasingly familiar with the arguments and tactics of the anti-fluoridationists, and better equipped to deal with them. Experience also showed that, even when outside speakers were not participating in a CHC debate, attendance by fluoridation supporters was useful, if only because a small force of antis was certain to be present.

*Speaking on a public platform: the Guild Hall debate*

One of the most important public meetings during the first half of 1979 was in Worcester. It was the idea of the city council, which opposed fluoridation.

Three speakers from each side were invited to address the meeting, which was arranged at the Guild Hall in the centre of Worcester, a building capable of accommodating four or five hundred people. For FPAG, it was imperative that the pro-fluoridation cause should not be out-flanked: a public meeting which ended in an anti-fluoridation victory would be ample propaganda for the pure water lobby. First, three pro-fluoridation speakers were selected. Dental expertise was provided by Mr John Charlton, chairman of FPAG and an experienced public speaker. Two medical speakers were fielded, each with an additional string to his bow. One was Dr Rod Griffiths, a former general practitioner and lecturer in the Department of Social Medicine at the University of Birmingham (he was also chairman of the Central Birmingham Community Health Council and could therefore speak from the consumer standpoint). The second was Mr Jack Small, an eminent surgeon practising at the Midland Centre for Neuro-surgery and Neurology (who was an elected member of Hereford-Worcester County Council and a member of Hereford-Worcester AHA).

The meeting was scheduled for February 26th. Considerable advance publicity appeared in the local news media, which usually adopted an anti-fluoridation line and a large turn out was expected, in spite of inclement weather. FPAG worked hard to mobilize pro-fluoridation support and to ensure that local groups favouring fluoridation came along in force.

Estimates suggest that over 500 people crammed into the Guild Hall at Worcester that evening. The high attendance of fluoridation supporters must have surprised the antis: around half of those present were in favour of fluoridation. No vote or show of hands was taken at any stage but it was possible from observing the applause for various speakers to discern an even balance of opinion among the audience, not least because the different groups tended to sit together in blocks or rows of seats. When one speaker made a point, applause was heard from certain sections of the hall, while the remainder stayed silent or voiced their objections.

All in all, the meeting probably ended in a draw. It was certainly not the victory the antis must have been hoping for. Indeed, such was the confidence of the pro-fluoridation panel of speakers that towards the end of the evening they felt able to suggest that a vote might actually be taken, a suggestion not readily accepted by the chairman or by the opposition speakers. The following day, the local daily newspaper carried an extensive report of the event. The article gave a reasonable summary of what had happened. However, since the meeting had not turned into the overwhelming anti-fluoridation demonstration expected in some quarters, the newspaper revealed its true colours in a very biased editorial. It implied that the majority of those attending had been motivated to 'drive through the snow' because of their ardent opposition to fluoridation.<sup>13</sup> It then proceeded to attack the Area Health Authority and to question its right to decide on the issue. So one-sided was the editorial that FPAG wrote a protest note which, to its credit, the newspaper published in full.

### *Briefing the professionals*

During the first six months of 1979, two further initiatives were taken by FPAG to ensure that the case for fluoridation did not go by default. In March the public relations officers of other health regions of England attended a detailed briefing on the West Midlands campaign in order to hear for themselves how the complex issues had been handled and with what degree of success. It is clear from their separate experiences that the opposition tactics are very similar in all parts of the country.

In May a seminar was held for community physicians and dentists in the West Midlands. Heavy emphasis was placed on the technicalities surrounding the controversial Burk-Yiamouyiannis study on cancer death rates in fluoridated and non-fluoridated cities in the United States. The pro-fluoridation camp had learned how important it was to keep the professional advisers to health authorities up-to-date on all aspects of the subject.

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## Chapter 9

# Debating chambers and statistical games

Legally binding contracts: Severn-Trent signs on the line  
The campaign enters a new phase  
The pain of freedom – House of Lords style  
A Trojan horse in Blackpool  
Television showdown  
Adjournment debate in the Commons

The hard work of the Fluoridation Publicity Action Group began to bear fruit in the summer of 1979. Within a period of less than a month, three vital meetings took place which translated the endless talking into something more tangible: (1) the Severn-Trent Water Authority's Water Management Committee on June 28th, (2) its Policy and Resources Committee on July 5th, and (3) the full Severn-Trent Authority on July 19th.

Almost one year previously to the day, Severn-Trent had acceded *in principle* to a request for fluoridation by seven Area Health Authorities. Now the water authority was being asked to sanction legal agreements for specific schemes whose technical details and costings had been worked out with NHS officers.

### *Legally binding contracts: Severn-Trent signs on the line*

Events proceeded smoothly. Severn-Trent Water Authority members approved a legal agreement to fluoridate those water supplies not already fluoridated in Hereford-Worcester, Solihull, Warwickshire and Coventry.<sup>1</sup> It was signed by Severn-Trent and the health authorities concerned on November 26th, 1979. By the middle of 1981 an additional 500 000 people would be drinking fluoridated water, (bringing the total in the region up to around 2 200 000). The two top priority sources were Strensham in Hereford-Worcester, from which the city of Coventry was supplied by pipeline, and Over Whitacre in North Warwickshire. Communities benefiting from the new schemes included most of Coventry, together with large parts of neighbouring Warwickshire and Solihull, including Nuneaton, Bedworth, Knowle, Atherstone, Dorridge, Balsall Common and Henley-in-Arden.

The total cost of installing plant and equipment amounted to £238 000, most of which could be met by a special grant from the Department of Health and Social

Security, which earmarks national funds to help finance capital expenditure on new fluoridation schemes. Estimated annual running costs were put at just over five pence per head for the Strensham scheme and seven pence for Over Whitacre, a small price compared with the figure of around £7 per head spent on dental treatment each year in England.

The successful outcome of negotiations with Severn-Trent represented a major source of satisfaction to NHS staff in the West Midlands who had worked so hard on the fluoridation issue. When implemented, the Strensham and Over Whitacre schemes would be the first to have been introduced since health authorities assumed the statutory responsibility from local government in 1974. And there was a strong possibility that, in the wake of the triumph recorded in one region, health authorities in other parts of the country would be encouraged to adopt a positive policy.

The efforts of the NHS in the West Midlands were recognized by the Secretary of State for Social Services, Mr Patrick Jenkin, in a congratulatory note to the chairman of the West Midlands Regional Health Authority on August 29th, 1979:

I hope you will convey to them my appreciation of their efforts, which I am sure will continue, to extend to more communities in the region the benefits of this valuable preventive measure.

*The campaign enters a new phase*

Mr Jenkin's warm praise, along with the tangible results achieved, prompted FPAG members to intensify their efforts. There were obstacles in the way of further schemes and they were mindful of an important statement to the House of Commons on June 11th by Sir George Young, Parliamentary Under Secretary of State for Health, who in reply to Mr Laurie Pavitt, Labour MP for Brent South and a consistent supporter of fluoridation, had made it clear that health authorities would still need to 'sell' the concept of fluoridation to the public.

Governments of both political parties have been convinced for many years of the safety and efficiency of fluoridation and have encouraged its adoption. While nearly all Area Health Authorities have decided to seek fluoridation in their areas, only some 4.4 million people in England (over 5 million in the UK) so far receive fluoridated water. Successive Governments have encouraged water authorities to comply with health authorities' requests for fluoridation and have held the view that there is an adequate statutory basis for it. Before any specific legislation is considered, it is desirable to encourage greater public awareness of the value of fluoridation as a safe and effective measure for preventing dental decay in the community.<sup>2</sup>

Reiteration of government support was both welcome and timely. But there was obviously no real chance that health authorities would have their task made easier. The campaign for fluoridation would continue and from the autumn of 1979 through to the spring and early summer of 1980 events in the West Midlands were dominated by four developments with an important bearing on 'public awareness', as the Minister had put it: (1) debates in Parliament, (2) a debate on television, (3) publication of a consumer report on fluoride, and (4) a nationwide opinion poll.

*The pain of freedom – House of Lords style*

On November 15th, 1979, a debate on fluoridation was initiated in the House of

Lords by Lord Campbell of Croy, a former Secretary of State for Scotland in the Heath Government of 1970–74. Of the ten Lords who contributed eight declared their support for fluoridation, including the government spokesman, Lord Cullen of Ashbourne.

Lord Campbell stressed the dental benefits of fluoridation and the absence of any evidence that it did harm. In particular, he argued strongly for the rights of children to be protected:

If adjustment of the fluoride content will result in the elimination of toothache and much suffering of children on a massive scale, without increasing risks of cancer or other dangers, why are we waiting? If I were to start a charity for this purpose, in this International Year of the Child, to reduce pain and increase health, money would surely pour in. I would call it something like 'Save the Children Pain Campaign'. But money is not needed. That is the paradox.<sup>3</sup>

He said that other preventive regimes, such as the daily ingestion of tablets or adherence by children to a very strict diet, were unrealistic and impracticable. And whilst he understood, but did not share, the view of some anti-fluoridationists that particular substances should not be added to water, his primary concern must be for the children:

Should millions of unborn children suffer pain and unnecessary loss of teeth during their lives as a penance? Should it be the price of supporting a principle?<sup>1</sup>

The 'freedom of the individual' argument, much promulgated by the anti-fluoridation camp, was tackled equally resolutely by Lord Colwyn, himself a practising dentist:

I do not see fluoridation as compulsory medication. It is merely a process of supplementation or adjustment of a normal constituent of most natural waters to its optimum content, from the standpoint of public health. In any organized community, some sacrifice of personal liberty for the general good is inevitable. Insistence on absolute liberty is compatible only with anarchy.<sup>5</sup>

He referred also to the 'epidemic problems' of caries in a society where some 60% of the population hardly bothered even to visit the dentist and 30% did not possess a functional toothbrush. He went on:

It is all very well saying that they (children) should clean their teeth and that we should take their sweets away from them. But it is not until you have to hold down a screaming four-year old child, anaesthetise it and pull out baby teeth that you realise the difficulties and the immorality of not initiating a proven comprehensive plan that will prevent untold cases of future suffering.<sup>6</sup>

Lord Avebury drew attention to the tactics of the anti-fluoridationists:

As soon as one false statement is knocked on the head then, like a hydra, another one appears and has to be refuted. The anti-fluoridationists are continually abandoning one position and turning to another.<sup>7</sup>

He said that fear of cancer and of the other diseases mentioned by anti-fluoridationists was so strong that people did not look very carefully at the evidence.

Lord Lovell-Davis, also supporting fluoridation, quoted from the recommendations of the Committee on Child Health, chaired by Professor Donald Court (which suggested that the real obstacles to fluoridation were public apathy, minority

prejudice and government reluctance to impose a political solution). He reminded his colleagues of the findings of the Royal Commission on the NHS:

We are not simply convinced of the wisdom of introducing fluoridation, if necessary compulsorily; we are certain that it is entirely wrong to deprive the most vulnerable section of the population of such an important public health measure for the sake of the views of a small minority of adults for whom its benefits come too late.<sup>8</sup>

Baroness Robson of Kiddington called for a positive approach by those who believe in fluoridation:

It seems tragic that on a question as important as this, the voice of the anti lobby is heard so much more loudly than the voice of the pro lobby. This is true with many problems that face us. The people who are in favour tend to keep quiet. I think it is our duty, if we believe in fluoridation of water, for us to go out and say so as loudly as the anti lobby.<sup>9</sup>

The debate was not one-sided. Two speakers put the case against fluoridation. The Earl of Yarborough, making his maiden speech, said it interfered with the liberty of the individual.<sup>10</sup> Lord Douglas of Barloch, a veteran anti-fluoridation campaigner, called it 'one of the greatest delusions that has ever afflicted the medical and dental professions' and dismissed as untrue even the opening sentence of the Royal College of Physicians' report.<sup>11</sup>

Winding up the debate for the government, Lord Cullen pointed out that the Burk-Yiamouyiannis study had been the subject of detailed analysis and criticism:

'It is perfectly apparent that there is an overwhelming weight of evidence and of properly qualified scientific judgement that fluoridation is not a cause of cancer is safe.' He concluded: '... the Government, like their predecessors of both main parties for many years, continue to support the fluoridation of water supplies as a valuable preventive measure. Our support stems from the results of our own properly controlled studies which have been endorsed by reports from independent workers and from medical and dental organisations, both here and abroad.'<sup>12</sup>

### *A Trojan horse in Blackpool*

Weight of opinion may have favoured fluoridation in the Upper House of Parliament but the anti-fluoridation lobby scored a propaganda coup several weeks earlier when Dean Burk, an American biochemist who claimed a link between fluoridation and increased incidence of cancer, flew to Britain to try to convince the British public and their politicians.

Burk made hay in the British news media, claiming that 2000 deaths from cancer in Birmingham since 1964 were directly attributable to fluoridation. He based his allegations on a comparison of cancer death trends in Birmingham and non-fluoridated Manchester. The aim of British anti-fluoridation groups was clear: to get Dean Burk maximum exposure in popular newspapers and on television and to enable him to frighten people with his cancer story. To a certain extent their strategem succeeded, at least in the short-term. Prominent articles with alarming headlines appeared in many British newspapers. Fortuitously, Burk's visit coincided with the annual conference of the Conservative Party in Blackpool. Or perhaps it was no coincidence. Burk just happened to button-hole the Minister of State for Health, Dr Gerard Vaughan. His approach was carefully timed. Dr Vaughan was then in the public eye because of an expected announcement on NHS reorganiz-

ation. In the hurly burly of the party conference, he was pressed to give the news media a personal reaction to Burk's allegations about Birmingham and its supposedly inflated cancer death rate. Understandably, the minister refused to be drawn but promised he would ask officers of the Department of Health and Social Security to investigate the matter. Immediately, this was taken by antis to mean a formal inquiry would be set up, a misinterpretation which lent credibility to Burk's claims – on the basis that there is 'never any smoke without fire'.

Some newspapers printed the Burk theory about Birmingham without any apparent attempt to contact health authorities for comment. However, even if a health authority is given an opportunity of responding, the nature of reporting such allegations usually results in the refutation being relegated to a paragraph at the end of the article, which many people may not actually see.

In the wake of Burk's hit and run tactics, FPAG decided it would have to demonstrate the false premise of his story. The fact that he had concentrated on the West Midlands suggested the anti-fluoridation lobby was worried about the degree of its defeat during the previous eighteen months. Viewed from this angle, his intervention might be seen as a good sign – a desperate ploy by the antis. But the cancer scare his remarks could trigger off was potentially serious. Either they had to be refuted or FPAG had to sit tight and allow the furore to die down. The 'low profile' approach went against FPAG policy. Nor did it seem appropriate, in the light of the great progress made in the region through adopting a generally 'high profile'.

Ammunition for a counter-attack rested in the mass of available data comparing cancer death rate trends in fluoridated and non-fluoridated parts of the West Midlands. Previous work by Dr Leo Kinlen at the University of Oxford indicated no statistical differences.<sup>13</sup> This conclusion, together with similar results obtained in surveys from other countries, was reviewed by the Royal College of Physicians in its report on fluoride in 1976. Updating the epidemiological picture was now essential. FPAG also needed to explain to the British public how Burk had distorted the whole picture by choosing to compare Birmingham with only one other city, Manchester – a comparison which conveniently suited his case.

FPAG commenced discussions with the Department of Medicine at Oxford and the Cancer Registry at the Queen Elizabeth Hospital in Birmingham (the latter receives and classifies information on all cancer deaths in the West Midlands and was in a position to ascertain whether there were any significant alterations in the cancer death comparisons between fluoridated and non-fluoridated towns since the Kinlen study). Information from the Cancer Registry established that the overall position had not changed. In fact, the percentage increase in standardized mortality ratios for cancer deaths since 1964, when the first fluoridation scheme started in the region, was higher in the non-fluoridated parts of the conurbation than in places like Birmingham and Solihull.<sup>14</sup>

If Burk's claims looked totally inconsistent with the actual experience of fluoridated and non-fluoridated communities in the West Midlands, what of his comparison of Birmingham with Manchester, outside the region? Did that have statistical validity? Here the Oxford University connection was of immense assistance to FPAG. The Department of Medicine had collated data on cancer death rates for England and Wales as a whole and for six large cities:<sup>15</sup> Birmingham, Bristol, Liverpool, Manchester, Leeds and Sheffield (of these, only Birmingham

received fluoridated water). On looking at the percentage changes in standardized mortality ratios for cancer between the period 1959–63 (before fluoridation in Birmingham) and 1969–73 (several years after fluoridation), it was obvious why Burk had chosen Manchester. Among men in Birmingham, the rates had risen by 6.3% between the two periods. In Manchester, the increase had been 3.9%. Among women, the Birmingham rise was 6.5%. In Manchester it was 4.9%. By taking this isolated example, Burk was seeking to prove beyond any doubt that fluoridation was causing deaths from cancer in Birmingham.

Had Burk chosen to look a little further afield, he would have been severely hampered by some inconvenient facts. For instance, two other comparable cities, Bristol and Liverpool, had higher percentage increases than Birmingham. Among men, the rises were 8.4% in Bristol and Liverpool. For women, they were 9.4% and 11.7%. If Burk's own selective logic were to be applied, it would mean the absence of fluoride in the water supplies of Bristol and Liverpool had caused an excess of cancer deaths – an unjustified and un-scientific interpretation.

#### *Television showdown*

An ideal opportunity of revealing Burk's faulty logic offered itself out of the blue – on a television current affairs programme. Partly stimulated by Burk's own statements about Birmingham and by the November debate in the House of Lords, the producers of ATV Network Ltd's 'Left, Right and Centre' decided to allocate the entirety of one week's programme to the fluoridation theme. FPAG warmly welcomed the idea, as it would give the pro-fluoridation side a chance to assuage the anxieties stirred up at Blackpool. Not that it would be an easy task. The producers told FPAG the programme would include a filmed interview with Dean Burk, by then back in the United States. There would then be a studio debate, with four invited speakers from each side. Two of the eight guests would be Members of Parliament. For the anti: Ivan Lawrence, the Conservative MP for Burton-on-Trent (in the West Midlands) who has conducted a personal crusade against fluoridation. For the pro-fluoridation side: the one and only qualified dentist then in the House of Commons, Mrs Sheila Faith, representing the constituency of Derbyshire South (just outside the West Midlands).

FPAG was asked to find the three other speakers ready to defend fluoridation. Two of the group's own members, Mr John Charlton, Area Dental Officer for Sandwell, and Dr Gordon Avery, District Community Physician for South Warwickshire (an extensively fluoridated area) were chosen. The fourth member of the team was Mrs Mary Williams, a mother and housewife from Coventry who had formed a local parents' action group for fluoridation. On the other side of the fence would be Mr Ivan Lawrence; Mr Clavell-Blount, chairman of the National Anti-Fluoridation Campaign; Dr Alan Shrank, a skin specialist and Conservative councillor from Shropshire; and the secretary of a local anti-fluoridation pressure group in Hereford-Worcester.

FPAG felt confident its case would win this television 'showdown'. But there was no room for complacency. John Charlton and Gordon Avery knew how easy it would be for opponents to utter a few words in debate which, though scientifically unsound, would make a lasting impression on the viewers. And there was the film of Burk to

worry about. He would no doubt be polishing up his cancer script. Would there be enough time available on the night to deal with him? Allowing for an introduction to the programme and five minutes of film with Burk, it was doubtful whether the debate in the studio would exceed twenty minutes. Since all eight guests would be given at least one opportunity to speak, none was likely to get more than two and a half minutes – too short a time for complex expositions.

Pro-fluoridation speakers (particularly Gordon Avery, the only doctor among them) faced a big challenge: how to compress the case against Burk without understating it.

Their formula was worked out and practised thoroughly in the week preceding the programme. Close contact was maintained up to the last moment with both the Department of Medicine at Oxford and the Birmingham Cancer Registry. In abridging the explanation of the Burk's errors, they had to preserve accuracy and keep to the purely factual basis of the case against him.

When the programme came eventually to be recorded (it was usually video-taped at midday on a Monday for transmission at 10.30 pm on the same day), the investment of time and effort in preparation would, it was hoped, pay off in terms of having correctly adapted style and length of the argument to the needs of the occasion. The moment arrived. The speakers gathered in the studio with their interviewer. As expected, an ATV presenter gave a short narrative introduction to the topic, emphasizing the dental background. Extracts of the recent House of Lords Debate were also played. Then it was Dean Burk's turn. He had been filmed at his home near Washington and, predictably, trotted out his familiar doom and gloom speech, offering himself as the saviour of the poor citizens of Birmingham whose ignorant health authority was slowly poisoning them.

Burk alleged that some 2000 Birmingham residents had died of cancer since 1964 *because* of fluoridation and in a dramatic gesture held up to the camera a graph showing an upward trend in cancer deaths after that date. He drew attention to a kink in the graph which, according to him, showed how the increase had taken off sharply after fluoridation.

To the layman who does not appreciate the finer points of statistics or epidemiology, Burk's straight-faced performance may have seemed convincing. Surely, he knew how to draw and interpret a graph? Fortunately, the interviewer back in the Birmingham studio immediately gave Dr Avery an opportunity of redressing the balance. Dr Avery was able to explain, in the short time available, how Burk had got it wrong and how Birmingham's cancer death rate increase was lower than in non-fluoridated towns in the West Midlands, such as Coventry. In addition, he emphasized that cancers are not usually induced within the space of a few weeks or months. The kink in the graph picked up by Burk was nothing to do with fluoridation and similar kinks could be found in graphs demonstrating cancer death trends in other towns.

Interestingly, none of the anti-fluoridation speakers showed the slightest inclination to prolong the argument. The cancer issue was swiftly disposed of and most of the remainder of the programme was devoted to other questions. It is difficult, of course, to evaluate the impact of a single television programme. Subsequent events suggest, however, that the antis had fluffed their trump card. From a programme dealing with claims that Birmingham residents had died from fluoride-induced

cancer, they must have hoped for some public reaction. But ATV reported no flood of telephone calls or letters. When confronted with a calm and calculated presentation of the facts, the antis had failed to get their way.

Little or nothing more of Burk's arguments was heard in Birmingham again, at least from the antis. In fact, FPAG grasped the initiative and used the January, 1980 issue of *Fluoridation News* to bury the Burk thesis once and for all. A front page article by Dr John Beal, Area Dental Officer for Birmingham, explained why Burk got it wrong. The same issue carried an article by a member of Wolverhampton Area Health Authority (the only AHA in the West Midlands *not* to support fluoridation). The author, Mr J. G. McLean, said he had once been against fluoridation but had changed his mind as he began to study the evidence and weigh its validity. He had looked at the dental statistics: whilst between 1964 and 1975 the use of general anaesthetics on children for tooth extraction had dropped by 80% in the Birmingham community dental service, it had risen by 30% in Wolverhampton; whilst only one Birmingham child in 3500 had false teeth, one Wolverhampton child in 280 had them. He concluded:

As I dug deeper into the credentials of the two protagonists I became convinced that the merits of the anti-fluoridation case are in inverse ratio to the noise they make, and that I could take, as safely as one can take anything in this world, the evidence of Sir Richard Doll and his colleagues that fluoride is not hazardous in any way. That being so, the argument about personal freedom falls into perspective. Fluoridation is a responsible measure for the improvement of the health of the community in line with other restrictions on personal liberty – such as the public health acts, planning controls and even taxation.

#### *Adjournment debate in the Commons*

Copies of *Fluoridation News* were sent routinely to all Members of Parliament from the West Midlands Health Region, including veteran anti-fluoridation campaigner Ivan Lawrence. After receiving the fourth issue, he hit back through the traditional mechanism open to back benchers – an adjournment debate in the House of Commons. That such an MP should go so far to criticise FPAG activities was another sign of desperation among the antis, who must have seen the tide going against them in the West Midlands. What better way to get their own back than through an MP attacking a pro-fluoridation health authority in the Commons, where it was unable to defend itself.

Whatever interpretation is placed on Lawrence's reaction, the vehemence of his verbal assault was plain. At a few minutes past nine o'clock on March 6th, 1980, he rose in the Commons to describe Dr Yiamouyiannis, one of the American proponents of the widely refuted cancer theory, as 'one of the foremost experts in the field.'<sup>16</sup> According to the Conservative MP, Yiamouyiannis was 'an American biochemist whose experience and bona fides are acknowledged by all but a *few* who have no knowledge of the man and little knowledge of his subject.' These '*few*' who do not acknowledge Yiamouyiannis in this manner were contrastingly dismissed in the most peremptory terms. 'Their passion for mass medicating the public's water supply with a possible dangerous substance leads them into total errors of judgement,' he taunted. He made no mention of the fact that Yiamouyiannis had been hired by a private organization with the specific intention of blocking fluoridation schemes put up by health authorities.<sup>17</sup>

After eulogizing Yiamouyiannis, Lawrence described *Fluoridation News* (in which the Burk-Yiamouyiannis thesis had been dissected) as 'a disgraceful publication'. He called it 'preposterous' and 'untrue', interspersing these condemnatory remarks with long quotations from anti-fluoridation literature. He made much of the Allegheny court case in Pennsylvania and the pronouncements of Judge Flaherty. However, he did not refer to the enormous weight of criticism directed at the judge's decision both by health agencies throughout the United States and the local news media in the town where he presides.

Lawrence then turned his attention to the fundamental premise of fluoridation: reduction of tooth decay. His tactic was clever. He tried to use the statistical returns of the Birmingham Community Dental Service to prove the reverse of what successive Area Dental Officers for the city had claimed them to mean. In attempting this coup, he illustrated a problem that constantly bedevils pro-fluoridationists: misuse and misinterpretation of statistical data by the other side in a manner calculated to impress lay audience.

Lawrence quoted Birmingham Community Dental Service figures for fillings of teeth in children aged 15 between 1965 and 1976. He said numbers of fillings of permanent teeth had scarcely changed at all over the period, while fillings of deciduous teeth had increased from 4367 to 15616. This, he concluded, meant fluoridation had not worked. What he overlooked was the enormous drop in the number of tooth extractions in Birmingham, compared with Community Dental Service figures for England as a whole. Between 1965 and 1978 extractions of permanent teeth in Birmingham fell from 11 431 to 4498. Extractions of deciduous teeth fell from 35 450 to 10 972.<sup>18</sup> Over the country as a whole, however, there had been little change. Fluoridation had made itself felt in Birmingham. But with more teeth left in the mouths of the city's children there was a greater possibility that some of them might need fillings, though experience showed that those fillings were likely to be generally less serious than in comparable non-fluoridated communities.

There is another way of looking at the Birmingham figures. By adding extractions and fillings, it is possible to measure the total number of dental procedures required in 1965 and 1977. In Birmingham extractions and fillings dropped from 96 063 to 56 392. In England as a whole they rose from 3 717 933 to 3 832 376.<sup>19</sup> These statistics give a very different picture from that which Lawrence had painted. Yet he had the gall to accuse the authors of *Fluoridation News* of being 'selective'. To add insult to injury, he postulated a fanciful theory that improvements in Birmingham had been brought about because, as he put it, 'the public dispute of fluoridation alerted people to the dangers of caries'. From then on Birmingham residents are supposed to have become more inclined to brush their teeth and eat a better diet, while Birmingham dentists became less inclined to use general anaesthetics to remove those teeth which did decay. He omitted to explain why the people of neighbouring un-fluoridated towns, who read the same newspapers and watch the same television programmes, should not have been similarly inspired to look after their teeth.

The adjournment debate lasted one hour and twenty minutes. Lawrence was on his feet for most of that time. The proceedings ended on a positive note, however, with the Parliamentary Under-Secretary of State for Health, Sir George Young, rejecting Lawrence's arguments:

Those opposed to fluoridation have pressed for a formal inquiry and even for a suspension of our efforts to encourage fluoridation. The government is clear that that would be unjustified. No *a priori* case that there is a cancer hazard has been established.<sup>20</sup>

Sir George then reiterated the continuing commitment of the government to a fluoridation policy:

It remains the government's view – like that of their predecessors for many years – that extensive trials throughout the world have shown that fluoridation safely and effectively reduces the prevalence of dental caries – one of the commonest diseases and one which has lifetime consequences for general and dental health. Of course, my advisers will be examining figures of cancer incidence in fluoridated and non-fluoridated areas of the country from the usual sources, alongside the material provided by Drs Burk and Yiamouyiannis. All this information is rigorously analysed by experts in my Department who are fully conscious of their responsibility for public health and are supported by the best independent advice that is available. They are satisfied that the current policies are right and Ministers in the Department fully endorse their views.<sup>21</sup>

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# Chapter 10

## Public opinion: separating fact from fiction

Anti-fluoridation tactics  
Pre-1978 surveys  
FPAG goes into the polling business  
A 'yes' majority in the country  
Publicising the poll results  
The antis throw a few stones  
'Which?' reports on fluoridation

One of the favourite 'weapons' of anti-fluoridation groups is 'public opinion', *at least as it is subjectively defined, measured and interpreted by themselves*. Few health authorities can have discussed fluoridation without the local antis claiming a vast majority of the population to be against it. For example, at the height of the debate in Hereford-Worcester in 1978, the antis bought advertising space in the press to announce the results of a poll which purported to show over 90% opposition to fluoridation.

Anti-fluoridationists who write to health authorities often claim total opposition in the local community. Some raise petitions, trudging round the streets in search of anyone they can persuade to sign. They may also get the support of the local newspaper if its editor happens to be an anti-fluoridationist, in which case letters columns and leader articles lean in one direction.

In the mass communications era, it is not difficult for a small, dedicated band of activists to create an illusion of public opinion swaying one way or the other. This is a trump card in the anti-fluoridation hand; if they cannot win the scientific argument, they pretend to speak for the rest of the population.

Public opinion is important because it may influence 'decision-makers' to vote for or against a particular policy. Some may believe it wrong in principle to introduce a new fluoridation scheme, however beneficial it might be, if local opinion is against it. Others may adopt a politically pragmatic view: that to fly in the face of public opinion, or even the appearance of public opinion, is to run the unnecessary risk of dismissal by the electorate.

Whatever motivates the individual member of a public authority, the antis will apply pressure on him to vote against fluoridation by seeking to convince him that he is defying public opinion. Such pressure may not pay off. Many may vote for fluoridation regardless but will run the risk of being branded by the antis as dictators flouting the true wishes of the people.

*Pre-1978 surveys*

When FPAG started campaigning in 1978, reliable factual information on public opinion was scarce. A few isolated surveys had been carried out but were already out-of-date and of limited relevance. In 1972 the results of a survey of housewives' opinions had been published in the *British Dental Journal*.<sup>1</sup> The housewives were asked whether they had heard about fluoride in drinking water reducing tooth decay, whether their own water was fluoridated and whether they were for or against it. The survey was conducted in 1968 and again in 1971. Of 595 respondents in the 1968 results, 46% said they were in favour of fluoridation and 16% said they opposed it. Of 459 respondents in the 1971 results, 48% supported fluoridation and 14% were against it.

The data showed that in conditions divorced from the emotional overtones of an active anti-fluoridation propaganda exercise, a substantial proportion of a randomly selected group of people had indicated support for fluoridation. This was in vivid contrast to the traditional anti-fluoridation view of public opinion. But the author of the BDJ article himself drew attention to the ephemeral validity of public opinion surveys, even when carefully and objectively measured: 'Because public opinion on political and social questions can change from time to time and can vary from community to community, they can have only domestic and temporal meaning'.

In 1973, the results of another survey were published in *Public Health*.<sup>2</sup> It involved a random sample of 464 mothers of five-year-old children residing in four locations in the West Midlands – Balsall Heath and Northfield (two suburbs of Birmingham), Sutton Coldfield and Dudley. 31% of the mothers said they supported fluoridation, 8% opposed it, 25% were indifferent and as many as 36% had never heard of it. Again, the anti-fluoridation view of public opinion was shown to be far from reality.

A third survey, undertaken by Winchester and Hampshire Community Health Council in the Wessex Health Region, was reported in the January, 1977 issue of *CHC News*.<sup>3</sup> Of the 180 respondents randomly selected from the electoral register for a postal questionnaire, just under 50% said they supported fluoridation, 29% were against it and 21% unable to make up their minds. According to the CHC findings, most of the respondents had been aware of the debate on fluoridation but some declined to express an opinion because they felt they did not know enough about it.

The three surveys were conducted before the formation of FPAG. A few months after FPAG began its work, some interesting information arrived from the United States: a two-part independent report on fluoridation by the US Consumers Union, whose researchers had examined the facts behind allegations of birth defects, allergic reactions, heart disease, mutagenic effects and cancer. They dismissed all the allegations as groundless, concluding:

The simple truth is that there's no scientific 'controversy' over the safety of fluoridation. The practice is safe, economical and beneficial.<sup>1</sup>

*FPAG goes into the polling business*

Gradually, FPAG was piecing together a picture of public opinion which suggested a considerable body of support for fluoridation. It seemed that health authorities would be wrong to presume they were swimming against the tide. The reverse might

be the case. Indeed, what anti-fluoridationists regarded as one of their strongest arguments might turn out to be their weakest. During the summer and autumn of 1979, FPAG considered possible ways of up-staging the antis once and for all. The US Consumers Union report was useful but could not be taken to represent public opinion in the United Kingdom. The three surveys previously carried out in the UK were also useful but of limited value because they had involved only particular sections of the community, such as mothers of school age children, or particular localities. A more comprehensive survey would be necessary to confirm whether there was genuinely a majority in favour of fluoridation.

Because of its 'national' implications, FPAG opted for a national survey and commissioned a well-established and experienced opinion research agency, NOP Market Research Ltd, which advised on the size of sample required and on the wording of questions designed to solicit specific information without bias. Fairness and accuracy would be critical to the credibility of the outcome, which the antis would be certain to contest if it failed to accord with their prejudices.

FPAG piloted the survey in a mini-poll to find out whether the questions were easily understood or whether they needed amendment. In February, 1980, thirty interviews were carried out with householders selected randomly in the borough of Sandwell near Birmingham. The pilot survey was not large enough for its results to be of statistical significance but showed there were virtually no problems of comprehension. For the record, 73% of those interviewed said they thought fluoride *should* be added to water supplies. This figure seemed surprisingly high when set alongside those of earlier surveys. Did it mean there had been a shift of public opinion towards fluoridation? Only the full survey would tell.

Fieldwork for the full survey was carried out between March 27th and April 1st, 1980. NOP staff conducted interviews in 178 constituencies with 1948 adults aged over 15 years; these constituted a 'systematic probability sample' designed to be representative of all adults in Great Britain. Their findings were subsequently weighted by NOP statisticians to allow for slight variations between the demographic features of the actual sample and a known national breakdown of factors such as male/female balance, the composition of age and social-economic structures and differences between regions.

#### *A 'yes' majority in the country*

The results of the national poll proved to be in line with those which had been obtained in the pilot survey in Sandwell a month earlier. To the question – Do you think fluoride should be added to water if it can reduce tooth decay? – the response was:

Yes	66.5%
No	15.8%
Don't Know	17.7%

Overwhelming support for fluoridation was reflected in the replies from both men and women and among all social groups and ages. 64% of men and 69% of women said 'yes' to fluoridation. In social groups C1 and C2, 71% supported it, as did 59%

in groups A and E. 71% of those aged 15–34 wanted fluoridation, along with 69% aged 35–54 and 60% of the over 55s.

Support did not vary significantly between householders with children and those without. 71% with children favoured fluoridation, as did 64% of the households with no children. Support was fairly evenly distributed across the country as a whole. In the North it was as high as 76%. In the Midlands it was 60%, in Wales and the West 69% and in the South East (including London and East Anglia) it was 67%. Only in Scotland did it fall below 50%, although with as many as 46% of Scots favouring fluoridation there was still more than a two to one majority.

Other questions in the survey were meant to find out how much people know about fluoridation. Respondents were asked whether they thought it was possible to reduce tooth decay by adding fluoride to water.

Over half (55%) said it was, while only 7% said it was not. 38% did not know. Three out of ten thought fluoride had been added to their water (only about 10% of the United Kingdom population actually consumes fluoridated water), while almost five out of ten said they did not know. Asked whether there was any fluoride present naturally in water, respondents divided equally, with about three out of ten saying that there was and the same number saying there was not. Asked which public body was responsible for deciding *whether* fluoride should be added to water, they reflected in their answers the complexity of the decision-making process. Just under two out of ten answered correctly: that it was the responsibility of the Area Health Authority. Slightly fewer suggested it was the local authority or the water authority. One in ten thought the decision was made nationally by the Department of Health and four out of ten said they did not know.

### *Publicizing the poll results*

FPAG was delighted with the survey results. Not only did they confirm the pro-fluoridation trend indicated by other polls, they suggested the level of support had been growing. FPAG had the ammunition to set the record straight. It resolved to do so with maximum publicity. Copies of the survey and an accompanying press release were sent to all national newspapers and broadcasting organizations, major provincial newspapers and local radio stations. Advance copies were also sent to health authorities throughout the country so that medical and dental officers could prepare themselves to exploit the situation. Officially, the survey was published on July 1st, 1980, and a press conference was held to help boost its publicity potential.

FPAG presumed that some reporters would play devil's advocate by challenging the validity of the survey or raising some of the anti-fluoridationists' other objections, such as the cancer theory. NHS staff taking part in the conference were therefore fully briefed on the survey and its statistical reliability, as well as the general range of questions likely to be asked. Some newspapers, both within the West Midlands and outside, were known to follow a consistently anti-fluoridation editorial line. Publication of a poll favourable to fluoridation could be expected to incur criticism and hostility from them. There would be no easy ride and it was important that FPAG did not allow itself to think there would be.

Events proved this view to be realistic. The role of devil's advocate (a vital tool of the journalist's trade) was amply fulfilled by one reporter who asked every awkward

question imaginable – but subsequently wrote one of the most straightforward accounts of the conference. Hostile questioning, it seems, does not necessarily go hand in hand with a hostile attitude. One of his first questions was: ‘How can you base an assessment of public opinion as a whole on a questionnaire involving only 2000 people out of a total population of 55 millions?’ The response had previously been discussed with the statistical director of NOP Market Research Ltd:

A sampling frame of 2000 people is used frequently as the basis for surveys of this kind and is based on sound, tried and tested principles of statistical probability. The degree of probable error, when using such a sample size, is of the order of about 3% either way when half or thereabouts of the respondents answer one way to a particular question.

Then came a predictable follow up: ‘Weren’t the questions in the survey biased in order to elicit an artificially high support for fluoridation?’ The reply:

Definitely not. We did our best to ensure a neutral questionnaire. That is why we sought the professional advice of a reputable agency. We obviously knew the type of information we wanted but we deliberately set out to avoid a distorted result. NOP staff framed the survey and asked the questions. Respondents did not know the identity of the client and could not have been influenced by knowing that it was the West Midlands RHA. Nor was any pro-fluoridation data given to them in advance. The poll was conducted ‘cold’.

One reporter asked whether the words ‘if it can reduce tooth decay’ might automatically pre-dispose respondents towards an affirmative reply. Members of FPAG pointed out that the key word was ‘if’. In none of the questions asked had a direct causal connection been made. The term ‘*because* it reduces tooth decay’ could, on the basis of the scientific evidence, have been used. But it was not used in order to leave the matter open. Respondents were being asked to state their views on the principle of fluoridation – not *because* it reduced tooth decay but *if* it reduced tooth decay. FPAG argued that the issue of tooth decay reduction had to be incorporated somewhere in the survey. How could someone be asked whether he supported a particular policy without being told what the policy was for? Common sense dictated that if a respondent objected to the idea of fluoridation (either on ideological grounds or because he mistakenly believed it caused harm to other organs of the body) he would say that he opposed it, whether or not it reduced tooth decay.

A copy of the NOP survey findings had been sent in advance to the DHSS. In response, Under Secretary of State for Health, Sir George Young, returned a message of support and encouragement, which was read out at the press conference:

I have read the summary of the opinion survey commissioned by the West Midlands RHA and carried out by NOP Market Research, with great interest. The strong indication that fluoridation is acceptable to a clear majority of the public will give reassurance to health and water authorities not only in the West Midlands but throughout the United Kingdom. The West Midlands RHA already has a splendid record of fostering this valuable preventive health measure and the present fluoridation schemes have done much to improve dental health in the West Midlands. It is undoubtedly gratifying to all concerned to receive this indication of widespread public support for the RHA’s policies.<sup>5</sup>

In the main, reports of the press conference were accurate and balanced. A headline in *The Times* of July 2nd read ‘Fluoride poll finds two thirds in favour’ and the opening paragraph reinforced the positive message:

Two out of every three people believe fluoride should be added to water to reduce tooth decay, according to a survey carried out for the West Midlands Regional Health

Authority. Health officials said the findings were a setback for pressure groups that maintain the public oppose fluoridation.<sup>6</sup>

Under a headline 'Survey shows popular support for fluoride', *The Guardian* said:

A national survey published yesterday shows that 66.6% of people want fluoride added to water if it can be shown that it does reduce tooth decay.<sup>7</sup>

The antis attacked the NOP survey on the ground that answers to questions depend on the questions. Yet, presumably stung by the results into commissioning a poll of their own, they failed to see any possibility of deliberate bias entering into *their* questions. Several months after publication of the NOP results, the National Anti-Fluoridation Campaign leaders issued a press release giving the results of a counter-survey.<sup>8</sup> Only percentages were quoted. It is impossible to assess the statistical validity of the results. But the questions and interpretations of the answers more than adequately reveal the double standards of the antis when they attribute bias to those who, on the basis of meticulously obtained evidence, have the temerity to disagree with them.

Classic examples of anti-fluoridation double-thinking emerge from the NAFC press release. If ever a leading question was asked in a poll, might it not be: 'Can you think of any ways in which fluoridation might be harmful?' This was one of the questions in a supposedly unbiased and objective research of public opinion. As many as 65% of the respondents said that they did not know. The antis interpreted this to mean that people were deliberately being kept in the dark. The 26% who said 'yes' were asked to specify what harmful effects fluoridation might have. Only 2% mentioned cancer. This fact, which must have disappointed the antis after all their propaganda efforts, was deemed by them sufficient evidence of a malevolent conspiracy to harm the population:

The fact that only 2% thought cancer might be a hazard, despite the evidence which had never been disproved that it has led to increases in cancer death rates and that those have been worse in Birmingham . . . shows how much in the dark people have been kept. Theoretically the Department of Health exists to promote health as well as facilitate the treatment of disease. In practice it sometimes seems to be deliberately encouraging disease as in the case of its promotion of public water fluoridation.

Another question asked: 'Have you ever read or heard the case against fluoridation presented by the National Anti-Fluoridation Campaign or the National Pure Water Association?' 16% said they had and 79% said they had not. The NAFC press release exclaimed:

From the above may be deduced that very few people know the authentic (sic) case against fluoridation which officials have not only failed to make public but have in fact obscured, though never disproved. If ever there has been a case in the present century of criminal irresponsibility on the part of senior civil servants, fluoridation must surely be that case.

It is hardly surprising, in the light of this unscientific language, that newspapers largely ignored the press release. If the antis had hoped to stage some kind of propaganda coup they had wasted their money. Their disillusionment was reflected in a letter the West Midlands RHA received from an anti-fluoridationist asking *why* the survey had not been published? Did he really think the RHA had control over it? That stretches the anti-fluoridation conspiracy theory to even more ridiculous limits.

A third question in the antis' survey was: 'Do you know that fluoridation means adding fluoride to public water supplies?' Though 76% replied 'yes', the NAFC perversely interpreted a 22% 'no' response to be 'inescapable evidence of the government's failure to keep the public properly informed.' Might it not be argued that such a high 'yes' response indicated success in getting information over to the public?

*'Which?' reports on fluoridation*

Further evidence of public support for fluoridation came in the April, 1980, issue of *Which?* magazine, published by the Consumers' Association. A six-page report entitled 'Caring for teeth',<sup>9</sup> dealt with many ways of promoting dental health, including fluoridation. Among many organizations FPAG was invited to give evidence and comment but it was up to the researchers of *Which?* to analyse the information they received and come to their own conclusions. On the question of mass medication, *Which?* said:

Drinking fluoridated water does not treat a child's decayed tooth in the way that an antibiotic would clear up an infected wound. Fluoridation is a *preventive* measure – not only reducing the number of teeth which will decay in the future, but ensuring that if they do decay, the cavities in them will be less serious and easier to treat.

On the question of alternative ways of giving fluoride, *Which?* said:

They are nothing like so reliable. Studies on fluoride tablets for children have shown that even parents who are convinced of the value of fluoride fail to give the tablets once a day.

On the question of possible harm, *Which?* said:

It has been claimed by its opponents that fluoride causes cancer. This claim does not appear to be supported by any reliable statistical evidence and has been refuted by the Royal College of Physicians and other experts. Bone diseases and noticeable mottling of the teeth have also been attributed to fluoride. While these may be possible if fluoride occurs in extremely high doses, neither effect could be produced at the level recommended for water fluoridation in the United Kingdom. It is also alleged that some people are allergic to fluoride, with stomach disorders, headaches or rashes as a result. There is no scientific evidence that this is true. And there are several areas in Britain where people have, for generations, happily drunk water which naturally contains a higher concentration of fluoride than the recommended one.

In its conclusion, *Which?* stated:

The evidence for water supplies being fluoridated seems very strong. There is no other method that would ensure so reliably that children's teeth get the fluoride they need to make them strong, healthy and free from decay.

And referring to the problems encountered by most health authorities in gaining the cooperation from the water industry, *Which?* added:

Almost all our Area Health Authorities have made up their minds that the water in their area should be fluoridated. Isn't it about time Parliament was given the opportunity to make its mind up, too?

In August, 1980 FPAG published issue number 5 of *Fluoridation News*. It was the longest and possibly one of the most impressive issues to date, combining in its ten pages the results of the NOP survey and a reprint of the *Which?* survey. From now on

the antis would no longer be able to use the public opinion weapon. The myth had been exposed. Fact had been separated from fiction.

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# Chapter 11

## A victory for dental health

The Wolverhampton complication  
Local opinion: a surprise for the antis  
Last-minute letter to local councillors  
A short-lived victory  
The Salop complication  
Back to Wolverhampton  
Severn-Trent reaffirms its policy

Between April, 1978 and the middle of 1980 health authorities in the West Midlands had made substantial progress in promoting fluoridation. However, one major obstacle remained: the policy of Wolverhampton AHA which, though once in favour, had succumbed to pressure from its anti-fluoridation members (most of them borough councillors) in February, 1978. Wolverhampton AHA had thus parted company with the rest of the NHS in the region and became the only health authority *not* to embrace fluoridation in its strategy for improving dental health.

### *The Wolverhampton complication*

The repercussions of the Wolverhampton 'volte-face' are described in Chapter 8. New schemes were held up because over a million people outside Wolverhampton (whose health authorities had voted for fluoridation) received the same water as just a few thousand people inside Wolverhampton. In October, 1978, an attempt was made to reverse the policy of Wolverhampton AHA. It failed, although members of the health authority did express support for an opinion survey in the small enclave affected.

In practice, the 'Wolverhampton complication' meant that all further progress on a top priority fluoridation scheme would be halted for at least six months – the period within which the standing orders of Wolverhampton AHA precluded reconsideration of a policy decision.

For the time being, other fluoridation schemes proceeded in Coventry and North Warwickshire, where over half a million people stood to benefit. But the RHA and other health authorities were conscious of their inability to make headway in the densely populated belt of the Black Country and South Staffordshire. Exploring possible alternatives, they approached the South Staffordshire Waterworks Company (SSWC) to see whether water supplies to the Wolverhampton enclave

could be separated from those to the rest of the network. Unfortunately not. SSWC said it was technically impossible and would conflict with its strategy of maintaining maximum operational flexibility in case of shortages and droughts. Having drawn a blank here, those health authorities which wanted fluoridation would have to rely on Wolverhampton AHA changing its mind.

During most of 1979 FPAG concentrated its efforts elsewhere. But as time passed, it became increasingly clear that failure to bring about a change of heart by Wolverhampton AHA would spell stalemate for fluoridation in a large part of the region. At first, the odds against such a change seemed overwhelming. Wolverhampton was thought to be a hotbed of anti-fluoridation opinion – the antis liked to give the impression that it was. On the other hand, FPAG knew from its own survey research that anti-fluoridation claims about public opinion must be treated with the utmost suspicion; as the antis were generally wrong about it, there was no reason to suppose they had got it right in Wolverhampton. Further, voting on Wolverhampton AHA had been very close. Just one vote separated the two sides last time. So only one or two members would have to switch.

The strongest opposition on the AHA came from members nominated by the borough council. In the past they had managed to get the AHA to accept the council's anti-fluoridation policy (it was commonly reported that the councillors themselves were under a 'three line whip' to vote against fluoridation, or at least to abstain). That made things especially difficult for FPAG and local supporters of fluoridation. However, they did have a few advantages. First, among members of the health authority *who were not council nominees*, there was a strong majority in favour of fluoridation, including some who were eager to fight back against the antis; one of them had even written a hard-hitting article for the January, 1980, issue of *Fluoridation News*. As none of this group was subject to the same degree of political pressures as councillors, FPAG could rely on a solid base of support and focus attention on the councillor element. Secondly, there was the policy of Wolverhampton Community Health, which had supported fluoridation throughout.

One of FPAG's biggest disadvantages was the almost fanatical determination of a handful of local politicians. Their activities might dissuade others on the AHA from voting as they really felt. But *not all* council nominees on the AHA were die-hard anti-fluoridationists. According to reports of previous debates, some were waverers and might have been willing to vote for fluoridation if they had not felt obliged to respect the decisions of their respective political groups.

The challenge for FPAG and pro-fluoridation AHA members was clear: would they be able to persuade the waverers to vote in accordance with their own convictions, based on the scientific arguments before them, rather than the 'political' line of their groups on the borough council? The ideal solution would have been to get the groups to change *their* policies and to support fluoridation. That was unlikely. The next best thing was to get them to drop their 'three line whip', so that their AHA members would have a free vote. This was especially important in the Labour group which was in control of the Council at the time and therefore able to nominate Labour representatives for all the available places on the AHA.

In April, 1980, FPAG decided on tactics. First, it would work closely with the pro-fluoridation members of Wolverhampton, supplying them with up-to-date information to use in debates. Secondly, it would follow up its previous opinion

surveys with a concentrated sampling of opinion in Wolverhampton. Thirdly, it would feed more pro-fluoridation data and comment to the local daily evening newspaper, the *Express & Star*. Fourthly, it would explore, through sympathetic political contacts in Wolverhampton, the reasons for the local Labour group's anti-fluoridation policy in order to identify possible ways of reversing or neutralizing that policy.

*Local opinion: a surprise for the antis*

The national opinion poll (see Chapter 10) had revealed two thirds support for fluoridation. This was fairly evenly distributed across the country and two of Wolverhampton's three Parliamentary constituencies – Wolverhampton South West and Wolverhampton South East – had been included in the survey.

Whilst it gave a statistically sound picture of *national* opinion, the sample sizes within Wolverhampton were not in themselves large enough to constitute a scientifically accurate evaluation of public opinion in the borough. So it was decided to replicate the NOP survey in Wolverhampton, using a much higher local sample.

FPAG did not have the funds to be able to hire a specialist agency again (as it had done for the national survey). This time NHS staff would have to conduct the interviews, taking exceptional care to ensure accuracy and objectivity. Nine NHS staff, drawn from the RHA and the community dental and health education departments of Wolverhampton AHA, would ask exactly the same questions as before, randomly selecting a quota sample of one hundred respondents from each of the three Parliamentary constituencies in the borough.

The survey took place on June 4th. Staff involved were under strict instructions to stick rigidly to the questions and *not* to express their own opinions to the respondents, even if asked to do so. 290 interviews were completed. When analysed, the results bore an interesting comparison with those of the national poll. 66.5% of 1946 people interviewed by NOP said they supported fluoridation. 69.7% of 290 people interviewed in Wolverhampton said they supported it. 22.4% said 'no' in Wolverhampton (15.4% nationally) and 7.9% were 'don't know' (17.5% nationally).

*Helping hands in the media*

The NOP survey results were published by the Regional Health Authority on July 1st and the Wolverhampton poll results a few days later.<sup>1</sup> Both were reported fully in the *Express and Star* newspaper and helped to counter the anti-fluoridationists' claim that 'most people' in the town were opposed to fluoridation. The headline 'People want fluoride – town poll' could not have failed to have some impact on those decision-makers who had previously voted against fluoridation in the mistaken belief that they were reflecting the wishes of the population as a whole.

AHA members who supported fluoridation decided, not surprisingly, that it was time to strike back. Over eighteen months had elapsed since the last formal debate by the authority, so there was no 'constitutional' impediment to the matter being raised again. Formal notice was given that they intended to propose a reversal of the AHA's anti-fluoridation policy at its meeting on July 22nd.

Other factors were beginning to work in favour of the pro-fluoridation side in Wolverhampton, where local newspaper coverage reflected the positive initiatives taken by FPAG and its local allies. A highly sympathetic feature article by the medical correspondent of the *Express & Star* was published on July 1st, quoting the NOP survey figures and reminding readers of the measurable differences in dental health between children in fluoridated Birmingham and the non-fluoridated Black Country.<sup>2</sup> On the same day the newspaper wrote a highly favourable leader article, calling on Wolverhampton AHA to 'end its isolation'.<sup>3</sup> The antis bombarded the *Express & Star* with letters from as far away as the Channel Islands. But the balance of publicity was noticeably tilting towards the pro-fluoridation cause.

As D-day approached, a 'will they, won't they' fever of excitement built up. All eyes – among those who cared one way or the other – turned on Wolverhampton. Of course, it was vital to persuade at least some AHA members who had previously abstained, or voted against fluoridation, to change sides. If none did, the favourable publicity would have been in vain and Wolverhampton children (not to mention those from neighbouring areas affected by the AHA's veto) would continue to be deprived of the benefits of fluoridation. Early signs were promising, if not conclusive. Two Labour councillors on the AHA publicly declared that they would vote for fluoridation regardless of party whip.<sup>4</sup> Two others said they had not yet made up their minds.

#### *Last-minute letter to local councillors*

In spite of encouraging personal declarations by Wolverhampton politicians, things could still have gone wrong. Councillors on the AHA might be 'got at' by the antis, especially close political colleagues who opposed fluoridation. To head off such last-minute pressures, FPAG discussed with dentists in the region ways in which Labour councillors on the AHA who were leaning towards fluoridation might be stiffened in their resolve. What better, it was thought, than a personal letter from the Dental Group of the West Midlands branch of the Socialist Medical Association? Dentists who shared the same political outlook as the decision-makers would surely pull some weight. The letter reminded Labour members of the fundamental purpose of fluoridation: relief of unnecessary pain and discomfort caused by caries. It also reminded them of the overwhelming medical and dental support for fluoridation throughout the world and appealed to them to place the good of the community above purely personal considerations:

We are seeking your help on a matter of some urgency – fluoridation of the water supplies for preventing tooth decay. We write as socialists and as dentists and our prime concern is to eliminate unnecessary pain and suffering, especially in areas of relative social and economic deprivation. . . . We hope that as your group controls the borough council and must therefore be well represented on the Area Health Authority, you will be able to ensure that the community good is placed above selfish ideological interests. Fluoridation is cheap. It costs only a few pence per head a year. But it protects children from all social backgrounds against tooth decay. . . .<sup>5</sup>

All these initiatives had an effect on the Labour group, which agreed to remove the whip on its AHA members and allow them a free vote. Tension mounted as the day got nearer. An article in the *Express & Star*, published a few hours before the meeting of the AHA on July 22nd, said it all:

A vote which will determine whether more than a million Black Country people have fluoride in their water may be taken at a cliff-hanger meeting in Wolverhampton tonight. The result of what could be the final battle in the 20-year old fluoride war still rests on a knife edge. The vote will be taken by members of the Wolverhampton Area Health Authority when they meet in New Cross Hospital and consider a resolution that 'this authority proceeds immediately to arrange the fluoridation of the water supply to this area' . . . ."

### *A short-lived victory*

And so the moment arrived. The debate took a predictable course, with each side vigorously arguing its case. When the motion was put, eleven members of the AHA voted in favour, four against. What had seemed virtually impossible two and a half years earlier had been achieved: there was no longer any block on fluoridation schemes from a statutorily responsible authority in the West Midlands Health Region.

The next day, members of FPAG had the pleasure of reading press reports recording the biggest pro-fluoridation victory of the campaign so far. More than a victory in itself, the decision of Wolverhampton AHA gave cause for hope that the long war might be nearing a final conclusion, at least in the West Midlands.

As soon as formal notification of the decision arrived at RHA headquarters, its officers lost no time in submitting to the Severn-Trent Water Authority an application for the fluoridation of the Wolverhampton water supply. An application was also sent off to South Staffordshire Waterworks Company for the fluoridation of its entire supply network, including the Wolverhampton enclave which had caused so many problems.

The response from SSWC was swift and favourable. At a meeting on July 31st, its board of directors considered and approved the application. The general manager communicated their decision to the RHA in a letter on August 4th:

The company will now prepare a programme of work, probably extending over the next two or three years, to enable the above decision to be implemented, subject to completion of the necessary terms and agreements.<sup>7</sup>

Detailed discussions followed between the RHA and SSWC. No immediate action was possible because SSWC insisted on delaying an exchange of contracts until the Severn-Trent Water Authority (whose water supplies to the Black Country were inter-connected with its own) had also accepted the RHA's application. The delay did not worry FPAG, which presumed the outcome to be a formality.

Wolverhampton AHA's decision had been vital. Maximum speed in implementing that decision was equally vital, as anti-fluoridation AHA members served early warning of their intention to reverse the policy again as soon as possible. They would have to wait six months before they could put the item on the AHA's agenda. January, 1981 was therefore the deadline for final agreement to be reached with Severn-Trent and SSWC. Getting contracts signed, sealed and delivered by then would be touch and go.

The earliest opportunity for the members of Severn-Trent to receive the RHA's application was November 20th. No legal agreements were likely to be concluded much before the following January, even if Severn-Trent approved the application in principle. In any case, before the application could go to the full authority, complex

technical issues had to be resolved by its committees. If this process was not completed in time for the November meeting, there was even a chance that the application might have to be held over until the New Year.

*The Salop complication*

As events unfolded, it became clear to FPAG that progress would not be as swift or smooth as health authorities hoped. Severn-Trent referred the application to its Policy and Resources Committee, which met on November 3rd and unearthed an unexpected problem. Up to this point health authorities had been unaware that 26 000 residents in the south-eastern corner of Shropshire received the same water as most of Wolverhampton. When this was first revealed by Severn-Trent officers to the members of their Policy and Resources Committee, it did not seem too serious. But the full implications soon dawned.

The Policy and Resources Committee, realizing there might be technical complications, referred the issue to the Water Management Committee, which did not meet until January 20th. This meant the application would not get to the full authority for a decision within six months of the pro-fluoridation vote by Wolverhampton AHA. In consequence, the antis on the AHA would almost certainly have the opportunity of trying to overturn the July resolution of their authority. If they succeeded, FPAG would be back to square one.

There was another snag. Though Salop AHA supported fluoridation, it had not joined AHAs in making an application to Severn-Trent because the local Community Health Council opposed the policy. Unless the Salop supply could be physically separated from the Wolverhampton supply, or unless Salop AHA agreed to request the fluoridation of water in the small area affected, progress on implementing new schemes would be halted regardless of what happened in Wolverhampton. Of course if the CHC changed its mind, the AHA would no longer feel inhibited, but this possibility seemed remote. Salop CHC had been a steadfast throughout the whole campaign.

From November, 1980, to April, 1981, was an anxious time for FPAG, whose strategy was to presume the worst on all fronts and plan for any eventuality.

The sequence of events is both complex and crucial. On November 27th Salop AHA considered whether, in spite of CHC opposition, to request fluoridation of supplies to the 26 000 people affected by the Wolverhampton scheme. By a majority of nine votes to six, it decided to make such a request but postponed any action until after hearing the views of the CHC.<sup>8</sup>

Salop CHC decided in turn to hold a special public meeting in Shrewsbury, when speakers on both sides would be invited to put their cases. Only then would the CHC members formulate their own policy.

FPAG expected a hard time at the public meeting, scheduled for March 3rd. Anti-fluoridation stalwarts from rural Salop were bound to turn up in large numbers. Nonetheless, it was important to put up a good show. Whilst no vote would be taken there and then, the way things went might just sway one or two CHC members. The chances of getting the CHC to support fluoridation were, however, slim and the best FPAG could reasonably hope for was to ensure its case did not go by default.

The meeting proved lively and contentious, though tempers were kept in check for most of the time and order was maintained throughout by firm but courteous chairmanship. FPAG took steps to prevent itself being outflanked. Abundant supplies of fluoridation literature were brought along so that, should the antis start handing out leaflets, the alternative point of view would be readily available in a printed form – a wise precaution as things turned out.

The antis stood just inside the entrance to the hall, giving leaflets to people as they arrived.

FPAG and Salop Area Dental Officer worked hard to ensure a good attendance by well-informed fluoridation supporters. It was impossible to predict how many genuinely 'uncommitted' local residents would take the trouble to come (many public meetings on contentious issues simply provide a platform on which both sides can meet and engage in civilized, or not so civilized, argument; the uncommitted may be a minority, or even a tiny proportion of those present). The Salop meeting proved no exception. Of the total audience – around three hundred – few gave the appearance of being undecided. Large sections of the hall would erupt with clapping and cheers as speakers made key points.

After the set-piece speeches, members of the audience got up to express their views. A discernible trend then emerged: most of those who spoke against fluoridation appeared to represent small town or parish councils which had voted against fluoridation in the past; by contrast, many of those who spoke in its support were NHS professionals – dentists and doctors – practising in Salop. The first group insisted that *they* reflected the true opinions of their constituents. The second group said they found substantial support for fluoridation among their patients.

In some respects the Shrewsbury meeting seemed like a re-run of the public meeting that had taken place almost two years before at Worcester (see Chapter 8). However, there were important differences. This time it was organized by a CHC, not a local authority – and the CHC's decision could materially influence whether fluoridation actually went ahead. Secondly, the hard core opposition in Salop was even more entrenched than in Worcester (which already had extensive fluoridation schemes). Thirdly, in Salop the pro and anti sides appeared to reflect a local 'professional' versus 'political' rift of a kind nothing like so pronounced as in Worcester.

Some FPAG members attended both the Worcester meeting in 1979 and the re-run in 1981. Their impressions: whereas at Worcester the pro-side got the best of an 'honourable draw', the tables were turned slightly at Shrewsbury. On the strength of the public meeting, FPAG doubted whether the CHC would reverse its anti-fluoridation policy, pessimistic sentiments that proved well-founded. At its next meeting on March 23rd, the CHC voted by 22 to 5 against approving fluoridation of water supplies linked to the Wolverhampton network.<sup>9</sup>

By this time Severn-Trent officers were making it unambiguously clear that the separation of the Salop and Wolverhampton supplies was not technically feasible. The only way out of the impasse was a political initiative. There was no engineering solution. So everything depended on Salop AHA, which now found itself in the hot seat hitherto reserved for Wolverhampton AHA. Sir David Perris, chairman of the Regional Health Authority, described the predicament in a detailed letter to the chairman of Salop AHA, Mr Frank Jones:

I sincerely hope that the AHA will take account of the regionwide ramifications of the present impasse. According to Severn-Trent, there appears to be no possibility of isolating the Wolverhampton supply from that going into the Salop pocket. If Salop AHA does not sanction the fluoridation of this part of its area, then almost certainly the highest priority schemes for the West Midlands will have to be abandoned indefinitely.<sup>10</sup>

The letter succeeded in impressing upon the Salop AHA members the seriousness of *not* going ahead with their earlier decision to support the Severn-Trent scheme. On April 23rd, they voted (perhaps somewhat reluctantly in view of the attitude of the CHC) in favour of the fluoridation of water supplies in the south-eastern corner of the country around Bridgnorth and Albrighton. The way was now open for the RHA to prepare a second application for the fluoridation of Wolverhampton, this time including the Salop enclave.

### *Severn-Trent reaffirms its policy*

A few weeks prior to the Wolverhampton AHA meeting, a second threat to fluoridation had loomed large when an anti-fluoridation member of the Severn-Trent Water Authority sought to overturn its policy of cooperation with health authorities.

Pro-fluoridation members of Severn-Trent immediately expressed their disquiet and contacted FPAG for information and advice. Following tactical discussions, notice of an amendment to the anti-fluoridation motion was given by Councillor Edwards, a Severn-Trent member who happened also to be a retired dentist:

- (1) In the light of exhaustive consideration of the issue over recent years, the Severn-Trent Water Authority reaffirms its current policy of cooperation with the responsible statutory Health Authorities requesting fluoridation of the water supplies for prevention of tooth decay;
- (2) The Severn-Trent Water Authority expresses its satisfaction that Health Authorities have conformed with the necessary requirements laid down by previous policy resolutions of the Authority;
- (3) The previously undertaken agreement in principle to fluoridate supplies to Health Authorities in the West Midlands be honoured, subject to the appropriate technical considerations as specific schemes are put forward.<sup>11</sup>

When the vote was finally taken, the amendment proposed by Councillor Edwards was accepted by 22 to 14. The continued cooperation of Severn-Trent was assured.

By the summer of 1981, all the bits and pieces of the complex decision-making jigsaw had been assembled. No longer were there any visible obstacles to the big Wolverhampton-Black Country-Staffordshire fluoridation scheme. The RHA would now proceed to make formal applications to the Severn-Trent Water Authority and the South Staffordshire Waterworks Company. Given Severn-Trent's reaffirmation of its policy of cooperation, the signs were auspicious.

In all some 1¾ million consumers were affected. All but 100 000 of these lived in the Black Country and the southern, central and eastern parts of Staffordshire. Health authority by health authority, the following populations would benefit:

Dudley	237 000
Sandwell	322 000
Walsall	276 000
Wolverhampton	264 000
Staffordshire	410 000
Birmingham	81 000
Hereford-Worcester	2 000
Warwickshire	3 000
Shropshire	25 000

At the same time as submitting plans for this substantial geographical area the RHA intended to request installation of fluoridation plant at the waterworks supplying the city of Worcester, which accounted for the remaining 100 000 people. At long last the NHS looked as though it had won a major victory for dental health. The applications were duly sent on their 10-mile journey across the city of Birmingham, from RHA headquarters in Hagley Road to Severn-Trent headquarters along the Coventry Road. They would be received and considered at the latter's next full public meeting on November 18th.

After nearly four years of hard campaigning, FPAG was far too experienced to take victory for granted. Full preparations were undertaken with as much care and attention as at any stage in the long battle with the anti-fluoridationists. Pro-fluoridation members of Severn-Trent received thorough briefing from FPAG members. Fluoridation supporters throughout the region were encouraged to write and express their views to the chairman of Severn-Trent, in order to counteract any letter-writing tactics the antis might employ. An issue of *Fluoridation News* was published in September, with an article summarizing the latest epidemiological evidence which showed substantial differences in the dental health of Birmingham and Wolverhampton schoolchildren.

Events on the day of the Severn-Trent meeting nearly took a disastrous turn through the intervention of an anti-fluoridation councillor from Wolverhampton who attended the Severn-Trent meeting as a 'substitute' for a colleague unable to go himself (Severn-Trent has a formal system of deputies, unlike health authorities and local councils). At a critical moment the councillor stood up and, having announced his own opposition to the RHA's application, claimed it contained false information about the policy of Wolverhampton CHC. According to him, the CHC had voted against fluoridation. According to the RHA, the CHC had voted for it.

In isolation, this point of contention may not seem so serious. But it must be remembered that Severn-Trent had based its own policy on the expression of public opinion through CHCs. Whilst a majority of CHCs representing the areas ultimately affected by the application were in support of fluoridation (in population terms: 1.13 millions for and 470 000 against), Wolverhampton had played such a central part in the whole affair that the opposition of its CHC at this crucial stage might have had catastrophic consequences. Somehow or other, the issue of Wolverhampton CHC's policy had to be resolved – and quickly.

RHA officers attending the meeting as observers were asked to substantiate the information in their application, which a member of Severn-Trent now stated publicly to have been overtaken and altered by events. Hurried telephone calls to the

CHC confirmed the RHA's version. There had been *no* change in CHC policy; it remained in favour of fluoridation. This was announced in the chamber during the final minutes of the debate and the Wolverhampton councillor who had caused the furore promptly withdrew his claim.

Meanwhile, Severn-Trent members had voted in favour of the application from Hereford-Worcester AHA for a scheme to fluoridate supplies to the city of Worcester. As soon as the announcement clearing up the Wolverhampton CHC affair was made, excitement rose in the chamber when the members were asked to vote on the Black Country scheme. In the end, they came down in support of acceptance by a margin of 21 votes to 16, heralding the biggest single advance for fluoridation in the United Kingdom since the 1960s.

During the next two months contracts were drawn up and agreed between health authorities and the two water suppliers involved, Severn-Trent and the South Staffordshire Waterworks Company. Design and planning work would begin in 1982, with implementation of the programme being undertaken in phases and completion expected by the end of 1985.

Here, then, was the culmination of four years' hard work by the Fluoridation Publicity Action Group. At the time of its first meeting in March, 1978, some 1.65 million consumers in the region were drinking fluoridated water. As a result of its sustained campaign, the benefits would now be extended to a total of some 4 millions, about 80% of the population of the West Midlands. By the time of its monthly meeting in March, 1982, FPAG had ample cause to look back with satisfaction and pride on a job well done and a major victory for health promotion.

The group has not disbanded. It continues to meet regularly and to coordinate NHS support for fluoridation. The battle for dental health, as in other fields of preventive medicine, is never entirely over. In years to come, West Midlands children can look forward to greater protection from one of the commonest diseases to ravage the developed world. The most eloquent commentary upon the need for continued campaigning for fluoridated water is found in the speech by Lord Colwyn to the House of Lords in November, 1979:

It is all very well saying that they (children) should clean their teeth and that we should take their sweets away from them. But it is not until you have to hold down a screaming four-year old child, anaesthetise it, and pull out baby teeth, that you realise the difficulties and immorality of not initiating a proven comprehensive plan that will prevent untold cases of future suffering.

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# Chapter 12

## Postscript

Five years have passed since the West Midlands battle for fluoridation was at its peak. For the health service the fruits of victory have manifested themselves in the successful implementation of new fluoridation schemes in many parts of the region.

During 1986 fluoride was added to most of the water supplied by the South Staffordshire Waterworks Company. Communities benefiting included Sandwell, Sutton Coldfield, Lichfield, Tamworth, Cannock, Rugeley, Burton-on-Trent and parts of Dudley, Walsall and Wolverhampton. In addition, the Severn-Trent Water Authority started to fluoridate supplies to remaining parts of Wolverhampton and surrounding areas.

By the middle of 1987 the number of people receiving fluoridated water had risen to an estimated total of around three million. By the end of the year the figure was expected to have reached over four million – a fitting conclusion to the campaign launched some 9 years previously.

Had it not been for the intervention of a court case in Scotland – the longest in British legal history – and the passage of legislation through Parliament to clarify the legal aspects of fluoridation, the West Midlands might have achieved its objectives 2 or 3 years earlier. But attempts by anti-fluoridation groups north of the border to prevent the Strathclyde Regional Council from implementing a scheme led to a ‘test case’ in court which dragged on through 1982 and 1983 and caused water authorities elsewhere to delay their own schemes. When the presiding judge, Lord Jauncey, delivered his verdict, he upheld the scientific case for fluoridation whilst identifying ambiguities in the law which, in his view, needed to be cleared up.

The government responded by introducing a Bill to set the record straight and make it abundantly clear that fluoridation has always been considered to be, and would remain, perfectly legal. With political backing from all quarters, the Water (Fluoridation) Act came on to the statute book in October, 1985. The opening paragraph of Section 1 states:

Where a health authority have applied in writing to a statutory water undertaker for the water supplied within an area to be fluoridated, that undertaker may, while the application remains in force, increase the fluoride content of water supplied by them within that area.

This is, of course, exactly what successive governments had considered the position to be since health authorities became responsible for deciding on the principle of fluoridation in 1974. The only difference is that the Act has made explicit the powers which had been presumed – wrongly, according to Lord Jauncey – implicit in previous water legislation.

From one perspective, the Act does not positively advances the cause of

fluoridation. It merely tells health authorities and water suppliers that they can do what many of them have been doing for years anyway. Nor does it oblige water suppliers to co-operate. Health authorities may request fluoridation but are powerless if their requests are turned down.

Section 4 of the Act does introduce changes, however, with highly specific requirements on health authorities to consult not only on new fluoridation schemes but on the termination of existing schemes.

As far as new schemes are concerned, section 4(2) states:

At least three months before implementing their proposal, the health authority shall:

- (a) publish details of the proposal in one or more newspapers circulating in the area affected by the proposal; and
- (b) in the case of an authority in England and Wales, give notice of the proposal to every local authority whose area falls wholly or partly within the area affected by the proposal.

At first glance, these provisions for consultation may seem likely to frustrate the passage of new schemes. But the Act goes on to make it clear that it is up to health authorities to interpret the results of the consultation process. The response of local authorities is not taken as binding in any way.

Basically, the Act is helpful. Indeed, the British Fluoridation Society welcomed it as 'the best news for dental health in Britain for years', pointing out that most health authorities regard fluoridating water as the single most important thing they can do to prevent the misery and pain of toothache.

For many years prior to the Act certain water suppliers had held health authorities at arm's length, claiming that legal uncertainties prevented them from acceding to requests. Now, that hurdle has been removed. The legal position (with the exception of Northern Ireland) is clear.

The Act, together with the success of the West Midlands region, has also served to stimulate health authorities in many parts of the country to launch new campaigns for fluoridation. Prospects for fluoridation in the North of England appear to be particularly good (ie in the Northern, North Western, Mersey, Yorkshire and Trent health regions). All but the North West have existing fluoridation schemes and are seeking to extend them. Some of the non-fluoridated areas of the North West and Mersey have the highest rates of tooth decay in children of anywhere in England and both regions have set up enthusiastic, well-organized action groups, based on the original West Midlands model, to co-ordinate their local campaigns. Other regions are following suit.

Within a few years, the fluoridation map of Britain is likely to be showing many more schemes in operation. Those who will benefit over future generations may trace their improved dental health back to the pioneering work of health campaigners in the West Midlands in the late 1970s and early 1980s.

# Appendix

## *Highlights of the campaign*

- Early 1976 Publication of the Report of the Royal College of Physicians – *Fluoride, Teeth and Health* – which concluded that fluoridation substantially reduces caries throughout life, that there are no harmful side-effects and that water supplies in the United Kingdom should be fluoridated where the fluoride level is appreciably below one part per million.
- June, 1976 DHSS issues HC(76)34, which commends fluoridation to health authorities and sets out provisions for grants to assist with the implementation of new schemes.
- Early 1978 West Midlands RHA publishes consultative document 'Towards a Strategy for Health – 1978/9 to 1987/8', which supports DHSS policy based on the recommendations of the Royal College of Physicians.
- February, 1978 Severn-Trent Water Authority passes a resolution which states that: '... no request (from an Area Health Authority) shall be acceded to unless the AHA shall satisfy the Water Authority that a clear majority of the consumers in the area concerned is in favour'.
- March, 1978 West Midlands RHA debates fluoridation issue in the context of the Severn-Trent WA's policy resolution. Members adopt a resolution calling for an early meeting with WA representatives with a view to exploring 'all possibilities to achieve early fluoridation in the Region'.
- March, 1978 West Birmingham CHC passes pro-fluoridation resolution. Also SE Staffs CHC.
- April, 1978 First meeting of the Fluoridation Publicity Action Group, comprising a number of Area Dental Officers, the Regional PRO, a Regional Specialist in Community Medicine and a senior RHA Administrator.
- April, 1978 Agreement in principle between the West Midlands RHA, Hereford-Worcester AHA and the Welsh National Water Authority for the fluoridation of supplies to 100 000 consumers in the city of Hereford and surrounding rural districts.
- April, 1978 Central Birmingham CHC reaffirms its support for fluoridation in the city. Also Walsall CHC votes in favour.
- May, 1978 Meeting between RHA delegation, led by Sir David Perris, and Severn-Trent WA representatives, led by their chairman Sir William Dugdale, to clarify attitude of the latter

- organization towards fluoridation in the light of its February resolution.
- May, 1978 Both North Warwickshire and South Warwickshire CHCs debate the principle and come out firmly in support of fluoridation.
- May, 1978 WHO reaffirms pro-fluoridation policy.
- June, 1978 RHA writes formally to AHAs served by Severn-Trent WA (Walsall, Dudley, Solihull, Birmingham, Sandwell, Coventry, Staffordshire, Warwickshire, Hereford-Worcester and Salop) requesting consent to the submission of a joint request on their behalf for fluoridation. Note: Wolverhampton AHA had debated the issue in February, 1978 and overturned by a narrow majority its previous support.
- June, 1978 Solihull CHC discusses fluoridation and resolves to support its continuation in the borough. Also South Birmingham CHC.
- June, 1978 Worcester CHC reconsiders the issue and votes by a majority of one to seek the views of the public in order to ensure that consumers are in favour of the measure (this resolution is *not* interpreted to signify a change of corporate policy by the CHC itself).
- June, 1978 The following AHAs give authority for a formal request to Severn-Trent: Hereford and Worcester, Staffordshire, Warwickshire, Sandwell, Walsall, Birmingham, Solihull (Coventry and Salop are constrained by the attitude of local CHCs and local authorities).
- June, 1978 Following receipt of a petition of 5000 signatures opposing the introduction of fluoridation in Hereford, the Welsh National Water Authority decides to postpone further action on the provisionally agreed Broomy Hill scheme until a full meeting of the authority in July has had an opportunity of reconsidering the matter.
- July, 1978 The RHA makes a formal submission to the Severn-Trent WA on behalf of the eight AHAs which had indicated their firm agreement during the previous month. AHAs outside the region sharing the same water supplies are included.
- July, 1978 The first issue of *Fluoridation News* is published. It is distributed to members of AHAs, CHCs, Local Authorities, MPs from the Region, Water Authorities and the news media.
- July, 1978 The RHA holds a briefing for MPs at the House of Commons. It is led by Sir David Perris, with presentations by Sir Melville Arnott, Professor James from the University of Birmingham Dental School and Mr Whitehead, Birmingham Area Dental Officer.
- July, 1978 Severn-Trent WA debates the formal request submitted by West Midlands RHA, agrees to accede to that request and

- refers the matter to its Water Management Committee for investigation of the technical aspects involved.
- July, 1978 Welsh National Water Authority considers the petition submitted in June, but decides that fluoridation is a matter for health authorities and confirms that it will stick to the draft agreement to fluoridate Hereford.
- July, 1978 North Birmingham CHC resolves in favour of fluoridation.
- July, 1978 Fluoridation Publicity Action Group considers response to the circulation of a letter purporting to be the work of a Dutch general practitioner, Dr H. C. Moolenburgh, who claims to have irrefutable evidence, collected from trials he has conducted personally, that fluoridation does harm.
- August, 1978 East Birmingham CHC gives support to fluoridation, following an open meeting at which invited speakers from both sides were allowed to present their cases.
- September, 1978 Reply from Dr Moolenburgh to Mr Whitehead, Birmingham ADO, which refuses to supply further information about the former's local experiments and analyses of patients' reported ailments.
- October, 1978 Open letter from all Area Dental Officers within the West Midlands Health Region is sent to newspapers and broadcasting organizations. It stresses the dental benefits accruing from this preventive measure and calls for its extension to unfluoridated parts of the region.
- October, 1978 Further problems are beginning to manifest themselves in relation to the Broomy Hill (Hereford) scheme. The Welsh Water Authority expresses reservations about the form of indemnity used in the contract.
- October, 1978 Severn-Trent WA's Water Management Committee considers in detail the technical aspects of the request made in June and informs the RHA that the cheapest solution would be for a comprehensive scheme including Wolverhampton and Coventry. It points to practical difficulties ensuing from the exclusion of these Areas.
- October, 1978 Dudley CHC, hitherto opposed to fluoridation, reverses the policy and backs new schemes for the Black Country.
- November, 1978 Second issue of *Fluoridation News* is published.
- November, 1978 AMOs from West Midlands Health Region collectively issue an open letter which offers support to the ADOs' initiative and affirms their view that it is a safe and beneficial public health measure.
- November, 1978 Wolverhampton CHC, whose attitude is critical to the eventual implementation of fluoridation in the Black Country, reconsiders its position and reaffirms support.
- November, 1978 The Fluoridation Publicity Action Group considers its response to a number of issues:

1. Press reports in Hereford-Worcester suggesting that 93% of the population locally is against fluoridation.
2. A public meeting to be arranged by the County Council at Worcester in order to provide local residents with an opportunity of hearing the arguments and expressing their views.
3. A recent court ruling in Pittsburgh, USA, which has allegedly blocked a new fluoridation scheme.
4. Publication by the Consumers Union of the United States of a thorough review of all aspects of fluoridation and an unreserved endorsement of a fluoridation policy.

December, 1978	A joint symposium takes place for members of Coventry AHA, CHC and LA. The cases for and against fluoridation are put by principal speakers who each call on four witnesses to support them.
December, 1978	Hereford-Worcester AHA votes overwhelmingly to re-affirm previous support for fluoridation and to continue its policy of extending schemes throughout the county.
December, 1978	An open letter is published from Sir Melville Arnott refuting UK opponents' interpretation of the Allegheny court case decision and emphasizing the strong weight of scientific and epidemiological evidence available to disprove cancer allegations.
January, 1979	Walsall CHC members, having received details of the Allegheny court case proceedings, unanimously reverse their pro-fluoridation policy.
February, 1979	Coventry CHC members, in the wake of the joint symposium held with AHA and LA members, vote to support fluoridation. The LA also reverses its previous opposition.
February, 1979	Third issue of <i>Fluoridation News</i> is published, focusing on cancer allegations and the Allegheny court case. It also reports on a comparative study of children's dental health in various parts of Hereford-Worcester (first published in <i>Public Health</i> during 1978) which confirms earlier studies in Birmingham and the Black Country by revealing 50% less tooth decay in fluoridated areas.
February, 1979	Preliminary consideration is given by the Fluoridation Publicity Action Group to the possibility of producing a synchronized slide-tape package on the fluoridation issue and of commissioning a properly controlled evaluation of public knowledge and opinion.
March, 1979	Following a meeting of Coventry AHA on February 27th, the RHA is formally invited to act on that authority's behalf in requesting fluoridation of supplies. The RHA, in turn, approaches the Severn-Trent WA.
March, 1979	FPAG gives detailed briefing to Regional PROs on methods adopted in campaign since April, 1978.

- April, 1979 Kidderminster CHC votes in favour of fluoridation. The line up of CHCs in the region is now: 18 in favour; 3 against (Salop, Mid Staffs, Walsall); and one not having discussed the issue (Bromsgrove-Redditch, where there is a fluoridation scheme in operation).
- April, 1979 Although the Welsh Water Authority has reaffirmed its policy to accede in principle to health authorities' requests for fluoridation, it continues to insist on a tighter indemnity clause in the formal agreement and also now claims that staffing problems will inevitably delay commencement of design work on the Broomy Hill scheme until the spring of 1980.
- April, 1979 Having received final comments of the DHSS on a draft model agreement, the RHA is now in a position to forward the necessary legal documentation to Severn-Trent for schemes to fluoridate Coventry, those parts of Warwickshire not already fluoridated and parts of Worcestershire.
- June, 1979 RHA holds post-graduate seminar for community physicians on the subject of fluoridation. It is addressed by Dr Matthews of the DHSS on the cancer allegations coming out of the USA, and by Mr J. Rodgers, the Chief Dental Officer at the Department.
- June, 1979 Meeting of parish councils from South Staffs area at Great Wyrley at which Mr Bell and Regional PRO put the pro-fluoridation case.
- July, 1979 Severn-Trent WA accepts proposed legal agreement with RHA and AHAs to fluoridate Coventry, Nuneaton, North Warwickshire, parts of Solihull, Knowle, Dorridge and Henley-in-Arden. It also agrees to the renewal of existing contracts for the fluoridation of Rugby and South Warwickshire.
- July, 1979 A motion calling for Hereford CHC to reconsider its position supporting fluoridation fails to obtain a seconder.
- July, 1979 A Parliamentary statement by Sir George Young, Under-Secretary for Health, calls for 'encouragement of greater public awareness of the value of fluoridation'.
- August, 1979 Negotiations commence with NOP Market Research for a survey of public opinion on fluoridation.
- August, 1979 The US Consumers Union wins a legal battle in which it was defending a libel suit against Dr J. Yiamouyiannis, one of the American scientists who had claimed a link between fluoridation and increased 'excess' cancer incidence.
- October, 1979 Synchronized slide tape on fluoridation is shown to FPAG members for the first time. It is intended to make it widely available to Health Education and Community Dental Departments throughout the Region.
- October, 1979 Considerable publicity is given to allegations by an

- American biochemist, Dr Dean Burk, that since 1964 there have been 2000 excess cancer deaths directly attributable to the introduction of fluoridation in Birmingham.
- November, 1979 A House of Lords debate on fluoridation is extremely favourable, with a majority of the speakers giving their strong support.
- November, 1979 The ATV political and current affairs programme 'Left, Right and Centre' devotes an entire half hour slot to fluoridation in the context of Dean Burk's allegations.
- January, 1980 The RHA receives an offer of a 95% DHSS grant towards the estimated capital cost of the Strensham and Over Whitacre schemes, which will fluoridate Coventry and parts of Solihull and Warwickshire.
- January, 1980 The fourth issue of *Fluoridation News* is published. Once again it deals with the cancer allegations and also looks at the world situation.
- January, 1980 A letter signed by the Regional Medical Officer is sent to members of Worcester CHC, who are understood to be under heavy pressure to withdraw their support for fluoridation.
- February, 1980 Worcester CHC votes narrowly to continue its support for fluoridation.
- February, 1980 The Fluoridation Publicity Action Group is approached by *Which?* magazine for information to assist in the compilation of a report on fluoridation.
- February, 1980 A draft questionnaire intended for insertion in the weekly Omnibus Random Survey run by NOP Market Research is piloted in Sandwell.
- March, 1980 NOP Market Research is formally commissioned to carry out a random national survey of 2000 households. Fieldwork is completed at the end of the month.
- April, 1980 Results of the NOP survey are received, showing a 66.5% level of support nationally for fluoridation and a consistently high level in all social groups and regions of the country.
- April, 1980 *Which?* magazine publishes its report 'Caring for Teeth', which concludes that 'there is no other method that would ensure so reliably that children's teeth get the fluoride they need to make them strong, healthy and free from decay.'
- June, 1980 An opinion survey based on the NOP model is carried out for 300 households spread across the three Wolverhampton Parliamentary constituencies. Results indicate a similar level of support within the borough to that shown in the national poll.
- July, 1980 A summary of the NOP survey results is published at a press conference held in Birmingham on 1st July. The Wolverhampton results are published shortly afterwards.
- July, 1980 Wolverhampton AHA reconsiders its position on fluorid-

- ation and resolves by 11 votes to four to agree to its introduction in the borough, a decision which will enable schemes to go forward to supply fluoridated water to Sandwell, Dudley, Walsall, Sutton Coldfield and most of Staffordshire south of the town of Stafford.
- July, 1980 The South Staffordshire Waterworks Company agrees to cooperate in the implementation of fluoridation schemes within the area for which it is the responsible water supplier.
- August, 1980 Issue number 5 of *Fluoridation News* is published, featuring the NOP survey results and reproducing the April *Which?* magazine report in full.
- November, 1980 Severn-Trent WA Policy and Resources Committee considers an application for fluoridation of Wolverhampton supplies and refers the matter to the Water Management Committee, which is not due to meet until January. A complication has arisen because of the late discovery that 25 000 consumers in Salop receive the same water as Wolverhampton (Salop AHA has not so far made a formal request for fluoridation).
- November, 1980 Salop AHA is asked to decide whether to request fluoridation of the Bridgnorth-Albrighton enclave so that the Wolverhampton and Black Country schemes can go ahead. It votes in favour of a go ahead in principle but asks the local CHC for its views before proceeding further.
- January, 1981 Issue number 6 of *Fluoridation News* is published. It contains testimonials by a councillor, a housewife and a disabled person, as well as an open letter in response to an attack on health authorities by a local MP.
- February, 1981 Anti-fluoridation members of Severn-Trent WA fail to reverse its policy of cooperation with the NHS. Instead, that policy is endorsed, subject to technical considerations as specific schemes are put forward.
- February, 1981 A major review of dental caries experienced in Birmingham and Wolverhampton school children is published in the *British Dental Journal*. It reveals that, with regard to deciduous teeth, the average child in Wolverhampton has twice as many decayed teeth and four times as many extracted teeth as the average Birmingham child.
- March, 1981 Salop CHC sponsors a public debate on the issue and then votes against the idea of the AHA giving consent to the fluoridation of water supplies shared with Wolverhampton.
- March, 1981 Anti-fluoridation members of Wolverhampton AHA fail to get its pro-fluoridation policy rescinded. Instead, the authority confirms its support and resolves not to debate the matter again for at least 12 months.
- April, 1981 Salop AHA decides to agree to request the fluoridation of

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- September, 1981 supplies to 25 000 consumers affected by the Wolverhampton scheme.  
Issue number 7 of *Fluoridation News* is published, with reports on backing for fluoridation from the Nuffield Foundation and a call from the government in its *Care in Action* document for new District Health Authorities to create a climate of local opinion in favour of fluoridation of water supplies.
- October, 1981 RHA re-submits formal applications for fluoridation of the Wolverhampton network. An application in respect of the city of Worcester is also presented.
- November, 1981 Severn-Trent WA approves applications for Wolverhampton and Worcester, thereby opening the way for schemes benefiting some 1¾ million consumers.

## Fluoridation in the West Midlands April, 1978

 Areas already covered by fluoridation schemes. Total population served: 1.65 million. Wol, Wolverhampton; Wal, Walsall; Dud, Dudley; San, Sandwell; Birm, Birmingham; Sol, Solihull; Cov, Coventry.



## Fluoridation in the West Midlands January, 1982

 Areas fluoridated. Total population served: 2.15 million.

 Areas where specific fluoridation schemes have been agreed by the water suppliers. Total population to be served: 1.75 million.

 Areas which the water suppliers have agreed in principle to fluoridate, subject to technical considerations as individual schemes are put forward.

Wol, Wolverhampton; Wal, Walsall; San, Sandwell; Dud, Dudley; Sol, Solihull; Cov, Coventry; Birm, Birmingham.

