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Why fluoridation fails : an investigation of the failure of fluoridation in a small Nebraska town

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WHY FLUORIDATION FAILS
An Investigation of the Failure of Fluoridation
in a Small Nebraska Town

JOHN DAVEY DOUTHIT

Submitted in Partial Fulfillment for the Degree of
Doctor of Medicine

College of Medicine, University of Nebraska

June 30, 1961

Omaha, Nebraska

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INTRODUCTION

EARLY HISTORY: The early history of fluoridation goes back to the nineteenth century. As long ago as 1874, Dr. Erhardt, of Emmerdingen, Germany, described an experiment in which a dog's molar tooth was extracted, after which the dog was given small doses of potassium fluoride for four months. The opposite molar was then removed and found to be harder and denser. Dr. Erhardt recommended the sucking of one fluoride pastille a day for protection of the teeth against caries; according to him such a practice had been known in England for several years, but no reference can be found in contemporary medical literature before 1892. In that year Sir James Crichton-Browne stated that a supply of fluoride was necessary when teeth were developing.⁶

The next historical development came in 1908 when the dentists in Colorado Springs, Colorado began a study of "Colorado Brown Stain." Much of this work was carried out by Black and McKay who first published work in 1916.^{20,21} This early work was concerned mainly with the mottled enamel and made little mention of the reduction of dental caries. However, children with mottled teeth were less susceptible to caries than those with normal teeth, their study showed. The hypothesis then evolved that trace amounts of fluoride might inhibit dental caries. A series of epidemiologic studies were carried out by the United States Public Health

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effective anti-world-war community.
Because of the fact that the 1940s
survey carried out by the
survey conducted about business district
town, questionnaire presented person lected
reason, directions explain persons
allowed complete form. tionally, later
conducted publisher local paper
physi several
business velv campaign.

DEMOGRAPHIC STUDY OF ATTITUDES ON FLUORIDATION

		VOTING FOR FLUORIDATION	VOTING AGAINST FLUORIDATION	UNDECIDED ABOUT FLUORIDATION
SEX	male	22	42	9
	female	8	11	9
AGE	21-24	2	3	2
	25-34	7	5	5
	35-44	8	16	8
	45+	13	29	3
EDUCATION	grade school	4	8	1
	high school	16	40	16
	college	10	5	1
OCCUPATION	laborer	6	11	2
	white collar	4	12	8
	house wife	5	6	3
	business	8	16	5
	professional	7	8	0
	against fluorida- tion before cam- paign	0	30	3
PREJUDICE	for fluoridation before campaign	26	12	4
	no opinion about fluoridation	4	13	11
SOURCE (continued)	pamphlets	16	27	8
	magazines	15	20	7
	newspapers	16	26	9

DEMOGRAPHIC STUDY OF ATTITUDES ON FLUORIDATION

(continued)

		VOTING FOR FLUORIDATION	VOTING AGAINST FLUORIDATION	UNDECIDED ABOUT FLUORIDATION
(continued) SOURCE	lecture	7	2	1
	T.V., radio	8	24	6
	friends, relatives, fellow workers	5	14	10
	dentist	19	4	0
	physician.	16	4	2
EXTRA	with children under 12	10	13	11
	with no children under 12	15	34	7

NOTE: There were several questionnaires which were incomplete thus resulting in a discrepancy in the total responses to each item compared with the number polled.

MOST COMMONLY STATED REASONS FOR DEFEAT OF FLUORIDATION
ACCORDING TO THE ORD PHYSICIANS AND DENTISTS

1. Lack of support by local newspaper.
2. Too short a time to prepare the public.
3. Fear and doubt created by antifluoridation literature.
4. Antifluoridation support by well meaning but misguided people.

DUSCUSSION

As would be expected the pro and anti groups were significantly different in their responses to specific arguments and suggestions about fluoridation. The disagreements seemed especially clear in the questions numbered 1,3,8,9, and 10 which were based on the theme of the proven value and success of fluoridation. 63% of the pro group felt that fluoridation had been a success wherever it had been tried, compared with 6% of the anti-voter. Only one of the pro group agreed that fluoridation was "an experiment which has not proved its value and may hold unknown dangers," while 28 of 53 of the anti group felt this was true. In number 10 the attitudes toward the value of fluoridation in reducing dental bills was investigated. The result again was that the pro and anti groups were widely split. 80% of the pro group agreeing compared with 6% of the anti group. The same trend is shown in number 3 and number 9 with a clear difference of opinion shown between those for and against fluoridation. It is interesting to note here that in spite of the wide disagreements over the value of fluoride in saving money, there was much agreement that fluoridation would not raise taxes as shown in the responses to question number 5, 76% of the pro voters believing that fluoridation would not raise taxes and 51% of the anti-voters agreeing with them.

In question number 2 you will observe that the majority of anti voters agreed that fluoridation was an infringement on human rights. In contrast, question number 7 shows how that an accepted and widely used public health measure, that is, chlorination, no longer becomes an infringement on human rights, but a valuable service to the public. Only 7 of 53 were decided against chlorinating Ord water. While the anti voter may consider adding fluoride an infringement on human rights, he is perfectly willing to force chlorinated water on the minority against it. Thus, apparently, the public does not wish to make comparisons between fluoridation and chlorination.*

Finally, the question concerning acceptance of scientific authority is of special interest here. Almost 90% of those approving fluoridation accepted scientific organizations as reliable sources of information on the subject. Almost 60% of the anti group professed to accept this authority. Their opposition suggests either a failure of communication

*In this regard it may be said in legitimate defense of this attitude that Chlorination deals with a positive hazard to health, fluoridation with a negative factor...the lack of a substance that, when present, normally or as an artificial additive, prevents the occurrence of a disease of deficiency, that is, water that lacks fluoride merely permits a disease process to develop unchecked and does not actually cause it. The objection against forcing fluoridation on an unwilling population where the rights of the individual is respected is rational. However, the courts have supported fluoridation where objections in this regard have arisen.

[REDACTED]

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Also revealing is that middle and older age groups showed greater opposition than the younger groups. This would correlate with the attitude of an older person to resist change and would not tend to support a proposal which benefits only children and younger individuals.

The main opposition to fluoridation came from the high school graduate. A clear margin of opposition is seen in an analysis of this group. The college educated citizen, as one would suspect, tended, in the poll, to be more favorable toward fluoridation. Mauser and Mauser in a similar survey done in Northampton, Massachusetts found the same trend and, truly, the educational differences were most striking.

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This success of antifuoridation may reflect a deficiency of public health education in our high schools. One may even speculate that it may reflect a much more comprehensive need in our educational system.

What occupational classes supported fluoridation? Not surprisingly, the main support of fluoridation came from professional and business men, that is, they were "least opposed." The white collar worker tended to be more opposed than the other groups. The division of the laborers vote surprisingly was similar to the division of the business men's vote. However, in general, the trend was for those in high income jobs to be more favorable toward fluoridation. Mauser and Mauser found this to be

true, but also found support among the white collar worker.

In the division of votes of those people with children under 12, the trend was for those with children to be more favorable toward fluoridation. In the group with children 10 were favorable to fluoridation compared with 13 opposed. In those with no children under twelve, 15 were in favor, 34 against. This same decision split was found in the Northampton study, and this factor seems to place a lead role in the controversy.

If the question as regards the attitude of the voter before the campaign was answered truthfully and was unbiased by their current attitude, several interesting observations can be made. It is shown that of the 53 against fluoridation ultimately, 12 had changed their minds during the campaign. Additionally, 13 of the 53 testified they were uncommitted originally. In contrast of the 30 supporting fluoridation, not one had changed his mind during the campaign and only four claimed to be previously uncommitted. It is therefore evident that fluoridation in this political battle finished a poor second.

An analysis of the sources cited by the two camps is an interesting curiosity. It shows that the antivoter checked many more sources of reference than did those favoring the proposal with the exception of three categories; the family dentist, physician, and lectures. These three

categories were referred to overwhelmingly by the pro voters. This observation may be explained by a great confusion among those not trusting their community dentists and physicians leading them to seek opinion in pamphlets, magazines, newspapers, television and radio with a result of becoming thoroughly confused and misinformed. The pro voters who trusted the physicians and dentists and respected their authority did not seek outside sources in search of the "truth". Speculating, the anti voter may have been subconsciously seeking to further vindicate himself by thinking that a long list of sources would be proof of his intelligent action.

CONCLUSION

Viewed in its historical perspective the fight for fluoridation has been similar to that which arose when other public health measures were introduced, particularly, chlorination, pasturization, immunization and vaccination. ¹² As stated in a recent editorial in The New England Journal, "The expected opposition has come from the misinformed, the uninformed, and the uninformable." Owing in a large part to this opposition it has taken 50 years, for example to establish widespread acceptance of chlorination. The question is then raised what then should be done to promote the instigation of fluoridation in small communities of Nebraska. It will be erroneously concluded by some after studying the above reports that a public referendum on fluoridation is unsound, that such a complex technical subject is a matter for executive action only (such a view predominates in this state), and that the people in the face of change and counterchange on a scientific issue cannot be trusted to decide their own best interests. It may be said that democratic processes falter and fail on such issues. With this I cannot agree for if the proposal in Ord had not been introduced with the odor of conspiracy, if there had been more time to prepare for the campaign to inform and educate the citizenry, if there had been time to develop community support, there would have

[REDACTED]

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SUMMARY

An investigation of the history of fluoridation reveals that its effectiveness in preventing tooth decay was known as early as 1874. Long before there was any published scientific basis for its recommendations. Erhardt in that year and Crichton-Browne in 1892 suggested that fluorides were important for maintaining normal teeth in man. McKay and Black's studies of "Colorado Brown Stain" stimulated investigation of this medical curiosity. Then in 1938 Dr. Trendle Dean of the United States Public Health Service began the first of a classic series of epidemiologic studies which were to establish the relationship between fluoride ingestion and a reduced incidence of dental caries. By 1945 sufficiently conclusive evidence was available from Dean's work and others to justify the beginning of trials to determine the effectiveness of adding fluorides to public water supplies to reduce tooth decay. The results of these studies was conclusive enough to produce general agreement among scientists and laymen who studied the data diligently and without bias. In 1950 the Public Health Service endorsed fluoridation and suggested its adoption by communities for their water supplies. After initial widespread acceptance the campaign began to meet opposition. This opposition rapidly gained strength after becoming national groups in 1953; and since that year, the goal of universal fluor-

idation in the United States has been sadly curtailed.

With this in mind the study was done to investigate the methods used to defeat fluoridation in a small Nebraska community. The results of this study showed that the defeat of fluoridation was largely the result of the susceptibility of an uninformed public to emotional appeals. The demographic factors studied showed two dominant independent trends: (1) the younger people are more likely to be for fluoridation than the older ones, probably in part because they are more likely to have children under 12, and (2) the people of higher education and occupations are more likely to be for it than those of lower social status.

From these findings several conclusions were drawn as to how fluoridation might be a more successful political issue. It was felt that the community should decide upon fluoridation by referendum to avoid the suggestion of subterfuge, and secondly, adequate time and effort should be given to insure thorough preparation of the people for such a complex and technical issue. Suggestions are given as to how this thoroughness may be accomplished. Also several of the pamphlets used by the antifuoridationists are indexed to provide examples of the arguments used to influence the public. It is hoped that by this study the physicians and dentists in the state will find a method to their approach in instituting fluoridation in their communities.



MAR 29 1961

Charles Eliot Perkins Letter to the Lee Foundation

Here is an unforgettable statement on the efforts of fluorides on the human brain. It is from one of the nation's foremost industrial chemists, Charles Eliot Perkins, who was sent by the United States Government to help take charge of the giant I. G. Farben chemical plants in Germany at the end of World War II. The statement is taken from a letter which Perkins wrote the Lee Foundation for Nutritional Research, Milwaukee 3, Wisconsin, October 2, 1954:

"I have your letter of September 29 asking for further documentation regarding a statement made in my book THE TRUTH ABOUT WATER FLUORIDATION to the effect that the idea of water fluoridation was brought to England from Russia by the Russian Communist Kreminoff.

In the 1930's Hitler and the German Nazis envisioned a world to be dominated and controlled by the Nazi philosophy of pan-Germanism. . . .

The German chemists worked out a very ingenious and far-reaching plan of mass control which was submitted to and adopted by the German General staff. This plan was to control the population in any given area through mass medication of drinking water supplies. By this method they could control the population of whole areas, reduce population by water medication that would produce sterility in the women, and so on. In this scheme of mass control, sodium fluoride occupied a prominent place.

We are told by the fanatical ideologists who are advocating the fluoridation of water supplies in this country that their purpose is to reduce tooth decay in children, and it is the plausibility of this excuse, plus the gullibility of the public and the cupidity of public officials that is responsible for the present spread of artificial water fluoridation in this country.

However—and I want to make this very definite and very positive—the real reason behind water fluoridation is not to benefit children's teeth. If this were the real reason there are many ways in which it could be done that are much easier, cheaper and far more effective. The real purpose behind water fluoridation is to reduce the resistance of the masses to domination and control and loss of liberty. . . .

In the rear occiput of the left lobe of the brain there is a small area of brain tissue that is responsible for the individual's power to resist domination. Repeated doses of infinitesimal amounts of fluorine will in time gradually reduce the individual's power to resist domination by slowly poisoning and narcotizing this area of brain tissue and make him submissive to the will of those who wish to govern him. . . .

When the Nazis, under Hitler, decided to go into Poland . . . the German General Staff and the Russian General Staff exchanged scientific and military ideas, plans and personnel, and the scheme of mass control through water medication was seized upon by the Russian Communists because it fitted ideally into their plan to communize the world.

I was told of this entire scheme by a German chemist who was an official of the great Farben chemical industries and was also prominent in the Nazi movement at the time.

I say this with all of the earnestness and sincerity of a scientist who has spent nearly 20 years' research into the chemistry, biochemistry, physiology and pathology of fluorine—any person who drinks artificially fluorinated water for a period of one year or more will never again be the same person, mentally or physically."

CHARLES ELIOT PERKINS

MAR 29 1961

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MAR 29 1961

The Wanderer

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128 East Tenth Street

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JOSEPH MATT, EDITOR

Fluoridation Propaganda Backfires

By DON RAIHLE

CLAIMS that adding sodium fluoride to public drinking water will reduce tooth decay have now been proved to be false. Ten years ago a controlled test program was set up for the towns of Newburgh and Kingston, N. Y. Both towns of about equal size are located close to each other on the Hudson river. Newburgh was artificially fluoridated. Kingston was not.

In recent years opponents of fluoridation have claimed that further installation of fluoridation plants should wait until final results of the test programs were in. Men like Dr. William A. Jordan, head of the dental division of the Minnesota State Department of Health, his first assistant Dr. Peterson and Dr. Wallace D. Armstrong of the University of Minnesota, have devoted a great deal of their time and spent much taxpayer's money in traveling from one end of the State to the other trying to sell the idea of dosing an entire population with an average daily potion of sodium fluoride — a highly toxic element most commonly used to kill rats. They have repeatedly said that controlled tests — like that at Kingston and Newburgh, N. Y. — had gone far enough to prove that fluoridation would prevent from sixty percent to sixty-five percent of decay in youngsters. They said the tests were so conclusive that it would be folly to deny to others the wonderful benefits that fluoridation would bring to everyone in the country. Well — the results are now in — and they are revealing indeed!

Dr. James G. Kerwin, Department of Health at Passaic, N. J., made inquiry of Dr. John A. Forst of New York State University for definite information concerning the controlled testing done at Kingston and Newburgh. Here is an exact copy

(Over)

of a letter dated October 26th, 1954, which John A. Forst, M. D., Chief of the Bureau of Health Service for the University of the State of New York, wrote to Dr. Kerwin:

DEAR DR. KERWIN:

"Your letter of October 21st, 1954, requesting definite information on dental care in two specific communities has been received.

"The specific information you desire is herewith itemized in accordance with reports forwarded to us by the two communities.

KINGSTON

Enrollment	5403
Number of pupils inspected	5308
Number of pupils with defects	2209
Number of pupils under treatment for defects	1551

NEWBURGH

Enrollment	5119
Number of pupils inspected	4969
Number of pupils with defects	3139
Number of pupils under treatment for defects	2072

"If further information is desired, feel free to ask and we shall try to cooperate.

Sincerely yours,

JOHN A. FORST, M. D.

This means that the record for decayed teeth was fifty percent worse at Newburgh (artificially fluoridated) than at Kingston (not fluoridated).

It will be interesting now to see what the fluoridators have to say about this report. Their previous claims have been exposed as false, misleading and deceptive. The facts speak for themselves. Those aldermen, water boards and other groups who fell for the siren call of the fluoridators can hang their heads. They were amply warned in advance but chose to accept the word of so-called professional health authorities, dentists and medical men who had never done any original research of their own. Now that the hoax has been exposed by a controlled test conducted by the fluoridators themselves, it should put a stop to the nefarious scheme to make every man, woman and child in the United States victims of a plan to dispose of the slag waste from manufacturing aluminum.

MAR 29 1961

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Denver, Colorado

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RESOLUTION ON USE OF WATER SUPPLY AS VEHICLE FOR DRUGS

WHEREAS, the right to determine what shall be done to one's own body is fundamental, and

WHEREAS, water is necessary for life, and

WHEREAS, many people are dependent on public supplies for water.

THEREFORE, BE IT RESOLVED that the Association of American Physicians and Surgeons, Inc., assembled in San Francisco, California this 12th day of April, 1958, condemns the addition of any substance to public water supplies for the purpose of affecting the bodies or the bodily or mental functions of the consumers.

AND BE IT FURTHER RESOLVED that copies of this resolution be transmitted to the President of the United States, the members of Congress, the Governors of the several states, and the mayors of our principal cities, and released to the media of public information.

Adopted by the Assembly and Delegates of the Association of American Physicians and Surgeons, Inc., at their Annual Meeting held in San Francisco, California, Hotel Mark Hopkins, April 12, 1958.

Cyrus W. Anderson, M.D.
President

Attest:

William L. Baughn, M.D.
Secretary

Votes on above resolution were unanimous.

The above organization, founded in 1944, is comprised of 15,000 members of the American Medical Association.

This Reprint By:
National Committee Against Fluoridation, Inc.
1 G St., N. W., #504, Washington 5, D. C.

Assembly and Delegates Meeting, San Francisco, California, April 10-11-12, 1958

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[REDACTED]

[REDACTED]

[REDACTED]

11. Physicians and dentists supported fluoridation because it would bring them more business by discoloring teeth and causing other illnesses.

agree disagree no opinion

12. Having fluorine near the water supply would make it easy for our enemies to poison us if we had a war.

agree disagree no opinion

13. Fluoridation is a part of a subtle conspiracy on the part of our enemies to destroy our great republic from within.

agree disagree no opinion

1. Were you in favor of fluoridating Ord's water supply?

yes no undecided

2. From what source(s) did you get your information?

- Pamphlets
- Magazines
- Newspapers
- Lectures
- TV-Radio
- Friends, relatives, fellow workers
- Personal dentist
- Personal physician
- Other (specify) _____

3. In what age group are you?

- 21 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 and above

4. Do you have children under 12?

yes no

5. Education

- Graduate of grade school
- Graduate of high school
- Graduate of college or university

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
REGIONAL OFFICE
2200 Federal Office Building
911 Walnut Street
Kansas City 6, Missouri

PUBLIC HEALTH SERVICE

January 23, 1962

Mr. John D. Douthit
401 South 38th Avenue
Omaha 31, Nebraska

Dear Mr. Douthit:

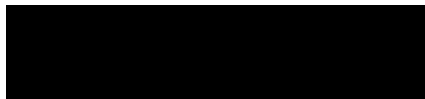
Your letter of January 5, 1962, addressed to Dr. Mark Muffley, Nebraska State Dental Director, has just been referred to us for reply.

Referendums on fluoridation held in Nebraska during the past ten years, according to our records, are as follows:

<u>City</u>	Date Referendum	Action
Albion	April 1954	Lost
Fremont	November 1954	Lost
Beatrice	April 1955	Lost - fluoridation discontinued
Bellevue	April 1960	Lost
Hastings	April 1960	Lost.

We do not have any current statistics on fluoridation referendums held throughout the United States but will endeavor to secure same and forward them to you as soon as received.

Sincerely yours,



Fred D. Lewis, Jr., D. D. S.
Regional Dental Consultant

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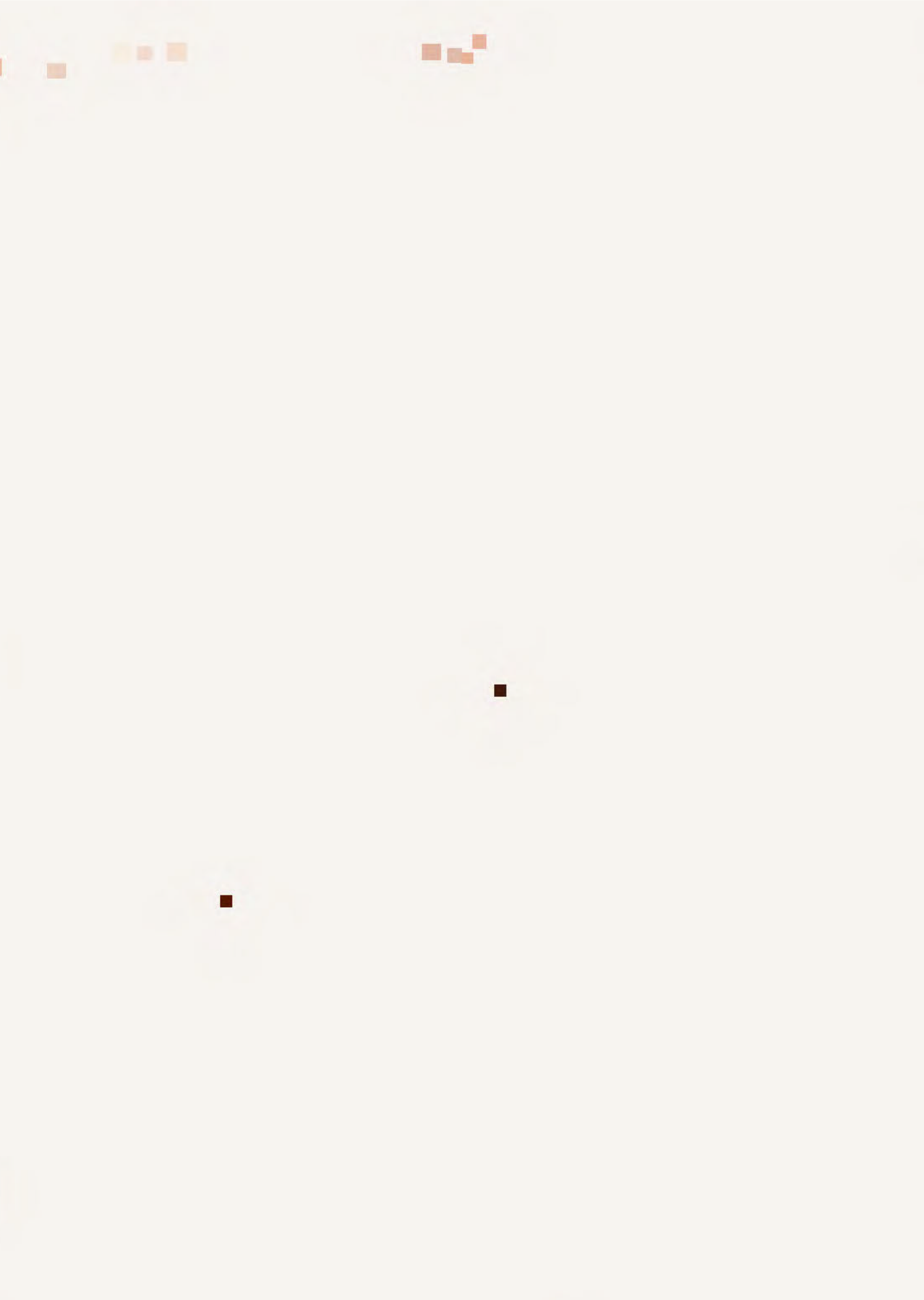
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national studies relation fluoride domestic
dental experiments children,
states, in Rep. 66
- Fluoridation, Council Sugar Trade Department
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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

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3. The third part of the document focuses on the role of technology in data management and analysis. It discusses how modern software solutions can streamline data collection, storage, and reporting, thereby improving efficiency and accuracy.

4. The fourth part of the document addresses the challenges associated with data management, such as data quality, security, and integration. It provides strategies to overcome these challenges and ensure the integrity and availability of data.

5. The fifth part of the document discusses the importance of data governance and the role of a data governance committee. It outlines the key principles and practices that should guide the organization's data management activities.

6. The sixth part of the document focuses on the role of data in driving business growth and innovation. It highlights how data-driven insights can identify new market opportunities and inform product development.

7. The seventh part of the document discusses the importance of data literacy and the need for ongoing training and development. It emphasizes that all employees should have the skills and knowledge to effectively use data in their work.

8. The eighth part of the document addresses the ethical considerations of data management, such as privacy and data protection. It outlines the organization's commitment to responsible data practices and compliance with relevant regulations.

9. The ninth part of the document discusses the role of data in risk management and the identification of potential threats. It highlights how data analysis can help the organization anticipate and mitigate risks.

10. The tenth part of the document discusses the role of data in sustainability and the organization's commitment to environmental, social, and governance (ESG) goals.

11. The eleventh part of the document discusses the role of data in customer experience and the importance of understanding customer needs and preferences.

12. The twelfth part of the document discusses the role of data in talent management and the importance of using data to attract, develop, and retain top talent.

13. The thirteenth part of the document discusses the role of data in strategic planning and the importance of using data to inform the organization's long-term vision and goals.

14. The fourteenth part of the document discusses the role of data in the organization's overall performance and the importance of using data to measure and improve key performance indicators (KPIs).

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