

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

A R and C R Smith

1 The definition of public health

- We agree with the statement describing the promotion of public health. This must apply from being born, through school and continue into adulthood with extensions into the workplace. Health Care treatment should be administered on the basis of need, no harm and **influenced by no other criteria.**

2. Factors that influence public health.

- The factors given apply but are not relevant to everyone to the same extent, consequently their importance varies with the individual.
- The idea that the media should be used to influence the public into accepting a given procedure without the evidence to indicate whether it is a good or bad idea is **totally unacceptable and unethical** if trust in the system is not to be damaged.

3. Prevention of infectious diseases through vaccination

Vaccination should not be compulsory in the UK. The answer is instilling confidence in the vaccination programme and allowing parental choice. They are not to be blamed for an outbreak if the government cannot inspire confidence. If compulsion is introduced it can only create psychological pressure on the parents to rebel.

There is also the possibility that if complications develop who will take the blame?

- The case is further compounded by the refusal of the NHS to provide single vaccine for mumps, measles and rubella, thus creating distrust and anger. This is not a good idea when trying to create confidence in the preventative system. Is there a financial incentive in promoting the MMR ?
- No vaccination must be given without the parent's wishes. There are no circumstances that come to mind to change that position, it smacks of a totalitarian state, no matter what happens in other countries. People must be treated with respect and as adults. The government does not always know best and should intrude into people's lives as little as possible

4. Control of infectious diseases

- The idea that forced quarantine could be adopted in certain circumstances may be regarded as an infringement of civil liberties but it also indicates a lack of persuasion by the health authority. It would be surprising that a person with a highly contagious severe medical condition could not see the need to go into voluntary isolation.
- One criterion controlling involvement with other countries must be a medical problem that has a direct effect on the people of this country. Either by passenger contact or business travel or goods
- The mandatory testing for highly infectious and life-threatening diseases such as tuberculosis or HIV/AIDS is acceptable for those people coming from countries

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

where the problems are known. There is evidence of cases where foreign nationals have brought in these diseases. We must protect our own people.

5. Obesity

- If a person is deemed to be obese by a medically-qualified person, the reasons and causes for that obesity must be explored before making a judgement. If excess food is the problem, then the time for sensitivity is past if it means saving a life.
- The need for more information based on real cases may be the way forward.
- Parents have a primary role in ensuring their children get the best start in life that is possible. The key would seem to be education and to encourage healthy eating. This should be a comprehensive programme involving schools and school food providers and the important role of the government. There must be more money spent on **healthy organic food in schools**. We are already over-exposed to chemicals in our foods. Proper food should be coupled with an increase in physical activity and the provision of school playing fields (not a reduction) plus a regular visit from a Dr. This could be followed up with written reports to the parents. It all depends on whether the government is serious about tackling the problem, doesn't it? Catch them young and make exercise at school fun and exciting.
- There should be no discrimination because a person is obese or have any other problem, that is not the NHS's job. They should tackle the problem as was indicated earlier. A person who is obese needs help not unethical discrimination. The Trust that refused treatment was wrong and should be told so.

6. Smoking

- The government delay regarding smoking would seem to be financial: as long as there is money coming into the Treasury and tobacco funds the efforts to reduce smoking will be far from stringent. Industrial pressure long influenced exposing the truth about smoking-related illnesses. This is not helped by EU support for tobacco growing despite awareness of these effects!
- Whether companies that make or sell products that contain hazardous substances should be prosecuted or not depends on the will of the government, see above. What happened to 'corporate responsibility' ???
- No extra charges should be applied to smokers as they have already contributed extra from the taxes imposed on their product when purchased. Or are we saying that those who don't smoke get a rebate?
- As was said above there will be no action while there is money going to the Treasury. It is appropriate that every effort is made to discourage children and teenagers from smoking. We propose that the medical profession lectures at schools and colleges about the harmful physical and biological damage that smoking can cause with appropriate colour slides to emphasise the problems.

7. Alcohol

- Once again money, we have many examples of the harm done by excessive consumption of alcohol but instead of restriction we have 24-hr drinking! What can anyone do if the government gives such a lead?

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

- There is legislation in place to restrict sales of alcohol to young people and to advertise the consequences of drinking too much, how much more can they do except shut firms down?

8. Supplementation of food and water

Food is usually fortified because nutrients and essential minerals have been processed out. My wife and I became concerned with fluoridation when we were told that we might be forced to consume this toxin against our wishes. The more you explore, the more the fiction about fluoridation is exposed, but you need to know where to look. Dental and medical students are not encouraged to do so.

- The 'Fluoride' added is not an essential mineral/element, it is a highly toxic artificially-produced waste product from the phosphate fertiliser industry chimneys. (Please type 'fluorosilicic acid' into browser and see enclosed. See also: www.npwa.freemove.co.uk/pollution.htm) It has never been tested for safety for human consumption nor licensed as a medication. To say water supplies are 'enriched' is utterly false, they are polluted. It is totally different from the naturally-occurring calcium fluoride – calcium is essential for healthy teeth and bones, not fluoride which can weaken/destroy them. In "Fluoride Toxicity" Dr HA Cook says: "In the animal and in man fluoride is extremely poisonous, no minimum non-toxic quantity being known" whether natural or manmade and this has been known for over a century. In 1936 the American Dental Association itself knew that: "Fluorine is a general protoplasmic poison, but the most important symptoms of chronic fluorine poisoning known at present are mottling of the teeth and interference with bone formation.....but when the threshold value is exceeded, as it is in drinking water containing one or more parts of fluorine per 1,000,000, detectable signs of toxicity appear." (Journal of the ADA Vol. XXIII p.574.)
- Why was this difference not made very clear? According to the International Programme on Chemical Safety it should NOT be let into the environment. One reason that fluoridation has been resisted is because it is medical treatment of millions without consent. This toxin is being used as an intervention (with intent to treat/medicate) as stated by York, and as such it must comply with EC legislation and be licensed, this is supported by the European Court of Justice (ECJ). The ECJ rulings establish unambiguously that any substance administered with the intent to diagnose, prevent or treat any medical condition must be regarded as a medical substance, and any product containing it is absolutely a medicinal product, and regulated under the EC Medicines Directive.
- The public water supply is not a medicine bottle. Water companies are controlled by rigorous legislation, spend £millions removing pesticides, yet are told deliberately to add one, afterwards! Fluorosilicates are given a specific exemption in the Control of Pesticides Regulations (VOCPR) when used in water fluoridation schemes. This is shocking enough. The EU limit of 1.5 ppm refers to natural fluoride levels. It should not be allowed to support the deliberate pollution of the domestic water supply and thus the environment. It is not filtered out. The EU Water Framework Directive 2000 calls fluoride "a priority hazardous substance." It is also listed in the EC Dangerous Substances Directive.
- It is also a fallacy to say that other countries have accepted water fluoridation, they have not. Many have tried it then ceased and/or banned it. Others have rejected it outright. www.fluoridealert.org/govt-statements.htm There are huge battles in the – predominantly – English-speaking countries where it was easiest to

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

impose funded by the USA. There will never be acceptance while there are so many false stories told regarding fictitious benefits, not in this country nor any others. Properly-informed people/organisations reject artificial water fluoridation.

- No democratic instrument must be used to force a treatment on to people who do not want it. This is anti-democratic. Once we go down that path we are entering into totalitarianism which opens the door to other treatments via the water system. The EU Charter of Fundamental Rights 2000 makes it clear that "Article 3, Right to the integrity of the person: 1. Everyone has the right to respect for his or her physical and mental integrity. 2. **In the fields of medicine and biology, the following must be respected in particular: the free and informed consent of the person concerned.....**" – this does not apply to anywhere fluoridated in ENGLAND.
- What about chemical synergy? Even the US Environmental Protection Agency realised they knew nothing about the synergistic interactions between artificial fluoridation chemicals and those used in water purification. We understand they asked the UK's National Pure Water Association to help.
- There are no benefits from water fluoridation for children or adults. The study of 39,000 children by Brunelle and Carlos showed a difference between fluoridated and non-fluoridated areas to be only 0.6 of a tooth surface out of 128 in a child's mouth. There are no circumstances that justify the restriction of the individual to choose whether or not to be medicated with a known toxin. In 2002 Belgium banned the use of fluoride tablets, drops and in chewing gum. In Switzerland the consumer is allowed choice between fluoridated and non-fluoridated salt.
- Dental fluorosis – please see the ADA quotation on page 3 above: the first visible sign of fluoride poisoning. York was very surprised by its extent. When up to 1-in-2 exhibit this permanent tooth damage, it is a cause for concern and a genuine reason for the cessation of all fluoridation schemes in this country. It is not merely 'cosmetic' and the proof is there. Because this also indicates calcium depletion by fluoride, calcium is shown to be removed from teeth. Fluoride in the body goes right to teeth and bones and calcium goes out. The US Public Health Service said in 1964: "teeth so affected are prone to attrition and, thus early loss." (American Journal of Public Health.) Fluoride protects teeth, does it? On the contrary, the study in 1994 by the Teotias found that children given calcium supplements suffered far less fluorosis than the controls who were not. Calcium is also used as an antidote to fluoride poisoning because the two combine so easily and this calcium fluoride is more easily excreted by the body being less water soluble.
- Dental fluorosis is a sign of a damaged skeleton and biochemistry: in the Spring 2006 edition of the journal Fluoride of the International Society for Fluoride Research, Prof. AK Susheela's paper shows that people in her study suffering from dental fluorosis also suffer from thyroid diseases. Fluoride is known to deplete iodine from the thyroid gland, thus contributing towards obesity.
- Far from protecting the health of children there is a strong association with the development of osteosarcoma in young males from fluoridated water. (Bassin 2001, peer-reviewed and published 2006 in 'Cancer Causes and Concern'). Water fluoridation is carried out in certain countries worldwide – it is not a widespread procedure - but is being fought all the way. With respect, the York Review has been misquoted regularly by the BFS, the BDA, the DoH, The National Alliance for Equity in Dental Health (aka the BFS) to such a degree that statements by York were issued to that effect, in 2000, 2001, 2002. (See enclosed)

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

You may wish to ask Lord Baldwin for a copy of his written comparisons between what these bodies said about York and what York actually said! York did not say that dental fluorosis was cosmetic, they called it 'harm' (page 69 Para 12.8), and in the email to ourselves on 14.11.00 from Prof. Jos Kleijnen. This harm is also indicated by Baroness Hayman in a parliamentary answer 1998/99 that dental fluorosis was the first sign of systemic toxicity. This did not prevent Dr Peter Tiplady of the BMA from denying it during a meeting in Cumbria in 2001.

The Swiss City of Basel-Stadt stopped fluoridation on April 9th 2003.

The reasons given were (we quote):

The preventative effect of the fluoridation of drinking water could not be proved by any study. When specialists do not succeed in producing definite proof in 40 years, the issue has to be abandoned.

In spite of the fluoridation of drinking water caries has been on the increase with children.

The danger of fluorosis is played down, nobody talks about fluorosis of the bones. The fluoridation of drinking water is particularly problematic in the case of young children and babies

Less than 1% of fluoride in drinking water is actually used for "prevention of caries", more than 99% of fluoridated water is used for washing, cleaning, industrial production etc. and thus only pollutes the environment, a very undesirable imbalance.

5 Ethical Issues

- Fluoridation is a violation of the core principles of medical ethics and professional conduct. One of the guiding principles must be do no harm, in this that includes our responsibility to treat other members of society with respect for their health wishes even if different from ours. No-one should be forced to accept treatment against their will however good it is for others, a core principle of medical ethics and professional conduct, incorporated in the NHS Plan as treatment according to individual need. All the principles are equally important and we would add honesty, openness and truthfulness.

In the case of vaccination a parent's decision must be honoured and not become a court case.

With artificial water fluoridation, consultation is out of the question and is illegal. All treatment is a matter for individual choice. The information sheet with a prescription advises: "This medication is for you. Do not give it to anyone else even if they have the same symptoms, it may harm them." It is reflected in the BMA New Guide to Drugs and Medicines.

The Nuremberg Code of Medical Ethics and Human Rights clearly defined the right to refuse treatment without a person's informed consent and to stop the type of experiments carried out by Nazi Germany. It did not. A 1950's government was accused of 'unlawful killing' at Porton Down with sarin (methylphosphoric difluoride), yet in the same decade secret fluoridation experiments began in the UK, at that time using sodium fluoride (rat poison), influenced and funded by the USA, a chemical derived from the aluminium industry: "Fluoridate your water with confidence with ALCOA sodium fluoride" – the Aluminium Company of America. ALUMINIUM? Then add aluminium to fluoride.

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

To include artificial water fluoridation in this consultation is insidious. It does not belong in this kind of consultation and reflects Dr Lennon's study which included fluoridation listed with issues completely unrelated, asking 100 participants whether they or the organisations concerned should be the decision-makers. Fluoride is neither a 'food' nor a 'nutrient' it is industrial waste more toxic than lead (Toxicology of Commercial Products, ed. R. Gosselin et al) and natural fluoride also depletes body calcium reserves. Both interfere with vital enzyme function. Water is not for supplementing. Water is conveniently named a 'food' to fit in with the law, but is **primarily an essential for life on this planet, of whatever form.** Without food we can survive for a lot longer. Without water we die very quickly. For what sane reason should it be poisoned with industrial waste? Are there now not water shortages even in the UK?

How on earth the respected Nuffield allowed itself to become embroiled in this discredited issue is beyond us, all it will do is reduce the Council's standing in people's minds. Anyone who has read the York report knows the limits that it put on its findings and Dr Lennon was there as a member of the Advisory Panel!

The question raised now is why did you produce this paper, was there an ulterior motive, did you do any homework or accept the "One in a Million" as fact? Members of the international Fluoride Action Network www.fluoridealert.org based in the USA, not only include ordinary people, there are also a large number of scientists from all disciplines including **medical and dental** and Nobel Prize winners, who know the **true facts**. Are you aware of the 100+ Irish Dentists Opposing Fluoridation www.idof.net ?? Are you aware of Prof. Susheela's work in India and her illustrated presentations to the UK Parliament and the Dept of Health? Why did our government not accept her offer of doctors to train ours how to identify the signs and symptoms of fluoride poisoning? They don't know and if you don't look, you don't find. "There is no evidence....."

The BFS has been funded by years of pro-fluoridation governments with millions of taxpayers' money. It is not an independent body but doctors and dentists paid to promote fluoridation.

When the BFS suggested "One in a Million" – and included water company representatives at its re-launch – did they also propose you read Dr Barry Groves' "Fluoride – drinking ourselves to death?" This book has been commended by the dental magazine as worth reading, so we urge you, please, to read the other side of the story as well and obtain a more balanced view of why water supplies should not be artificially fluoridated. It is published by Newleaf Press.

Finally, we recommend the report from the US National Research Council, recently published. Details are available at www.fluoridealert.org

Some time ago, Dr Robert Carter, former scientist at the US Environmental Protection Agency, said:

"Fluoridation is the greatest case of scientific fraud of this century, if not of all time."

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

Additional information supplied with this consultation response:

1. Toxicological Summary for Sodium Hexafluorosilicate (16893-85-9) and Fluorosilic Acid (16961-83-4)
2. Water Fluoridation
3. Department of Health Studies 2000
4. The evidence that fluoride is harmful is overwhelming
5. The Fluoride Action Network
6. National Pure Water Association
7. Article on Fluorosilicic Acid from Chemical Land21.com