

#### Anon 4

I am principally concerned about the practice of **tap water fluoridation** and wish to record my views on what has rightly been described as a long-term controversial issue.

I first became conscious of proposals for fluoridating public water supplies in the 1950s when my local weekly newspaper *The Esher News and Advertiser* published a succession of letters from a retired officer of the Royal Air Force, concerned about the ethical and moral aspects of the case. It became clear, as the correspondence developed between him and various local persons, eminent in law and medicine, that there was rather more to the motive for fluoridation than a simple regard for the dental welfare of children.

Becoming aware, through the volume of letters that the issue was generating, that an organisation called the National Pure Water Association had come into existence, I made enquiry and subsequently joined that association. It was clear that its *raison d'être* was rooted chiefly in the case for resisting political interference in the supply of the most basic and fundamental public commodity; clean, safe drinking water, free from any chemical additions other than those necessary to render the product potable under the terms of the original Water Act.

Whether the additive – the 'fluoride' in question - ranks as a medicinal product, or not, the principle of uncontrolled treatment for all, as opposed to a targeted treatment for a relative few, struck me as something approaching a totalitarian measure such as has motivated democratic governments to declare war to remove. Suspecting a less than honest hypothesis at national government level, I decided then to research and enjoin the argument.

There are interrelational factors which, if taken at face value, might cause concerns or complacency in the field of food fortification – the addition of vitamin supplements, for example, to be bracketed along with the addition of 'fluoride' to water where this is perceived to be of comparable benefit to the consumer. This, as I hope to show and to justify, is not necessarily the case.

I propose to begin by taking the questions framed on page 35 of the consultation document and commenting upon them in sequence.

- 1 The fortification of flour margarine and breakfast cereals – accepted for some time,
  - a) So why the resistance to fluoride?
  - b) Reasons for international differences in fluoride acceptance?
  - c) Criteria for determination of fluoride acceptance?

a). The law governing the labelling of food such as margarine, flour and breakfast cereals requires that basic ingredients and additives are stated clearly on the packaging. Allergy warnings are also mandatory, hence the caution, "*This product may contain traces of nuts...*" allows consumers with nut and nut-product allergies to avoid choosing to eat those foods. There has, to the best of my knowledge, been no concession made by the proponents of tap water fluoridation to the differing degrees of fluorine sensitivity among consumers, nor to the daily average intake (in all forms) of water in disparate sectors of society including those whose health treatment protocols require abnormal volumes of water consumption.

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Thus, whereas the concept of consumer choice is facilitated in food labelling, there can be no equivalence in the drawing of tap water – a basic key commodity, essential to everyday living.

We are all at liberty to agree (or not to agree) to consume substances shown to have certain properties. We should not be compelled to drink (and use) water into which a substance intended to modify a health condition has been added – with an uncertain degree of control – where it transcends choice, potential allergy reactions and the traditional doctor-patient relationship.

b). Internationally, the history of the fluoridation of water supplies has been focussed upon the intention to mislead the consumer as to the true purpose of the measure as a medical intervention. The degree to which this deception has been perpetrated has more to do with US dollar funding devoted to persuasion in slogans like *"Fluoride... the magic bullet for your child's teeth..."* and similar, than honest, factual science. Nobody in medicine, nutrition or politics today should be discussing any kind of 'fluoride'-related policy without first having read the history of the practice. To that end I commend to the attention of the consultative team a copy of the Griffiths & Bryson 1977 Report: *"Fluoride, Teeth and the Atomic Bomb"* [Encl.

The expression *"democratic instruments"* used in your question, implies votes; and votes imply a majority decision imposed upon a minority. Where, as in the case of a community water supply, that which ranks as a no-choice situation cannot be subject to a democratic decision to add fluoride where none exists already – or to add to a naturally present level of fluoride a wholly dissimilar substance containing toxic chemical elements at a level known to be harmful to health.

c). The justification, by repeated assurances from the various bodies promoting 'fluoride' acceptance, that 'fluoridation is safe' takes no account of public knowledge as to the true nature of the fluoridating agent. To insist that all fluorides are identical, using the scientific term 'fluoride ion' as a common denominator, neglects the fact that the agent in use today contains traces of corrosives, heavy metals and radioisotopes such as would bring down the wrath of the Health & Safety Executive upon an industrial polluter, were they released into the environment by accident.

### Three statements illustrating my point:

\* *"In point of fact, fluorine causes more human cancer death, and causes it faster than any other chemical"*

Dean Burk PhD Biochemistry, Former senior chemist and director - Cytochemistry department, National Cancer Institute, USA.

\* *"... the argument for fluoridating the public's water supply -- the reduction of dental caries for children under the age of twelve (hardly a life-threatening condition) is hugely outweighed by the many potential health hazards, some of which are extremely serious indeed."*

Paul Connett PhD Environmental Chemistry and Toxicology Professor of Chemistry, St Lawrence University, New York, USA

\* *"I just shudder to think how many cases of fluoride poisoning have been covered up by false science"*

Tohru Murakami DDS, PhD Vice president Japanese Society for Fluoride Research, Japan.

I have no doubt that well qualified persons of influence in the health field may have presented papers which refute or argue the pros and cons of fluoridation, but these will magnify the overriding element of doubt; and where doubt exists, particularly in connection with public health, caution must be exercised.

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Neither the Government, the Department of Health, the British Dental Association nor any other body connected with public health should be planning to mortgage the physical welfare of the majority of the population on the premise that some (only some) children have poor teeth. Those children should be subject to a targeted strategy in the home, the school and the media.

Consistent with this plea stands Article 3 of the Charter of Fundamental Human Rights of the European Union 2000:

*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...**"

The use of the term '**person**' should be noted as it clearly implies a **singular** status.

*"Children benefit most from fluoridation."* (Page 35)

If this statement is true, what exactly is the benefit; by what means is the benefit achieved and to what extent is it sustained?

The experience of fluoridation in the USA, in the absence of which no informed discussion on the subject should be taking place, tells us, unashamedly, that fluoridation by ingestion is now discredited. Topical application directly to the teeth as by gel or mouthwash under the control of a dental specialist, *may* confer a degree of toughening on the tooth enamel, but in changing the physical nature of the tooth structure, renders teeth liable to brittleness, requiring further dental work in or under as little time as eighteen months, with the additional risk of fluorosis from overdosing.

Fluoridation, by whatever means, is no guarantee of good teeth for life, and in the field of human rights it should be remembered that even the children of today have the same rights not to be compulsorily medicated as the adults, whether parental or otherwise, who may be seeking to impose this intervention upon them. The potential for compensation claims against the dental health services, or water suppliers in, or by, successive generations should not be overlooked. Water utilities are evidently not in united accord with the 'proven safe' philosophy, having demanded from government unlimited indemnities against litigation.

The question is complicated still further when the focus of concern is directed away from dental welfare towards the socially negative effects of adding 'fluoride' to the community water supplies. Studies conducted in 1999 by Aaron Coplan and Richard Masters on 280,000 children in the State of Massachusetts,\* showed that levels of Lead in the blood were significantly higher in communities where the water was fluoridated. The effect of heavy metals accumulating in the blood is to compromise neurotransmitter function leading to long-term learning deficits and disturbed social behaviour. Coplan and Masters' conclusions, validated by the US Third National Health and Nutrition Evaluation Survey, were corroborated by similar studies in the districts of New York where 120,000 children were found to be prone to these negative health characteristics. Furthermore, and significantly ironical, average dental decay levels were higher in proportion to the higher Lead levels, suggesting that added 'fluoride' increased tooth decay instead of reducing it as is widely claimed.

The Chinese government, not noted for its concern for human rights, but aggressively ambitious regarding its annual output of graduates, has ceased to fluoridate its water after discovering a significant negative relationship between fluoridation and I.Q.

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### Q 3. Under what circumstances is it acceptable to restrict the choice of individuals in order to protect the health of children?

None, where documented health risks are ignored or dismissed as alarmist propaganda; or censored as being inappropriate to prevailing government policy; or defended solely to protect the ill-founded reputations of 'experts'.

#### Examples:

Glasser G, Schuld A. *"Your child's vulnerability to toxic substances in the environment"*  
Fluoride Watershed June 2000

Identifying the danger of fluoride through dermal absorption and by inhalation, leading to brain damage and mental disability.

Kung AWC, Chan, Low, Robinson *"Existence of iodine deficiency in Hong Kong"*

European Journal of Clinical Nutrition. 1996

Identifying fluorine compounds as sources of hypothyroidism (underactive thyroid) in normal people, caused by the halogens Iodine / Fluorine – in antagonistic relationship.

Jacobson S, Goldberg, Jet et al *"Regional variations on incidence of hip fracture among US white women of 65 years and older"*. Journal of the American Medical Association 1991

Identifying fluoride as source of skeletal fluorosis: the fluoride reduction of bone calcium.

Isaacson R. *"Rat studies link brain cell damage with aluminium and fluoride in the water."*

State University of New York - Wall Street Journal 28 Oct 1992

Robin J C. Schepart and Calkins - *"Studies on Osteoporosis - Effect of oestrogens and fluoride."* Journal of Medicine 1980

Between the years 1962 and '65, Professor Albert Schatz (who discovered Streptomycin, thereby saving millions from death by tuberculosis), investigated the relationship between added fluorides and increased death rates in the poor communities of Chile. Comparing fluoridated with non fluoridated communities, he found the death rate under fluoridation schemes was x2.5 above that in non-fluoridated areas. Congenital malformations leading to death were common.

He demonstrated that malnourished infants, arguably comparable to our communities of deprived families, surviving on inappropriate dietary fare, are the most susceptible to fluoride toxicity.

In the context of a sworn affidavit, Schatz wrote:

*"Many victims of artificial fluoridation die quietly during the first year of their lives or at a later stage where their deaths are attributed to some other cause."*

Schatz's work, submitted for publication in the journal of the American Dental Association, was returned unopened; effectively censored on behalf of the ADA to which one can only conclude that the maintenance of good dental health among children in the USA was never the primary motive of the pro-fluoridation argument and policy.

Chilean President, Salvador Allende; himself qualified in medicine, took up Schatz's crusade and stopped fluoridation after offering free milk to pregnant and nursing mothers and children under the age of 15 with the aim of boosting intakes of calcium. Its success was manifest so as to raise Chilean child body weights for the first time in fifty years, while rates of tooth decay fell significantly.

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I have now read the paragraph of page 38 of the Consultation paper entitled *Harm Principle*.  
“... the question as to whether there are special obligations not to harm people?”

A: Yes, of course there are; and those obligations against the chance of harm will be compromised where truth is also compromised. The claimed safety factor of “fluoride” at 1.0mg/litre cannot be taken for granted where the plus or minus factor, dosage equipment malfunction and human error can contribute to massive overdoses where environmental fluorine sources are also present. This is something which the World Health Organisation insists upon – a survey of all sources of fluoride – before it grants approval (but never recommendation) for a community fluoridation scheme

I quote, once again, from a case in the USA: In July 1993, three patients on kidney dialysis machines in Chicago hospitals died after developing symptoms similar to allergic reactions, “consistent with fluoride exposure”. The *Chicago Sun-Times* which reported the case, informed its readers that water standards in the USA are based upon exposure in healthy people to 14 litres per week, but dialysis patients use more than 300 litres per week.

In the same year, the US Agency for Toxic Substance and Disease Registry released the proposition that nominally healthy people over the age of 50 often have decreased renal clearance, indicating that the elderly are more susceptible to fluoride toxicity. In respect of the role of calcium in bone formation, calcium deficiency would be expected to increase susceptibility to the effects of fluoride.

At the risk of repeating myself, the principle of the right of the individual not to be treated against his or her will, at the behest of the State, for a condition un-sustained, with a substance untested for human consumption and known to cause serious harm, is the principle which should be defended stoutly by those among us whom we have elected to protect our interests.

Members of Parliament who voted in the debate of the fluoride-related amendment to the Water Bill 2003, had been provided with a benchmark reference in the form of *The York Review*; claimed to be a systematic review of relevant evidence of the long history of fluoridation. Conceived originally as *The Effects of Fluoride on Health*, the title of the review was modified to read *The Effects of Fluoride in Drinking Water*, a significant but unchallenged switch by which large volumes of world-wide evidence of ill-health resulting from fluoride additions – and even natural fluoride sources – could be excluded from consideration by the review team.

A member of the team was approached by Dr Andreas Schuld of Vancouver. Schuld was the leader of a group, the Parents of Fluoride-Poisoned Children (PFPC) many of whom had lost their offspring to the grim reaper from hypothyroidism (underactive thyroid). The relevant medical science here reflects the antagonistic relationship between the halogen Fluorine and another halogen, Iodine, with the latter being the key to the correct functioning of the thyroid gland. Schuld’s research, freely offered, was flatly turned down; refused on the grounds that, as a study concerning a health issue, it did not fit the parameters of the review. Other exclusions featured animal, plant and mathematical models, including graphs; in fact it was a grossly unscientific study, confirmed by many statements of ridicule received from world-wide professionals by the York Review web-site.

My professional qualifications are in Education and Industrial Technology but I have been compelled to enter the arena of Science in order to challenge those professionals who appear to have trivialised my/our individual right to say no to fluoridation on the pretext that a minority of children cannot be otherwise persuaded or educated to care for their teeth; while conspiring, by less than ethical means, to force a public view of fluoridation conforming to traditional but fraudulent science originating in the States as a post-war cleaning up exercise.

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The final sentence of the extract from J S Mill's famous essay 'On Liberty' encapsulates the issue perfectly:

*"He (member of civilised community) cannot rightfully be compelled to do or forbear because it would be better for him to do so, because it would make him happier, because in the opinions of others, to do so will be wise, or even right."*

*M A*