

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.

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Replies to the List of Questions.

1. The definition of Public Health.

I do not agree with the definition of Public Health introduced, which says 'What we, as a society, collectively do to assure the conditions for people to be healthy'. This definition would suit a totalitarian regime and hence is not acceptable. The term 'collectively' needs to be balanced by the term 'individually'. Additionally, the idea of 'assure' cannot be achieved in principle and could lead to a compulsory regime in matters of health, where there should be options for choice and individual needs. The revised definition should read 'What we as a society collectively and individually do to promote the conditions for people to be healthy'. (Modifications are underlined.)

2. Factors that Influence Public Health.

The five factors mentioned, namely 'environment, social & economic factors, life style, genetic background, preventative and curative health services' are too narrow and should include the following as underlined in the reformulation; the environment both natural and man-made, social and economic factors including political manipulative pressures and economic exploitation, lifestyle, genetic background and make-up, preventative, curative and adverse health services, food and drink and mental and spiritual dimensions.

The question of some influences being more important than others depends on each individual and the specific situation or problem being focussed on and cannot be generalised.

3. Prevention of Infectious Diseases Through Vaccination.

The human being is not part of a herd but of a community. The herd-immunity concept is misguided. It is largely based on fear, mass control and the profit motive of the pharmaceuticals. It sidelines the huge potential of promoting good health. It also overlooks and often denies the weakening and destruction of human organisms via vaccination.

Compulsory vaccination should be strongly opposed and intelligent choice based on truly scientific reasoning should prevail. As to childhood vaccinations, the consultation paper overlooks the challenging dimension of certain childhood illnesses having a beneficial developmental effect and may exist for a positive biological reason. Medical skills to alleviate and safely lead the child through such illnesses need to be given much more scientific attention. This is a much-neglected discipline.

The consultation paper does not duly describe the risks of vaccination, serious side effects or even death, all of which should also guide a parent's decision. The 'free-rider problem' seems to ridicule and pressurise the informed parent. Serious bias is being expressed in this respect.

4. Control of Infectious Diseases.

There is no simple answer to such a vast, complicated and serious topic. The means for such a control are sadly very limited in practice. The Government

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seems to lack the will to make immigration health controls mandatory and thus exposes the country to unnecessary risks.

5. Obesity.

In seeking to control the growing trend towards obesity across the socio-economic lines, a broad-based approach should be adopted. The Food Standard Agency is already working on this problem and is developing appropriate policies across the food industry, public services and the public at large. However, it needs to be more decisive in its procedures. As to childhood obesity, the Government should reinstate the lost sports facilities, encourage more outdoor games and pursuits, including gardening, encourage appropriate eating habits via school meals and cooking lessons, remove the selling of inappropriate snacks, sweets and drinks on school premises via directives to schools. One major contributory factor to childhood obesity is sadly omitted in the Nuffield's case study. This is the well-documented increasingly excessive TV watching and the obsessive use of electronic equipment. Alternative interests need to be encouraged by schools and parents. A mentality change is needed.

Compulsory withdrawal of NHS services in general for preventable obesity caused by individuals is not an easy option.

6. Smoking.

Comprehensive measures by our government to reduce smoking are very encouraging. And yet, the profits of the tobacco industry are still rising. More pressure to curb advertising and hard selling is needed prior to more stringent procedures, such as court proceedings, which the government is likely to resist because of the tax revenue from tobacco selling and the lobbying of the industry.

7. Alcohol.

Our government is overtly encouraging the growth of alcohol consumption and stretches the poor resources of the NHS even further. Not only are the drinking facilities in the Houses of Parliament increasing, giving a bad example, but the legislation of extended pub openings are a clear example of the government's misguided approach. It looks as though the alcohol industry was having an incredible power over Whitehall. Its unfettered advertising, the lack of health warnings is poor forebodings for the future. Appealing to producers and retailers is hopeless unless the culture is changed from top to bottom.

8 Supplementation of Food and Water.

Compulsory fortification of foodstuffs should never be accepted. People should have access to fortified food on a voluntary basis and suitable means of enlightening and supporting relevant sections of the community to take the additional ingredients is required. Force in this area is highly unethical.

Concerning the fluoridation of the public water supply, the Nuffield Council makes several extraordinary mistakes noted - as follows: -

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1. It links food and water in an unacceptable and unscientific way.
2. It appears to promote the fallacious concept that fluoride is a necessary nutritional component.
3. It disregards the extensive scientific evidence giving serious warnings against artificial fluoridation as being a health hazard even if only on a precautionary basis.
4. It omits to mention the national and international controversy regarding the efficacy of artificial fluoridation citing a very limited and possibly biased observation as being a universal truth.
5. It distorts the evidence of the University of York Report subsequently corrected under pressure exerted by objective scientists.
6. It describes the use of artificially fluoridated water as a good thing, barely touching on its negative effect.
7. It does not distinguish between fluoride in toothpaste and in water, both of which seem dangerous.

Compulsory fluoridation must be resisted for the following reasons:

1. Fluoridation is a specific medical procedure targeting children's teeth.
2. It uses hexafluorosilicic acid, a substance, which has not been tested under the medicines legislation for its efficacy and safety. No tests on animals have been done.
3. Fluoridation is a medication of the masses, which bypasses individual free and informed consent and disregards individual medical conditions. It contradicts the basic 'right to the integrity of the person'.
4. Dental decay, however distressful, is not a life threatening condition in itself, which might invoke governmental drastic action in case a large section of the population was affected.
5. Fluoridation uses a grade 11 industrial poison, being a waste product of the phosphate fertilizer industry and also contains traces of other dangerous substances.
6. Hexafluorosilicic acid could not be purchased legally from a chemist even in the recommended dilution of one part per million, because it has no licence.
7. It is not available to the public in its undiluted form since it is life threatening, eating through steel as if it were butter.
8. The transport of hexafluorosilicic acid on our roads is a positive health hazard, any spills destroying the road surface instantly also causing intense injury to humans in its liquid and gaseous form.
9. Fluoridation is well documented in scientific literature as being a threat to good health. (See Scientific evidence on adverse effects of fluoride by Prof. Susheela. 'Scientific Evidence on Adverse effects of fluoride'. New Delhi, Oct 1998). There are also studies highlighting problems with thyroid functions, allergies, bone cancer, hip-fractures, and brain function, including subdued intelligence, effects on the pineal gland, digestive tract and others. The York Review has ignored these and therefore does not convey a true picture of the negative effects of fluoridated water.
10. Very few countries in the world impose fluoridation on their populations and the opposition is growing. California, Switzerland, the Netherlands and Spain have stopped the practice. In Europe, only the

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11. Republic of Ireland and 10% of England are affected. Northern Ireland, Scotland and Wales have water, which is not fluoridated.
12. The York Review demonstrates that the quality of research, which supports fluoridation, is mediocre to poor and that more is needed. It also shows that fluoridation, as a means to remedy dental health inequalities is not very effective.
13. There are numerous studies that show that fluoridation does not work, even when comparing unfluoridated areas with those that are fluoridated.
14. I discovered a lack of clarity as to how fluoridated water was supposed to affect the teeth of children. Some sources say that it works systemically i.e. through ingestion, others that it works on the surface of the teeth. Nobody has suggested rinsing one's mouth to have greater impact and then spit the water out. The theory of fluoridation is not sound.
15. The so-called optimum dilution of 1 part per million is highly arbitrary. Some children ingest more water than others. As far as the whole population is concerned, various foods and other drinks can bring big imbalances. Fluoride accumulates in the body over a lifetime.
16. There is evidence that this government intends to increase fluoridation in England by empowering Health Authorities to make the fluoridation of water compulsory, bypassing Local Authorities and democratic processes.
17. The history of the cover-ups of the ill effects of fluoridation across half a century is well documented in the book 'The Fluoride Deception' by Christopher Bryson, Seven Stories Press, New York, 2004. This systematic cover-up has been instigated by powerful industries, which have influenced the dental, health and government agencies to this day.
18. For our government to force water companies to add untested industrial acid to the public water supply by law is unethical in the highest degree.

8. Ethical Issues.

The ethical issues put forward, namely autonomy, solidarity, fair reciprocity, harm principle, consent, trust, miss two key principles. They are 'honesty' based on truth, and 'responsibility'. The fact, that 'selfless love' is not mentioned shows a restricted philosophical thinking in the name of the Nuffield Council. I assume for the sake of this exercise that elements of 'love' are subsumed in some of the others. It is therefore the combination of 'autonomy' paired with 'honesty' and 'responsibility' which stand supreme above all the others. The remaining four have to be tested in each situation in conjunction with the other three. This I have done in the case of vaccination and fluoridation in particular. They offend the supreme principle if compulsory approaches are considered.

Additionally, there are big ethical questions posed by the way the Nuffield Council itself is presenting the case studies and guiding the thought processes in the consultation document. This requires a separate critique and examination for which there is no room here.

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10. Additional Important Issues.

The consultation paper invites the mentioning of 'any additional important issues' for you 'to consider'. (See p8.) The consultation paper, being rather conservative, fails to focus on certain burning issues regarding public health, such as

1. Human Reproduction and Sexual Behaviour in our society including Abortion.
2. Nuclear Power and Radiation.
3. Nanotechnology and its application. And above all
4. Genetically Manipulated Crops and Food.

The latter must be one of the most overriding topics for public health in terms of ethical, legal and social issues - see your own terms of reference, point 1 on page 6. - Because every single human being in this country is affected, I briefly give the rationale for highlighting the urgency regarding this subject.

G M Crops and Food.

The Food Standard Agency's board papers of 9/12/2004 highlight under the heading 'Update and Delivering the agency's Research Strategy (INFO 04/12/01 on page 12 'a 3 year Agency programme of 6 projects that potentially could be used as part of the safety assessment of GM crops'. This statement implies that a safety assessment for GM crops and by implication also for GM food is being considered. At last, so it seems. the preposterous, unscientific and dangerous view traded by the commercially inspired US Government, that GM food is safe, because of its 'substantial equivalence' to conventional food is being questioned.

The following sections will highlight the scientific endeavours to cut through the tangle of misinformation with a view to establishing an ethical approach to the controversial claims of safety, in order to protect the population from short or long-term health hazards. This ethical approach is encapsulated in the term the 'cautionary principle'.

1. I have before me the copy of a letter from the Director General of the European Commission dated 22nd Aug. 2006, which states ' These procedures for the authorisation of genetically modified organisms ensure that GMO's that are authorised for cultivation are safe for the environment and human health'. This statement by the chief of the European Commission is blatantly false in substance. Why? Because the scientific tests to verify the safety for the environment and human health have either not been done or those, which have been done independently from the international corporations, and have largely found safety problems, are being ignored by those in positions of highest responsibility.
2. I have also a book before me with the title ' Seeds of Deception' by the American Jeffrey Smith, published by Green Books in 2004. This states on the front page 'EXPOSING CORPORATE AND GOVERNMENT LIES ABOUT THE SAFETY OF GENETICALLY ENGINEERED FOOD!
3. As an action researcher, I am jolted into the realisation that the letter written by the Director General of the European Commission only 3 weeks ago, is further evidence of the point Jeffrey Smith is making on his front page.

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4. What are the key problems that make GM crops and food unsafe? Barry Commoner, senior scientist at Queens College, City University of New York states 'The fact that one gene can give rise to multiple proteins destroys the theoretical foundation of a multibillion dollar industry, the gene engineering of food crops' 'with unpredictable effects on ecosystems and human health', see p54 of 'Seeds of Deception'. Commoner pinpoints another key problem by saying 'there are strong reasons to fear the potential consequences of transferring a DNA gene between species. What the public fears, is not the experimental science, but the fundamentally irrational decision to let it out of the laboratory into the real world before we truly understand it', see p57. To this, I add that the multinational chemical corporations want to use this dangerous science and practice to dominate the food and seed markets and profit by it. It is the profit motive which drives this science and this is deeply immoral, endangering human health and the environment.
5. Further characteristics of genetic engineering are a) they are hit and miss, b) the DNA becomes unstable - a well-known fact. c) there is the common and unpredictable gene silencing. d) horizontal gene transfer (ibid.p60.) e) gene stacking and others.
6. To be brief, I mention the various problems that have been identified or associated with GM: cancer, respiratory problems, intestinal lesions, skin reaction, allergic effects, various attacks by newly created toxins, a vast increase in illnesses and others.
7. David Schubert of the Salt Lake Institute for Biological Studies concludes that 'GM food is not a safe option', ibid p72.
8. Commoner warns that 'None of the essential tests are being performed and billions of transgenic plants are now being grown with only the most rudimentary knowledge.' Ibid. P72.
9. According to the New York Times of March 2001 'The Centre for Disease Control now says that food is now responsible for twice the number of illnesses in the United States as scientists thought just seven years ago At least 80% of food related illnesses are caused by viruses or other pathogens that scientists cannot even identify'. The reported cases include 500 deaths, 325,000 hospitalisations and 76 million illnesses per year. This increase roughly corresponds to the period when Americans have been eating GM food. Ibid p42.
10. The UK Government is in the process of attempting to contaminate the British countryside and food chain with unsafe GM Crops, against the wishes of its citizens. A co-existence legislation is pending. A consultation paper on this subject is in circulation at this very moment.

I conclude by saying that 'GM Crops and Food' should be top of the list for extending the topics for the Nuffield Council on Bioethics for compelling reasons, these being at the heart of its terms of reference.

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The fact that GM was touched upon some years ago in a different context should not diminish this request. Please publish this section as you promised.