



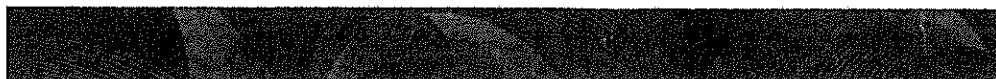
£

To:
cc:
bcc:

02/12/2014 11:19 a.m.

Subject: Fw: fluoride

The first submission
Medsafe Pharmacovigilance Team



----- Forwarded by Catherine Marnane/MOH on 02/12/2014 11:18 a.m. -----

From:
To: askmedsafe@moh.govt.nz,
Date: 02/12/2014 07:15 a.m.
Subject: fluoride

I am not in favour of exempting fluoridation chemicals from the definitions contained in the Medicines Act. The definitions are there to protect the public from substances until they have been properly evaluated for safety.

This has not been done for fluoridation chemicals. Exempting them from the law in order to protect fluoridation policy is deceitful, dishonest and possibly harmful to health.

-



03/12/2014 08:42 a.m.

To: '
cc:
bcc:

Subject: Fw: Fluoride

Medsafe Pharmacovigilance Team



----- Forwarded by Catherine Marnane/MOH on 03/12/2014 08:41 a.m. -----

From: . n>
To: askmedsafe@moh.govt.nz,
Date: 03/12/2014 03:23 a.m.
Subject: Fluoride

Regarding the Consultation on Proposed Amendment to Regulations under the Medicines Act 1981, here are my comments:

Question 1 - No I do NOT support the amendment. Fluoride in water is clearly being used to have a medicinal effect on the body, otherwise it would not be put in the water. It IS most definitely being used as a medicine by all definitions of medicines, which legal people do not seem to understand. As such all fluorides used in water MUST be properly tested to medicinal standards for safety, purity and effectiveness. It is criminally medically negligent not to do so especially with so many people affected. Such a major measure must be properly tested.

Question 2 - Any fluoride containing compound that is being added to the water to affect people's health should be included as being used as a medicine and tested to medicinal standards.



Re: Fluoride

to:

askmedsafe

18/12/2014 09:41 p.m.

Hide Details

From:

To: askmeasare@moh.govt.nz,

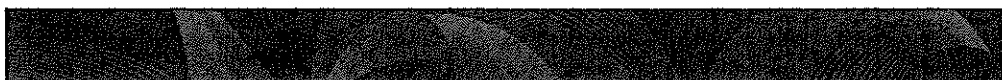
Can I add to this, using the same interesting 'logic' about fluoride not being used as a medicine when added to water to achieve a medicinal effect?

The government could also legislate that black henceforth must be considered to be white, the Earth is flat and tides must stop going up and down. In fact the Prime Minister could sit on the beach and command the tide to stop coming in.

This legislation that fluoride is not a medicine, if passed, could turn the government into a laughing stock, an easy target for comedians from around the world.

On 18 December 2014 at 03:56, <askmedsafe@moh.govt.nz> wrote:

Thank you for your submission



Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway



Sent by:

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,

cc:

bcc:

05/12/2014 12:48 p.m.

Subject: Fluoride

Good Afternoon:

I support the Proposed Amendment to Regulations under the Medicines Act 1981.

Regards

I vote FOR fluoride being added to the water.

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is in confidence and subject to legal privilege. If you are not the intended recipient, do not read, use, disseminate, distribute, or copy this message or attachments. If you have received this message in error, please notify the sender immediately and delete this message. The Lakes District Health Board website is www.lakesdhhb.govt.nz

This email has been scrubbed for your protection by SMX. For more information visit smxemail.com



Sent by:

To: askmedsafe@moh.govt.nz,
cc:
bcc:

07/12/2014 08:12 p.m.

Subject: Submission to Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

Post to:
Regulations under the Medicines Act 1981 Consultation
Medsafe
Clinical Leadership Protection & Regulation
Ministry of Health
PO Box 5013
Wellington 6145

Email to: askmedsafe@moh.govt.nz

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:
Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name

e-mail:

Address:

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Further Question: *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.

Best regards



Sent hv:

07/12/2014 09:02 p.m.

To: <askmedsafe@moh.govt.nz>,
cc:
bcc:

Subject: Fluoride submission on proposed amendment

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines
5. Our son is allergic to it and it gives him really bad stomach pains.

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to '**treat**' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.

Regards,

2

SS

No virus found in this message.

Checked by AVG - www.avg.com

Version: 2014.0.4794 / Virus Database: 4235/8689 - Release Date: 12/06/14



Sent by:

07/12/2014 09:16 p.m.

To: <askmedsafe@moh.govt.nz>,

cc:

bcc:

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name

Address:

Question 1. Do you support the proposed amendment? If not why not?

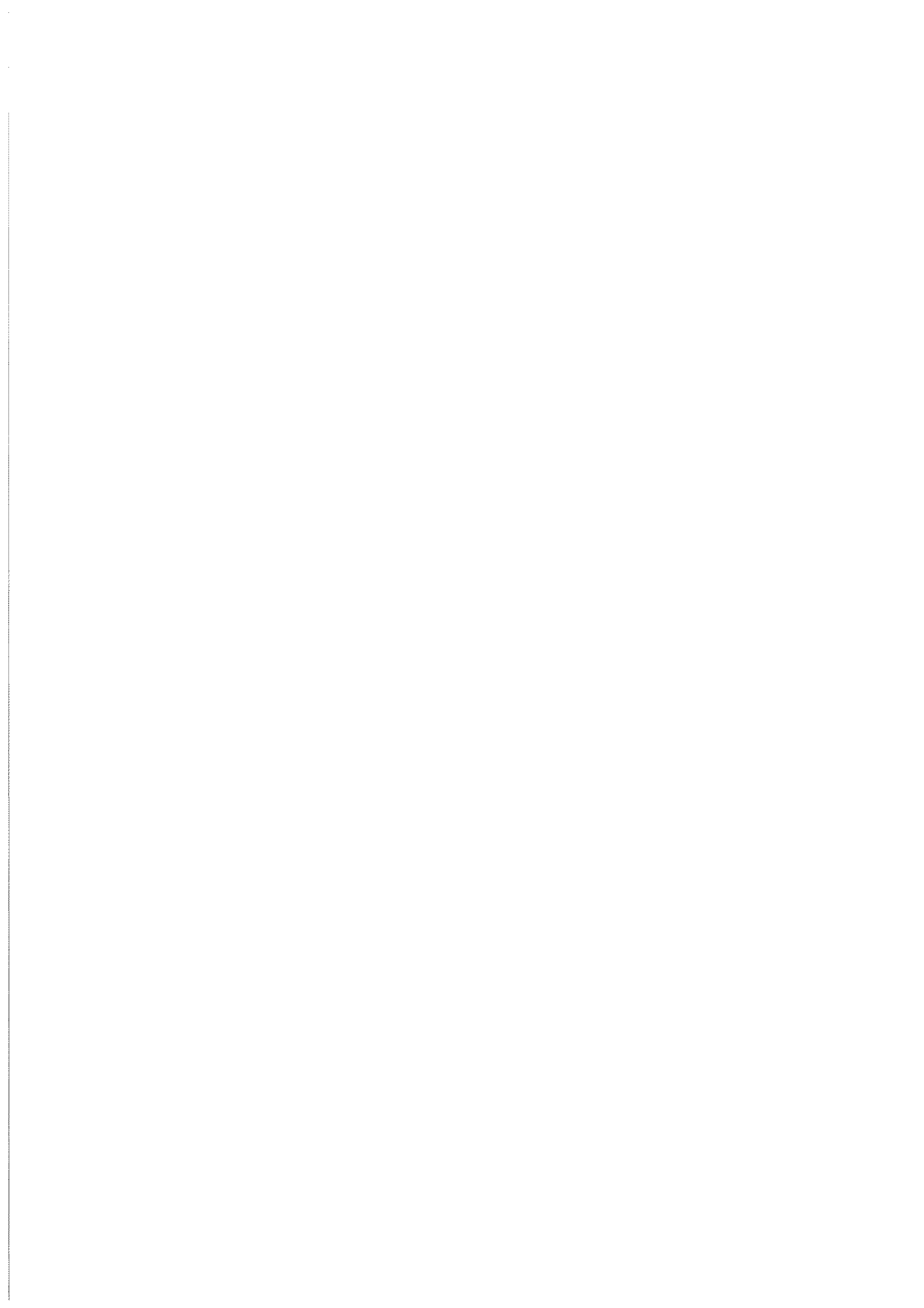
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**.

I do wish to speak to my submission.





Sent by

08/12/2014 08:34 a.m.

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,
cc:
bcc:

Subject: "Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)"

"I do give permission for my personal details to be released to persons under the Official Information Act 1982
Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Address:

Question 1. Do you support the proposed amendment? If not why not?

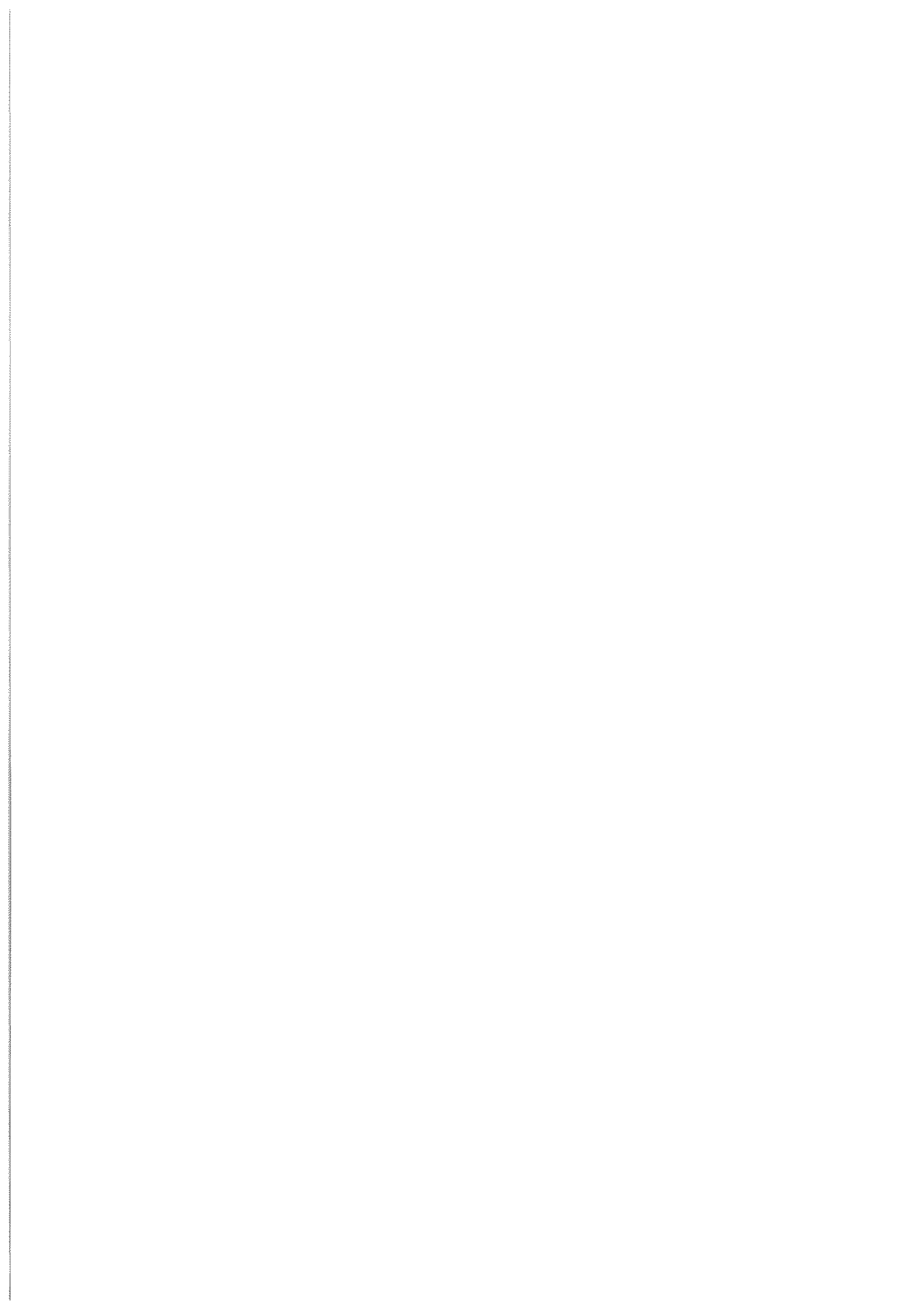
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people.

I do wish to speak to my submission.





Sent by:

To: <askmedsafe@moh.govt.nz>,
cc: <mary@fluoridefree.org.nz>,
bcc:

08/12/2014 10:30 a.m.

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name

Email

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

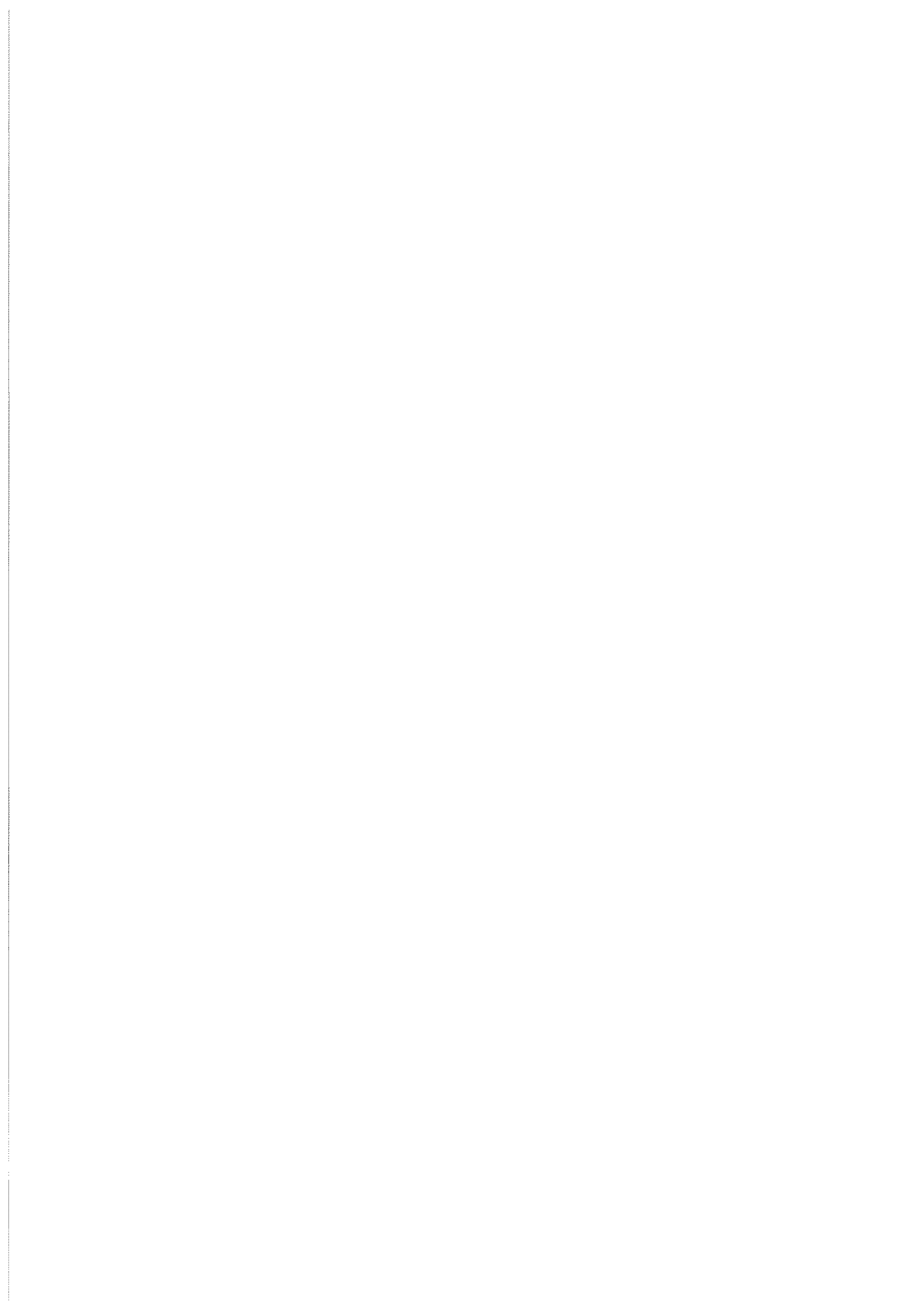
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to 'treat' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

Sincerely;





Sent hv

08/12/2014 12:36 p.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: Fluoride

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to 'treat' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not (delete whichever does not apply) wish to speak to my submission.

Post to:

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

Email to: askmedsafe@moh.govt.nz





Sent by:

08/12/2014 02:12 p.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: No to Fluoride Exemption

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to 'treat' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.



Sent by:

To: askmedsafe@moh.govt.nz,

cc:

bcc:

08/12/2014 03:28 p.m.

Subject: Fluoride

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:
Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.



Sent by:

To: askmedsafe@moh.govt.nz,

cc:

bcc:

08/12/2014 03:56 p.m.

Subject: Medicines Act 1981 - Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1) (i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

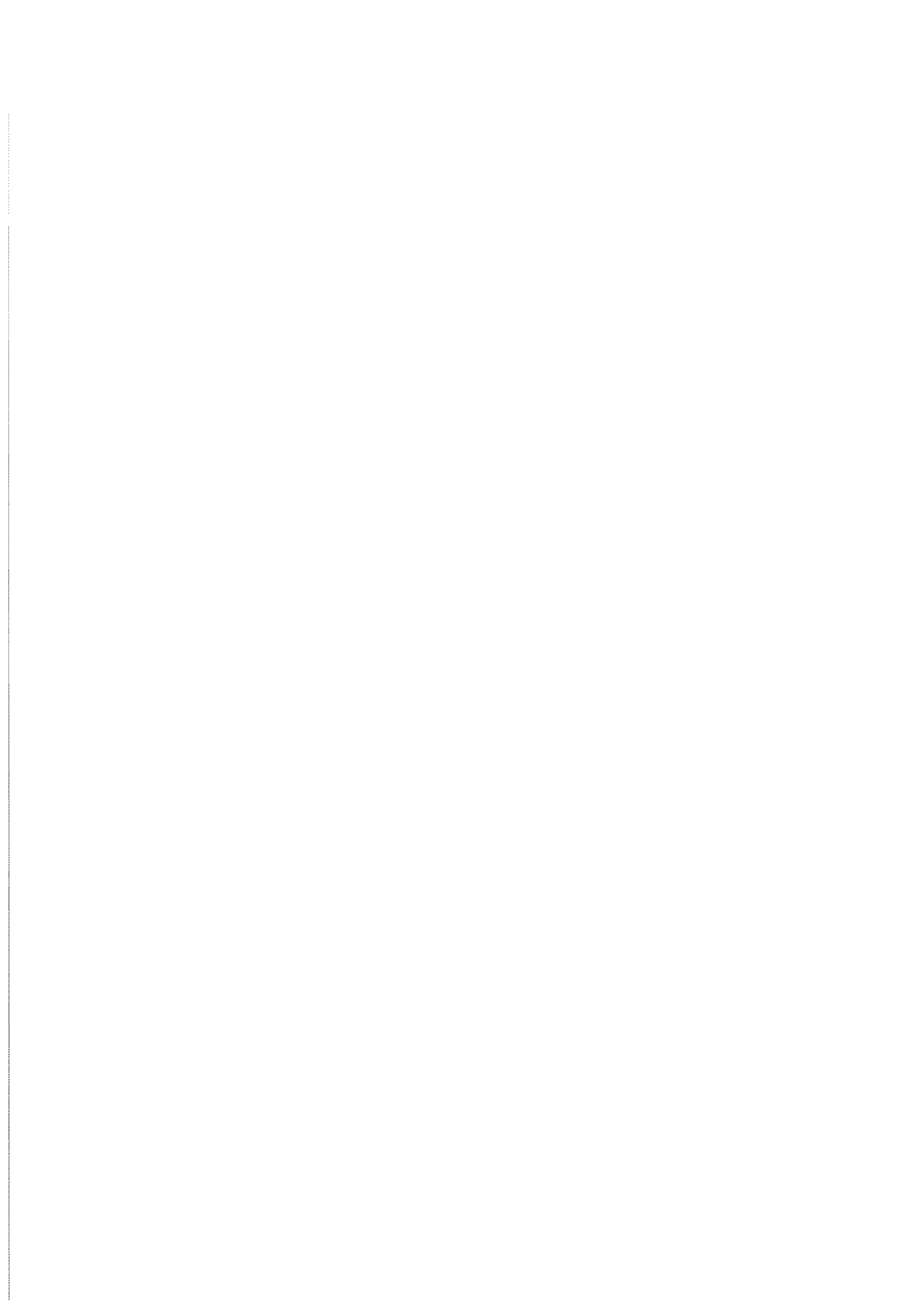
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do wish to speak to my submission.





Sent f

08/12/2014 07:53 p.m.

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,
cc:
bcc:

Subject: Fluoride

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

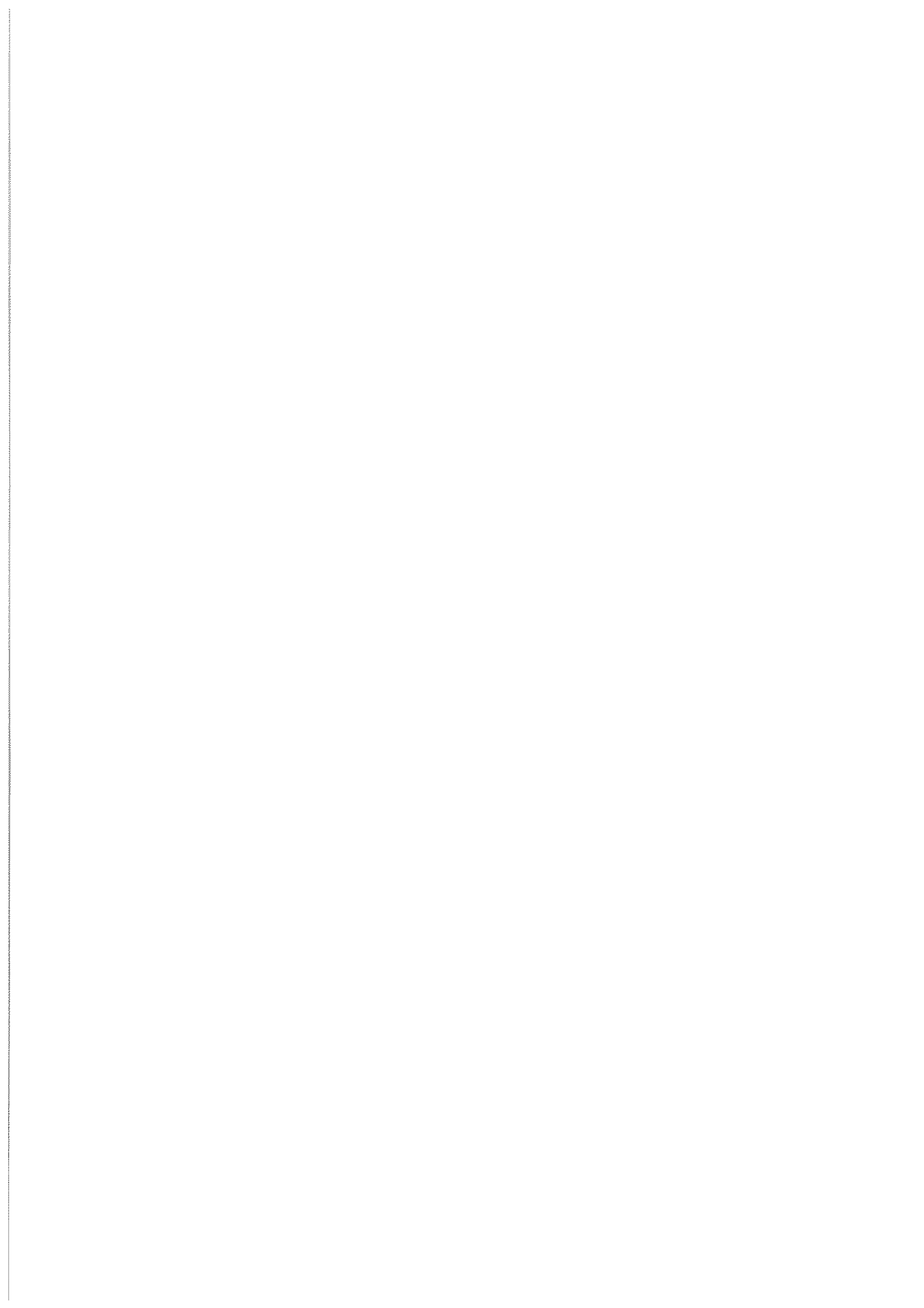
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not (delete whichever does not apply) wish to speak to my submission.





Sent hv

To: askmedsafe@moh.govt.nz,
cc:
bcc:

08/12/2014 08:27 p.m.

Subject: Submission to Consultation

Regulations under the Medicines Act 1981 Consultation
Medsafe
Clinical Leadership Protection & Regulation
Ministry of Health
PO Box 5013
Wellington 6145

Dear Sir / Madam,

I do not give permission for my personal details to be released to persons under the Official Information Act 1982.

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

I do not support the proposed amendment because fluoride is not a water treatment chemical like chlorine. Also fluoride is added to the water as a treatment for people, therefore it is a medicine. Only outright dishonesty could present any other slant on this.

The Medicines Act is designed to protect us from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm".

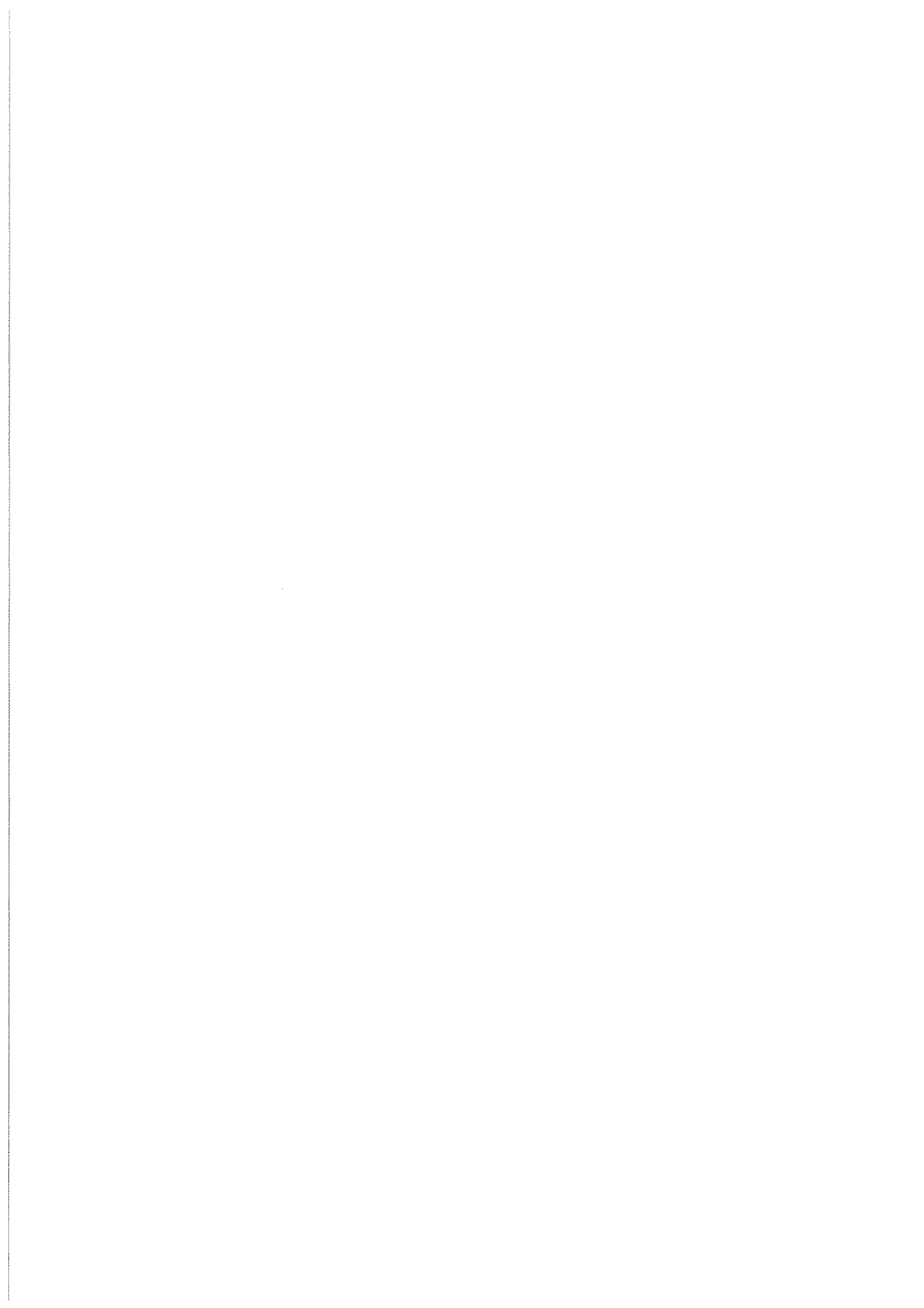
The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of all New Zealanders to be safe from the indiscriminate use of medicines.

I have lectured in tertiary chemistry in my working life.

I do not wish to speak to my submission.

(Signed)
Address:
Email:

--





Sent by:

To: askmedsafe@moh.govt.nz,

cc:

bcc:

08/12/2014 08:52 p.m.

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

It is proposed that a new regulation be made under section 105(1)(i) that:
Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies. Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to first do no harm.
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to treat community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

ALSO I WISH TO ADD:

A recently-published Harvard University meta-analysis funded by the National Institutes of Health (NIH) has concluded that children who live in areas with highly fluoridated water have "significantly lower" IQ scores than those who live in low fluoride areas." The poison

contributes to behavior problems as they grow also.

Reference

<http://www.hsph.harvard.edu/news/features/fluoride-childrens-health-grandjean-choi/>

Fluoride is a pollutant, poison and should not be used in our drinking water or if used as a medicine it should be included in the bill as a medicine.

I do not wish to speak to my submission.
Please confirm this submission is received and acted upon.

Signed

Author

*“Surely by now there can be few here who still believe the purpose of government is to protect us from the destructive activities of corporations. At last most of us must understand that the opposite is true: that the primary purpose of government is to protect the destroyers of our Earth, our Home from the outrage of injured citizens. If we do not resist **using whatever means necessary**, we condemn ourselves, our children and future generations to trying to exist on a lifeless planet. **Make no mistake, we are in a fight for our very survival.**”*



Sent hv:

To: <askmedsafe@moh.govt.nz>,

cc:

bcc:

09/12/2014 07:35 a.m.

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name

Email

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to '**treat**' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.

Kind regards

N

es

Web:

Disclaimer:

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone.

The integrity and security of this message cannot be guaranteed on the Internet. Whilst we employ anti-virus software, we can't guarantee that this email and any attachments are virus free and recommend virus testing before opening.



Please consider the environment
before printing this e-mail





Sent by:

09/12/2014 09:56 a.m.

To: askmedsafe@moh.govt.nz,
cc:
bcc:

Subject: stop exemption of legal redress on fluoride used in drinking water

I strongly oppose an exemption being granted to stop any one in the community either now or in the future filing for suit in the event he or she has been rightly poisoned by their own council supplied water system. The fluoride used in these water supplies is not a naturally occurring element, but a deadly neurotoxin that anyone with half a brain knows is being forced down peoples throats via the community water system. The fluoride used in this is a by-product of the aluminium smelting processes! This was used ad-hoc in the second world war to DUMB DOWN THE POPULATION IN CONCENTRATION CAMPS SO NO ONE WOULD MAKE A FUSS! I DO NOT WANT MY DETAILS SHARED and I do not want to make a formal submission!



Sent hv
m
09/12/2014 10:58 a.m.

To: askmedsafe@moh.govt.nz,
cc:
bcc:

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name: |

Email:

Address

Question 1. *Do you support the proposed amendment? If not why not?*

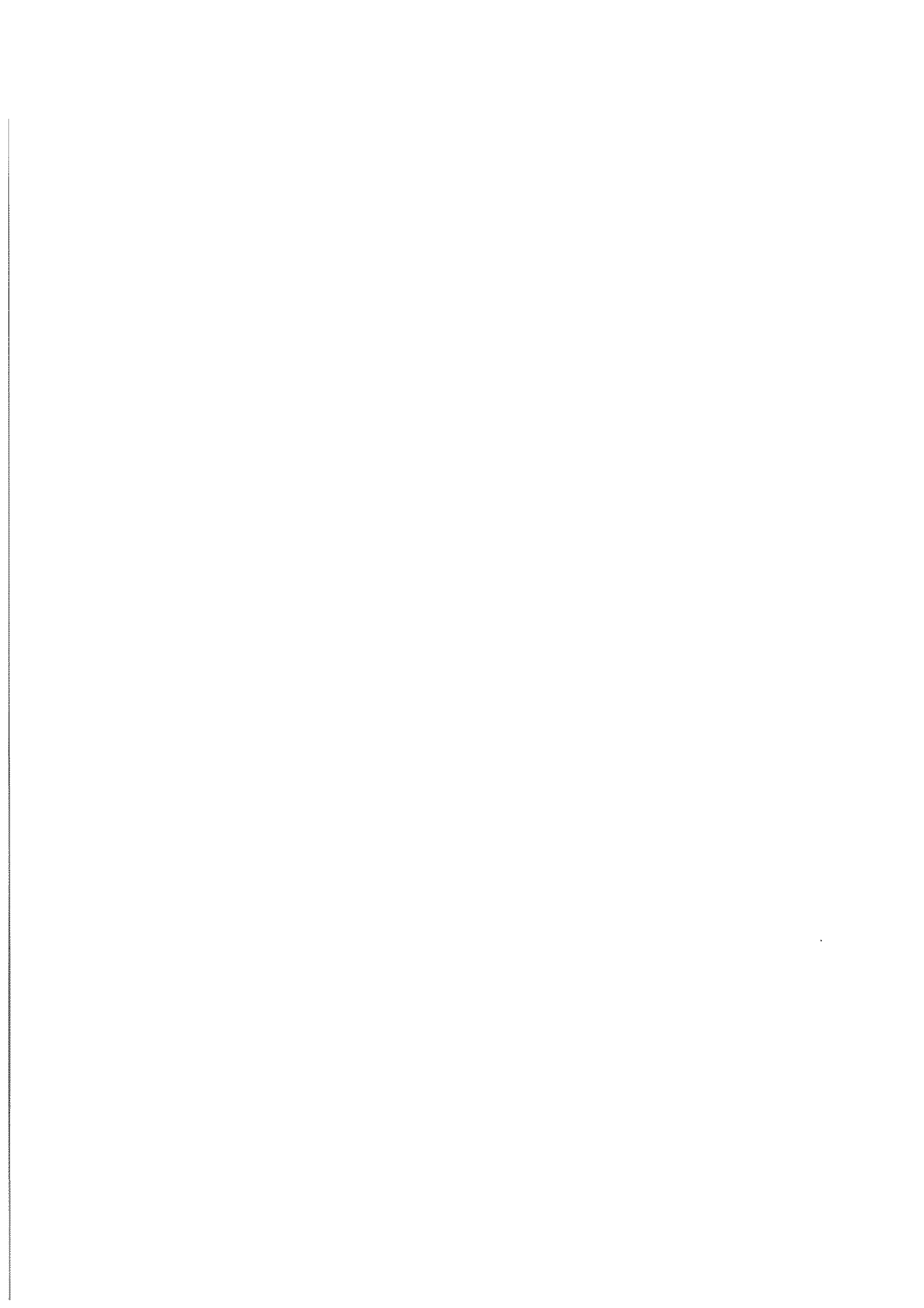
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.





Sent by:

09/12/2014 05:35 p.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: Fluoride Submission

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

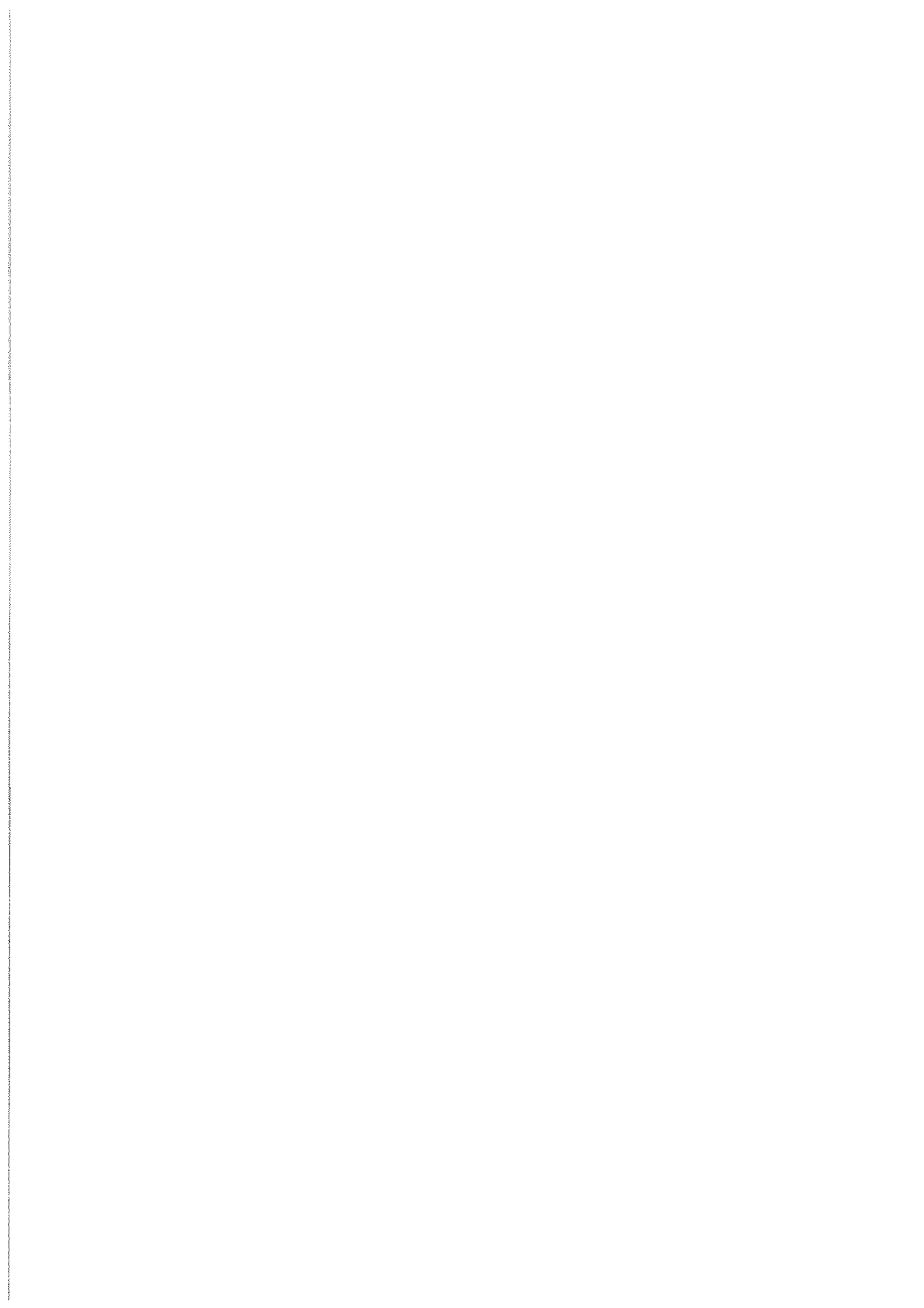
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.





Sent by:

To: askmedsafe@moh.govt.nz,
cc:
bcc:

09/12/2014 09:54 p.m.

Subject: Regulations under the Medicines Act 1981 Consultation

To: Regulations under the Medicines Act 1981 Consultation
Medsafe
Clinical Leadership Protection and Regulation
Ministry of Health
PO Box 5013
Wellington 6145

Dear Sir/Madam,

I do not give permission for my personal details to be released to persons under the Official Information Act 1982.

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

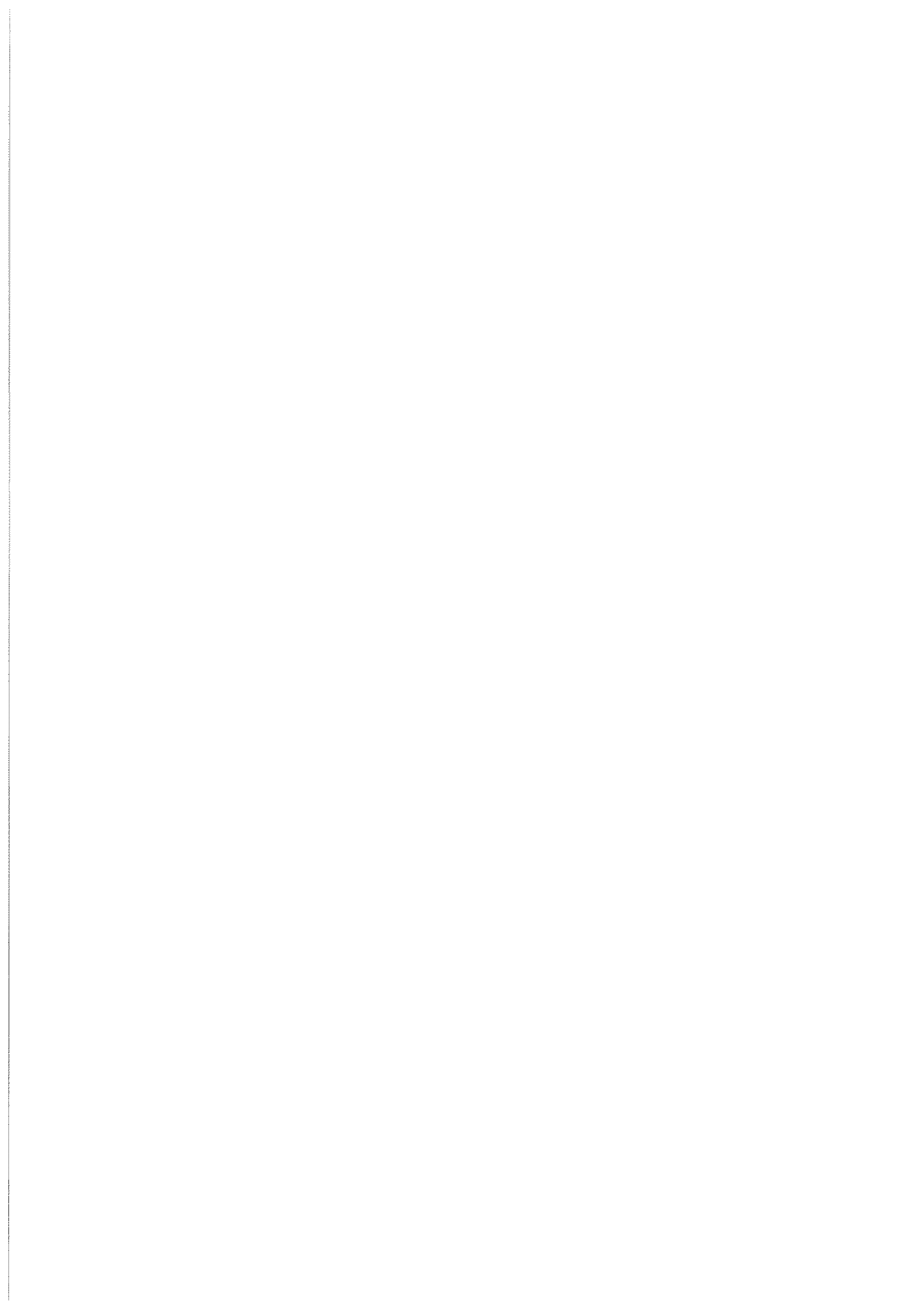
I do not support the proposed amendment because fluoride is not a water treatment chemical like chlorine. Also fluoride is added to the water as a treatment for people, therefore it is a medicine. Only outright dishonesty could present any other slant on this.

The Medicines Act is designed to protect us from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm".

The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of all New Zealanders to be safe from the indiscriminate use of medicines.

I do not wish to speak to my submission.

Signed:





Sent by:

10/12/2014 12:29 a.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: Submission - fluoride 2014

SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

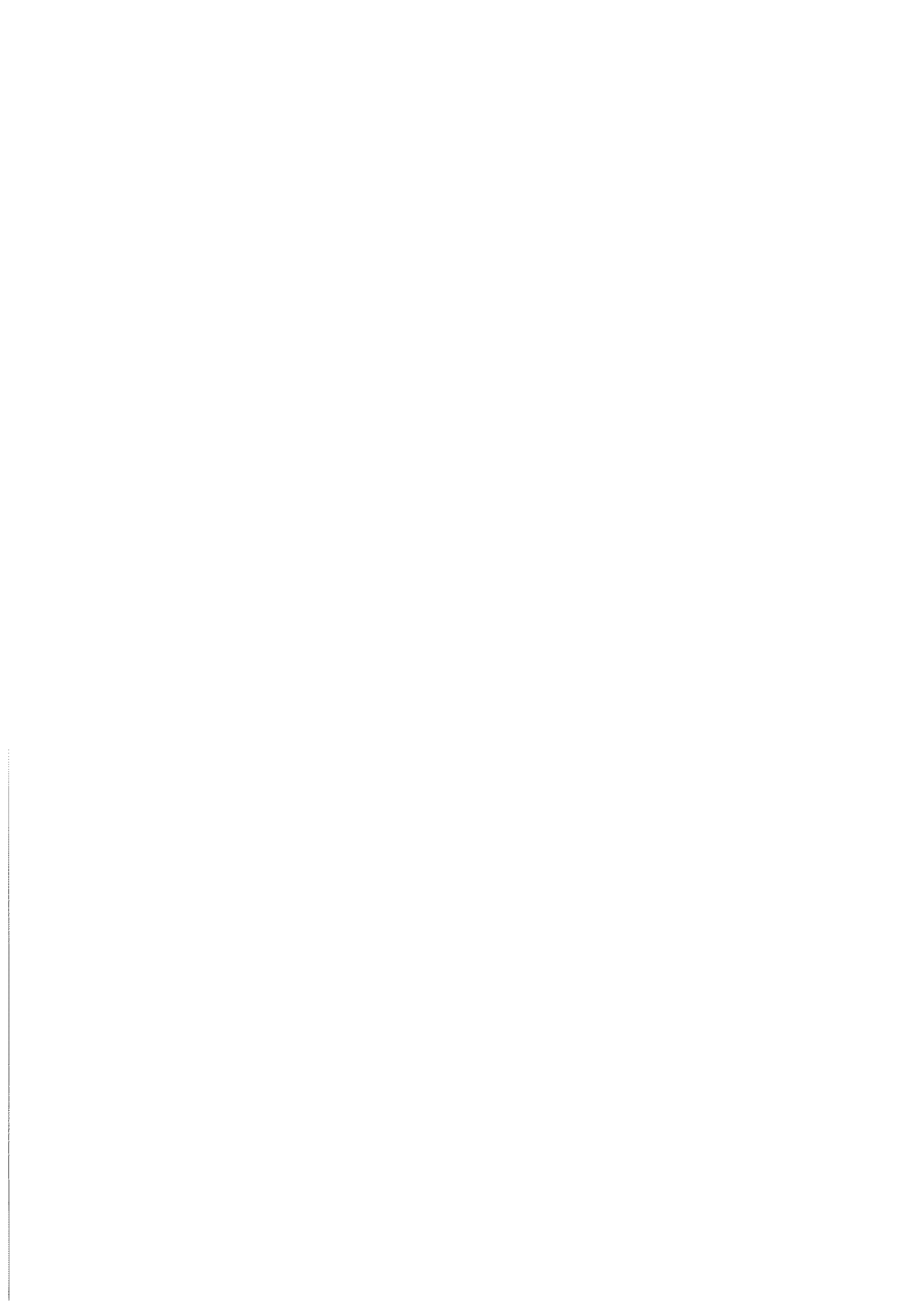
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.





Sent hv

10/12/2014 12:45 a.m.

To: askmedsafe@moh.govt.nz,
cc:
bcc:

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.



Sent by:

10/12/2014 12:59 a.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email

Address

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.

Post to:

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation



Sent by:

To: <askmedsafe@moh.govt.nz>,

cc:

bcc:

10/12/2014 04:59 a.m.

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

I do give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name

Email

Address

Question 1. *Do you support the proposed amendment? If not why not?*

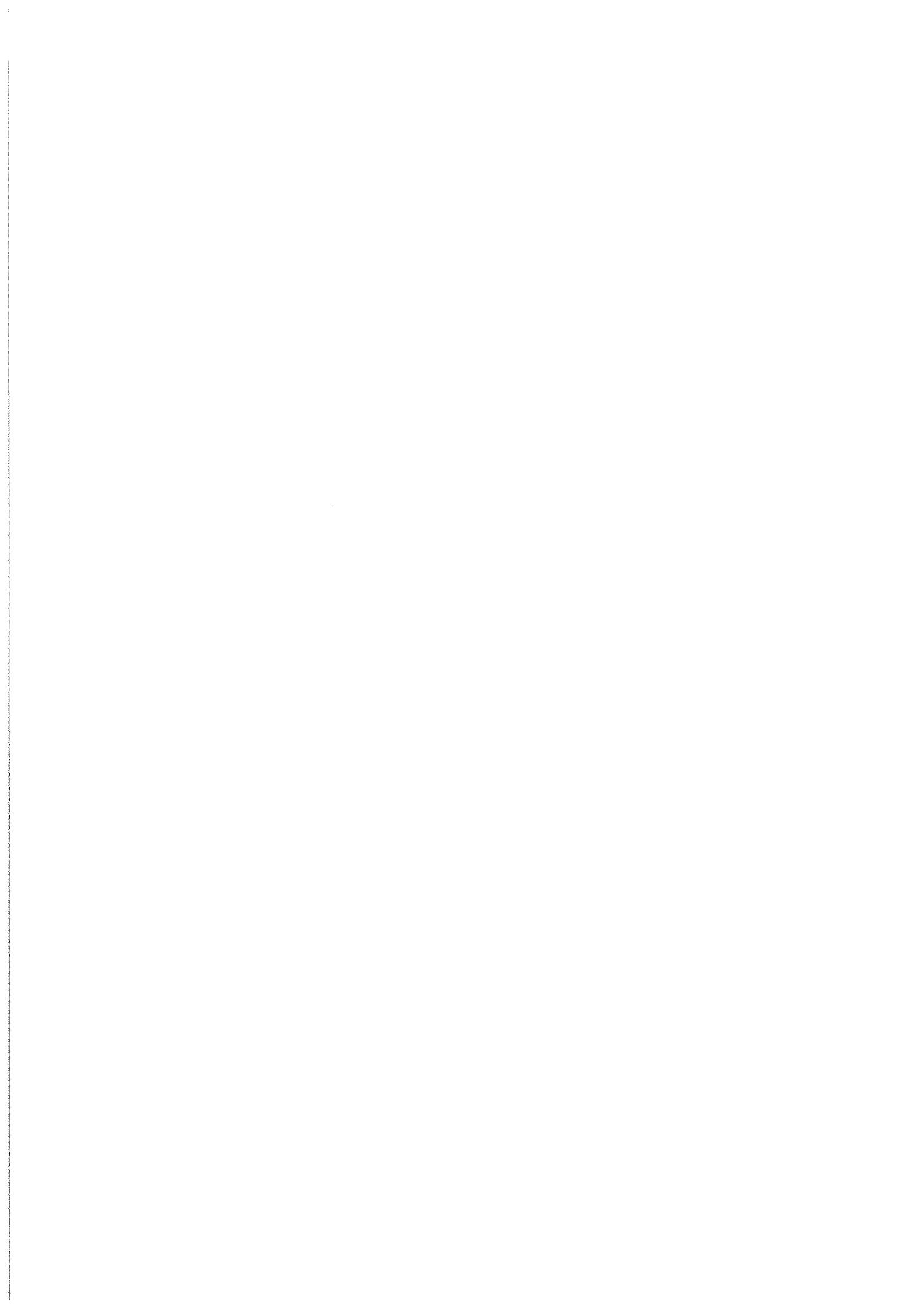
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines
5. I spent the first 44 years of my life in South Africa, where fluoridation was not practiced in the areas I lived in. Apart from a couple of treated cavities I had perfect teeth. I then spent 9 1/2 years in the USA where my teeth rapidly deteriorated and became brittle. Before I came to New Zealand I had lost three teeth by having them chip or break when eating normal foods. Fluoridation is practiced extensively in the USA. Fluoride not only hardens the enamel in teeth, it hardens them to the extent that they become brittle. I believe that fluoride desiccates and hardens any tissues that it comes into contact with. It is one of the most potent toxins on earth.
6. In some areas in the world, fluoride does occur naturally. In these areas the severe health implications are well documented.
7. If fluoride is of some benefit to infants, which is questionable, why does the entire population need to be subjected to it?
8. Fluoride doesn't go away but continually accumulates in waste water, and not only harms humans but poisons fish, animals and plants.

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.





Sent hv: To: askmedsafe@moh.govt.nz,
 10/12/2014 06:48 a.m. cc:
 bcc:
 Subject: fluoride

Name:
Email
Address

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

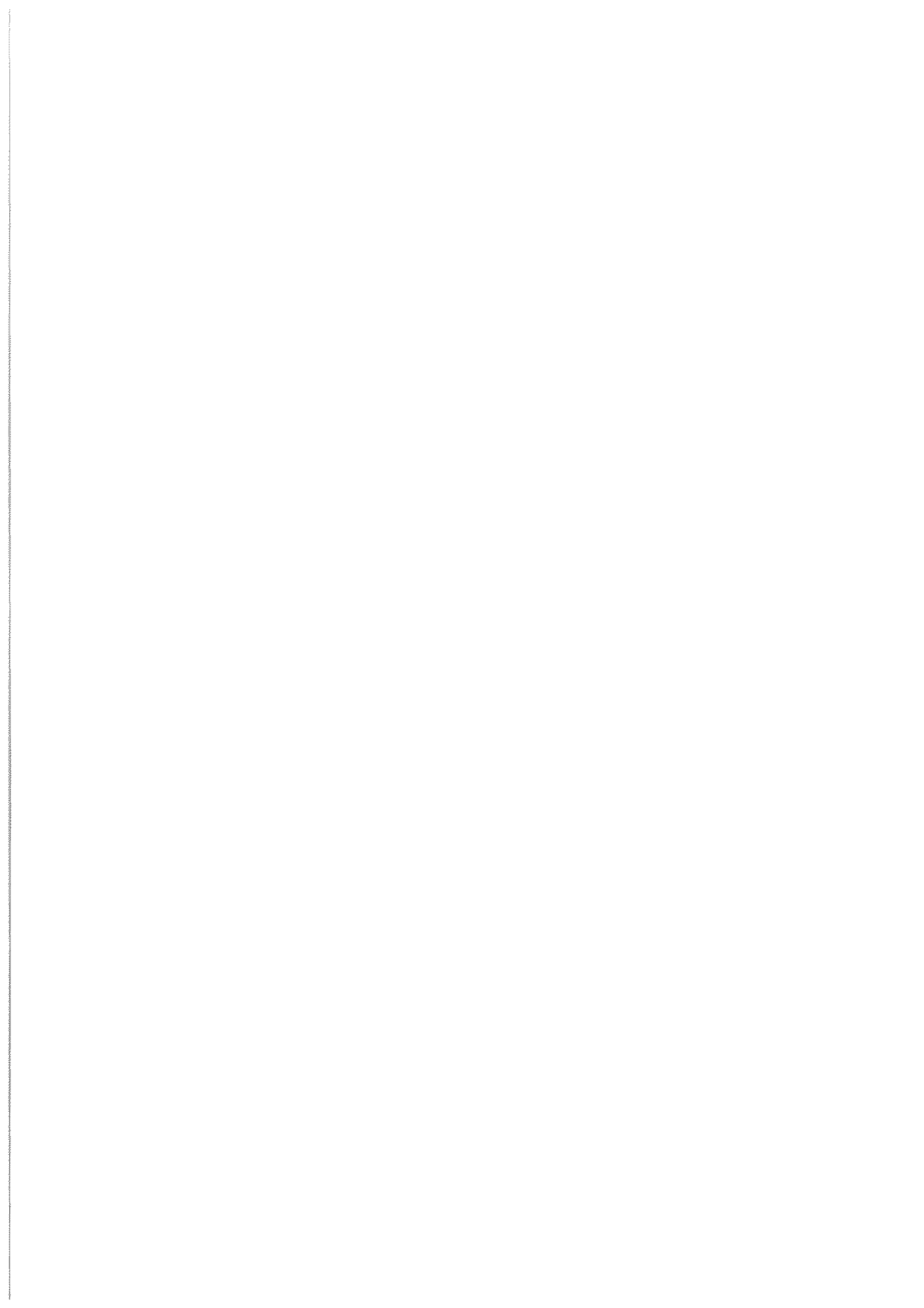
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.







Sent by: To: askmedsafe@moh.govt.nz,
 cc:
 bcc:
 10/12/2014 07:19 a.m. Subject: Fluoride

To Whom It May Concern:

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name
 Email:
 Address

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

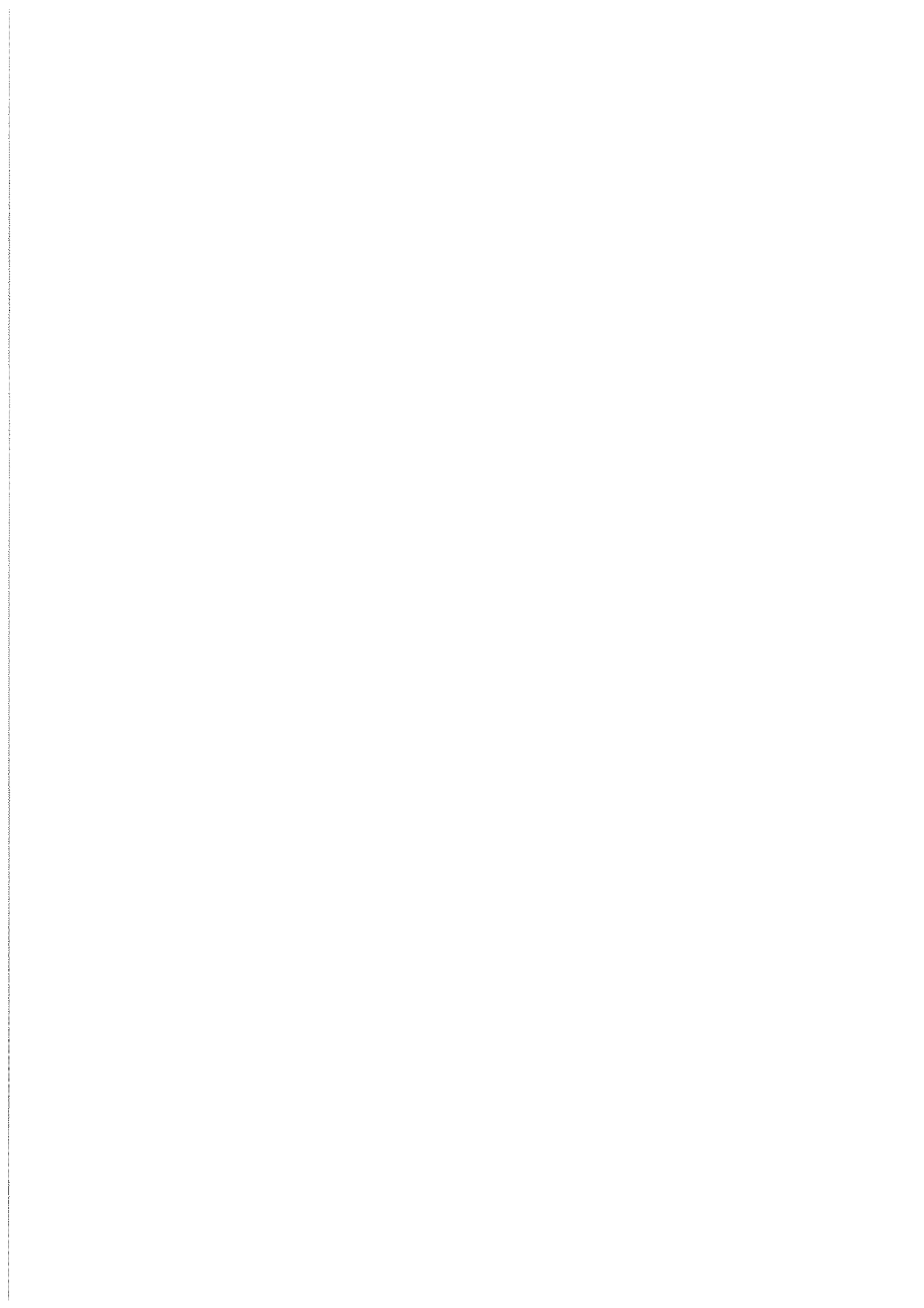
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.







Sent by:

10/12/2014 07:21 a.m.

To: askmedsafe@moh.govt.nz,
cc:
bcc:

Subject: Water Fluoridation

I do not want Fluoride in our Drinking Water.



Sent by:

10/12/2014 07:54 a.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: anti-fluoride submission

SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.



Sent by:

10/12/2014 08:19 a.m.

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,

cc:

bcc:

Subject: My Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

To the Committee,

My Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

My objection is to the following:

"Fluoride-containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purposes of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies."

I acknowledge the testing work, experience, and qualifications of those promoting this move but I object to it on the following grounds:

1. No health authority has the moral right to insist that I or any members of the public ingest something we do not wish to ingest. I object to being given anything in my daily water supply that I do not wish to drink.

In this case there are good grounds for the claim that the substances quoted above (HFA and SSF) or fluoride to the general public, can be categorised as a medicine since these substances have medicinal properties and have a medicinal effect on those who ingest them.

2. The submission by the Ministry of Health admits and I quote:

"There is no universal acceptance of the positive health effects of the addition of fluoride to drinking water supplies."

(<http://www.medsafe.govt.nz/consultations/medicine-regulations-fluoride-in-drinking-water.asp>)

This is a fact that goes **against** as well as being put forward as a reason **for** forcing the public of New Zealand to ingest something they resist now and have done for some time.

3. The proposal by the Ministry of Health in New Zealand would make us the first country in the world to do such a thing. There is no good reason for doing this as fluoride of the type stipulated is not like table salt or chlorine for example, it has medicinal properties and is being administered in medicinal proportions for the prevention of dental caries. It is a prophylactic.

Please take my objections into considerations in your deliberations.

Thank you.

Yours sincerely,

[Faint, illegible signature and text]

SUBMISSION FORM

I do / do not (delete whichever does not apply) give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silica fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

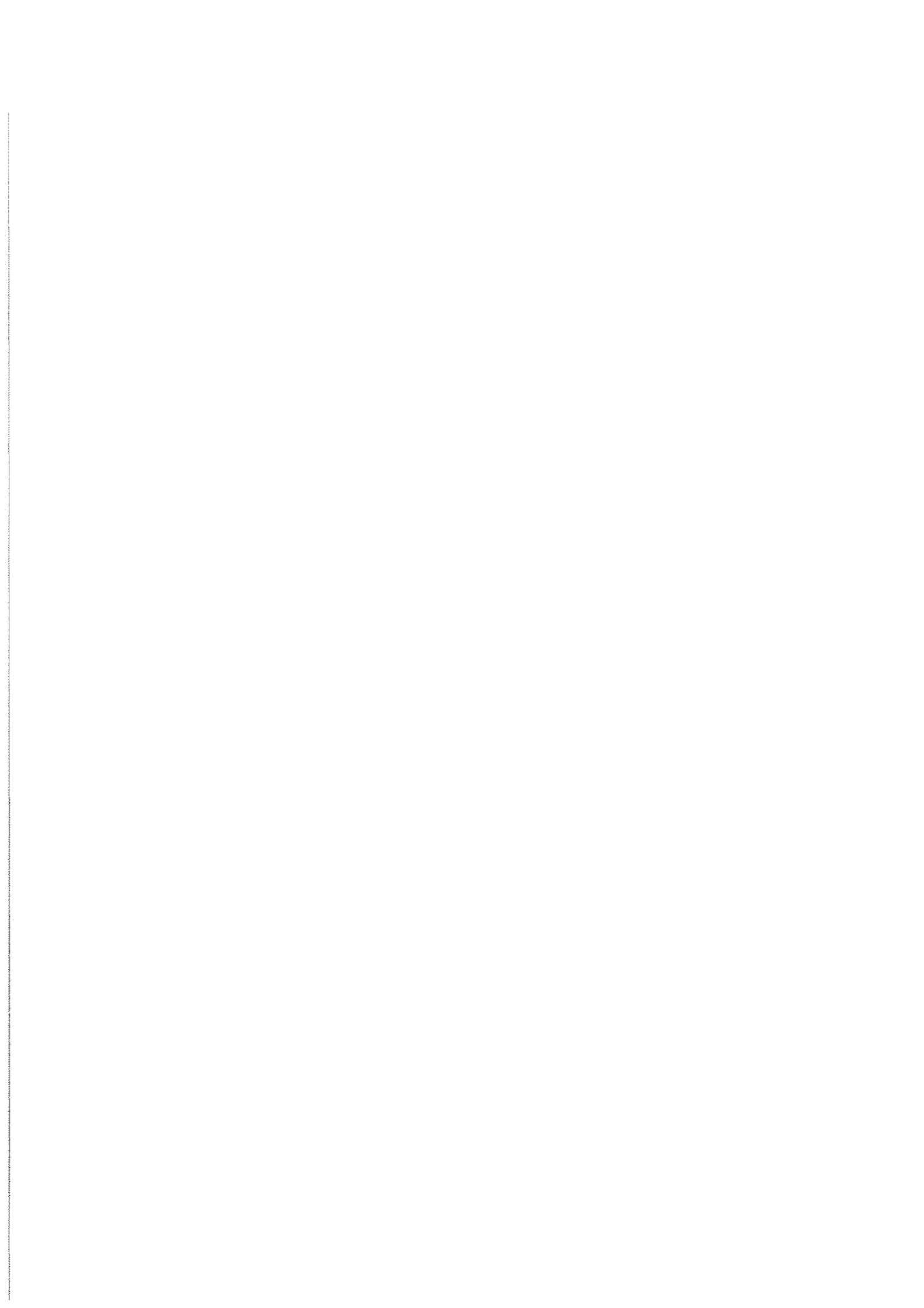
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to '**treat**' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak on my submission.

Email to: askmedsafe@moh.govt.nz





Sent by
I

10/12/2014 08:55 a.m.

To: askmedsafe@moh.govt.nz,
cc:
bcc:

Subject: Submission

Regulations under the Medicines Act 1981 Consultation
Medsafe
Clinical Leadership Protection & Regulation
Ministry of Health
PO Box 5013
Wellington 6145

I do give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:
Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name
Email
Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

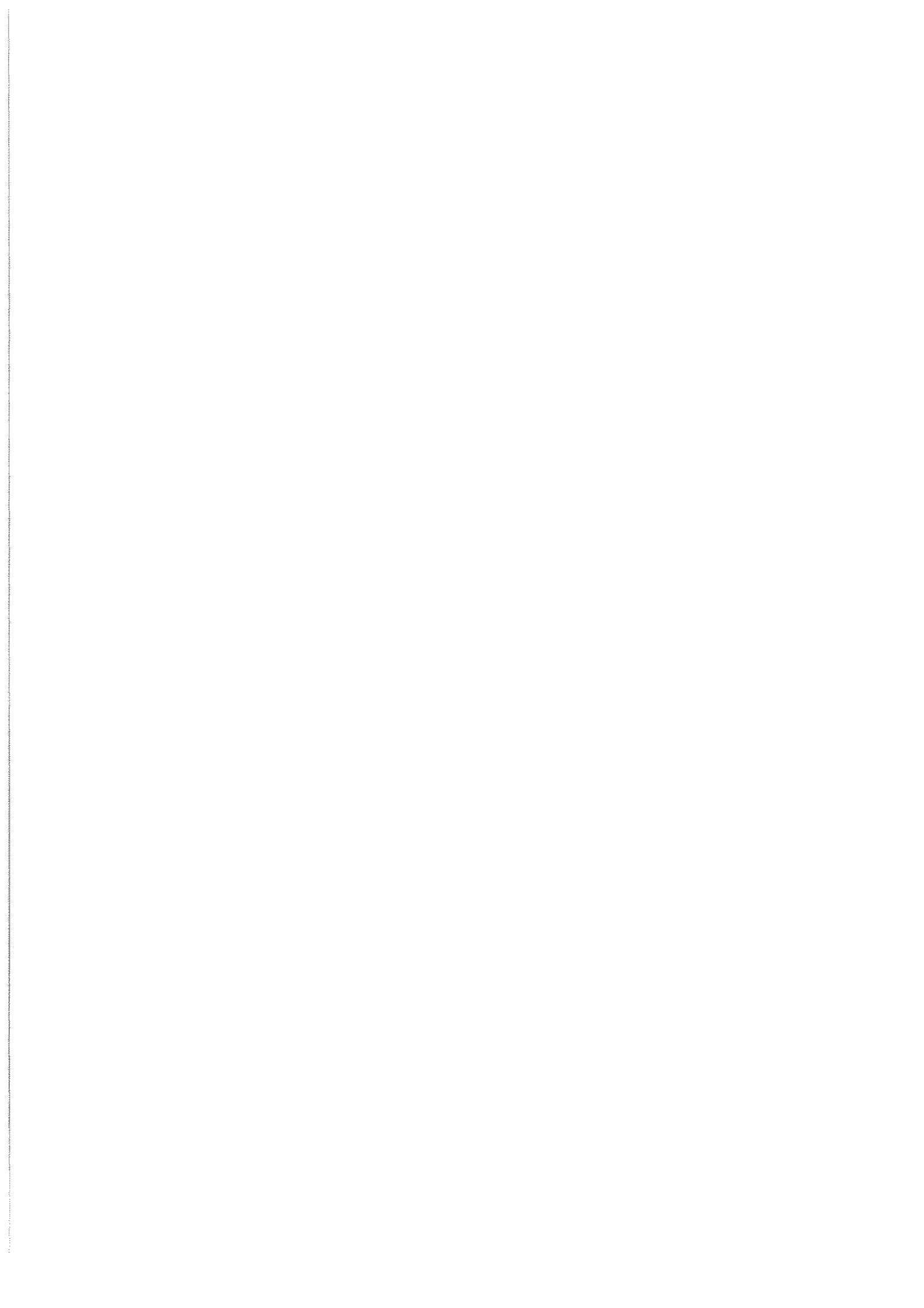
1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Also, municipal and federal governments need to be held legally accountable for their decisions to mass medicate the public without their permission through the use of fluoride. Yes, it's a huge potential legal nightmare. If the risks are too high for councils/government, the answer is not redefinition of the substance in question and then "exemption". The answer is to stop fluoridation programmes.

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.





Sent by:

10/12/2014 09:01 a.m.

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,

cc:

bcc:

Subject: Flouride is a medicine!

I give permission for my personal details to be released to persons under the Official Information Act 1982
 Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

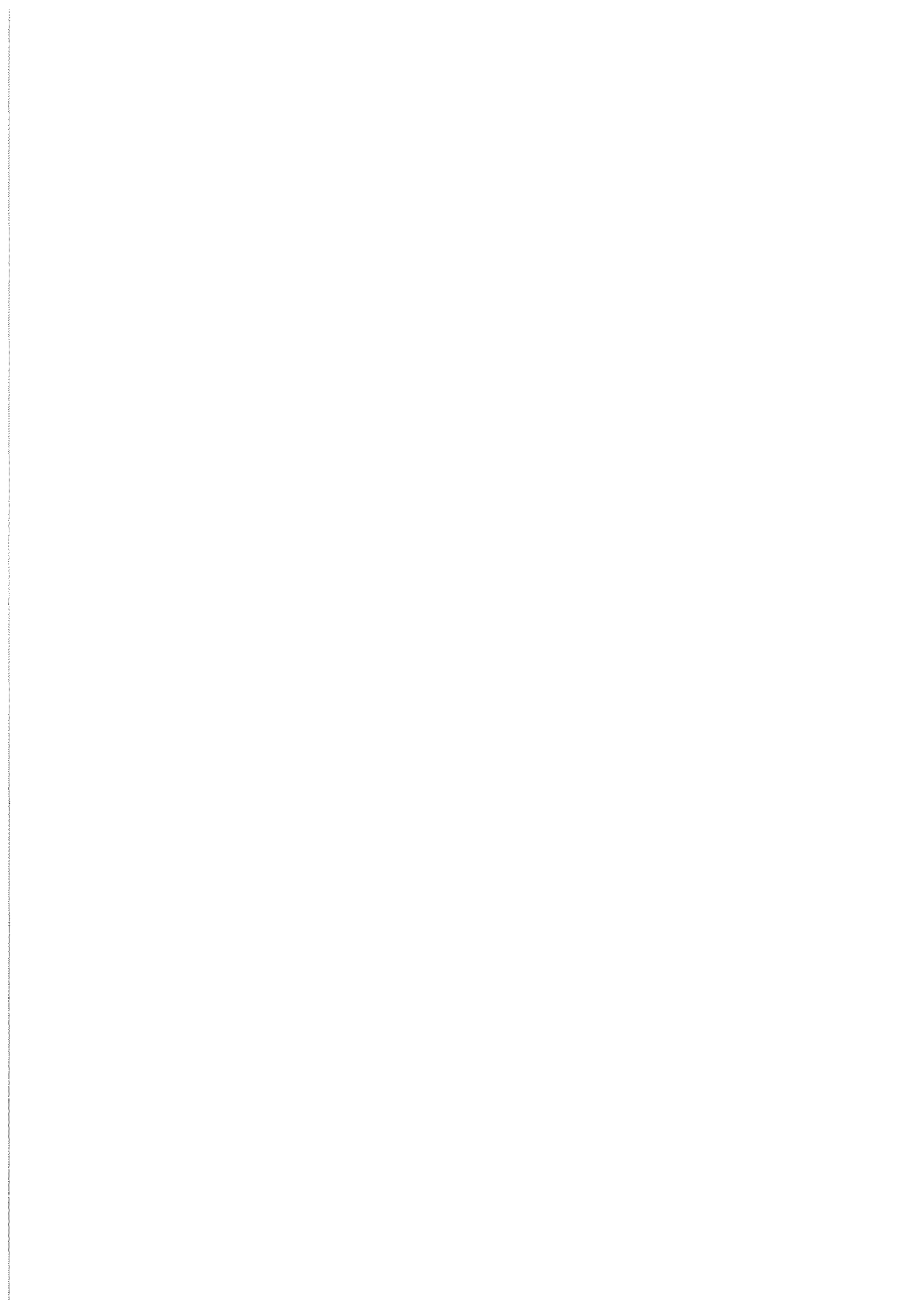
NO. I do not support the proposed amendment because:

1. Fluoride is **not a water treatment** like chlorine
2. Fluoride is added to the water as **treatment for the disease** of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "**first do no harm**"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander **to be safe from the indiscriminate use of medicines.**

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not (delete whichever does not apply) wish to speak to my submission.



SUBMISSION FORM

I do (delete whichever does not apply) give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:**Email:****Address:**

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to '**treat**' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not (delete whichever does not apply) wish to speak to my submission.

Post to:

Regulations under the Medicines Act 1981 Consultation

Medsafe

Clinical Leadership Protection & Regulation

Ministry of Health

PO Box 5013

Wellington 6145

Email to: askmedsafe@moh.govt.nz

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

There's no doubt about it: *fluoride should not be ingested*. Even scientists from the EPA's National Health and Environmental Effects Research Laboratory have classified fluoride as a "chemical having substantial evidence of developmental neurotoxicity." Furthermore, according to the Centers for Disease Control and Prevention (CDC), 41 percent of American adolescents now have dental fluorosis—unattractive discoloration and mottling of the teeth that indicate overexposure to fluoride. Clearly, children are being overexposed, and their health and development put in jeopardy. *Why?*

The only real solution is to stop the archaic practice of water fluoridation in the first place. Fortunately, the Fluoride Action Network has a game plan to END water fluoridation worldwide. Clean pure water is a prerequisite to optimal health. Industrial chemicals, drugs, and other toxic additives really have no place in our water supplies. So, please, protect our drinking water and support the fluoride-free movement.

Fluoridation advocates have long claimed that the safety of fluoridation is beyond scientific debate.⁶ However, according to the well-known toxicologist, Dr. John Doull, who chaired the National Academy of Science's review on fluoride, the safety of fluoridation remains "unsettled" and "we have much less information than we should, considering how long it has been going on."⁷ In 2006, Doull's committee at the NAS published an exhaustive 500-page review of fluoride's toxicity.⁸ The report concludes that fluoride is an "endocrine disruptor" and can affect many things in the body, including the bones, the brain, the thyroid gland, the pineal gland, and even blood sugar levels.⁹

When fluoridation first began, there was not a single tube of toothpaste that contained fluoride. Today, over 95% of toothpastes are fluoridated. Although fluoride toothpastes carry poison warnings on them, studies show that children can swallow large amounts of fluoride when they brush, particularly when using toothpaste with bubble gum and candy flavours.²²

Fluoride is the only chemical added to water that doesn't actually treat the water. Chlorine, for example, is added to kill bacteria so that we can drink the water without getting sick. Fluoride, by contrast, is added to prevent a disease (tooth decay) that is not caused by drinking water.

Fluoridation proponents claim that fluoridated water is not a medication because, in their view, it's no different than adding iodine to salt or vitamin D to milk. What proponents fail to acknowledge, however, is that iodine and vitamin D are both essential nutrients; but fluoride is not.

An essential nutrient is something the body has a physiological demand for. If we don't have sufficient iodine for example, our thyroid gland won't function properly. Although fluoride advocates sometimes claim that fluoride is a "nutrient," the National Academy of Sciences has repeatedly confirmed that this is not the case.⁴⁰ Because fluoride is not a nutrient, the FDA has defined fluoride as a medicine when used to prevent disease.⁴¹ Since tooth decay is a disease, adding fluoride to water to prevent tooth decay is -- as a matter of logic -- a form of medication. This is one of the reasons why most European nations have rejected fluoridation: because, in their view, the water supply is an inappropriate way to deliver medicine.⁴² **With other medicines, it is the patient, not the doctor, who has the right to decide** which drug to take.⁴³ Fluoridation denies people this right.

"This is a civil rights issue. No one should be subjected to drinking fluoride in their water.

I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Name:

Email:

Address:



Sent by

To: askmedsafe@moh.govt.nz,

cc:

bcc:

10/12/2014 09:52 a.m.

Subject: Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines.

I am in the completion stages of a Master of Arts degree specializing in political studies and international relations at the University of Auckland. and intend to put forward a research proposal for a PhD candidacy. Last year I completed a Master of Professional Studies specializing in international relations and human rights.

I have done extensive reading and research into the issue of water fluoridation (WF) and in my academic understanding the argument for WF is very weak. In contrast I have found the argument against WF compelling and supported by a catalogue of overwhelming evidence. Water fluoridation is poor medical practice, unethical and the evidence of any benefit is weak.

There is no adequate margin of safety to protect all citizens from known effects and it is the only example of New Zealand using the public water supply to deliver medicine.

A regime of mass administration is flawed as you cannot control who gets the fluoride and you cannot control the dose. No doctor has prescribed fluoride or is tracking individual responses to it and no NZ health agency is monitoring exposure or tracking side effects.

Fluoride is not a nutrient and there is not a single process inside the body that needs fluoride to function properly. It is a known toxic substance that interferes with many fundamental biochemical functions.

The chemicals used are not pharmaceutical grade as used in dental products, they come from wet scrubbers of the phosphate fertiliser and other industries.

Hazardous waste cannot be dumped into the sea by international law so why are NZ city councils dumping it into the public water supply?

The Hamilton referendum when analysed critically demonstrates that the decision to fluoridate was supported by 17% of the **total** Hamilton population. This cannot by any definition be considered in accordance with rational democratic principles nor any kind of serious legitimacy. That this was not duly noted by anyone at the council is enormously concerning.

Another concern of mine is the top governance model that the NZ government is following. This imposes the agenda of the government and it's agencies as well as a select group of privileged and politically connected elites upon the people rather than following the will of the people. This is an inversion of constitutional representation and democratic principles and is becoming intolerable.

Such hubris will find one on the wrong side of history.



Sent by:

10/12/2014 10:14 a.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: Submission re: Fluoride

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name:

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

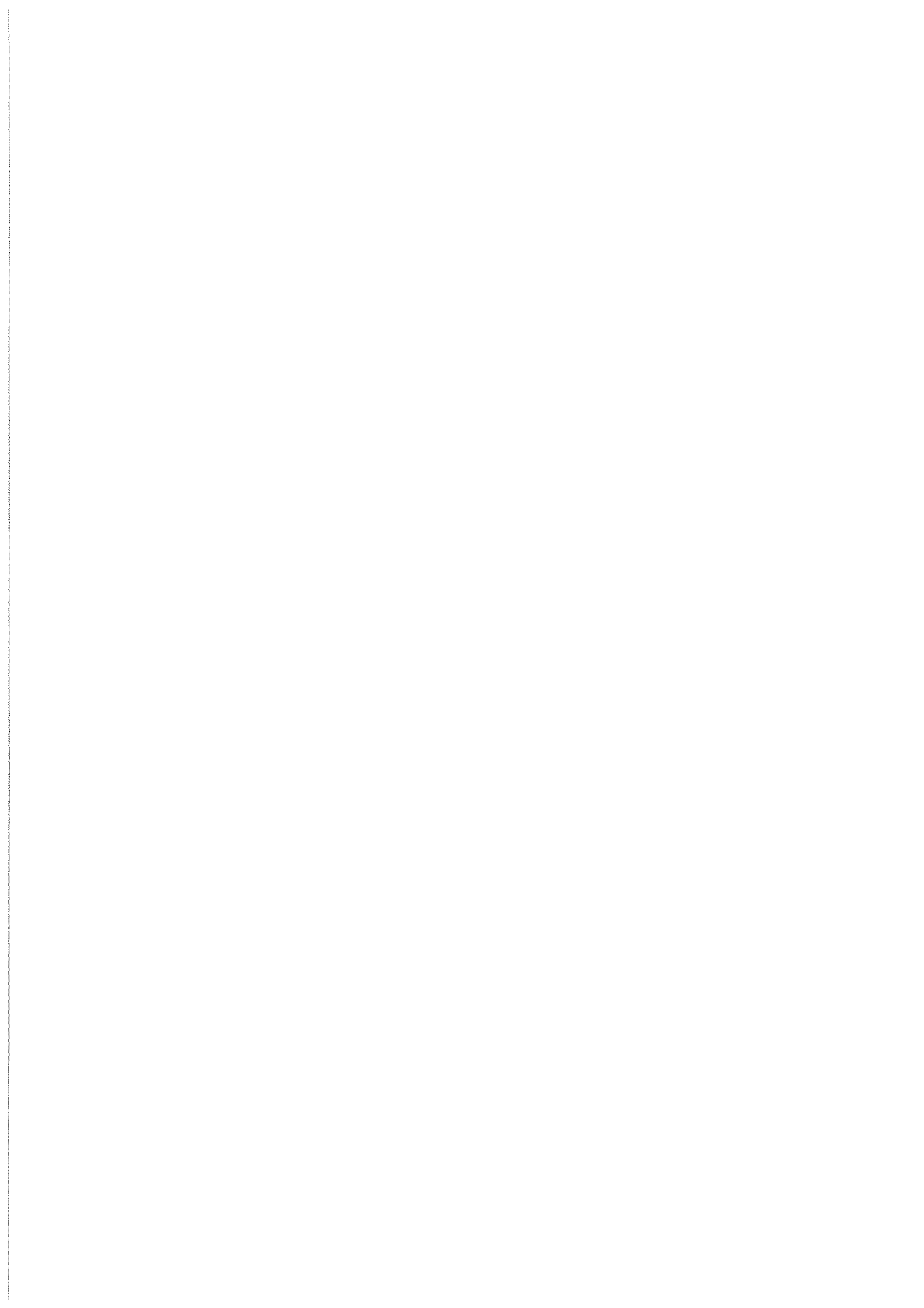
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.





Sent by:

10/12/2014 10:14 a.m.

To: <askmedsafe@moh.govt.nz>,

cc:

bcc:

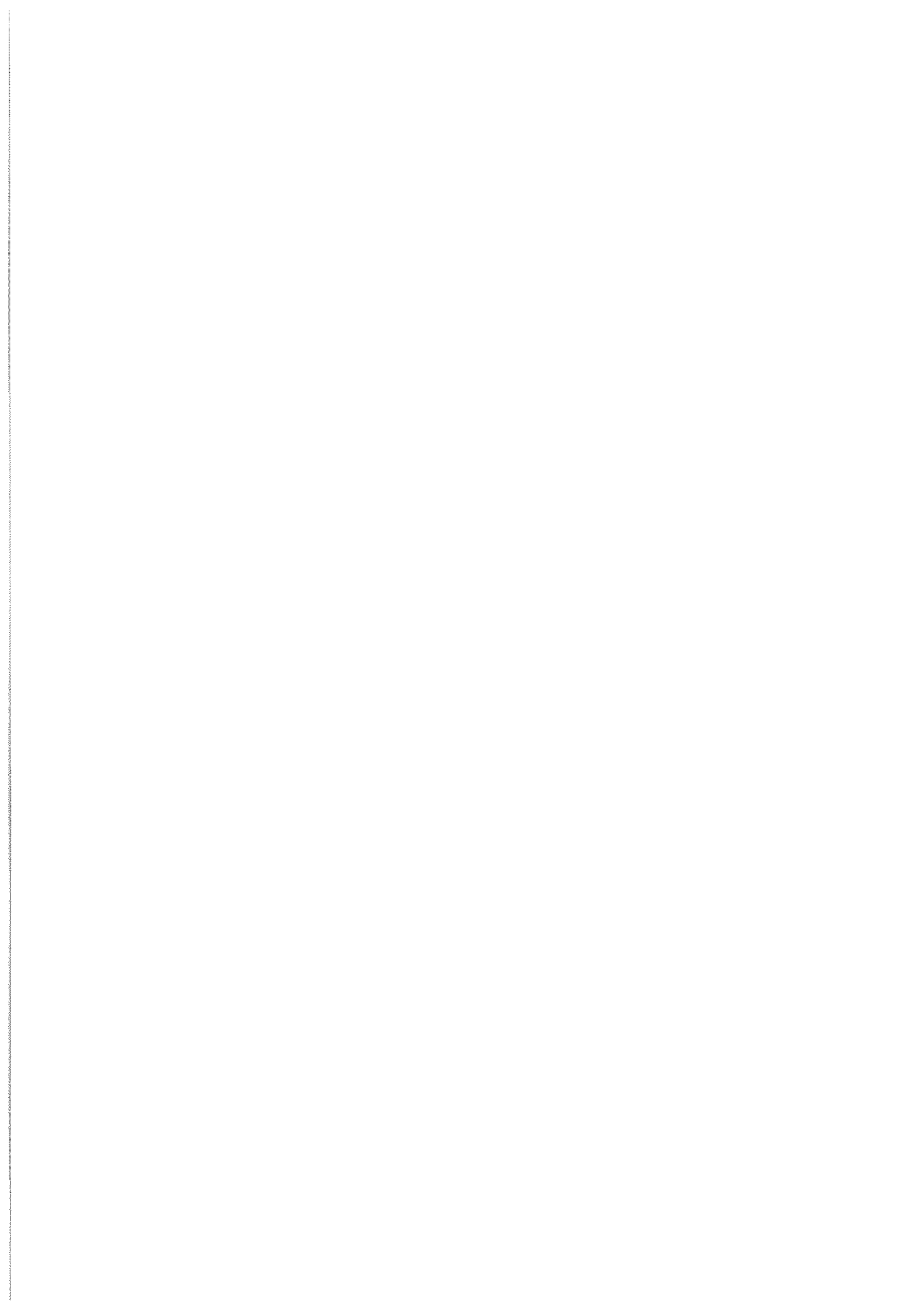
Subject: Submission Fluoride (2014) - Consultation on Proposed Amendment to regulations under the Medicines Act 1981-

I do give permission for my personal details to be released to persons under the Official Information Act 19

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico f they are manufactured and supplied or distributed for the purpose of fluoridating community water supplie:



I do not (delete whichever does not apply) give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

YES I do support the proposed amendment because:

1. It will be one less argument the anti-fluoride brigade will be able to use/misuse to further their twisted agenda
2. The below arguments under the original copy of this template submission do not hold water, particularly number 4 which appears to be scaremongering
3. The idea of using a template submission as this one obtained from FAN(NZ) goes against the principles of public submissions on public health matters and will likely result in their being more submissions against than for the proposed change (particularly if once again there is collection at farmers markets etc where people sign without really entering the debate or considering all aspects of the issue) – something which I hope central government is less susceptible to than local governments have been over recent years.
4. The definition of fluoride as a medicine or not is simply another distraction to the valid public health debate about CWF regarding autonomy versus utilitarianism
5. CWF is considered by those who can rationally review scientific literature to be one of the most effective public health interventions of modern times

1. Fluoride is not a water treatment like chlorine – well yes it is really, and both do aim to prevent ill health
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine – it is used to assist the prevention of dental caries, not really treat them
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm" – would it be considered harm to know of an intervention which is safe and effective and not to use it when there is a readily available means of delivery? Secondly fluoride is not prescribed, and CWF is not decided upon (merely advocated for) by health professionals (the vast majority of them), therefore is probably not subject to either the Medicines Act or the ethical codes health professionals attain to
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines – this is a bit of a nonsensical argument, are they suggesting that following the reclassification fluoride would suddenly be forced on people at huge/dangerous concentrations?

Y

MP

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

None identified – perhaps this should be known by the Ministry?

I do not wish to speak to my submission.

SUBMISSION FORM

Please provide your contact details below. You may also wish to use this form to comment on the proposed amendment.

| | |
|---|--|
| Name: | |
| If this submission is made on behalf of an organisation, please name that organisation here: | |
| Please provide a brief description of the organisation if applicable: | |
| Address/email | |
| Your interest in this topic (for example, local body, consumer, manufacturer, health professional etc): Consumer | |
| <p>Question 1</p> <p><i>Do you support the proposed amendment? If not, why not?</i></p> <p>NO. I do not support the proposed amendment because:</p> <ol style="list-style-type: none"> 1. Fluoride is not a water treatment like chlorine 2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine 3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm" 4. The proposed amendment would effectively remove the safety precaution | |

| | |
|--|--|
| <p>protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines</p> | |
| <p>Question 2</p> <p><i>Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?</i></p> <p>NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people</p> | |

Please note that all correspondence may be requested by any member of the public under the Official Information Act 1982. If there is any part of your correspondence that you consider should be properly withheld under this legislation, please make this clear in your submission, noting the reasons why you would like the information to be withheld.

If information from your submission is requested under the Act, the Ministry of Health will release your submission to the person who requested it. However, if you are an individual, rather than an organisation, the Ministry will remove your personal details from the submission if you check the following box:

- I **do not** give permission for my personal details to be released to persons under the Official Information Act 1982.

All submissions will be acknowledged, and a summary of submissions will be sent to those who request a copy. The summary will include the names of all those who made a submission. In the case of individuals who withhold permission to release personal details, the name of the organisation will be given if supplied.



Sent via

10/12/2014 03:43 p.m.

To: <askmedsafe@moh.govt.nz>

cc:

bcc:

Subject: SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name

Email:

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

- a. Fluoride is **not** a water treatment like chlorine
- b. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
- c. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
- d. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines.

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are **not** used to 'treat' community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**.

I do wish to speak to my submission.

Kind regards





Sent hv:

10/12/2014 03:46 p.m.

To: <askmedsafe@moh.govt.nz>

CC:

bcc:

Subject: Fluoride

I do / do not (delete whichever does not apply) give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.”
Medsafe

Name

Email:

Address:

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the*

regulation? If so, what are they?

NO. Fluoride and its compounds are **not** used to **'treat'** community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.



Fluoridation of Water Supplies

to:

askmedsafe@moh.govt.nz

17/12/2014 08:32 p.m.

Hide Details

From:

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,

Name

Email

Address:

Question 1. Do you support the proposed amendment? If not why not?

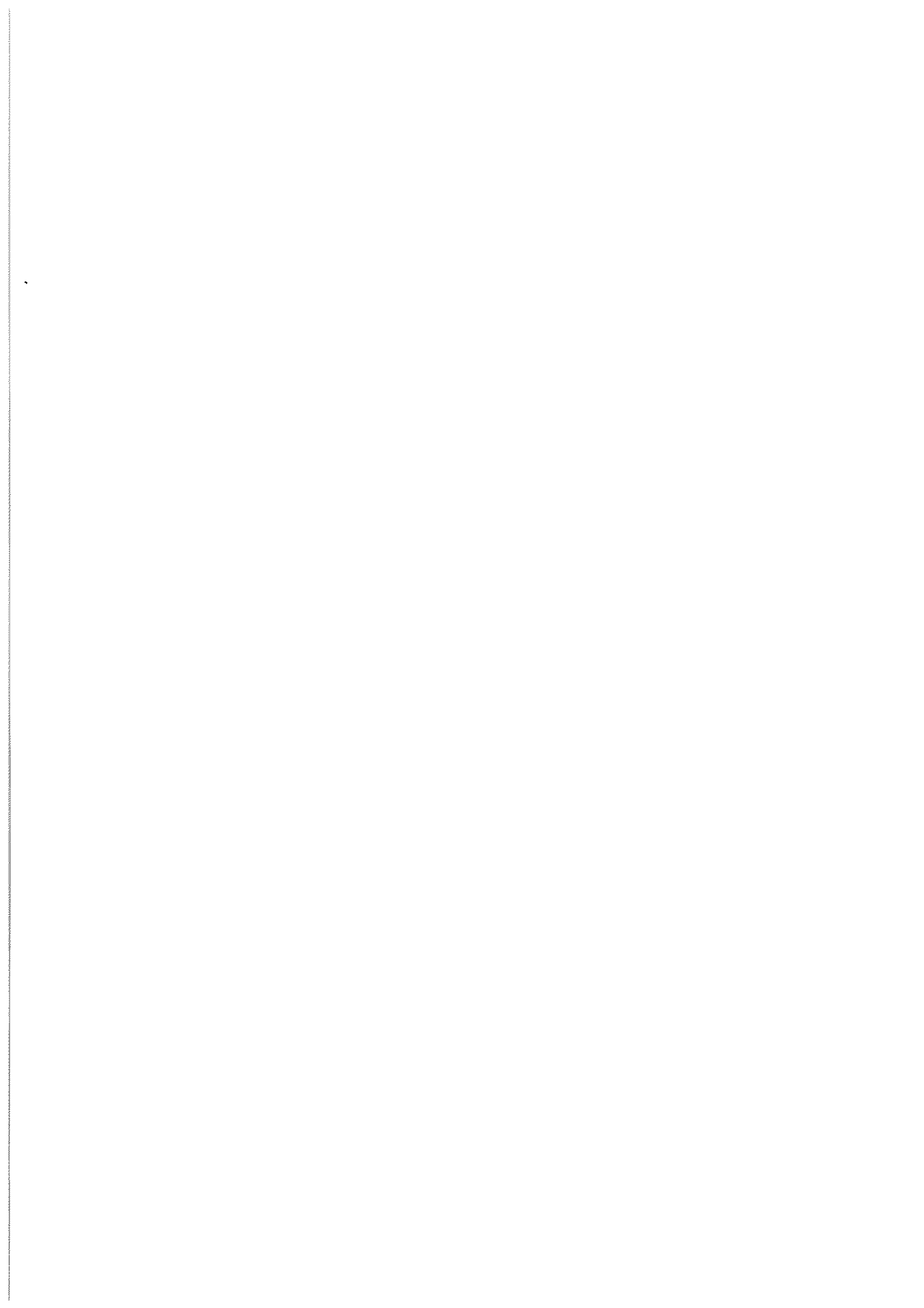
NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

Sent from my iPad





Sent by:

To: askmedsafe@moh.govt.nz,

cc:

bcc:

10/12/2014 04:04 p.m.

Subject: Fluoride Free News Newsletter

SUBMISSION FORM

I give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 . Fluoride (2014)

It is proposed that a new regulation be made under section 105(1)(i) that:

Fluoride containing substances, including the substances hydrofluoroallic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.. Medsafe

Name:

Email:

Address:

Question 1.. Do you support the proposed amendment? If not why not?

NO.. I do not support the proposed amendment because:

- 1.. . . Fluoride is not a water treatment like chlorine
- 2.. . . Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
- 3.. . . The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to first do no harm.
- 4.. . . The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2.. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation?. If so, what are they?

NO.. Fluoride and its compounds are not used to 'treat' community water supplies.. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I wish to speak to my submission.

1



32

2

Submission to Regulations under the Medicines Act 1981 Consultation.

Fluoride 2014

In regard to community water fluoridation (CWF). Dr H.S. Micklem DPhil. Emeritus Professor, School of Biological Sciences, University of Edinburgh comments on the attitude to risk.

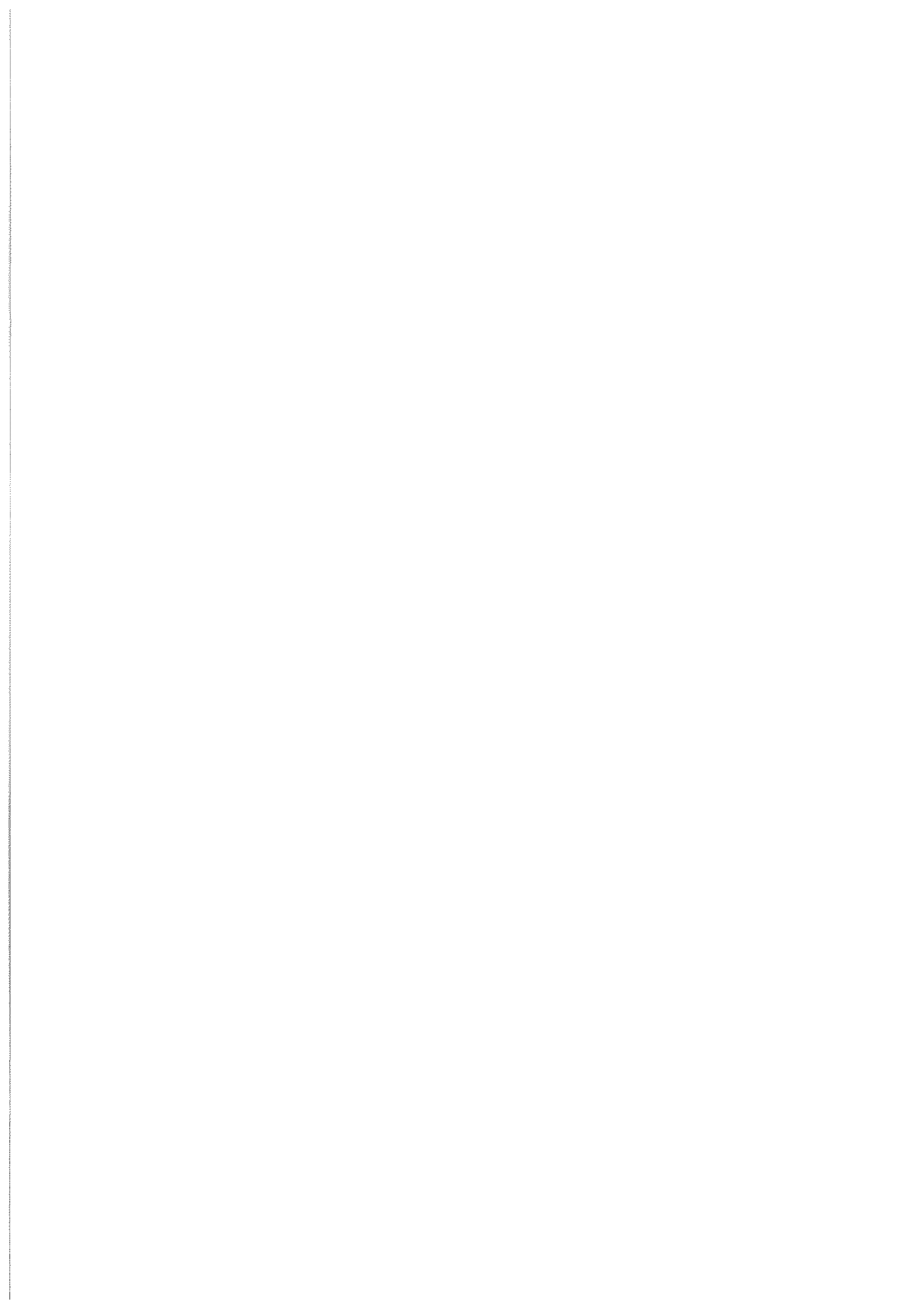
“Proponents of CWF tend to take the view that “credible scientific evidence” does not support the view that fluoride poses a risk to consumers of fluoridated water; to be credible the evidence needs to be direct and incontrovertible. They think this enough, and it might be enough if they were dealing with a prescription drug, where the sick patient might readily accept some risk of harm and where considerable energy goes into identifying and recording side effects.

But as soon as something is put into the water supply the game changes; millions are treated unnecessarily, there is little control over dosage, no allowance for individual sensitivity, no individual consent and (despite frequent assertions to the contrary) little monitoring of safety or attention to claimed ill effects. Opponents of fluoridation recognise this and view fluoridation from a toxicological angle”

Fluoride is more toxic than lead, less toxic than arsenic. Lead has been removed from petrol and paint yet added to community water supplies.

-

(I do not intend to speak to my submission)





Sent by:

10/12/2014 04:49 p.m.

To: askmedsafe@moh.govt.nz,

cc:

bcc:

Subject: FLUORIDE

Dear Medsafe,

I believe fluoridation is a violation of my life. So do not support its on going use.

fluoride is a neurotoxin , cancer causing , dangerous waste product.

So It should be omitted from our water.

If an individual or group wish to use it , that is there choice.

Its time to end old dodgy science that hides the truth.

asbestos , smoking etc.

Check what the top medical journal "lancet" has to say!

The whole world is now removing fluoride,

I see Israel is removing fluoride

Lets not be the last.

10/12/2014

~~45~~

45



FLUORIDE...

to:
askmedsafe@moh.govt.nz
17/12/2014 03:29 p.m.
Hide Details
From
To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,

Please respond to I

2 Attachments



PHS The people's case against Collins J.doc PHS - The people's case.doc

SUBMISSION FORM

I give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:

Email:

Address: My interest in this topic is as a consumer and layperson with a decade plus passion for health. For over two years I have lobbied *all* MPs and *all* political parties on health from a preventive aspect with emphasis on lifestyle.

Question 1. *Do you support the proposed amendment? If not why not?*

NO. I do not support the proposed amendment because the recent judgement of the judicial review by Collins J, and his recommendation to amend the Regulations, was not a safe one – hence the impending appeal. Both the original judgement of Justice Rodney Hansen and now the new one by Justice Collins are fully dealt with in the attached two files – "The people's case against 'Judgement of Rodney Hansen'..." and "The People's Case against Collins J...". Those files are part and parcel of this submission and should be read in conjunction with this email.

In addition, there are the following faulty assertions in the invitation for submission especially in so far as "background" and "rationale" are concerned.

1. You say, "... fluoride substances used to *treat* drinking water are not medicines." However, the fluoride emphatically does not treat the water and is solely added for a therapeutic purpose to *treat people*.
2. You say, "In New Zealand, the addition of fluoride... is a common practice." More accurately, about half of our citizens either do not receive or else resent fluoridated water. A truer reflection of relevance to your proposal is that a strict minority of countries permit fluoridation and only about 3-5% of the world's population receive fluoridated water. Hardly a common practice and certainly not mainstream but dictated by international recognition of it not being supported either by ethics or science.
3. You claim that fluoridation is supported by MoH, WHO etc, all organisations which *endorse* the practice but none of which can offer unbiased scientific studies in true support. Their "support" is no more than endorsement as part of the propagandised political message which covers the true reason for fluoridation - support for industry. In effect this is science by proclamation!
4. As you say, "... there is no universal acceptance" which is true of both efficacy and safety. In the light of this long controversy the only prudent path is to invoke the precautionary principle. This is essential if you are truly MedSAFE and do not want to ultimately lose all credibility.
5. The underlying problem for "the Regulations" is that a therapeutic substance delivered by community water

supply is currently uniquely supplied by fluoridation. Therefore it is not covered by existing classifications other than, arguably, "related product". Unlike the other related products for which people have freedom of choice, the choice is removed for all practical purposes by its delivery in community water supply. This was recognised by Rodney Hansen J in his judgement but ignored and overridden in his conclusion.

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Any fluoride compounds used for the therapeutic purpose of treating people who drink the fluoridated water are self-evidently medicines and need not be specifically mentioned.

- *I do not wish to speak to my submission.*
- *I do wish to receive a summary of submissions.*

The People's Case against Collins J...

...in the matter between New Health New Zealand Inc (plaintiff) and Attorney General for and on behalf of the Minister of Health (defendant)

By Rob Talbot

Introduction

This pithy judgement is generally more accurate and even-handed than that delivered by Hansen J in *New Health New Zealand Inc v South Taranaki Council*. However, two errors of fact in the Collins J's background section are noted as follows.

The WHO guideline of 1984 for the maximum allowable concentration of fluoride in community water of 1.5mg/l is presented as "calculated on the basis of a person consuming two litres of water over a lifetime." [9] In fact there was no scientific basis for the calculation neither in 1984 nor even since. The language of this paragraph and the one before suggests that the safety of 1.5mg/l, compared to the heinous 4mg/l maximum allowable limit of the USA, is beyond doubt. There has never been a satisfactory long-term study - never mind lifetime - on the safety of fluoridation. Such a study would not only be difficult for a lifetime (!) but utterly impossible because there is no dosage involved in fluoridation. The only studies performed by pro-fluoridationists have been on the purported benefits to the *teeth* and studies on toxicity to organs and other body parts have rarely been attempted by proponents including the WHO. Studies by anti-fluoridationists and independents are typically ignored or ridiculed.

A minor editorial slip is found in [12] (2) where the National Research Council Report was ascribed to New Zealand instead of USA.

Reference to the earlier Hansen J's judgement

In referring to the "genesis to this proceeding" it is interesting to note that Collins J's synopsis of Hansen J's findings was brief in the extreme. He was happy to acknowledge Hansen J's finding that "fluoridation is undertaken for a therapeutic purpose" [16] and that it was consistent with "the view of Lord Jauncy in *McCull v Strathclyde Regional Council* in which he said that fluoride, when added to water, is a 'medicinal product' within the meaning of s130 of the Medicines Act 1968 (UK)."

However, he totally ignores the reasons given by Hansen J for dismissing all grounds of complaint. Briefly, these reasons are:-

1. Medicinal treatment is confined to direct "interference" with the body or state of mind of an *individual* and not a population at large.
2. There is no material distinction between fluoridation and other public health measures such as chlorination of water or the addition of iodine to salt.
3. Fluoridation is a justified curtailment of the right to refuse medical treatment - even if fluoridation was such a treatment - because its advantages significantly outweigh the mild fluorosis which can result from it.

These totally invalid reasons are fully discussed in my "People's Case against Judgement of Rodney Hansen J...". Since Collins J does not even mention them, it seems likely that he is in some agreement with my, and many others, weighing of their lack of logic and jurisprudence.

A similar approach but different conclusion by Collins J

Like Hansen J, Collins J also emphasises that he is not required to find for either side in the debate on the science, lack of safety and inefficacy of fluoridating. His task, he says, is to “interpret the Act [Medicines Act 1984] and decide if fluoride falls within the definition of ‘medicine’ in the Act when used for the purpose of fluoridating community water supplies.” Unlike Hansen J, he almost means it! Nevertheless, even if he avoids Hansen J’s extreme legal, logical and linguistic legerdemain, the specific end-point of his analysis is faulted as we shall see.

Collins J plays his trump card in [50] where he succinctly says, “... fluoride would be a medicine under the Act *if* it was added to domestic water supplies in concentrations of 10mg/l or more.” We will carefully look at the statutes which are the foundation for this finding and so discover that his finding ain’t necessarily so!

[22] Medicine is defined in s3 of the Act. The relevant part of the definition provides:

- (1) In this Act, unless the context otherwise requires, medicine –
 - (a) means any substance or article that –
 - (i) is manufactured, imported, sold or supplied wholly or principally for administering to 1 or more human beings for a therapeutic purpose...

[24] “Administer” is defined in s2 of the Act to mean:

- ...administer to a human being, either –
 - (a) Orally ... by introduction into the body in any other way;and every reference in this Act to administering a substance or article is a reference to administering it either in its existing state or after it has been dissolved or dispersed in, or diluted or mixed with, some substance in which it is to be administered.

[29] The term concentration can be applied to any kind of chemical mixture. For present purposes concentration refers to the volume of a medicine in one litre of water. Schedule one of the regulations states that “unless reference is made otherwise, every reference to a medicine in this Schedule applies... only if the concentration of the medicine is greater than 10 milligrams per litre...”

They are the words of the relevant statutes as recorded in the judgement and we now examine Collins J’s “Analysis”.

Analysing the analysis

The therapeutic purpose of community water fluoridation (CWF) is accepted in [34] and [35] but it is in the matters of “administer” and “context” where the waters have been muddied.

Under s3(1)(a)(i) of the Act, ([22] above), clearly HFA and SSF are not manufactured for a therapeutic purpose – they are a highly hazardous

industrial by-product – but they are imported, sold or supplied for a therapeutic purpose when sold to Councils or waterworks for CWF. So far, all is well and HFA and SSF fall within the definition of medicine.

Under s2(a), ([24] above), administering a substance is “administering it *either* in its existing state [HFA and SSF would not be safe in the hazardous concentration supplied] *or* after it has been dissolved or dispersed in, or diluted or mixed with some substance in which it is to be administered.” Again, the fluorides used meet the definition because the therapeutic substance (medicine) can be administered appropriately, not as sold, but in the optional diluted form.

Very importantly, the as-supplied concentrated form is not just dumped into the reservoir water but goes through at least one dilution process first. This is to protect the operatives, equipment and pipe work at the water plant and, presumably, also to reduce immediate environmental damage.

We are still meeting the definition of medicine but are diverted to the Regulations to gain some context. Collins J found the plaintiff’s contextual argument faulty because, by Schedule 1 of the Regulations, ([29] above), a medicine must have a concentration of 10mg/l. Because fluoride tablets or drops (prescription medicine) can be dissolved in or added to water they will certainly be diluted to less than 10mg/l and do not cease to be medicine by so doing. The Kapiti Dental Services website “Bee Healthy” even recommends carrying out the dilution in a large container kept in the fridge so that the whole family can enjoy drinking fluoridated water all day long!! When Collins J says that fluoride would be a medicine under the Act if it was added to the community water supplies at a concentration of 10mg/l or higher, it quite clearly is, whether at the first or subsequent dilutions. So, even at the final recommended dilution of 0.7mg/l it remains a medicine under the Act.

An incomplete context results in a faulty decision

Collins J’s finding is the more seriously flawed because he has ignored the context of s2 of the Act *defining* administer, ([24] above), whereby medicine may be administered in its existing state or diluted. Certainly fluoride tablets and drops are not the only medicine that may be diluted before administering. Bad tasting medicines may often, per instructions, be added to fruit juice. It will also happen where dosage needs to be regulated whether for reasons of age or other conditions considered in the prescribing.

There need be no apology for the important differences between dose and concentration because the context being considered is simply the concentration of the active ingredient(s) in the medicine. The Act and the Regulations are necessarily mutually contextual with the concentration in the Regulations being mediated and accommodated by the Act’s definition of administer.

A more important context

In the matter of context, there is a crucial understanding which is consistently overlooked, or at least unacknowledged, by the judiciary to date. The administering of fluoride via community water supplies is currently uniquely that of fluoridation. Its administration – we cannot call it prescribing – is

weakly, if at all, covered in the statutes. There is, therefore, no true context in NZ law. If our Justices were to methodically examine, without bias, the laws of other countries they would discover an especially conflicting array of definitions for fluoride used in CWF, in countries that still allow it, such as medicine, nutrient, food, food additive, unapproved drug and so on – proof that other judges have waffled and juggled with their countries' laws too! Those that have given up fluoridation, or perhaps never started, are almost certainly defining it as a medicine. This is because so many of them have dropped the practice for ethical reasons i.e. it is a medicine and individuals have a right to refuse medical treatment.

The most concerning aspect of these recent judgements (Hansen J and Collins J) is that they ignore the real context of fluoridation and in so doing they fail to do justice to the intent of judicial review and declaratory judgement – to deliver justice to the people. In fairness, Collins J delivers more than a hint of acknowledgement of this need for justice when he says [54], "...because New Health has advanced legitimate arguments in the public interest, this is one of those rare situations where an award of costs is not appropriate.

A more important principle

The real context of what we are dealing with is the conflicting science of whether fluoridation is harmful and/or ineffective which they obstinately avoid in their reviews. In this missing context, the widely varying science points to the prudent adoption of the precautionary principle which completely overrides "status quo" to which both of these Justices seem to be magnetised. If they simply opened their eyes to the obvious context then commonsense *and the law*, without any wiggling and wrangling, would declare what is self evident. Fluoride in all its forms, *if used therapeutically*, is a medicine under the Act and citizens have an inalienable right to refuse it. CWF removes that right and is therefore unlawful. This has been seen to be true by many more countries worldwide than the few, like New Zealand, that continue to unethically poison their people.

Unfortunately, there is proof that the judiciary intend to totally ignore this real and overriding context. Collins J preferred to deliver justice to the political and industrial side of the debate when he suggested [51] that "the Ministry may wish to consider recommending a Regulation that exempts HFA and SSF from the definition of 'medicine' when these compounds are used to fluoridate water." Whilst this is in the realm of judicial review and declaration, it is also an open declaration of bias toward the claims of pro-fluoridationists. Moreover, as did Hansen J, in the last furlong he denies his assertion in [14] that he does not have to address the efficacy and safety of fluoridation. Perhaps he is not that confident when he states, "...I am confident my conclusion is correct." [51] If his confidence is awry, the correct path is via the precautionary principle. This is especially true as he recognises that "...New Health has advanced legitimate arguments in the public interest," as he certainly should have done.

Rob Talbot, December 2014

The people's case against "Judgement of Rodney Hansen J"...

...in the matter between New Health New Zealand Inc.
and South Taranaki District Council – an examination by Rob Talbot.

1. Introduction

I have read all the submissions and affidavits of the three parties involved in the review and Hansen J's judgement. It amounts to several hundred pages with much of it in "legalese". I started a draft examination by summarising the judgement intending to comment on all sides' evidence and the judgement itself. However, it was taking too long and, though somewhat more concise than the originals – being translated into "commoner-speak" – it would also have amounted to a great many pages.

By all means, please refer to the originals to satisfy yourself that I have fairly represented what was said by all parties. The judgement and hearing can all be found at <newhealth.co.nz> and go to "News". Therefore, after laying some groundwork for context, I will mostly drop précis-ing and go straight to a commentary.

2. Grounds of complaint

The original court version is found at articles [2] and [3] of the judgement. Where necessary I will quote from the originals but here, and mostly elsewhere, in "commoner-speak".

- a. There is no statute expressly allowing Local Councils to add fluoride to their community's water supply as a treatment, medical or otherwise. As needed, I will refer to this as a [LAWFUL] aspect of the case.
- b. In so adding fluoride, the basic human right to refuse medical treatment is unlawfully and unreasonably denied [RIGHTS].
- c. The Council further failed to give appropriate attention to various relevant considerations that they are legally responsible for in their duties to the community [CARE].
- d. Therefore the Council acted beyond their legal power or authority [ULTRA VIRES].

3. Facts admitted by all

- a. Naturally occurring fluoride is in the form of calcium-fluoride because fluorine has a high affinity for calcium.
- b. The kind of fluoride used in community water fluoridation is always silica based and mostly hydrofluorosilicic acid which is a highly hazardous and toxic waste product of various industries.
- c. Water fluoridation is *promoted* as a public health measure which reduces dental caries. "For many years it was believed that it worked systemically. It is now generally agreed that it works topically." Article [7] of the judgement. Fluoridation is, anyway, *intended* to be a therapeutic intervention.
- d. Fluoride causes fluorosis and fluoridation will increase its incidence.
- e. Only a tiny minority (less than 5%) of the world's population receives fluoridated water i.e. fluoridation is not "mainstream".

- f. About 98% of Europe's population does not receive fluoridated water because of ethical, medical or economic considerations or else simply because it isn't necessary or it is ineffective.

4. Scientifically UNcontroversial facts...

„,but which are ignored, ridiculed or not admitted by the defendant.

- a. Fluoride is a highly reactive protoplasmic toxin. It is harmful to *all* living things and the environment in general.
- b. The fluoride used in water treatment carries, in addition to the fluoride compound, many other highly toxic substances e.g. lead, mercury, arsenic, aluminium and others. The form used is never "natural".
- c. Fluoride is compared to lead and arsenic in toxicology tables.
- d. Fluoride is toxic to all parts of the body and, moreover, is accumulative especially in parts where there is a high proportion of calcium e.g. teeth, bones and pineal gland. Only about 50% is eliminated from the load taken over time. Even at low concentrations in the water it is chronically toxic especially where intake comes from many other sources. It takes a long time to totally eliminate even after the intake is reduced to nil. Because a whole-of-life study is difficult and expensive to conduct, doubtless nobody is overtly looking – DNIOL pronounced denial!
- e. Fluoride is a mutual adjuvant/potentiate for lead, aluminium and other toxins i.e. when chemically joined the toxicity of each is multiplied.
- f. In time, the fluoride chemistry in the concentration found at the water treatment plant, will destroy the efficiency of the pipes and connectors at the plant.
- g. Fluoride has long been known to reduce thyroid activity and in the second quarter of the 20th Century was a prescribed drug for hyperthyroidism (over-active thyroid). Hypothyroidism (low activity) is strongly linked to obesity and reduces immune system function.
- h. Fluoride is a major component in many psychoactive drugs e.g. Prozac.
- i. Fluoride is now recognised as a developmental neurotoxin especially affecting infants and children.
- j. Ingested fluoride in infants and children is the major contributor to fluorosis which begins to occur pre-eruption of adult teeth. The disease is without known cure and the damage is irreversible. In time, it leads to pitting of and shedding of flakes of enamel leading to increased caries.
- k. Fluoride is not a nutrient. If totally removed from the diet no human condition or symptom of illness results. Therefore there can be no deficiency in the human body or diet including water.
- l. There is no control of dose. Fluoride having been added to the water, it is now everywhere in greater quantity adding to the still unknown total load for individuals.
- m. It is illegal to emit fluorine or its compounds into the air or to dump into the sea or rivers. It is a closely controlled hazardous toxic substance.

5. The foundations of the judgement

Having given you the above important factual background to fluoride and fluoridation, I will quote the stance of Hansen J, in his own words, that he takes

in discharging his duties to us in this critical case. There will follow my own comments and why his stance puts this judgement on very shaky foundations.

"[5] It is important to make it clear at the outset that this judgement is not required to pronounce on the merits of fluoridation. The issues I am required to address concern the power of a local body to fluoridate drinking water supply. That is a legal question which does not require me to canvass or express a view on the arguments for and against fluoridation."

a. The language is clear and easy to understand. His Honour does not want to pass judgement for either side and will not even express a view on the arguments other than "the power of a local body to fluoridate drinking water supply." However, most and possibly all of the arguments – including antecedents – rely on scientific interpretation of the nature, efficacy of purpose and, most essentially, the *safety* of fluoride/fluoridation.

In criminal and civil cases the vast majority will rely on scientific evidence whether given by expert testimony or common acceptance such as "water is essential to life", "we need to breathe clean air to be healthy" and so on. It is, therefore, not possible for a judge, panel of judges or jury of peers to ignore such testimony as Hansen J seeks to do. He seriously relinquishes his ability to pass equitable judgement in attempting his stated goal. In fact, you will see that he frequently forgets his initial stance as we comment on his judgement.

The legal precedents and case history Hansen J uses are often from decades ago and each relied on scientific evidence of that era. Essential unbiased science does not stand still. Documented historical evidence showing the manipulated data and fraudulent origins of water fluoridation, both in New Zealand and overseas, should be sufficient for earlier statutes to be held in contempt. In fact, there are many studies made well back into the last century, and many more since, to confirm earlier ones which show no benefit from and find new ways in which fluoride harms people *and the environment*. They overwhelmingly warn us against *any use of fluoride*. The precautionary principle should be applied as equally to judicial decisions as to medical science.

b. In defining words or phrases Hansen J dances between statute, medical and other dictionaries, NZ Commission of Inquiry, Health Select Committee recommendations and what is called "natural and ordinary meaning" as suits his argument and similarly in antecedent cases.

c. How easy is it to rely on status quo, endorsements from organisations who should know and a public which has been spun into approval by marketing finesse and the brazen cooperation of the media? Hansen J is subject to all. Even a journalist has to check his sources. Hansen J, rather apologetically, says, "Accepting, as I must, that there is respectable scientific and medical support for the Council's position...". There is no *must* about it since there is respectable scientific and medical support for the opposite case and this in conflict to his earlier statement that he does not have to express a view on such arguments!

6. Legal power to fluoridate community water

The [LEGAL] aspects were a complex dive into several statutes and their antecedent versions. I will cut this to the bone in the interests of clarity.

Justice Hansen effectively went back to the beginning of New Zealand's fluoridation experiment. In 1964, soon after fluoridation was started in New Zealand, a similar challenge was brought against Lower Hutt Council and its lack of power to fluoridate under the Municipal Corporations Act 1954. It went to appeal *and* Privy Council with the defence and judgements an intricate meshing of the interpretation of such things as the purity and/or deficiencies of water, additions to water to improve dental health, substance which is foreign to the nature of water and to provide "**medicated** pure water". These semantic issues are best dealt with fully in [RIGHTS] and [CARE]. His Honour adduced this case to prove there was *implied power* to fluoridate despite the Act not mentioning fluoride specifically. Later, in article [16], he subjectively infers that the implied power to fluoridate was carried over into the LGA 1974 which also did not mention fluoride.

His Honour, in addition, refers to the implied power to fluoridate being consistent with the Council's obligation, under the Health Act 1956, to "promote public health under s23". Following articles such as [14] make it clear that any such step should be "acting reasonably on expert advice" and that the step was "desirable in the public interest".

Article [10] borrows an explanatory note to the Local Government Bill 2001 to suggest that the upcoming Act (LGA 2002) would be a "more broadly empowering legislative framework that focuses Councils on the needs of their communities". Many details from the still current LGA 2002 and the Health Act 1956 are more pertinent to [RIGHTS] and [CARE]. However, a subsequent addition to the 2002 Act is pertinent here and was suggested by a Health Select Committee. They said, "To prevent such a possibility [mandatory water fluoridation] we recommend insertion of a new sub clause 3(c)". This clause requires that drinking water standards "must not include any requirement that fluoride be added to drinking water".

The power to fluoridate found by Hansen J to be implied in the earlier Acts of 1954 and 1974 is again found to be implied in the 2002 Act. He further says that the implied power is confirmed by the Health Act which "makes detailed provisions for the supply of drinking water and [by s3(c)] **explicitly** recognises that fluoride **may** be added".

Comment

Under the heading "The legal power to fluoridate" and starting at article [9] Hansen J immediately attempts to justify his finding of implied power. He said it "comes under the general power of competence in the LGA 2002 and is consistent with its obligation to promote public health under s23 of the Health Act."

I hinted above that much that His Honour introduces under [LEGAL] is best dealt with under [RIGHTS] and [CARE]. This is because the matters of "general power of competence" and "obligation to promote public health" do not have anywhere in statute a mandate or even direction to fluoridate water. It is not until a Health Select Committee inserted a new sub clause s3(c) which emphasised that there is no requirement in the water standards to fluoridate, that the matter is named.

Of course the water standards have maximum allowable values (MAV) for a great many substances including fluoride at 1.5ppm and much lower MAVs for lead and arsenic for example. So far the Ministry of Health (MoH) has not seen fit to recommend arsenication of water but they do recommend a

concentration of fluoride in community drinking water of 0.7 to 1.0 ppm to combat dental caries. Unlike fluoride, arsenic has been used medicinally for *thousands* of years and is still used today in the treatment of some leukaemia. Fluoride and arsenic have similar toxicology but it would be foolhardy in the extreme to suggest or recommend the addition of more arsenic if the natural concentration in drinking water was less than its MAV.

The defendant, with Hansen J in support, attests that water with a concentration of fluoride up to its MAV of 1.5 ppm is still potable. This is a rash statement indeed. Especially is this so when the interactions and synergies of fluoride with other toxins which potentiate each other have not been fully studied in setting MAVs. Little or no proof – admitted by the defendant or Hansen J - exists of the toxic effects over a lifetime and the varying sensitivity that occurs in individuals of different race, gender, age, lifestyle, immune profile and no doubt many other confounding factors.

In many ways Hansen J introduces case histories and his own opinion on the scientific nature, efficacy and safety of fluoridation in complete contradiction of his initial stance. He and antecedent Courts make statements about the deficiency of fluoride in New Zealand soils and water. Because fluoride is *not* a nutrient, such statements are entirely misleading.

All of these and many similar assumptions that there is a scientifically sound benefit to fluoride use and its safety are simply made to bolster the judgement that there is *implied* power to fluoridate. The fact remains that there is no direction or statute from Parliament that explicitly requires Councils to fluoridate. The only explicit law (s3(c)) expressly says that the water standards must not *require* fluoridation. The negative of “require” is sometimes, and not *necessarily*, “allow”. Therefore, without a hint of trepidation and ignoring contrary science, Hansen J finds that the Council, subject to its legal responsibilities, *may* fluoridate water supplies.

All responsibility now rests on Councils with no real leadership from Government or the Judiciary. The Council is in the front line as our national leaders have washed their hands of it. What we have is Judges – for over 50 years – turning legal cartwheels to pull out of a hat an *implied* legal power to fluoridate. They do so without listening to the balance of scientific facts which would overturn unsatisfactory laws which fail to protect the people. I thought that is what Judicial Review is all about!

Let’s move on to what really matters in this debate – [RIGHTS] and [CARE].

7. Breach of right to refuse medical treatment

Justice Hansen concludes “that the fluoridation of water is not medical treatment for the purpose of s11 of NZBORA”. He makes the following points:-

- a. Water fluoridation has a therapeutic purpose.
- b. “... medical treatment is confined to direct interference with the body or state of mind of an individual and does not extend to public health interventions delivered to the inhabitants of a particular locality or the population at large.”
- c. Therefore the means by which the therapeutic purpose is delivered is not medical treatment.
- d. “There is no material distinction between fluoridation and other public health measures such as chlorination of water or the addition of iodine to salt.

e. In any event, fluoridation is a justified curtailment of the right to refuse medical treatment because its advantages significantly outweigh the mild fluorosis which is admitted can result from it.

Comment

a. Fluoridation is intended to contribute to the cure and/or prevention of dental caries – a recognised disease. If this is factual then fluoridation is certainly a therapeutic intervention. Where there is any doubt about its efficacy or indeed its safety as a therapy, or considered to be experimental then an individual has an inherent right to refuse the therapy – and regulatory authorities might find it prudent to not fluoridate community water.

b. S11 of the NZBORA uses the phrase “medical treatment” and the Bill’s White Paper further explained that “medical” was used in a comprehensive way i.e. not just for drug therapy. Following a very incomplete list of various modalities, it suggests that similar forms of treatment would also be included. For example physiotherapy and, arguably, green prescription were not on the list. Treating community water supply with fluoride for an admitted therapeutic purpose is an entirely unique mode of therapeutic delivery. This uniqueness should not debar it from the comprehensive intent of the Bill.

c. “Public Health intervention” is similarly a comprehensive term. Immunisation requires the one-on-one involvement of a health professional but this does not debar its delivery to many and varied inhabitants of a school, neighbourhood, district, age/gender group etc being termed a “public health intervention”.

d. There are public health interventions that do not require the direct involvement of a health professional e.g. supplying low decile schools with nourishment, providing hygienic disposal of sewage or household refuse and reticulated treated water to suitable-sized population centres. These are reasonably not termed medical treatment because they do not involve the use of a drug but rather nutrition and hygiene – currently peripheral to a doctor’s medical methods. Similarly, the example of addition of iodine to salt is a nutritional option which is easily avoided by an individual who might be sensitive to it. The use of chlorine in water is clearly intended to treat (decontaminate) the water rather than populations and, despite some controversy over its potentially harmful action to populations, it is not termed medical treatment.

However, fluoride is neither treating the water nor, in any sense, is it nutritional but rather it is “an unapproved drug” as the FDA has deemed it. Hansen J has quickly forgotten that the Privy Council and McGregor J had earlier opined that fluoridating provided “**medicated** pure water”. Its delivery as a drug therapy in community water supply is currently entirely unique. To pose this as no different to other public health measures is highly contrived and sets a dangerous precedent for future drug dispersal in the water supply.

e. There are very rare instances where a person’s right to refuse medical treatment is set aside. They generally involve serious infectious disease or lack of mental competence. Dental caries is not infectious and the general population is not wholly considered “mental”! The advantages assumed by Hansen J are not significant and most unbiased studies show no correlation between fluoridation and dental caries. Worse than inefficacy is the potential and real damage signalled by the “mild” fluorosis to affect many parts of the human body and, not to forget, the environment. In no way is curtailment of the

right justified and, once again, His Honour has contradicted his stance concerning the scientific merits or otherwise of fluoridation.

8. Council failed to take into account mandatory relevant considerations

Hansen J passes his own abrogated duty and responsibility over to the Council in saying that "...the Council was not required to take into account the controversial factual issues relied on by New Health." He then immediately contradicts this by saying that, nevertheless, there is "... a plenitude of evidence to show that the Council carefully considered the detailed submissions presented and reached its decision after anxious consideration of the evidence and careful deliberation."

So, in two breaths, His Honour finds that the Council was not required to take [CARE] where New Health produced evidence contrary to the defendant's. He more than implies that New Health's evidence is inevitably controversial and that the Council need not take it into account. That they "listened" to it does not prove "anxious consideration" of it. He no doubt feels that, like himself, they "must accept" the status quo endorsements rather than the opposing science. Frankly, this overt lack of judicial balance and duty is totally egregious.

The element of [CARE] is the most extensive of all grounds of complaint. It deserves a careful examination of all facets of Council's "business" which may include detail glossed over or even ignored in the affidavits.

Comment

- a. A Council is accountable to their community as a body corporate with powers exercised wholly or principally for their district's benefit. Hansen emphasises first and last (see "i" of this comment) that the Council is accountable and not Government nor MoH nor Dental Association.
- b. A Council must ensure that there is good quality infrastructure - which includes the supply of drinking-water – that is;
 - (i) efficient (Hydrofluorosilicic acid destroys their water treatment plant's equipment and almost all of it is never ingested but ends up in the environment i.e. highly inefficient. Note that new amendments to the LGA 2002 will require "... performance of regulatory functions in a way that is most cost-effective for households and businesses.") and
 - (ii) effective (There is good science to show that ingested fluoride is not effective in its purported therapeutic purpose.) and
 - (iii) appropriate to present and future circumstances. (Inefficient and ineffective can never be appropriate.)
- c. In following through on "a" and "b", the Council must make itself aware of all views and adopt a sustainable approach taking into account;
 - (i) social, economic and cultural interests (Since only about 1% of the fluoride gets to be ingested and the plumbing gets damaged, fluoridation is certainly not economic. It is doubtful that the true Maori cultural attachment to "wairua" has been attended to. Due to the deep divide between the opposing factions it cannot be socially sustainable.) and
 - (ii) maintain and enhance the quality of the environment (There is clearly no account taken of this facet of Council's primary responsibility. If it is illegal to dump fluoride in the ocean and natural waterways how can it possibly be environmentally sustainable to put it in our drinking water which ultimately finds its way into the same natural water sources it is banned from?! For

example, GFS Chemicals Material Safety Data Sheet for hydrofluorosilicic acid item (12) says, "Ecotoxicity – expected to be harmful to aquatic organisms.") and

(iii) reasonably foreseeable needs of future generations. (In many ways this is the most incorrigible and far-reaching failure of Council. There are only theoretical *assessments* of long term safety and no suitable longitudinal studies to prove long term safety.)

d. The obligation to maintain water services is a general requirement to continue supplying water to households especially as demand increases. It does *not* mean there can be no change to water standards or substances, equipment and/or procedures used in supplying it.

e. The Health Act requires Council to "improve, promote and protect public health within its district." For example:

(i) Inspections must be regularly made to discover any nuisances or conditions likely to be injurious to health and, if found, to do everything proper to remove or abate the nuisance or condition. (They are legally accountable to conduct ongoing overview and research into the latest information on anything which is reasonably likely to be injurious to health. The fact that their district might be on a tiny limb (twig?) of a minute number of communities receiving fluoridated water against the overwhelming world-wide majority should be a warning signal that causes them to snap to attention regarding their statutory duty. A prudent assessment of all available science would activate the precautionary principle in deferring fluoridation until clear evidence and world-wide consensus of its safety and efficacy was available.)

(ii) They must prepare and submit to the Medical Officer of Health any reports on disease, drinking water and sanitary conditions that he or the Director General requires. (Are there no reports on at least the incidence of fluorosis, never mind other possible ill health resulting from fluoridating their water?)

f. As a drinking-water supplier, the Council must "take all practical steps to comply with the drinking-water standards". Additionally, the Health Act defines drinking-water as "water that is potable". In turn, potable is defined as not containing any substance or exhibiting any characteristic – not merely aesthetic – which may be determined or estimated reasonably accurately and which exceeds the MAV in the drinking water standards.

Fluoride can be accurately determined in water. It may therefore be in drinking-water at a concentration no more than the water standard's MAV of 1.5 ppm. The water is therefore, says Hansen J, potable because it is not "likely to present a significant risk to an average person consuming that water over a lifetime" despite there being no good science to prove this.

Anyone drinking two litres of water a day at 1.5 ppm concentration of fluoride ingests 3mg – perilously close to the European Union Food Safety Authority (2013) value of .05 mg/kg body weight maximum dosage per day – assuming an average adult weight of 80kg. This is without factoring in any fluoride from a great many other sources e.g. foods, beverages, pesticides, pharmaceuticals etc, etc. It follows that the safety margin allowed with an MAV of 1.5 ppm and the purported effective range of 0.7 to 1.0 ppm is dangerously slim. The MAV is clear, though tacit, acknowledgement that fluoride is a harmful and toxic substance. Hansen J is up for water at 1.5 ppm fluoride as being potable drinking water i.e. ***no safety margin whatsoever!***

g. Alternatively, the Health Act defines drinking-water that is available for supply as water that is:

- (i) claimed by its supplier as being suitable for drinking, other domestic use and for food preparation in New Zealand or overseas; (There are countries clamping down on the import of foodstuffs processed with fluoridated water. Hence there can be potential for losing export markets.); or
- (ii) supplied to people who are known to have no “reasonably available and affordable source of water” for drinking, domestic use or food preparation other than the supplier; (This cuts to the heart of disadvantaged and other people having choice denied to them usually for economic reasons but often for lack of full information. Hansen J, somewhat reluctantly it seems, concurs with this point but this does not deter him from his end decision.)
- (iii) Bottled waters are not covered by the Health Act but by the Food Act 1981.

h. The Minister of Health by s69O has ultimate authority for drinking-water standards. This section closes with the fateful sub-clause s3(c) which ***emphatically*** says that fluoride is not required to be added to drinking-water. The only true inference from this is that the science is *not* cast-iron in favour of the practice!

i. In closing this section, Hansen J again uses s3(c) to give “statutory implication” (isn’t this an oxymoron?) that the addition of fluoride to drinking-water is “plainly contemplated by Government.” But, he says, that in the absence of mandatory fluoridating, this interpretation “... is consistent with the expectation that such decisions are quintessentially a function of local government.” If a smelter or phosphate factory used the local river to firstly dilute its fluorosilicic acid and then reintroduce it further downstream, would it escape prosecution? How long will it be before Councils will be prosecuted for doing just that?

9. Fluoridation is *ultra vires*

Much of what we discuss under this complaint relies on what Hansen J has found under earlier sections. It may, therefore, be necessary for some repetition of logic against his earlier opinions. It is convenient to introduce matters with Ms Hansen’s submissions on behalf of the plaintiff.

a. “The power of [Council’s] ‘full capacity’ is limited to what an individual or corporate can lawfully do which does not extend to adding a compound to the water for a therapeutic purpose.”

b. “Fluoridation is akin to a regulatory function and requires express authorisation.” Ms Hansen argued that the authorisation could only come from the consent of the Ministry of Health under the Medicines Act 1981.

Comment

This section extends from article [37] to [115] of the judgement. No question that Hansen J pulls out all legal stops including some repetition of faulty arguments in previous sections. In the interests of appropriate brevity I will break it into smaller lumps and pass comment on his overarching arguments rather than each article.

Under the headings “Capacity”, “Regulatory power” and “Water as medicine” Hansen J conjoins the Plaintiff’s submissions with his own references from *Laws of New Zealand*, Select Committee and antecedents as follows.

Local authorities are authorised to carry out their obligations to the community subject to any law in the same way as may any corporate or individual. These powers are, necessarily, only a starting point. For example, it does not extend the “regulatory or coercive powers of local authorities” not possessed by ordinary citizens except such power(s) be **expressly** conferred by legislation or the common law. In addition, some power(s) of ordinary persons or corporate are prohibited for local authorities e.g. borrowing in foreign currency.

The LGA 2002 has many such express regulations including any necessary enforcement or coercion. The supply of water and even its restriction in very specific instances is expressed in some detail. However, there is no express power to add to the water a fluoride containing waste product which also contains many other hazardous and toxic components which are all subject to water standards.

The MoH has set drinking–water standards and makes recommendations on a purported range of therapeutic values for fluoride. But no such recommendations exist for all the other toxins the Council will add to the community water supply in fluoridating the water. The MoH recommendation is certainly not regulatory i.e. statutory, any more than is eating five or more fruits and vegetables each day. Neither can it be considered coercive. However, when the Council fluoridates the water without fully informing the recipients and, even if they have the knowledge, many would be economically unable to exercise choice, then this activity is very definitely coercive to a good number of their local people.

Hansen J, saying that the “addition of fluoride to water quite simply cannot be characterised as a regulatory function” does not flow easily, much less logically, from the discussion up to this point. His definitions culled from various sources, of “regulate” and “regulatory” are simply the natural meanings and are not an issue. But when he says that fluoridation cannot be regulatory because it “is a physical act that takes place in the course of a local authority providing one of its core services”, he is completely without artifice.

What he describes is the set of conditions as they exist i.e. that there is no regulatory power for fluoridation – only for water services. It is the very ground for complaint which is supposed to be addressed in judicial review. He is saying that it does not involve the exercise of a regulatory power because it is already happening. Some would call this “circular logic” i.e. no logic at all!

In closing this section with “Water as medicine”, Hansen J chooses an antecedent case where the Judge – Henry J in *Diet Tea Company Limited v Attorney General 1986* – decided that the “natural and ordinary meaning” of food did not include beverage. It is interesting that the plaintiff had relied on an extended definition of food in the repealed Food and Drug Act 1969 which the Medicines Act 1981 had replaced. That it should similarly be extended in the 1981 Act was rejected by Henry J who implied that the intention of the legislature was otherwise because they did not refer “expressly to drink”.

Despite His Honour claiming this to be authoritatively determined, it was a lazy way of supporting the defendant and is similarly leaned on by Hansen J. The “natural and ordinary meaning of food” not including a beverage is hopeful indeed especially when the previous Act includes beverage as part of the cornucopia of food.

When the ordinary and natural person does their family’s food shopping, no one would deny them the opportunity of purchasing beverages.

This may include tea, chocolate or coffee any or all of which may end up flavouring biscuits, cakes or confectionary in addition to an infused beverage. Indeed, biologically, it is well known and accepted that such food items – especially the infusions - offer useful nutrition. Similarly water is considered vital nutrition. We decline to include carbonated beverages as nutritive, however! Various fruit and even vegetable juices are often and normally part of a balanced meal. Who would deny that milk or drinking yoghurt is generally considered food? Even if you argue against me including stouts, porters and other beers, I say, “What if you add it to batter?!”

There once was a Foodtown in Auckland and now there is a growing chain of Nosh supermarkets – “nosh” being British slang for food. These and other supermarkets and dairies all carry various fresh and processed foods and beverages as well as other household needs. When a family or other group says, “Let’s go and grab some food”, it is clearly intentioned that the meal will usually include beverages whether tap-water, bottled water, wine, beer and so on. Thus it is utterly obvious that the “natural and ordinary meaning” of food in normal daily conversation and life includes beverages.

So, it was not “Food&BeverageTown” and it is not “Nosh&Guzzle” and, surprise, surprise, it was not the Food, Beverage and Drug Act either. It would be impossible to find a food market, chemist or health shop that did not include beverages on their shelves. That the Medicines Act 1981 did not see fit to define food in any way whatsoever likely reflects a desire of the medical profession to not countenance food of any kind in the same breath as medicine. Medicines and related products come in various formats too, some being liquid in varying degrees and expected to be drunk rather than chewed, swallowed as a tablet or capsule – which may contain liquid - or injected. However, other Acts referencing food in their title are not embarrassed in defining food as including drink. Even the Medicines Act allows various related products to be authorised for therapy and explicitly mentions “food”. This could cover fluoride as a food supplement and rationally also extend to therapeutic use when carried in water, bottled or not, or other foodstuff. A “food” related product certainly would include beverages. Here are some of these closely allied Acts and regulatory authorities.

(i) The Food Act 1981 and the current Food Bill – still in passage – which will replace it, are happy with defining food as including drink despite it not being part of the title.

(ii) Food Safety Bylaw 2013 (Auckland Council) part 1,5 interprets food as “... anything that is used, capable of being used or represented as being for use as food or drink for human consumption.” This is a very well considered construction referencing, as it does, the only rational consideration in this discussion, “human consumption”.

(iii) There are also various food safety and hygiene regulations which are expected to cover not just the “food” of the title but also various beverages, sauces, seasonings, syrups, flavourings, vinegars, creams... hmm... I bet you get it!

(iv) The New Zealand Ministry of Food Safety makes it clear that “You need to ensure food and beverage products you manufacture meet the requirements of the Australia and New Zealand Food Standards Code.”

The far too casual dismissal by Henry J and Hansen J of food not encompassing drink, and water not being therapeutic if carrying a purported

therapeutic substance does not do justice to their profession or the judicial review process.

10. New Zealand Bill of Rights

Hansen J accepts that this Act applies to the Council's water supply responsibilities. Then, with full cooperation from the Attorney General, he outlines the history behind the creation of International Rights to show that its intention was to prevent the cruel use of torture and medical/scientific experimentation by the Nazis in World War II. This artifice is transparently an attempt to separate the purportedly benign and beneficial intent of fluoridation from the degrading treatment of and experimentation on prisoners.

They further separate the possibility of s10 NZBORA, which deals with the right to not be subject to experimentation, being associated with the specific ground of complaint addressed by s11 NZBORA i.e. the right to refuse medical treatment. In the larger picture of the dispute between the two scientific factions in the fluoride debate, it may well be judged to remain an experiment on our population. In this regard article [52] of the decision firstly distances s11 as standing on its own then mentions the case *R v B* in which Cooke P referred to "the complainant's right to have her privacy, dignity and bodily integrity protected from non-consensual medical procedure as a right which may be wider than those assured by ss10 and 11 NZBORA."

Having thrown up a fair bit of smoke and dust, Hansen J reduces all to the specific pedantry of the "meaning or scope of 'medical treatment' and the nature of the obligation on the State not to interfere with the right to refuse."

Medical treatment

We ignore Hansen J's articles on diagnosis, risk assessment, the taking of blood samples for testing and the surrounding case argument. They are all totally irrelevant and not at all helpful in progressing the matter at hand.

However, he does support the plaintiff by quoting from Mosby's medical dictionary which we will follow too. In summary, His Honour is happy that "medical treatment" requires a therapeutic purpose, may be preventive and, from Mosby, "[t]reatment may be pharmacologic, using drugs; surgical, using operative procedures; or supportive, building the patient's strength."

He properly notes the wide variation in evidence from all sides in characterising fluoridation as "a medicine, a dietary supplement, a nutrient... or... recreate fluoride levels naturally occurring in other parts of the world." The Mosby quote above clearly supports all of these as either pharmacologic or supportive by virtue of its admitted mineralising of tooth enamel. The expert – Dr Robin Whyman – who suggested that it was merely recreating natural fluoride levels elsewhere, omitted the following points.

- (i) The fluorosilicic acid used in fluoridation is not, in any sense, natural.
- (ii) As already discussed, the recommended levels and MAV do not give a satisfactory margin of safety. This is especially so in developed countries where, in common with New Zealand, there are other sources of fluoride contamination exacerbating the situation.
- (iii) Any concentration over 1.0 ppm can still produce long term harm and, at even higher levels, in less developed countries such as India and China there is the problem of reducing the concentration. This is not easy or even economic in our country for the individuals who wish to avoid fluoride

contamination, never mind those countries which need to do it on a community-wide basis.

(iv) New Zealand is not the only country blessed with low fluoride levels of 0.3 ppm or less in our natural waters – a level most commonly found worldwide.

Here are some other quotes from Mosby which may help clarify things.

Therapy – the treatment of any disease or a pathologic condition. (From Greek *therapeia*, to treat). Wikipedia says, “In the medical field [therapy] is synonymous with treatment.”

Therapeutic – (1) Beneficial, (2) Pertaining to a treatment (From Greek *therapeuein*, to treat).

Drug – any substance taken by mouth... to treat or prevent a disease or condition.

Medicine – (1) A drug or remedy for illness (2) The art and science of the diagnosis, treatment and prevention of disease and the maintenance of good health.

Medical - (One from Dorland’s medical dictionary) – pertaining to medicine.

Preventive medicine – the branch of medicine that is concerned with the prevention of disease and methods for increasing the power of the patient and community to resist disease and prolong life. (My emphasis.)

Public health – a field of medicine that deals with the physical and mental health of the community, particularly in such areas of water supply, waste disposal, air pollution and food safety. (My emphasis.)

I think an intelligent reading of these extra quotes, mostly from Justice Hansen’s preferred medical dictionary, requires no explanation or comment from me. Unfortunately, His Honour only gets it half right!

Hansen J, in article [58] of the decision, says, “fluoridation has a therapeutic [i.e. treatment] medical [i.e. pertaining to medicine] purpose [could not be anything other than “medical treatment”], preventing tooth decay [i.e. disease] and a known pharmacological effect, namely the mineralisation of tooth enamel.” Isn’t he saying that the drug fluoride, with a known pharmacologic effect of preventing the disease of tooth decay, by being ingested in water supplied to entire communities, is *medical treatment for the improvement of public health*?

Apparently not! Yes, it is a kind of medical treatment, he says, but not if it is for the health of the public and certainly not for the purpose of s11 NZBORA. So, it is now not preventive medicine as a leading medical dictionary defines it and maybe, just maybe, it has nothing at all to do with conventional medicine either. On the other hand the MoH and Dental Association thoroughly recommend it and only the Minister of Health can change that. Understandably, Hansen J seeks offshore reinforcement with help from Mr Powell.

International case law

Hansen J’s opening statement here [59] is a rather rueful “Overseas authorities are of limited assistance.” This is not at all surprising given the paucity of countries fluoridating community water and the miniscule number of people receiving it – about 3% worldwide.

He also, again with help from Mr Powell, skirts over the possibility of enlightenment from our neighbour Australia saying, “there has been no

significant constitutional challenge to the practise [sic].” This is patently untrue. The mandatory fluoridation of water in Queensland occurred as late as 2008. However the law reverted soon after in 2012. The State’s LNP political party, then governing, declared water fluoridation to be “involuntary medication” – highly pertinent to this discussion on [RIGHTS]. Many communities in Queensland have since been able to opt out of community water fluoridation. Despite six of the seven States’ Minister or Secretary directing water fluoridation to occur mandatorily, levels of tooth decay in Australia have been climbing since the 1990s.

His Honour sounds encouraged in article [61] saying, “It is helpful, however, to examine in more detail decisions of the Irish, Swiss, Canadian and American courts...”. In checking out how helpful these decisions are for Hansen J’s judgement, it is convenient to deal with the European countries separately from the North American.

Europe’s history of experimentation with fluoridation has largely been resolved – see 3 (f) of this examination. Apart from the UK and Spain – both about 10% of their populations – and Republic of Ireland (RoI) all the nations have either never done it or else reverted to fluoride-free status. This includes Scotland and Northern Ireland.

Ireland

In RoI, the Fluoridation of Water Supplies Act (1960) enacted 1964 mandated water fluoridation for all reticulated community water supply. Famously, a layperson, Gladys Ryan, challenged the Act in 1964 as contrary to Irish [RIGHTS]. The substantive case and subsequent appeal was against the challenge but both courts found against on the weirdest of findings as follows.

“In the High Court the claim was dismissed on the ground that there was no interference with the right [to bodily integrity] as there was no obligation to consume the fluoridated water supply; no right to an unfluoridated supply; and because the fluoride could be easily filtered out by an end-user.” [62]. What kind of inhuman legislature, either from the judiciary or parliament, would deny the citizens any say in their community water supply and, if they don’t want fluoride contaminated water, they don’t have to be part of the community that receives it? I guess one that then rubs it in by saying that fluoride is easy to filter out! I doubt that was true then anymore than it is true today. The problem remains of lack of economic ability to filter the water and that most citizens would not be fully informed – and without the ability to gain knowledge in that pre-internet era. I bet they still had to pay their usual rates.

The court of appeal “declined to resolve the case on the above narrow basis without sufficient evidence as to the practicality of removing the fluoride.” [63]. Well, that is what I just said and it looks like they are on the right track. No way... it gets worse.

“The Court held that, as fluoridation had no effect on the ‘wholeness or soundness’ of the body of a consumer, the ingestion of fluoridated water could not constitute an infringement of or failure to respect the bodily integrity of the individual.” Thus Hansen J has presented a quirk of “Irish” logic which he hopes to apply to a judgement on New Zealand law – which at least allows that there is a purported harmless benefit with a therapeutic purpose. Having effectively found that fluoridation has “no effect”, good or bad, on human

health, the Supreme Court of RoI delivers more dogma and faulty logic, with no grounding in science, which conflicts with their finding of “no effect” on a body.

The Court also managed to dodge finding that fluoridation was “mass medication” on the following two points. Firstly, they floated out the inevitable dogma that fluoride is “an element which naturally occurs in water.” How anyone can say that adding a waste industrial pollutant – *not* found anywhere in nature – to community drinking water is natural and therefore inevitably “wholesome water” is beyond imagination.

Secondly, and quoting from the New Zealand Commission of Inquiry 1957, The Irish Court found that “fluoride is not a drug but a nutrient and fluoridation is a process of food fortification.” The Communication Director at the Irish Medicines Board has been quoted as saying, “once fluoride is put into drinking water it becomes a foodstuff.” If this is true then it cannot also be true that fluoridation has no effect on the “wholeness or soundness” of a body.

Perhaps we should go to Mosby again to check if the medical definition of “nutrient” is the same as that of the common man – Irish or Kiwi – rather than that of Judges.

Nutrient – a chemical substance that provides nourishment and affects the nutritive and metabolic processes of the body (from Latin, *nutriens*, food that nourishes. (Similarly “food fortification” can be expected to be nutritive.) Hansen J seems to like the 50+ year old Kiwi case law finding fluoridation being fortified food where it is used to support the ingenious but totally illogical Irish decision. The Irish Medicines Board also says fluoride is food. However, His Honour dismisses the possibility that it can be food for the purposes of our Medicines Act. I really have to say to all the judges involved in this dubious Irish diversion that you cannot have it *both* ways!

Switzerland

The last Swiss city (canton stadt) of Basel to carry out fluoridation was taken to the European Commission of Human Rights in 1993 by Guy Jehl-Doberer who contended that fluoridation was contrary to article 8 of the European Convention [RIGHTS]. The country as a whole had available fluoridated salt rather than community water fluoridation.

The Commission noted that case law supported even minor medical treatment being an interference with a person’s right provided it was compulsory. However, they held that, “this situation differs from that of compulsory medical treatment. Thus, in the Canton of Basel-Stadt, drinking water is provided as a general service to the population.” [65]. They went on to say that, “it was unnecessary to examine the issue since any interference with the applicant’s right would, in any event, be justified within the meaning of Art 8(2).” i.e. it is for the protection of health.

Unfortunately, Hansen J again attempts to mislead us with this case as the story of Basel and Switzerland did not finish in 1993. In 2003 the respondent (Switzerland) retracted the evidence on which the case rested. The Grand Council then permanently abolished water fluoridation in Basel because there was unproven effectiveness over salt, it was inefficient and was harmful to the environment.

His Honour picked on the, perhaps only, two countries in Europe that he judged supported his attempt to defend the status quo in New Zealand. His arrows completely missed the target in Switzerland because 10 years after his

chosen case they took the target down. Ireland, on the other hand, didn't use a bow at all, at all, and just pushed arrows in the target by hand wherever they wanted to. Someone should tell them that we only want honest bull's eyes.

Before we leave Europe, it is worth mentioning that Ireland is currently a hotbed of activism against fluoridation. At least two of their political parties have stated that their platform for the upcoming election includes overturning the current water fluoridation law. The Fluoridation of Water Supplies (Repeal) Bill 2013 has reached the second stage in the Dail. That means that the second of Hansen J's European targets will possibly be taken down in a year or so and, since RoI has the highest rate of tooth decay in the EU, it really does have to come down.

North America is where it all started. Even 60+ years after U.S.A. announced that fluoride had a beneficial effect on tooth decay that country remains the largest population receiving fluoridated water – more than half the world's total. The author of the American study that kicked it all off, later under oath, admitted having manipulated his data. This is no different to our own fraudulent study in Napier/Hastings. It is easy for you to confirm this for yourself on the internet – youtube has a wealth of material.

While we are talking internet, I strongly recommend <actionpa.org> and their "Countries that reject fluoridation" pdf file. It collates information from authorities such as Ministers of State, Heads of Water Departments etc from countries around the world i.e. not just Europe. They mostly acknowledge their source and the statements make interesting reading but certainly alarming for the integrity of Hansen J's judgement. Perhaps he will find more fertile ground in North America's two English speaking nations which have been bastions of fluoridation for more than six decades. Indeed, it seems that English speaking countries worldwide are those most likely to be clinging to U.S.A.'s fluoride coattails.

Hansen J had a field day here with eleven articles and a total of eleven cases (Canada 4, U.S.A. 7) referred to. Neither country mandates fluoridation at a federal level but their States/Provinces may pass their own laws. Generally a county or city administration can opt out of it though sometimes "national security" can interfere with a true democratic process. However, both countries have strong anti-fluoridation activism.

Inevitably the cases selected involve reiterations of the same or similar points already made in the judgement. In the interests of appropriate brevity, I will, therefore, mostly summarise.

Canada

In *Locke v Calgary* (1993), "Montgomery J found as a fact that fluoridation is the most cost-effective available public health measure for reducing tooth decay and the introduction of fluoride to the water supply of the city presented no risks to the lives or health of the populace." [68].

The highly dubious statistics of pro-fluoridationists showing it to be cost-effective are not, in any sense, productive of a fact. Their best figures, usually cherry-picked in small populations, show a saving of less than one tooth surface in a lifetime. Other unbiased large population studies show no correlation between fluoridation and tooth decay i.e. not effective and therefore no savings in dental costs. On the other hand costs of fluorosilicic acid and those of administration and testing, *added to* damage of the water

plants' equipment, health hazards to the plants' staff and others involved in the logistics and handling, environmental damage accrued and also by accidental emergency, increasing costs of litigation and costs to the public's health (discussed elsewhere) are real, substantial and ongoing.

As to the blatantly rash and ignorant – even 20 years ago - finding of “no risks” to health, it is being promoted by Hansen J in 2014. Once again the judges ignore the plenitude of scientific evidence showing the risk of harm from fluoridation and blithely run with the dogma of pro-fluoridationists. [67] and [68].

His Honour's second foray [69] into Canadian law blends the various findings of three separate cases dated 1991, 2000 and 2003. His resulting pastiche can be summarised as follows. There is a right not to be subject to state interference by being denied fully informed consensual medical treatment. It was found that, “it is more appropriate to deal with the issue on the basis that fluoride is being used as a drug or medicine [i.e. not as a nutrient] at least for the purposes of promoting health when it is added to the public water system.” However the intrusion is minimal and such minimal impairing of [RIGHTS] is proportional to the, “importance of the rights and goals of fluoridating.” Yes, Canada's case law – since 1957 – finds fluoride is a drug. On the other hand, Health Canada says it is a nutrient but not an essential nutrient. There is no other kind of nutrient but one which is essential by definition – ignorance piled upon ignorance!

Once again, the purported harmless efficacy of fluoridation is upheld without definitive scientific support. The growing body of science showing that it is harmful and moreover does not work is summarily ignored. The supposed important rights and goals are a disease which is non-infectious and not, on its own, mortal. The international [RIGHTS] which are also enshrined in New Zealand law were not intended to be overturned by dental caries which is eminently preventable by proper nutrition and hygiene. Such an infringement on people's fundamental rights is clearly unnecessary and, judged by the overwhelming opinion of most countries, is at best unethical if not criminal.

United States of America

Seven cases, dated 1905, 1954, 1955, 1962, 1964, 1976 and 2001, are referred to. In the earliest one, an infringement of [RIGHTS] through compulsory medical treatment was acknowledged by the Supreme Court and something similar by the Florida Constitution. There was no antecedent history given to suggest that fluoridation was not medication. The FDA, after all, does say that it is an unapproved drug – a strange situation indeed, considering their job is to approve drugs (medicine) before they become available to the public.

However, the case history selected does tend heavily to the viewpoint, subsequently adopted by Hansen J, that any intrusion is minimal, innocuous and out of proportion to the purportedly substantial public health benefit of fluoridation. There was also a finding in 1954 that, in regard to public health, it seems, “ridiculous and of no consequence that substances added to public water supply may be classed as mineral, drug, antiseptic, germ killer” or of little consequence, if any, whether, “fluoridation accomplishes its beneficial result to the public health by killing germs in the water, or by hardening the teeth, or by building up immunity in them to the bacteria that causes (sic) caries or tooth decay.”

The dismal ignorance in this passage of what is now known more widely of fluoride's risks, real and potential, and inefficacy is just barely forgivable because of its early date in the 50's. Because I have dealt elsewhere with the misleading lack of distinction between fluoridation, chlorination and various modes of "food" fortification with nutrients – which fluoride and chlorine are emphatically not – there is no need to repeat it here. However, the reference to "building up immunity" is simply untrue. Because fluoride is factually known to decrease thyroid activity, it actually dampens immune activity – this is a real and serious potential harm to anyone drinking the fluoridated water especially if they already have immune function impaired by faulty nutrition as is often the case with under-privileged.

We conclude our U.S.A. excursion with the Fluoride District Court of Appeal (4th Circuit) er... actually that's Florida, which held that fluoridation is not a medical procedure and "pointing out that the city's fluoridation of its water stops at the water faucet." [76]. Hansen J quotes from the judgement as follows. "The city is not compelling [the plaintiff] to drink it. He is free to filter it, boil it, distil it, mix it with purifying spirits or purchase bottled drinking water. His freedom to choose not to ingest fluoride remains intact."

The same court concluded with the following statement from a case (?) referenced as "Altenhoff" (Altenhoff?). "There is, in logic, a valid factual distinction between *preserving* health on one hand and *improving* it on the other... We do not feel, however, that it is a distinction which the courts should not be made to suffer in arriving at a determination as to whether a particular public health measure is or is not a reasonable or legitimate exercise of power to legislate to the public interest on the state or local level."

In the first quote above, the advice to boil, distil etc to remove fluoride – almost all of which cannot do so – reveals the appalling ignorance of the nature of fluoride and the laissez faire attitude of this court. Hansen J encapsulates it as "the city's fluoridation of its water stops at the water faucet." Are the citizens of Florida yet in dread of their water department's lack of [CARE] in what effects and consequences occur from the use of their water after it leaves the faucet? Does the Florida District truly take steps to discover what real harm and potential future harm - to *all* their citizens – that occurs from ingesting fluoride? Do they have any empathy with those who – with some difficulty and expense - for reasons of health or ethics, need to remove the fluoride? Apparently not and, to remind you, they still want their rates paid.

Their "laissez faire" attitude becomes proven by the second quote. It is clear from those words that they believe consideration of health issues in general and public health in particular and especially whether the fluoridation legislation is a reasonable or even a legitimate (!) power to legislate to the public interest should not happen at "the state or local level." This is in stark contrast to Hansen J's assertion that fluoridation is "quintessentially a function of local government."

Thus we conclude our examination of the best of international case law selected by His Honour from points made in argument. As he admitted in opening this section, "Overseas authorities are of limited assistance." If you have already taken the trouble to check out my internet references – and perhaps extended your own further research – you will know that the opposite is true to an open and fair mind. Unfortunately for the judgement of Hansen J, research is mostly anti fluoridation.

11. Discussion on s11 NZBORA

We reach a point where Hansen J applies his experience and weighting of evidence regarding the ethical matters in the grounds of complaint. In point of fact, he has already done so in all previous articles as a kind of presentiment to what now follows. In trying to avoid repeating any argument earlier made by me, I will focus on any novel input or point of view made by His Honour or the witnesses.

Medical treatment

The only new slant, or at least greater emphasis, comes from the evidence of Mr Powell for the Attorney General. This intervention clearly shows that Government policy is involved despite it being couched as necessary because the health and rights of the public are at stake. Nothing could be further from the truth.

We can start by quoting a passage from Mr Powell's affidavit [46] which, in a UK case in 1983 (*McCull v Strathclyde Regional Council*), recognised, "the individual's right to choose how to care for his own body should only be encroached upon by statutory provisions in *clear and unambiguous language*." (My emphasis.) Hansen J's earlier claim to an *implied* legal power to fluoridate is hardly "clear and unambiguous". He also avoided the UK in his "international case law" discussion. Mr Powell also found UK law not useful because, "there was no consideration of the human rights issue."

Mr Powell's evidence continued by drawing a comparison between [RIGHTS] and the common law tort of "battery". It is critical to examine this line of argument because it undoubtedly greatly influenced Hansen J though he did not include it in his judgement. This discussion runs from article [70] of the Attorney General's affidavit through to [74].

Mr Powell quotes Blackstone on battery as follows. "The law cannot draw the line between different degrees of violence, and therefore totally prohibits *the first and lowest stage* of it; every man's body being sacred, and no other having right to meddle with it, in *any the slightest manner*." (My emphasis).

Mr Powell continues; in this matter of battery (an act inflicting unlawful personal violence on another person), "where the individual encounters others, or the State, rights still exist at common law but the legal standard is no longer absolute. In its most common manifestation, the law of negligence, the law protects the individual from harm caused by the action of others not absolutely, but through an objective standard of reasonableness." He argues that [RIGHTS] has to operate within similar boundaries.

He then runs through the misguided assumptions that "therapeutic purpose" is not "medical treatment" and that there is no distinction between fluoridation and other public health measures. He similarly buys into the status quo dogma and the endorsements of various organisations when he says fluoride in community water supplies "inevitably finds its way into the bodies of persons who drink it and in the minutest degree alters the composition of that body."

Although all these matters have already been examined, it raises a critical matter that does bear re-examination. Mr Powell has argued that – through the lens of common law battery – the "minutest degree" of bodily

effect can interfere with [RIGHTS] but, should there be any negligence in administering this effect, it should be viewed "through an objective standard of reasonableness."

Since the State does not wish to put its name to it by legislating in "clear and unambiguous language", the Council must be first in line as the one who "batters". Second in line might be MoH, aided and abetted by the Dental Association, and all being pushed by the Government, its advising scientists and lobbying professionals and industries. Someone in this "battering" chain needs to see the obvious.

Where the conflicting forces of science, ethics and public opinion are so unrelentingly opposed and one side is in a vanishing minority, it would be foolish to back the minority. By Mr Powell's argument, this would certainly be unreasonable and therefore negligent. A judicial review that overlooked this would also be negligent in not adopting the precautionary principle. For that matter, all of the above "batterers" should have adopted that important principle.

Refusal

Both Mr Powell and Hansen J spend a long time in fatuous arguments to support their contention that a right to refuse does not exist in the case of water fluoridation because it is a public health measure. They say that, "[w]ere it otherwise, the individual's right to refuse would become the individual's right to decide outcomes for others." It requires no great exercise of logic to understand that if the reverse situation held and those who insist on fluoridation, or Council voted for that process, ignoring the wishes of a large number of their fellow residents, that they then decide the outcomes of others.

Therefore, from Cape Reinga to Bluff, about fifty percent of our people always have others determining their fate regardless of whether the water is fluoridated or not. Does it not now look likely that putting a toxic substance in the water, regardless of its supposed therapeutic purpose, is not a satisfactory or even practical way of preventing disease in a free and democratic society? That process is all the more irrational in the light of the far more important precautionary principle for the following obvious and commonsense reasons.

- a. It is now generally agreed that fluoride's action is topical and therefore fluoridation is totally unnecessary.
- b. If ingestion of fluoride is harmful in any degree, it is even more so in the case of infants, elderly, kidney patients and various disadvantaged who can be expected to have compromised immune systems. There is evidence of darker skinned races being more sensitive to the heavy metals that come with the fluorosilicic acid used in water fluoridation.
- c. If ingestion of fluoride is harmful then Council has utterly failed in its duties to protect the health of its residents.
- d. If fluoride is not harmful but does not work systemically then fluoride is not just a waste of money but also an unreasonable risk to the environment because only about one percent is ingested.
- e. Even if fluoridation is only minimally harmful and does have some benefit, there are better, and definitely harmless ways of achieving dental health with the only side effect of better general health. It is worth mentioning some that are hardly controversial in their beneficial effect but perhaps more controversial in encouraging them by perhaps, for example, taxing the products *causing* caries.

- (i) Reducing the ingestion of sugar in foods and beverages.
- (ii) Maintaining at least adequate dental hygiene.
- (iii) Maintaining adequate levels of vitamin D, preferably by sensible sun exposure but otherwise by supplementation. Again darker skinned races are more seriously affected as it is harder for them to get adequate exposure.

f. If fluoridation is stopped, large population studies show no changes to the population's dental health. Our own MoH figures for Ashburton 2002 to 2013, which actually show improvement after stopping fluoridation, prove this

g. There is no control over dosage and this is exacerbated because the fluoride, once in the community water supply, becomes endemic which further removes control over dosage which naturally increases fluoride ingestion whether or not one drinks the water.

We can now say more precisely that in fluoridating water the individual's *right to health* is seriously compromised because his outcomes have been decided by others.

In closing this section, Hansen J, to his credit, says, "On the basis that the rights in NZBORA need to be applied with commonsense and to be given practical effect, I tend to the view that if the supply of fluoridated water were to be regarded as medical treatment, a consumer would not have the practical ability to refuse treatment." However, bowing to Mr Powell's evidence and despite its faulty logic, he finally says that the intrusion on [RIGHTS] is minimal and does not engage s11.

12. Justified limitations, s5 NZBORA

S5 says, "Subject to section 4 of this Bill of Rights, the rights and freedoms contained in this Bill of Rights may be subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic country."

Prescribed by law

S5 seems to be very straight-forward language and easy to understand in regards to the grounds of complaint. The "limits" are the act of adding hydrofluorosilicic acid – commonly referred to as fluoride – to community water supplies. The "limits" must be prescribed by law and they must be "demonstrably justified". The "law" must be expressed with sufficient precision and by Act of Parliament, subordinate legislation or the common law.

Thus we can include all the New Zealand laws, including Council bylaws that have been discussed earlier. What still makes Hansen J's job harder is that none of these laws exhibit any great precision in the matter of adding a known toxin to our drinking water. Regardless, he refers to his earlier discussion in which he claims that there is "clear statutory authority" for fluoridation. The common man still finds that "implication" and tenuous linking of threads in various statutes does not amount to "sufficient precision."

His Honour now moves on from his *assumption* of "power to fluoridate" to whether it is "demonstrably justified."

Demonstrably justified

Hansen J applies an established legal approach in which a test asks questions as follows.

- a. Does the limiting measure serve a purpose sufficiently important to justify curtailing of the right or freedom?
- b. Is the limiting measure rationally connected with its purpose?
- c. Does the limiting measure impair the right or freedom no more than is reasonably necessary for sufficient achievement of its purpose.
- d. Is the limit in due proportion to the importance of the objective.

Hansen J then discusses each “test” under its appropriate heading. Because the matters raised have either already been dealt with in this examination, or will shortly be so, I will go directly to quoting His Honour’s conclusion on this section

He says in article [111], “Accepting as I must, that there is respectable scientific and medical support for the Council’s position, I am driven to the conclusion that the significant advantages of fluoridation clearly outweigh the only acknowledged drawback, the increased incidence of fluorosis, I am satisfied that the power conferred on local authorities to fluoridate is a proportionate response to the scourge of dental decay, particularly in socially disadvantaged areas.”

This entire section is Hansen J’s backup in case he is wrong in saying that there is no intrusion on [RIGHTS]. Furthermore, his tests pitch the only harm acknowledged by the defendant against the purpose and objective which is a purported benefit in preventing tooth decay. This is a benefit which he himself acknowledged in article [7] is “now generally agreed that it works topically.”

As usual he has readily embraced the defendant and Attorney General’s dogmatic assertions of the noble purpose and objective of fluoridation. Regrettably, as far as the course of justice goes, he has managed to delimit, ignore and find against the plaintiff’s evidence. Despite his early assurance that he need not “canvass or express a view on the arguments for and against” fluoridation, he clearly does so in every section in an overtly biased way and with no regard to science.

The defendant, Attorney General and even Hansen J must surely acknowledge that, regardless how noble the purpose is, it must be proven to be effective and safe. On both these counts, the Court has acknowledged that neither is true. Therefore, there can be no rational connection between fluoridation and the otherwise desirable purpose of improving dental health. In other words there is a real intrusion on [RIGHTS] by virtue of dental fluorosis – at a minimum and likely by other harms proven to exist – and there is no effective result for the purpose by ingesting a known toxic substance which works (if at all) topically.

13. Failing to take into account relevant considerations

Hansen J feels justified in ignoring six considerations in breach of [RIGHTS] because he has found that NZBORA is not applicable to fluoridation. In the examination in the previous section, that judgement is not just improbable but clearly should have been impossible. However, he reduces the final three considerations to something that the Council does not have to consider. It is outrageous that these are at the very nub of the controversy and so are paramount in the Council’s legal considerations and duty to their citizens. They involve factual and scientific considerations upon which the efficacy and

safety of fluoridation depends. It is not only monstrous but untrue that the Council need not consider them.

The Council's empowering legislation is a clear duty to comply with and maintain the following typical considerations.

- a. Good quality infrastructure which is efficient, effective and appropriate.
- b. Must be aware of all people's views in its district.
- c. Maintain and enhance the environment.
- d. Improve, promote and protect public health.

These and others were fully dealt with earlier in this examination and need not be repeated.

14. Conclusion

It might be needless to say, but Hansen J is dismissive of all grounds of complaint and "New Health's application to review the Council's decision fails". However, this section is really my conclusion.

Assuming you have read all that came before, you will realise that no part of Hansen J's judgement on the grounds of complaint put before him safely withstands critical examination by balanced commonsense. The legal threads he brings together have produced judicial cloth with such large open holes that he stands before us, as did the fabled Emperor, with no clothes. But he can keep his wig on... to hide his embarrassment, you understand!

The warp and weft of *our* cloth has been drawn together in earlier argument. It just remains to bind the edge with *necessary emphasis* and sew on the shiny buttons of *overriding principles* – not all of which were part of the evidence. However, they are of crucial importance in testing evidence for integrity, morality and good commonsense.

Necessary emphasis

a. Dental toxins are high on the list of promoters of chronic disease. It has long been known that mercury in amalgam is released as mercury vapour in the normal striking and grinding of teeth. It is also a serious environmental toxin and its use, including in amalgam, is being phased out worldwide. Many countries have banned amalgam.

What has this got to do with fluoridation? Mercury is one of the toxic substances commonly found in the fluorosilicic acid used in fluoridation. Others include arsenic, lead, aluminium and cobalt... not to forget the fluoride compound too. Currently fluoridation is considered the most serious source of environmental contamination by mercury.

Sad to say, with its history of deceit in the matter of harm to the public from mercury and persistently promoting amalgam, the dental profession is repeating its mistake, now with fluoride. Many of its own, at the highest level, have spoken out against the ineffectual and harmful process of fluoridation – often losing their livelihood in the process.

b. Fluoride's harm is not restricted to dental fluorosis. It is, however, a harm which, sooner or later, becomes visibly obvious. For many people its alleged "merely cosmetic" effect is not acceptable for their appearance and often leads to emotional harm too. The only solution for them is expensive cosmetic dental treatment which itself is not necessarily harmless and, anyway, is unable to reverse the fluorosis. A growing and financially important part of a

dentist's business is cosmetic treatment – one that covers up the evidence of ongoing harm to the whole body.

By the time fluorosis is visible in the teeth, it has also been affecting the bones as skeletal fluorosis. This progresses to debilitating levels as fluoride continues to be ingested though usually diagnosed as rheumatoid arthritis because testing of the bones is difficult and painful.

There are many more known and clinically proven harms from fluoride. In general terms, in addition to its toxicity to all life forms, it is an endocrine disrupter and a developmental – at least – neurotoxin. It is known to penetrate the blood/brain barrier and placenta. It should, therefore, be obvious that its effects are particularly noxious to foetus, infants and young children. This in spite of the pro-fluoridationists falsely claiming that its benefits are especially valuable for children's health.

c. Over the last 70 years, since fluoridation's genesis towards the end of World War II, the incidence of dental caries has gone down. This is true of countries and regions worldwide whether fluoridated or not. Neither is the trend line disrupted by the introduction of fluoride toothpaste.

Many studies, including York, SCHER, Iowa Fluoride Study and Professor Cheng in the BMJ, have found no correlation between dental decay and fluoridation. Thus, simple statistics and published peer-reviewed meta analysis prove that fluoridation is ineffective.

On the other hand, in the few instances where comparison of general health between neighbouring countries and populations, there appears disparity against the fluoridated areas. While such disparity may have many confounding factors, it is clearly a matter which deserves more attention and scientific curiosity.

d. Although U.S.A.'s adoption of fluoridation sparked a tentative waxing in English speaking countries and, elsewhere, mainly in Europe, it never became a worldwide practice. For example many European countries never fluoridated. Ever since, there has been a steady universal waning with all continental European countries, except about 10% of Spain, having abandoned it. Those that abandoned it – some several decades ago – never noted any change in the incidence of tooth decay trending down. This is as noted in the previous item "c" and so confirming those studies' results.

If the dogma and endorsements promoted by fluoridationists was in any way true scientifically, we could expect the majority of countries to adopt it. Only a little more than 20 countries have any coverage at all and it is variously estimated that only 3 to 5% of the world population now receive fluoridated community water supply. Even this miniscule number continues to contract as studies overwhelmingly show it to be ineffective, harmful and against internationally accepted standards of natural rights. This is happening despite Hansen J's desperate efforts to maintain the status quo in New Zealand.

Overriding principles

a. Under section 4a of the Medicines Act 1981, the prevention of disease is a therapeutic purpose and, under section 3(1a) of the Act, a substance administered to human beings for a therapeutic purpose is a medicine. These words are totally clear and the vast majority of Kiwis would comfortably and logically apply them to fluoridation. They are dismissed and ignored by Hansen J by virtue of his highly contrived finding that food does not include

water for the purposes of the Medicines Act 1981. This was shown to be false in earlier examination.

Under Right No 7 of the Health and Disability Commissioner's Code of Health and Disability Services Consumer's Rights Regulations, services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent. Again, the common man would see that these New Zealand statutes easily show that fluoridation contravenes the spirit of NZBORA.

However, these regulations serve only to introduce what I understand to be the core purpose of a judicial review. There is no doubt that such a matter of important public consequences can be so addressed. Similarly, that the primary job of the courts in general is to protect the underlying fundamental values for which the rule of law has been established in a democracy.

Although a subjective view in discussing the Council's weighting of its various duties – examined under "relevant considerations" – is understandable, the matter of [LAWFUL] remains central and paramount. If a matter is to be prescribed by law, it should be stated with "sufficient precision" in "an Act of Parliament, subordinate legislation or the common law."

In Hansen J's article [45] under "Water as medicine" he found that "food" does not include drink. He quoted Henry J "who observed that if that were the intention [drink is encompassed by "food"] it would have been simple to do so... by referring expressly to drink." In other words Hansen J, in this instance, says that the proposal that food includes drink (beverages) was not expressly worded – never mind without sufficient precision – and therefore the proposal is delusionary.

But when a similar proposal that the power to fluoridate is not expressly included in an Act – actually not in any Act! – he is happy to say that it is implied. All of this imprecision has been found wanting in earlier examination. Yet Hansen J is in a unique position by virtue of judicial review to note and comment on these kinds of statutory failing and with power to reinstate the situation before fluoridation. Of course his judgement does not have to take sides, as he prefers, but a recommendation for Parliament to provide legislation which is of "sufficient precision" and in "clear and unambiguous language" would give pause for thought and proper consideration of *all* scientific findings where it should be – in the Beehive.

b. You cannot separate medical treatment from public health. Both encompass each other in many ways. This has already been fully examined and I am loath to repeat the argument here. Suffice to say that a proposal that they are substantially different is the height of silliness and I am certain that this would be supported by all medical people regardless of their stance on fluoridation.

c. There is no control of dose once fluorosilicic acid is disposed of (waste dumped) in drinking water. Where is the doctor who would impose a lifelong prescription for a known toxic substance that has not been fully tested for safety and without clinically proven benefit, on a "patient" he has never met much less examined, not tested for allergic reaction and not fully informed? Such action is obviously unscientific and unethical. That it should be imposed on communities *and* the environment is not merely unscrupulous but inhumane.

d. Hansen J has set a dangerous precedent which certainly deserves to be overturned on appeal. The addition of other substances to community water such as lithium, statins and niacin have all been seriously discussed in some irresponsible quarters. Such inappropriate behaviour is more suited to terrorist activity! No Government would survive in power if they contemplated this yet fluoride remains exempt in the few remaining communities still being imposed upon. Fluoride compounds are the active ingredient, not just in pesticides such as rat/mice baits, but also in sarin gas. My reference to terrorists was not at all far fetched except it is our Government playing the role.

The reason no other substance – drug or nutrient – has been added to the water supply, is because it is terribly inefficient and totally uneconomic to even consider. Fluoride's special niche is that it helps industries dispose of a hazardous and toxic waste material as a product. For this the industries are paid rather than suffering huge costs in its safe disposal. The public's health is ignored for not the slightest benefit and this truth is blanketed out of sight by the dogma and unproven endorsements of professional organisations. Their blind persistence is motivated by their facing a serious loss of credibility affecting, not just oral health, but other of their initiatives ostensibly created for the prevention of sickness and management of chronic disease. In reality, they are for the creation of the wealth of pharmaceutical corporations. The abject failure of the medical professions is proven by an unsustainable increase in our health budget.

e. Although left until last, this must be the most important principle of all – the precautionary principle. It is firmly imbedded in the prime medical principle “first do no harm”, and applies through all of life at all levels. I see no reason why Hansen J and his colleagues in their important work should be exempt. A *strong* precautionary principle *must* be applied where human, animal, plant and total environmental health is threatened as it is with water fluoridation.



In June of 2013, Sir Peter Gluckman, as scientific adviser to the Prime Minister, released his statement on fluoridation “What is in the water”. In addition to making the same errors as Hansen J in blindly accepting dogma and endorsement as scientific fact, he made this factually incorrect statement, “...the level [of 4mg/litre i.e. equivalent to 4.0 ppm] is considered by authorities to be the level at which water is determined to be perfectly safe for human consumption.”

Since he did not reference his “authorities” I can only assume he is referring to those in the U.S.A. rather than the more responsible levels set elsewhere, including New Zealand. The U.S.A.'s EPA sets a risk-assessed limit of 4.0 ppm maximum contaminant level (MCL) which is enforceable because of serious health risks at this level. There is also a secondary MCL which is unenforceable at 2.0 ppm. At this secondary level there are increased “cosmetic” effects (mild fluorosis) and “aesthetic” deterioration (changes in colour, constituency or taste). Even at the secondary level, it is unlikely that one would agree with Sir Peter's assertion that it is “perfectly safe for human consumption” and at the full MCL of 4.0 ppm it is certainly untrue. The EPA is currently assessing the U.S.A. Department of Health and Human Services recommendation for a one value of fluoridation at 0.7 ppm rather than the

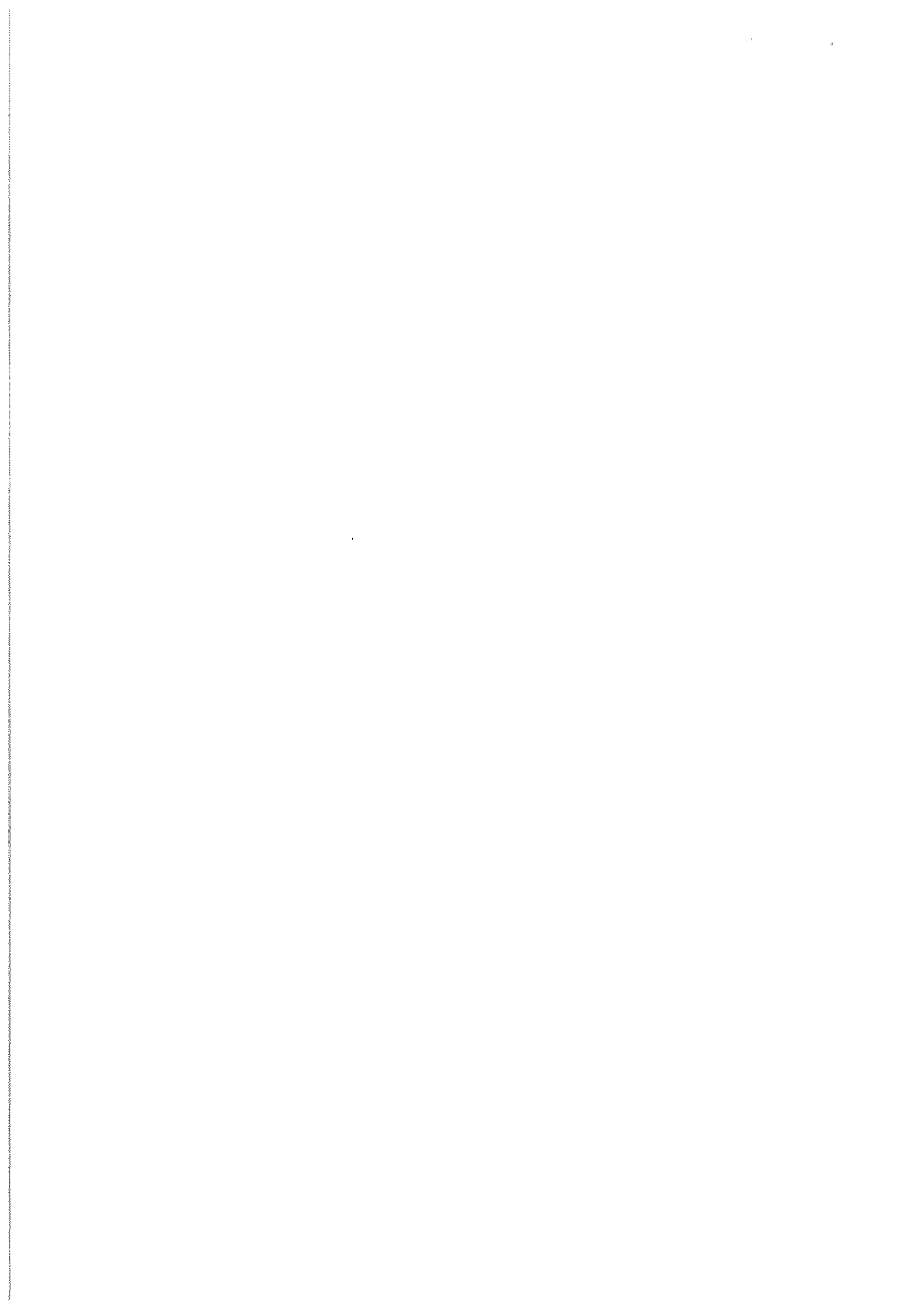
existing range of 0.7 to 1.2 ppm. The values keep coming down as science re-assesses the potential harm from fluoridation.

There are over twenty studies from China, Mexico and Iran, showing a correlation between fluoridation at levels below 4.0 ppm, and even 2.0 ppm, and statistically significant brain damage reflected in diminished IQ in children. These studies have also been part of peer-reviewed meta-analysis at Harvard University and in the Lancet. Sir Peter needs to get up to date and avoid exaggeration.

He also seeks to divert attention from the science issues – which he wrongly claims to be settled in favour of fluoridation being safe and effective – by saying that discussion should be focussed on values issues. This is effectively what we discussed under [RIGHTS] in the examination. So, we have New Zealand's pre-eminent scientist who does not want to talk about the science – with good reason it seems – and diverts discussion to values. Now we have a pre-eminent judge who doesn't want to talk about the values – ethics and [RIGHTS] – and anyway ignores the science in so doing. Values and science must not be separated this way. We need human values to direct the goal of science and essential unbiased science in deciding how the values can be answered.

In the apparent absence of this desirable cooperation we must turn to our elected leaders in central and local government. Leaving the decision to local community guarantees that about half of our citizens will lose their rights whichever way the decision goes. Thus it remains for central government to set aside party politics, remember that industry and professions are not above people and that our economy is benefitted much more by a healthy population requiring less healthcare – so being more productive than taxing industry profits. Industry will always adapt to the market place that government and consumers dictate in order to defend their profits – they are very good at this. Hopefully the foregoing examination will have encouraged you to search out the truth of this issue for yourself.

Rob Talbot, June, 2014.





Sent by:

To: askmedsafe@moh.govt.nz,

CC:

bcc:

10/12/2014 04:58 p.m.

Subject: Fluoride submission

To whom it may concern

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that: Fluoride containing substances, including the substances hydrofluoroisilic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.” Medsafe

Name.

Email

Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to “first do no harm”
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to ‘treat’ community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people.

I do not (delete whichever does not apply) wish to speak to my submission.

Regards,

2

8)



Sent hv'

10/12/2014 05:02 p.m.

To: askmedsafe@moh.govt.nz,
cc:
bcc:

Subject: Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

SUBMISSION FORM

I do not give permission for my personal details to be released to persons under the Official Information Act 1982

Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 – Fluoride (2014)

“It is proposed that a new regulation be made under section 105(1)(i) that:
Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies.”
Medsafe

Name: _____
Email: _____
Address: _____

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health

professionals to “first do no harm”

4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. *Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?*

NO. Fluoride and its compounds are **not** used to ‘**treat**’ community water supplies. In community water fluoridation (CWF) the **purpose** of fluoride and its compounds is to **treat people**

I do not wish to speak to my submission.

Sincerely



Sent by: [Name] <[Email]>
10/12/2014 06:15 p.m.

To: askmedsafe@moh.govt.nz,
cc:
bcc:
Subject: fluoride

I support the proposed amendment.

--



y · m



Sent by:

To: "askmedsafe@moh.govt.nz" <askmedsafe@moh.govt.nz>,

cc:

bcc:

10/12/2014 06:16 p.m.

Subject: Submission

I do not give permission for my personal details to be released to persons under the Official Information Act 1982
Submission to Consultation on Proposed Amendment to Regulations under the Medicines Act 1981 - Fluoride (2014)

"It is proposed that a new regulation be made under section 105(1)(i) that:
Fluoride containing substances, including the substances hydrofluorosilicic acid (HFA) and sodium silico fluoride (SSF) are not medicines for the purpose of the Act when they are manufactured and supplied or distributed for the purpose of fluoridating community water supplies." Medsafe

Name:
Email:
Address:

Question 1. Do you support the proposed amendment? If not why not?

NO. I do not support the proposed amendment because:

1. Fluoride is not a water treatment like chlorine
2. Fluoride is added to the water as treatment for the disease of dental caries therefore it is a medicine
3. The Medicines Act is designed to protect people from the risk of indiscriminate use of medicines, reflecting the ethical codes of health professionals to "first do no harm"
4. The proposed amendment would effectively remove the safety precaution protecting people from harm thereby undermining the right of every New Zealander to be safe from the indiscriminate use of medicines

Question 2. Are there other fluoride-containing compounds used to treat community water supplies that should be specifically named in the regulation? If so, what are they?

NO. Fluoride and its compounds are not used to 'treat' community water supplies. In community water fluoridation (CWF) the purpose of fluoride and its compounds is to treat people

I do not wish to speak to my submission.

Yours faithfully

58

7

