

Regarding proposal to fluoridate CHCH water

John Verd

Letter to Christchurch City Council, May 2021

Prior to becoming a fitness professional, I- like many people- never questioned the practice of some communities to fluoridate water. However, once I began to look at the science and studies, it became abundantly clear that the risks far outweigh any proposed benefit- and in fact there is far more, and stronger evidence showing neurological harm to humans than evidence supporting any proposed benefit of ingesting fluoride.

It is imperative that our local councils represent the views of their communities, especially on issues affecting their health- both negatively AND positively. While the bill to fluoridate is proposed as a health benefit, it still does not mean that it should be implemented without public consent. And there is precedent that this is indeed of concern to New Zealanders.

I would like to recall for us that in 2007 a referendum was put to the residents of Ashburton regarding fluoridation.

The result was that 64% of voters turned out for the referendum and 55% of those voted against fluoridation. Then mayor, Mr Bede O'Malley stated that QUOTE "a 55 to 45 result is a clear indication of the way the people feel".
ENDQUOTE

Today I would like to address 6 basic issues not being addressed when the government sets out to move decision making on fluoridation solely to the Director General of Health.

1. The public has the right of informed consent with regard to public goods or resources affecting their health. I would like to cite from an NIH abstract on pubmed.gov by the authors Douglas W Cross and Robert J Carton: QUOTE **“Silicofluorides, widely used in water fluoridation, are unlicensed medicinal substances, administered to large populations without informed consent or supervision by a qualified medical practitioner. Fluoridation fails the test of reliability and specificity, and, lacking toxicity testing of silicofluorides, constitutes unlawful medical research. It is banned in most of Europe; European Union human rights legislation makes it illegal. Silicofluorides have never been submitted to the U.S. FDA for approval as medicines. The ethical validity of fluoridation policy does not stand up to scrutiny relative to the Nuremberg Code and other codes of medical ethics, including the Council of Europe's Biomedical Convention of 1999.”** ENDQUOTE
2. Apart from moral or ethical concerns, public water fluoridation is a medical intervention unequally applied to an entire population regardless of any individual assessment or need. Dosages cannot be controlled for by age, weight, frequency and quantity ingested for hoped-for benefit - all of which are standard considerations in any other medical intervention. Further, the regulation of the amount, in PPM, or Parts Per Million is based on maximum safe limits for toxicity, not for medical, dental efficacy. So even establishment proponents must admit this as a tacit acknowledgement of the inherent risk associated with this practice- which in any other circumstance might more accurately be called malpractice.
3. I respectfully ask those present: **Do you know the difference between hydrofluorosilicic acid and sodium fluoride?** The public has a right to be informed as to the chemical nature and source of fluoride proposed to be

injected into their water- just as much as they can expect on the packaging of any other food, beverage or medicine they ingest. If I may quote an article from the New Zealand Institute of Chemistry: Water fluoridation QUOTE **“is usually done with one of three fluorine-containing chemicals (sodium fluoride, sodium fluorosilicate and hydrofluorosilicic acid), but this article focuses on hydrofluorosilicic acid as that is the chemical most commonly used in New Zealand for this purpose.** “ ENDQUOTE

Hydrofluorosilicic acid is a waste product of the phosphate fertiliser industry. Auckland-based company **Ixom** is one of a number of fluoride suppliers in New Zealand and the most common fluoride product used in New Zealand is Hydrofluorosilicic Acid (HFA). They euphemistically call it a naturally occurring co-product of the superphosphate fertiliser manufacturing process, but it is in fact, a waste product of the phosphate fertiliser industry. HFSA meets the criteria for classification as a hazardous waste (toxicity, reactivity and corrosivity) under 42 United States Code, Section 6901. An article in the Te Awamutu Courier titled “Getting Teeth Into Fluoride Issue” May 22nd, 2014 sums up this point well:

QUOTE **“Hydrofluorosilicic acid is a waste product of the phosphate fertiliser industry. Two highly toxic gases, hydrogen fluoride and silicon tetrafluoride, are captured by wet scrubbers in the refining process. Hydrofluorosilicic acid is a class 6 toxic waste product. Under law it cannot be dumped in the sea, rivers or the ground. It costs thousands of dollars to dispose of. Producers of hydrofluorosilicic acid solve this problem by selling it to councils around the country to add to their drinking water”** ENDQUOTE

Former vice president and senior chemist at the United States Environmental Protection Agency (EPA) headquarters, Dr William Hirzy, had this to say about it: QUOTE **“If this stuff gets out into the air, it’s a pollutant; if it**

gets into the river, it's a pollutant; if it gets into the lake, it's a pollutant; but if it goes straight into your drinking water system, it's not a pollutant. That's amazing." ENDQUOTE

Owing to the high costs of disposal, it is not surprising that these industries would be eager to turn this expense into a source of income by selling it to municipalities. Collectively, this makes our public water supply systems a hazardous waste disposal system for these products.

Before legislation is advanced any further, we request that the Council disclose the source, supplier and chemical composition of fluoride additives proposed for use in our water.

4. There is no convincing evidence that ingested fluoride is more beneficial than topically applied (as in toothpaste). In fact, scientific reviews show that water fluoridation may *not* effectively prevent cavities. I'll quote now from an article in Newsweek Magazine, BY DOUGLAS MAIN ON 6/29/15. QUOTE **"The Cochrane Collaboration, a group of doctors and researchers known for their comprehensive reviews—which are widely regarded as the gold standard of scientific rigor in assessing effectiveness of public health policies—recently set out to find out if fluoridation reduces cavities. They reviewed every study done on fluoridation that they could find, and then winnowed down the collection to only the most comprehensive, well-designed and reliable papers. Then they analyzed these studies' results, and published their conclusion in a review earlier this month.**

The review identified only three studies since 1975—of sufficient quality to be included—that addressed the effectiveness of fluoridation on tooth decay in the population at large. These papers determined that fluoridation does not reduce cavities to a statistically significant degree

in permanent teeth, says study co-author Anne-Marie Glenny, a health science researcher at Manchester University in the United Kingdom. The authors found only seven other studies worthy of inclusion dating prior to 1975.

The authors also found only two studies since 1975 that looked at the effectiveness of reducing cavities in baby teeth, and found fluoridation to have no statistically significant impact here, either.” ENDQUOTE I will provide a copy of this article for you with this submission.

This can be further illustrated by a schedule of the decay statistics in Ashburton District of 5-year-olds and 12-year-olds covering the period from 2002 (when fluoridation eased in Ashburton township) to 2013. The schedule reveals a significant reduction in dental decay over that period. The average decay for the 3 years of 2011, 2012, 2013 in Ashburton 12-year-olds was only 1.2 DMFT (decayed, missing, filled teeth). And this is achieved without fluoridation.

5. Fluoride is a neurotoxin: A 2012 Harvard-funded meta-analysis found that children drinking fluoridated water tested an average 7 IQ points lower in 26 out of 27 studies. This was reinforced by a 2020 NIH-funded study in Canada found that babies fed formula mixed with fluoridated water suffered a reduction of 4.4 IQ points for every additional 0.5 mg/litre of fluoride concentration in water. When extrapolated to the typical NZ concentration of 0.85 ppm this represents a 7-point IQ loss. As of February 2021, a total of 76 studies have investigated the relationship between fluoride and human intelligence. Of these investigations, 68 studies have found that elevated fluoride exposure is associated with reduced IQ in humans, while over 60 animal studies have found that fluoride exposure impairs the learning and/or memory capacity of animals. The human studies, which are based on IQ examinations of 25,190 children (66 studies) and 245 adults (2 studies),

provide compelling evidence that fluoride exposure during the early years of life can damage a child's developing brain. I'll cite one more abstract from Environmental Health Journal, Article # 110, 2019: QUOTE **“Three recent prospective studies from Mexico and Canada with individual exposure data showed that early-life exposures were negatively associated with children's performance on cognitive tests. Neurotoxicity appeared to be dose-dependent, and tentative benchmark dose calculations suggest that safe exposures are likely to be below currently accepted or recommended fluoride concentrations in drinking water.”** ENDQUOTE

6. Fluoride is in the halide family of elements on the periodic table. As such, it will readily bind to other impurities in water such aluminium to increase aluminium uptake (see Pubmed Article ID 7897695). Which is known to be a contributing factor to Alzheimer's Disease (see Pubmed article 1617567) Fluoride will also readily bind to the thyroid gland's iodine receptors, which can cause or contribute to an iodine deficiency. This, in turn, can cause hypothyroidism, and goiter. High concentrations of fluoride in the drinking water can decrease fertility and it can cause fluorosis (which is a deformity) of the teeth and bones. Studies concluding these findings can all be found on the US National Library of Medicine website and National Institutes of Health.

There are many more points I could make, but out of respect for your time will limit them here. I hope these points will be taken seriously into consideration as you deliberate.

Because this has been, historically, a contentious subject, it is understandable that Councillors would prefer that the decision be taken out of their hands. However, they still have a responsibility to the voters, their ratepayers and citizens.

I hereby respectfully submit that this responsibility should include the protection of the democratic right of your community to make its own decision on this subject.

Thank you.

-----END-----