Written evidence submitted by The UK Freedom From Fluoride Alliance (HSC0010)

On behalf of The UK Freedom From Fluoride Alliance, I wish to make a written statement to the Health and Social Care Select Committee in relation to the Government's White Paper "Integration and Innovation: working together to improve health and social care for all" in relation to the DHSC's wish to return responsibility for Water Fluoridation Proposals and Public Consultations to Central Government. (Paragraphs 1.20, 3.26, 5.120, 5.132 - 136)

I have been active against Water Fluoridation since 2003, have extensively researched the issue and have spoken about the issue in public on many occasions. I hold a BSc. (Hons) in Environmental Science and I also have a Certificate in Health and Nutrition. I am the lead author of a technical paper "A Complete Waste of Money! Water Fluoridation Costs for England, 2013-2021" which is on the Researchgate platform. I am currently the Coordinator of the UK Freedom From Fluoride Alliance (UKFFFA). We are a nation-wide organisation.

If invited to present evidence, I am more than happy to remotely attend a meeting of the Select Committee.

UKFFFA is opposed to the wishes of the DHSC to take over control of Water Fluoridation from Local Authorities. Although the current situation is not ideal in that we would like Water Fluoridation to cease altogether, we feel that the issue should remain in the hands of the Local Authorities in whose area a new proposal arises.

Summary

The current position whereby proposing Local Authorities scrutinise a fluoridation proposal prior to going out to Public Consultation ensures that there are checks and balances in the process so that constituents have the opportunity at a local level to "educate" the proposing local authority prior to any public consultation with the intention of highlighting any recent research which weakens the case for Water Fluoridation. Scrutiny is an important stage prior to policy changes. UKFFFA is not sure that there will be any scrutiny of DHSC's proposals for new Water Fluoridation schemes. At present we can all attend local government scrutiny meetings but even if they were to take place in London, attendance would be difficult, particularly if we have to travel from distant areas. "Remote control" and a refusal to scrutinise each new proposal ensures that checks and balances are not possible.

Moreover, centralising the issue would make providing relevant information to the Dental Public Health team very difficult. It would also make it even more difficult to ensure that information which we provide has reached the right person and that that person is willing to take it into account. We have grave doubts that this would be the case. Since Scrutiny would no longer be seen to be necessary, then no account would be taken of robust scientific evidence sent in by concerned citizens.

The DHSC should undertake long-overdue research into Water Fluoridation before tightening the grip it has on the issue even further. The DHSC should also examine all the relevant legislation which does not support compulsory medicine and the addition of carcinogens and poisons to drinking water.

We fear that the next legislative stage would be to make Water Fluoridation mandatory. Tightening the legal grip further around this issue should this part of the White Paper make it onto the Statute Book prepares the way for this denial of our human rights to refuse medical/medicinal treatment to be set in stone. That would be a bridge too far and not a step that should be taken by any UK Government.

Removal of Individual Autonomy

The DHSC would appear to be refusing us individual autonomy in respect of taking our own health decisions. By taking over 100% responsibility for Water Fluoridation, their ambition would become more realisable. However, quoting from the 2010 White Paper on Healthy Lives, Healthy People**, 30th November 2010, CM7985:**

2.5 ..... **Individuals should feel that they are in the driving seat for <u>all aspects</u> of their and their family's health, wellbeing and care**.

2.20 The arguments about when it is appropriate for government to intervene in people's health and to what extent have become oversimplified. They are often presented as a straightforward choice between two extremes – intrusive intervention into people's lives or completely hands-off. These fail to capture the wide range of interventions that are available and **the need to make decisions on a case-by-case basis about which to use.**

2.24 .... **We will treat capable, responsible and informed adults as adults**. ....We need to use different approaches for different people, drawing on the latest evidence from behavioural science to do this.

"Speaking at the launch of a white paper that will shake up the NHS, the health secretary, Andrew Lansley, said improving the information given to patients – enabling them to choose which hospital or doctor treats them – could potentially be the proposal's most important reform.

He said patients should share in the decisions made by clinicians about their health, and have more choice and control. **The norm should become "no decision about me, without me".** (The Guardian, 12th July, 2010).

The Department of Health and Social Care is 100% concerned with health issues. Its health interventions must be decided on by the patient and the medical professional. Therefore, to make an exception of Water Fluoridation, which is compulsory once the fluoridating acid has been added to drinking water, is problematical. As individuals, we have the right under the NHS Constitution to refuse consent, or to accept health care and health interventions when they are proffered. Our laws protect our individual right to refuse or to accept health interventions if we have mental capacity. We don't have to be "patients" for us to voice this right.

Water Fluoridation is "arm's length" healthcare. It may be prescribed by Public Health, but Public Health staff are employees of the DHSC and the DHSC is concerned with our health.

We **must** be treated as individuals but that right has been removed by over-zealous health authorities who unilaterally decided to fluoridate us between 1964 and 1988.

Because of the DHSC wishing to take over complete responsibility for Water Fluoridation, individuals would be less able to exert their rights over their health autonomy. (See below in the Section on Public Consultations.) Surely, we should be moving in the other direction to more individual choice regarding heath interventions? Has the Government decided that "no decision about me without me" was wrong-thinking? If it has, then centralising Water Fluoridation and giving the responsibility to the Director of Dental Public Health and her staff is a step which would undo the progressive thinking expressed in Andrew Lansley's White Paper (2010).

We realise that this Select Committee is not here to decide on the illegality of Water Fluoridation: that debate has to wait for another day. This debate is all about whether or not to move decision-making responsibility to the DHSC, thus cutting out Local Authorities whose constituents are likely to be affected by a proposal made by unelected Civil Servants in the DHSC without there being any involvement by elected Local Authorities.

Removal of the Requirement to Scrutinise

At present, Local Authorities are required to scrutinise issues where a justifiable challenge has been declared by concerned residents. This scrutiny requirement is vital in order to ensure that Local Authorities listen to both sides of an argument, that they follow procedures and are seen to be acting in a just and fair manner. Without Local Authority scrutiny, many programmes could be railroaded through. It also allows constituents the time to learn about the issue before a Public Consultation (PC) is launched. UKFFFA fears that should the DHSC launch a PC for a particular Local Authority area, the process would be indecently quick and would catch residents unawares. Water Fluoridation is not an easy topic to learn about, particularly since it is concerned with chemistry.

Water Fluoridation Public Consultations (PC's)

We understand that people taking part in Water Fluoridation PC's not only have to coherently explain their objections (or support) but they also have to provide references to substantiate their objections (or support). That may not always be possible if residents are not comfortable with scientific reports and with how to cite references. This has a discriminatory effect. Those who do not feel confident in their use of our language may be deterred from responding altogether to the invitation to submit to a PC no matter how strongly they feel about the issue. Another downside to PC's is that it is only those residents who can use a computer who can comprehensively respond. After the newspaper adverts have appeared, it would be difficult in the short time allowed, for residents to gen up on the issue which they instinctively feel is not "quite right". To whom do they turn for balanced information? At least, if the PC is controlled locally, and if the lead time to the PC is adequate, they stand more of a chance to respond coherently and knowledgeably.

The rightness or wrongness of holding Public Consultations for an illegal intervention which has an adverse effect on health and human rights is not a topic which this Select Committee is being asked to debate BUT we feel that we have to state that it seems wrong for a resident to vote in favour of a neighbour having a medicine compulsorily added to his/her drinking water, when that neighbour is against the intervention.

The law appears to state that when it comes to adjudicating on the responses by respondents to the PC, it is not the numbers for and against the proposal which will be the deciding factor but the coherence of, and justification for each person's viewpoint. Those in favour of Water Fluoridation are often health professionals - dentists, Public Health Consultants, NHS staff, medical doctors, members of the various health committees, etc. Those of us who are against Water Fluoridation are a few scientists and laymen who are instinctively against Fluoridation. Those opposed are less likely to be working in the medical profession. So the coherence of those in favour would possibly outweigh the coherence of those against Fluoridation. That would disproportionately skew the results.

The law stipulates that only people living in the target area should take part in a PC. What assurance would we have that pro-fluoridation people living outside the affected area do not take part in the PC? All correspondence between The Consultation Institute and the Department of Dental Public Health would be kept from the public view. Moreover, it would be difficult to ask for information on this sensitive issue via a Freedom of Information request. Once the responses to the PC have been scrutinised by The Consultation Institute, what assurance would we be given that everything has been fairly conducted? We could, of course, say the same about PC's conducted by Local Authorities. However, Councillors are far more accountable to their constituents than unelected Civil Servants are to the electorate.

Moreover, protesters against Water Fluoridation are more likely to live in the affected area and are more able to approach their Councillors. It would not be so easy to approach those faceless and

nameless Civil Servants responsible for managing Water Fluoridation and we most certainly wouldn't be able to talk to the Secretary of State due to security restrictions and gate-keepers.

Remote Control

The decision to forge ahead with a Water Fluoridation proposal could be taken by the DHSC which is not intimately involved with the targeted community. Yes - Government Departments have made decisions relating to local communities in the past BUT never before has the DHSC decided on medicines to be given compulsorily to individuals in a community without closely liaising with the relevant local authority. Even the Southampton Water Fluoridation proposal in 2008-2013 was managed by the Regional Strategic Health Authority. That was clumsily managed and it was only when local people started to protest that a form of scrutiny emerged. People's perception of the SHA was that they were a Committee of unelected people manipulated by the local PCT - also unelected - many of whom were Public Health Consultants - also unelected. If the DHSC takes over responsibility, this perception would strengthen: most of the "experts" in the Dental Public Health department of the DHSC are unelected and are not accountable to the electorate. The resentment towards centralised Civil Servants and "experts" who are calling the shots would grow. Our attitude is bound to be "how dare they tell us what we should drink!?".

In 2020 in the House of Commons, The Parliamentary Under Secretary for Health and Social Care (Jo Churchill), stated "It is important that local people have local ownership over the issues and challenges in their area, **because one size will not fit all**." "Local areas know their localities best." (HC Deb. 4th March 2020, c910).

In which way are the current proposals in line with the policy voiced in the House of Commons in 2020? We want local ownership of proposals to begin or terminate a Water Fluoridation programme. Remote control would make this impossible.

Legal Inconsistencies which need to be resolved before any more Water Fluoridation legislation is enacted

We've touched on the illegality of Water Fluoridation above. Is it the business of the DHSC to continue to pretend that the practice is legal when the practice is fraught with legal inconsistencies? Surely, these legal inconsistencies should be scrutinised, preferably in public, and settled, before the DHSC is allowed to take over?

Some of the legal inconsistencies are:

The deliberate **addition** of arsenic, lead and several other heavy metals radioactive substances and poisons to drinking water (BSEN 12175:2013, p. 7,8; CAL, 2000; CoT on Arsenic, COT/2003/01). Arsenic is a carcinogen and any amount is too much.

The deliberate addition of Hydrofluoric Acid to drinking water when it is not a permitted compound of fluoride. Hydrofluoric acid is a reportable poison: (Deregulation Act 2015, Schedule 21, Part 4; Water Industry Act 1991, s.87)

The addition of hexafluorosilicic acid to food when the acid is not a permitted ingredient for adding to food. In fluoridated areas, manufactured food using tap water contains the non-permitted ingredient. (UK Reg. 1631:2007; EU Reg. 1925:2006, Article 17 and EU Reg. 1170:2009, Annex III)

The UK Medicines Act 1968, Section 130 defines "medicine". Fluoridated water is clearly a medicine according to this definition.

The list above is not exhaustive.

The Medicinal Nature of Fluoridated Water and Lack of Research

The Select Committee has to ask itself the following question: Is fluoridated water, as sponsored by the DHSC and by the NHS, a medicine? If it is, then it's a medicinal intervention. Denying its medicinal status is "legal fiction". (Shaw, 2012) But, it has to be a medicinal intervention because no other descriptor will fit. It is mere sophistry to describe it as a public health measure because that is not a descriptor of its physical nature. Public health is all about universality but when it comes to compelling people to take a medicine for a whole lifetime, surely there have to be checks and balances? We won't get those checks and balances if the DHSC Dental Public Health Department takes over responsibility for Water Fluoridation and then pulls up the drawbridge.

Fluoridated water is undoubtedly a medicine (Jauncy 1983; Supreme Court of New Zealand 2018; Shaw, 2012). It complies with the description of a medicine in The Medicines Act 1968 (as amended), s.130. It may not have been granted a medicinal licence by the MHRA and it may not have been clinically tested BUT it can be nothing other than a medicine.

The British Standard which describes the acid used in Water Fluoridation programmes has this to say about the issue: "Hexafluorosilicic acid is used for the fluoridation of drinking water to **increase the resistance of consumers** to dental decay." (BSEN 1275:2013, p. 19). It is not added to treat raw water!

Water Fluoridation is an on-going medicinal experiment without individual consent. It therefore violates Article 1 of the Nuremberg Code, 1947. It is an experiment because a final report following double-blinded, longitudinal and controlled research has never been attempted by Governments practising the intervention. It is highly unlikely that the Dental Public Health Department at the DHSC would ever sponsor such research, particularly if it becomes 100% responsible for Water Fluoridation. Also missing from the DHSC research database is research relating to the several recommendations of the Medical Research Council in 2002 and follow-up research into the correlation study by Peckham et al in 2015 into the greater percentage of people with hypothyroidism living in fluoridated areas compared to non-fluoridated areas. How can the DHSC claim that Water Fluoridation is a silver bullet which prevents tooth decay when the same silver bullet is suspected of causing hypothyroidism which costs the NHS dearly. Before they are entrusted with full responsibility for Water Fluoridation, surely we should see some willingness to answer research questions which the DHSC has decided not to research into.

Flimsy Evidence Compelling PHE's Desire to Fluoridate

Another reason why it is inadvisable to allow DHSC/PHE to control new proposals and PCs is the inadequate proof produced by dental examiners that an area is undergoing an epidemic of tooth decay.

For example, in 2015, in County Durham, examiners saw 235, 5-year-olds out of a total population of 5,657. 35.1% had dental decay, missing or filled teeth (dmft). Decay in this relatively tiny number of children (82 children) is taken by PHE as indicative of decay rates which would be found in the other 5575 children in the County. That's ridiculous, especially if the examiners saw children in primary schools in disadvantaged areas in 2015.

Due to this single finding of 35.1% dmft rate, PHE persuaded Durham County Council to consider Water Fluoridation. In 2017, the decay rate was lower (25.8%) because a larger sample of 2763 children were examined. Nevertheless, the Fluoridation wagon had started to rumble and PHE was not going to be deterred. Unfortunately, it transpired that fluoridating areas of disadvantage would cost more than if the entire County was fluoridated and then we discovered that this would also mean fluoridating Sunderland, South Tyneside and the little unsuspecting town of Alston in Cumbria because of water pipe infrastructure. So, instead of initiating oral health programmes in the schools which the 235 children attended, the conclusion was that 809,000 people would need to become

fluoridated in order to hopefully reduce the dental decay rate. And it is "hopeful" because the jury is still out on whether Water Fluoridation actually works!

To cut to the chase, PHE didn't have to try too hard to persuade Durham County Council's Health and Well-Being Board to seriously consider Water Fluoridation instead of the various oral health programmes recommended by NICE (2014). However, the Council could not go straight out to PC without going through the Scrutiny process which is what happened all too briefly in 2019. Covid-19 temporarily interrupted further progress of the proposal.

Should Water Fluoridation become the sole responsibility of PHE, the "concerning" oral health statistics would trigger a PC without there being any pause for reflection. PHE is happier dealing with universal "solutions" than with individualised oral health programmes. In order to justify this draconian public health measure, the organisation has adopted a Return on Investment model which is flawed and which erroneously makes Water Fluoridation look far more economical than the various NICE interventions. In conclusion, flimsy evidence makes for unsound knee-jerk decisions which require a safety valve (Scrutiny) to prevent excessive reactions. There would be no safety valve if Water Fluoridation becomes centralised. Why is Scrutiny seen necessary for Local Government but not for Whitehall Departments?

DHSC's Conviction that Fluoridated Water is Here to Stay

It is worrying that nowhere in the White Paper does it talk about the Secretary of State being responsible for deciding on terminations of Water Fluoridation programmes. Can the DHSC not envisage a time when the research against Fluoridation will be so overwhelming that no Government will be able to ignore it? Already, the DHSC is behind the times and has failed to keep up with the huge number of research studies into systemic fluoride. Granted that not all research is top quality but when there are over 400 reports affirming that fluoride reduces human and animal intelligence with the most recent high quality reports being relevant to developed countries in the West, shouldn't the DHSC start to hear warning bells? (In the USA, fluoride is now classified as a "presumed developmental neurotoxin". (www.Fluoridealert.org > Brain) It can't be "known" because that would mean that human experiments would have had to have taken place and we really shouldn't experiment on pregnant women and the unborn child!)

"What happens in one's early years, even before one pops out into the world, has an impact on inequalities." (Jo Churchill MP, HC Deb. 4th March 2020, c910). Too right! Deliberately lowering a child's intelligence increases inequalities.

Joy Warren

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Appendix

CAL

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CHEMICAL ANALYSIS CONFIDENTIAL REPORT No. W8158

Report Number	W8158
Invoice Number	10858
Laboratory Number(s)	23034
Your Order Number	
Number of Samples	1
Sample Description	Hydrofluorosilicic Acid
Date Reported	14/08/00

TEST	RESULT
Calcium	51 ppm
Magnesium	23.9 ppm
Sodium	33.6 ppm
Potassium	6.2 ppm
Aluminium	2.1 ppm
Boron	14 ppb
Manganese	571 ppb
Copper	90 ppb
Zinc	523 ppb
Phosphorus	26187 ppm
Barium	168 ppb
Iron	11.85 ppm
Sulphur	134.9 ppm
Arsenic	4826 ppb
Cadmium	4 ppb
Chromium	3763 ppb
Mercury	5 ppb
Nickel	1742 ppb
Lead	15 ppb
Selenium	2401 ppb
Thallium	<2 ppb
Antimony	14 ppb
Tin	4 ppb
Cobalt	56 ppb
Strontium	88 ppb
Molybdenum	490 ppb
Beryllium	<2 ppb
Vanadium	87 ppb