

Written evidence submitted by Bromsgrove for Pure Water (HSC0020)

On behalf of Bromsgrove for Pure Water, I wish to make a written statement to the Health and Social Care Select Committee regarding the Government's White Paper "Integration and Innovation: working together to improve health and social care for all" and specifically in relation to the DHSC's proposals to take responsibility for Water Fluoridation Proposals and Public Consultations. These proposals are in Paragraphs 1.20, 3.26, 5.120 and 5.132 - 5.136.

My family's water supply is fluoridated.

Please accept my evidence without the need for me to be remotely present at the meeting.

Summary

DHSC has not considered the impact that new Water Fluoridation programmes would have on the citizens of England.

Fluoridated water is a medicine and it violates our human rights to make us drink a medicine every day of our lives. It is quite obviously a medicine because even though it does not have a medicinal licence, the intent of adding fluoride to water is to convert treated drinking water into a medicine. (BSEN 12175:2013, p.19)

Water Fluoridation is legally unsound. Government should not be allowed to continue to make the swallowing of medicine compulsory.

Water Fluoridation should not continue but while it remains legal, decisions should remain with Local Authorities in whose area the proposal arises.

The rules relating to Public Consultations are unjust.

Bromsgrove for Pure Water considers that the wishes of the DHSC to take responsibility for Water Fluoridation in its entirety is ill-considered and doesn't take into account (and I quote from your Website) "the real-life impact for the laws which we pass in Parliament".

Extant law locked us into Water Fluoridation when the The (Water) Fluoridation Act 1985 was enacted with a dismal voting record of a majority of 80 votes in favour but with 399 abstentions!

The law legalised a practice which is not defensible since it makes our drinking water into a compulsory medicine. Two court rulings (Scotland in 1982 and New Zealand in 2018) ruled that fluoridated water is medicine. The Council of Europe's Convention on Human Rights and Biomedicine, and the Nuremberg Code 1947 enshrined our rights to withhold consent to medical treatment. It is a mystery why and how HM Government can continue to ignore these International instruments.

Covid-19 vaccinations are not compulsory because, according to the Prime Minister "that is not the way we do things in this country". Perhaps he hasn't been told about compulsory Water Fluoridation for 6 million people living in England?

The practice is legally unsound, e.g. the UK Medicines Act 1968, Section 130, supports our view that fluoridated water is medicinal water. While Water Fluoridation remains a legally controversial practice, it would be a grave error to allow the DHSC to control all aspects of Water Fluoridation, particularly because we cannot see any mention in the White Paper of the need to scrutinise new proposals. Also, we do not see any mention of considering how to terminate existing Water

Fluoridation programmes and this implies that once started there would never be a chance to stop Water Fluoridation even though very strong research emerges which argues for immediate cessation.

Already we have strong evidence that fluoride reduces the intelligence of the unborn child and the infant. Please access evidence on the Fluoride Alert Network's excellent website - www.fluoridealert.org and search for "intelligence". Surely, it is the responsibility of the DHSC to examine the evidence before attempting to alter the Water Fluoridation section of the Water Industry Act 1991?

PHE tells us that fluoridated water is safe to drink but there is nothing in worldwide research literature which confirms its safety. Therefore, there is no proof that it is safe and the PHE Health Monitoring reports for 2014 and 2018 prove nothing because most of the illnesses which they describe are not the illnesses which we claim are caused, directly or indirectly, by swallowed fluoride.

Until such time as this archaic practice is thoroughly reviewed and recommendations for its termination made by a body which is independent of the DHSC, I consider that Local Authorities should continue to have the responsibility for proposing Water Fluoridation programmes for their area of responsibility. In other words, if we can't have the current law permitting Water Fluoridation repealed, we would like the current law permitting Water Fluoridation to remain unaltered and for Local Authorities to remain accountable to their constituents.

However, the law which deals with Public Consultations (PC) needs to be refined whether or not Local Authorities are to continue to be responsible for the practice.

The current law and regulations give LA's the right to ignore arguments against WF - even if they are in the majority of submissions - if there are strong reasons for proceeding with Water Fluoridation after the PC ends. If we have to have a PC, we would prefer that the results were decided on a head count. Any new law concerning WF should therefore insert the primary goal of a PC as being the determination of how many are in favour of WF and how many are against. After all, we're voicing our preferences and we shouldn't have to run through hoops in order to convince the Dental Public Health team at the DHSC. When we vote for an MP, we don't have to justify our choice, do we? So why should it be different when we are invited to state a preference in relation to a practice which, if it is implemented, will impact us for the rest of our lives.

Why should we struggle to justify our wishes not to have arsenic, lead and hydrofluoric acid added to our drinking water? (BSEN 12175:2013, pp 7-8). It should be enough to state that we wish to avoid drinking these poisons without having to dredge up every reference we can find in order to justify our response.

Asking so much of us (justification and the citing of references) deters people from responding to the invitation. It's rather like saying "Yes - you can voice your opinions but we don't have to take notice and if you haven't cited references, then we definitely will exclude your responses from consideration."

We saw this bad practice in Southampton and South-East Hampshire in action in 2008 where the majority of respondents to the PC (7,200 people) stated that they were against Water Fluoridation with 2,800 people in favour. The South Central Strategic Health Authority decided that the arguments in favour of Water Fluoridation outweighed the arguments against, so declared that

Water Fluoridation would go ahead. How could this have been democratic? All in all, it was a scandal!

If the DHSC takes on the responsibility for new Water Fluoridation proposals, this bad practice will continue. None of us would ever be able to throw off the burden of Water Fluoridation because although our votes would be in the majority, they would be treated with contempt. We have no great faith in the decisions made by Public Health England and the DHSC in relation to Water Fluoridation. Individual choice is subsumed by the urge to treat us as a mass. We are individuals and we should have the right (according to the NHS Constitution) to refuse compulsory treatment.

Mairead Price

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