

Submission on the Health (Fluoridation of Drinking Water) Amendment Bill

Submitter: Eric Blankenbyl

The way the Bill is drafted makes it clear that the MOH is attempting to maintain its 60+ year old policy of supporting fluoridation, which has become increasingly threatened by a growing body of cogent scientific evidence linking excessive fluoride ingestion to harms such as IQ reduction, endocrine disorders, dental fluorosis, and skeletal fluorosis.

Recent events have demonstrated that as elected councillors have become informed of this evidence and have invited the MOH to respond to it, the MOH has been unable to offer a scientific rebuttal of the evidence of harm.

This has resulted in a trend whereby informed councils have decided to cease fluoridation.

The response from the MOH has demonstrated its determination to maintain its fluoride policy by introducing a Bill to shift the decision to fluoridate from community based councils to the MOH controlled District Health Boards.

The Bill is structured to enshrine into law the MOH's 60+ year old practice of ignoring or dismissing all evidence relating to the ineffectiveness and harmful effects of fluoridation. The Bill instructs the DHB's to consider only the scientific evidence of the effectiveness of fluoride to reduce tooth decay. All other evidence (including the ineffectiveness of fluoride to reduce tooth decay) is to be ignored.

Which is what the MOH has been doing since fluoridation began in 1954.

They have done so because it has always been MOH policy to promote fluoridation as a safe and effective way of preventing dental caries. It is a condition of employment for all MOH staff to adhere to that policy. So when they are presented with information that conflicts with the policy they are duty bound to either **ignore, discredit, or dismiss** it.

Sometimes it can be good to set a policy in stone: The owner of a very successful supermarket in the USA, set the following 2 polices in stone outside his store:

Policy # 1: The customer is always right.

Policy #2: In the event that the customer is wrong, refer to policy #1.

But it is an entirely different matter when a nations Health Ministry applies that principle to the mandatory consumption of one of the most toxic substances on the planet in the name of our health, and doesn't tell anyone:

It will be very interesting to see what the members of this select committee make of this curious arrangement as it has been applied to improving the health of a nation. Aside from the aforementioned councillors, this will be the first time that elected representatives of the people will be free to review all the facts to make a balanced appraisal of the fluoridation issue.

I submit that the members of this select committee should insist on hearing all the evidence that successive councils were presented with that caused them to stop fluoridation.

One aspect of the information the Ministry wants removed from the decision making process relates to a study on fluorides impact on IQ levels ⁽¹⁾, which includes the following specifics:

- Dental Fluorosis is a sign of excessive fluoride exposure in utero when teeth are being formed (This has long been accepted by the Ministry, but has been **dismissed** as being 'purely cosmetic' and therefore not important).
- Fluoride is a neurotoxin.
- Fluoride readily crosses the placenta.
- The developing human brain is much more susceptible to injury caused by toxicants than the mature brain, and the damage incurred is likely to be of a permanent nature as the major windows of developmental vulnerability occur in utero and during infancy.
- Neurotoxic chemicals can, therefore, cause permanent brain injury at low levels of exposure in utero and during infancy, that would have little or no adverse effect in an adult.
- Moderate to Severe fluorosis in children is linked to significantly lower scores in a number of cognitive function tests, resulting in the conclusion that
- Children with excessive fluoride exposure as evidenced by fluorosis showed an average loss of 7 IQ points.

The Chief Scientific advisor, Sir Peter Gluckman issued a press release reviewing the literature last year, to re-assure us all that Fluoridation was still found to be safe and effective. In the association between fluoride and cognitive harm was mis-reported as having an impact of less than one IQ point, which was **dismissed** as being statistically insignificant. When this error was pointed out an erratum was later posted on the Royal Society website ⁽²⁾ which states:

- **Erratum:** The previous version of the executive summary of this paper stated that the claimed shift of IQ from fluoride exposure was less than one IQ point; it should have stated less than one standard deviation. Updated 15 January 2015.

A standard deviation is 15 IQ points. The exact amount of the drop in IQ in the study is 0.45 of a standard deviation, or 6.75 IQ points which was rounded to 7 in the report.

The initial press release was widely reported in the mainstream media, whereas the Erratum was not. The **dismissal** of the drop in IQ being statistically insignificant **remains** in the executive summary.

It would appear that Sir Peter Gluckman et al are subject to the constraints of the MOH policy.

Lead in paint and petrol was banned because it was shown to lower IQ by 3.5 points ⁽³⁾.

I wrote to the Herald twice ⁽⁴⁾ asking them to report the erratum and to interview the authors of the executive summary about how they could still **dismiss** a drop of 7 IQ points as being statistically insignificant. All of my communications were **ignored**.

It would appear that the NZ Herald has a policy to adhere to the constraints of the MOH policy.

I submit that this select committee should set aside the sacred cow status that fluoridation has enjoyed for the past 60+ years and treat this issue seriously and consider the following aspects of fluoridation with open minds.

- Consider the fact that when fluoride is delivered in tablet form it is subject to the Medicines Act, which means that the following dosage advisories based upon toxicology assessments must be displayed:

'Do not use in children under 3 years of age. Do not use during pregnancy'.

It would appear the MOH's own toxicologists are aware of the need to protect both the developing foetus and the developing infant from exposure to fluoride, and have been aware of this since the 1960's.

Fluoride – if the doctor gives it to you it's a medicine with a warning "Do not use is children under 3 years of age. Do not use during pregnancy". If the local council put it in the public drinking water it's not a medicine and everyone will take it no matter how old they are, how sick they are and even if they don't want it . Does that make sense to you?



A bottle fed baby drinking 600ml a day of fluoridated water at 0.85 ppm (the average in NZ) will consume the equivalent of 372 fluoride tablets in a year (nearly 4 bottles !) and a pregnant women drinking 2L a day will consume the equivalent of 930 fluoride tablets or close to 10 bottles during her pregnancy!

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- Consider the impact that a nationwide lowering of IQ has had (and will continue to have if fluoridation continues) on this country's Intellectual Capital.
- Consider how many NZ children born since 1954 have been robbed of their full cognitive potential, to the detriment of their educational prospects, career choices, earning capacity, and even their personal freedom (It is common knowledge that many of those who are incarcerated in our prisons suffer disproportionately from illiteracy and poor decision making skills).
- Consider the bottle fed babies who have received and continue to receive massive overdoses of fluoride from trusting parents who were and still are completely unaware of the harm that is being visited upon their babies due to the policy of fluoridation.
- Consider the fact that the fluoride tablets are pharmaceutical grade, whereas the fluoride in the water is industrial waste grade and is known to contain other contaminants (the levels of which are not monitored) including arsenic, cadmium, lead, mercury and uranium.

The false premise of 'Absence of evidence is evidence of absence'

The use of this false premise is a vital tool in maintaining the policy of fluoridation.

Example: When evidence of fluorosis emerged in NZ, it was accepted that it was evidence of excessive exposure to fluoride, but it was dismissed as being "only cosmetic and therefore irrelevant".

It would take another 30 years before evidence would start to emerge to debunk that assumption

which was presented as fact.

The absence of evidence of cognitive harm was used as evidence of irrelevance.

The responsible thing to would have been to agree that there was a problem if fluoride at 1 part per million in the water supply was capable of causing excessive exposure to fluoride.

The Bill intends to perpetuate the use the false premise of 'Absence of evidence is evidence of absence' by preventing the consideration of any evidence that does not support the policy of fluoridation.

This is the principal of 'turning a blind eye', of refusing to see. It has no place in regulating the health of this nation.

I request that the select committee rejects the Bill as unacceptable and recommends an enquiry to consider the cessation of fluoridation on the grounds that it contravenes our right under BORA to refuse to undergo medical treatment.

The suspension of that right has exposed the nation to a wide range of harmful effects over many decades including IQ reduction, endocrine disorders, dental fluorosis, and skeletal fluorosis, accompanied by assurances of safety and efficacy that are unsupportable and misleading when all the available evidence is taken into account.

(1) See attachment entitled: Association of lifetime exposure to fluoride and cognitive functions in Chinese children: A pilot study

(2) See attachment entitled: Screenshot Royal Society Jan 2015

(3) See attachment entitled: Impact of lead on IQ

(4) Copy of correspondence to the NZ Herald:

to jamie.morton, shayne.currie

Hello Jamie, I originally sent an earlier version of this email 2 weeks ago via the NZ Herald website. As I have not received a response I am sending it again:

Further to your article of 14/8/14 entitled "Fluoride 'safe and effective' - expert review.", I am writing to enquire if you are aware of Sir Peter Gluckman's subsequent admission of an error in the review, which he announced by means of an erratum on the Royal Society Website (see attachment).

As a long term Herald subscriber, I have been keeping an eye out for news of his correction, which I trust you will agree is worthy of at least as much publicity as the original press release.

When the Chief Science adviser to the Prime Minister confirms that one of the consequences of water fluoridation is a 7 point drop in IQ levels I think we can agree that this factor alone outweighs the claimed benefit of a reduction in tooth decay.

How he and his team can continue to maintain the conclusions of the review (To quote your article: 'A high-level panel has found "no adverse effects" of fluoridation of public water supplies, following a review of scientific evidence' and 'The reviewers conclude that on the available evidence there "was no appreciable risk" of effects on cognition') is beyond comprehension and worthy of media attention.

Lead was ultimately banned from paints and petrol because it caused a 3.5 point drop in IQ levels (see attachment).

As you are the Herald's science reporter I would be very keen to read your in depth coverage of this issue, including the possible consequences that a collective drop in IQ of this magnitude could have on this nations rate of scientific achievement as well as our crime, unemployment, poverty and GDP statistics. I am sure that many Herald subscribers would also be interested in Sir Gluckman's rationale for maintaining that a 7 point drop in IQ is not an "appreciable" amount.

As I mentioned, I have been keeping an eye out for news on this and have seen nothing in The Herald. If I have in fact missed anything I would appreciate it if you could send me links to the articles that have been published.

Kind Regards,

Eric Blankenbyl.
2 Attachments

