

Written evidence submitted by Mrs Lisa Crombleholme (HCB96)

Submission to the Public Bill Committee, Health and Care Bill 2021, House of Commons

I am writing to request that Clauses 128 and 129 are removed from the Health and Care Bill, 2021. I am not fluoridated and have no wish to be.

Executive Summary

There are many objections to Water Fluoridation (WF), the main one being that fluoridated water is medicine. This has been confirmed in two courts of law in 1983 (Scotland*) and 2018 (New Zealand**) and in BSEN 12175:2013, Annex A. No-one in England was asked for consent to have their drinking water changed into a medicine between 1955 and the late 1980s. Should responsibility for WF transfer to the DHSC, the NHS Constitution would be engaged because the NHS and the DHSC are both under the control of the Secretary of State. The NHS Constitution clearly states that the wishes of patients of the NHS to refuse treatment are to be heeded and treatment withheld and/or withdrawn.

The DHSC wishes to fluoridate 100% of England as stated by the Secretary of State for the DHSC in <https://committees.parliament.uk/oralevidence/1881/pdf/> , Qs 158-9. In order to achieve this ambition (which was not announced in the Conservative Party manifesto in 2019), Clauses 128 and 129 are intended to tighten control of WF by centralising decisions, thus making it difficult for affected UK citizens to have their voices heard. Decisions on local issues such as how to reduce concerning levels of tooth decay amongst local children, should be taken locally. It is not the remit of a Government in Whitehall to interfere by deciding on compulsory medication for a local community.

MPs have a duty of care for their constituents. Allowing these clauses to remain in the Health and Care Bill 2021 is a dereliction of duty: no-one can order another person with capacity to receive a compulsory medicine for a lifetime – a medicine which is difficult to avoid unless money is spent on filtration – an option not available to those with restricted incomes.

1. Water fluoridation as a public health measure is fundamentally flawed: -

- a) As a form of compulsory medication, it is unlawful and unethical;
- b) As a continuing experiment lasting 76 years in the UK, WF violates the Nuremberg Code (1947) and several other Human Rights' Codes, Directives and Laws
- c) Taken in uncontrolled doses by vulnerable populations, it is medically unsound;
- d) With other means available to combat tooth decay, it is unnecessary;
- e) Since only a tiny amount of fluoride ends up on children's teeth, it is inefficient;
- f) Latest scientific studies show that it is unsafe for the foetus and infant. Over four hundred studies demonstrate that it reduces human and animal intelligence, causes ADHD and interferes with sleep patterns of adolescents.
(<https://fluoridealert.org/issues/health/brain>)
- g) With most of the fluoridated water missing its intended target and being discharged into water courses, it is potentially damaging to the environment. The DHSC plans to

fluoridate 100% of the Nation, meaning that all watercourses below Sewage Treatment Works would become polluted.

- h) When equitably compared to other oral health improvement programmes, it is expensive. The economic case for a good Return on Investment (RoI) for WF is heavily flawed and I require an explanation for why four individualised intervention programmes are incorrectly regarded as being more expensive than WF when the baseline used for WF is different to the baseline used for the four alternative interventions. The results in favour of WF are deliberately skewed.
- i) By centralising decision-making within the DHSC (Clause 128), affected people would stand no chance of influencing the process because they would not have the normal lead-in time to learn about, and cogently express their views on this controversial practice. Whilst Local Authorities subject the issue to scrutiny, it does not appear that the DHSC will do any such thing. Checks and balances will be removed from the process - a thoroughly retrograde step.

2. By altering existing WF contracts between Local Authorities and Water Companies (Clause 129), variations which have occurred over time will disappear without affected fluoridated populations having the chance to request a Public Consultation as is their right under current legislation. Three such varied contracts relate to Central Bedfordshire (Pulloxhill District which has not been fluoridated for 21 years), Bedford Borough (not fluoridated for 12 years) and West Cumbria (a new water distribution scheme which requires a WF Public Consultation). Residents currently have the right to a Public Consultation when existing contracts are comprehensively varied; if the law regarding WF Contracts is changed, their rights to express their objections will disappear. This is a deliberate tactic of the DHSC to keep affected populations indefinitely locked into existing Water Fluoridation programmes.

3. Since fluoridated water is medicine (BSEN 12175:2013, p.19, Annex A, A.2.2) the DHSC and UK Government are not compliant with the Medicines' Act (1968, s. 130) and wrongly insist on viewing fluoridated water as drinking water or as food. This lack of compliance means that the fluoridating acid (Hexafluorosilicic acid) has never been clinically tested and has no marketing authorisation. The claim that fluoridated water is safe to ingest is therefore, without foundation. Public Health England has been unable to provide any proof of safety. (https://www.whatdotheyknow.com/request/research_proving_the_safety_of_w#outgoing-748683)

4a. Fluoridated water is not drinking water because it is a medicine. Since it is not drinking water according to the Drinking Water Directive retained post-Brexit, drinking water quality standards cannot be applied to it and consumers are not protected by those standards.

4b. Water quality standards do not apply if fluoridated water is either a food or medicine, so any amount of contaminants and chemical parameters is too much.

5. If fluoridated water is food (as is claimed by the MHRA), its sale is not permitted because it contains substances which are not legally approved as additives to food - hexafluorosilicic acid, hydrofluoric acid, antimony, arsenic, cadmium, lead and mercury (BSEN 12175:2013, pp. 7 and 8; Retained Commission Regulation (EC) No 1170/2009)

6. Hydrofluoric acid is a reportable poison (Deregulation Act 2015, Schedule 21, Part 4).

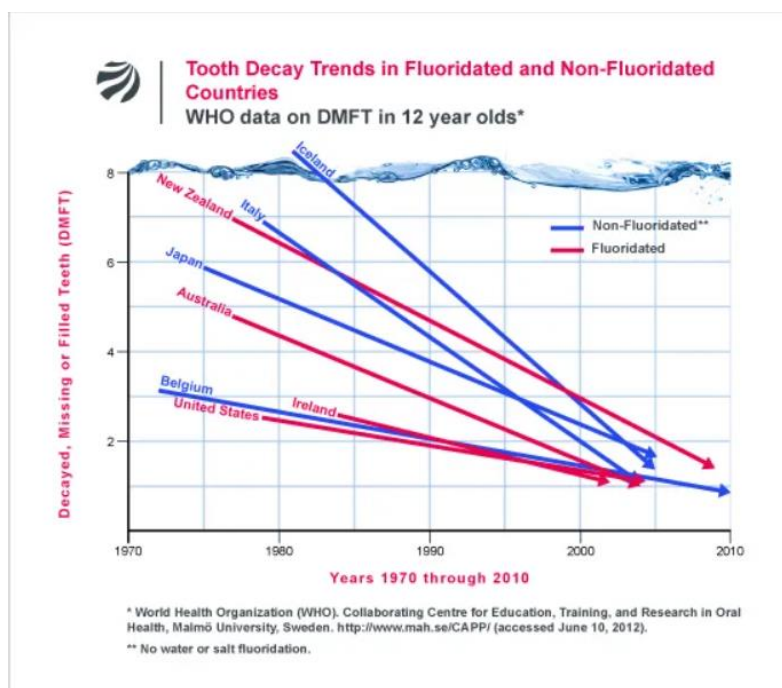
7. Hydrofluoric acid is not a permitted compound (Water Industry Act 1991, s.87) for the addition of fluoride if the claim that fluoridated water is drinking water is to be believed.

8. As a medicine, Water Fluoridation practice runs counter to the spirit and intention of the Nuremberg Code (1947) and because fluoridated water is medicine by presentation and function, the practice violates subsequent human rights legislation and codes, including the NHS Constitution. The present situation is contradictory and untenable: for example, the NHS Constitution states that individuals have the right to refuse treatment while the Government and DHSC tell us that those of us who are fluoridated do not have the right to refuse treatment. In this case, the treatment is a prophylactic which is compulsory because it is difficult for people to avoid drinking it. The judgement of the New Zealand Supreme Court (2018) and the Scottish Court of Sessions (1983), confirm that fluoridated water is a medicine which is difficult to avoid. Compulsory medicine is anathema and should never be contemplated in a just and fair society.

9. The attempt to tighten legislation in respect of Water Fluoridation is legally unsound because there are pieces of legislation from different arms of the law which argue against the practice which seemingly have never been considered by lawmakers in parallel with the law which permits Water Fluoridation. All relevant laws must be complied with.

10. Allowing Clauses 128 and 129 to remain unchallenged would be a dereliction of duty by our elected representatives.

11. There is a significant and dramatic decrease in tooth decay in areas with Fluoridated and Non-Fluoridated water. This is a waste of public taxes, especially during a pandemic which has already disrupted school children significantly with missed education, in addition many families across the UK facing financial struggle and an increase in National Insurance and costs of services and living increase due to Brexit. If the UK Government wishes to target poorer areas for tooth decay issues why roll this plan out across the entire UK which is both unnecessary and illogical given the science and data. See graph below.



12. There is no proof it is safe to swallow fluoride: Freedom of Information replies by Health Canada in 2014 and by Public Health England in 2018. Requests were made for high quality proof that swallowed fluoride is safe to drink. Health Canada confirmed it has no toxicology

studies on HFSA, no double-blind randomized clinical trials of fluoridation, etc. Access to Information Request A-2014-00168 <https://www.fluoridefreepeel.ca/wp-content/uploads/2014/06/Health-Canada-FOI-Response-Letter-June2014.pdf>. None of the three compounds are listed as being permitted in Annex III although sodium fluoride and potassium fluoride are permitted for school milk and fluoridated salt purposes. Hydrofluoric acid is present in Hexafluorosilicic acid. Disodium fluorosilicate is the crystalline form of Hexafluorosilicic acid with the hydrogen and water removed and sodium added. Disodium fluorosilicate is not often used in England.

13. At least 13 Nobel Prize winners in Chemistry and Medicine have either opposed fluoridation or expressed reservations about it. These include:

- Arvid Carlsson (2000, Medicine/Physiology)
- Giulio Natta (1963, Chemistry),
- Nikolai Semenov (Chemistry, 1956),
- Sir Cyril Norman Hinshelwood (Chemistry, 1956),
- Hugo Theorell (Medicine, 1955),
- Walter Rudolf Hess (Medicine, 1949),
- Sir Robert Robinson (Chemistry, 1947),
- James B. Sumner (Chemistry, 1946),
- Artturi Virtanen (Chemistry, 1945),
- Adolf Butenandt (Chemistry, 1939),
- Corneille Jean-François Heymans (Medicine, 1938),
- William P. Murphy (Medicine, 1934),
- Hans von Euler-Chelpin (Chemistry, 1929).

Nobel Laureate - James B Sumner - gave as his scientific opinion:
"We ought to go slowly [with water fluoridation]. Everybody knows fluorine and fluorides are very poisonous substances...We use them in enzyme chemistry to poison enzymes, those vital agents in the body. That is the reason things are poisoned; because the enzymes are poisoned and that is why animals and plants die."

Dr. Arvid Carlsson, the 2000 recipient of the Nobel Prize in Medicine/Physiology, upon learning that fluoride works topically (locally):

"In pharmacology, if the effect is local (e.g., topical), it's of course absolutely awkward to use it in any other way than as a local treatment. I mean this is obvious. You have the teeth there, they're available for you, why drink the stuff? I see no reason at all for giving it in any other way than locally."

Proposals to fluoridate the whole of the UK are simply unacceptable based on the lack of need, dental decay not being a life-threatening illness, as highlighted in the enclosed table, many scientific studies and data to date in direct opposition to fluoridation. If the UK Government wishes to improve dental standards for lower socio economic groups it would be more beneficial to invest in education around diet and grants supporting those initiatives.

I would like an acknowledgment that this correspondence has been received with my evidenced objections.

Yours Sincerely

Mrs Lisa Crombleholme

September 2021

* Opinion of Lord Jauncey in causa Mrs Catherine McColl (A.P.) against Strathclyde Regional Council The Court of Session McColl v. Strathclyde Regional Council [1984] J.P.L. 351

** IN THE SUPREME COURT OF NEW ZEALAND SC 141/2016 [2018] NZSC 59
BETWEEN NEW HEALTH NEW ZEALAND INCORPORATED Appellant AND SOUTH
TARANAKI DISTRICT COUNCIL First Respondent ATTORNEY-GENERAL FOR AND ON
BEHALF OF THE MINISTER OF HEALTH Second
Respondent. https://www.courtsofnz.govt.nz/assets/cases/2018/nhst_.pdf