



WATERSHED

National Pure Water Association

42 Huntington Road, York. YO31 8RE

Tel: +44 (0)20 8220 9168

www.npwa.org.uk

IN THIS ISSUE - AN OPEN LETTER TO THE CHIEF MEDICAL OFFICER, FROM DOUGLAS CROSS - COUNCILS REAFFIRM THEIR OPPOSITION TO FLUORIDATION - BASEL - WATER COMPANIES' AGM QUESTION & MORE

FLUORIDISTAS SEDUCE GULLIBLE POLITICIANS AND PUBLIC HEALTH OFFICIALS INTO MORE LIES AND SPIN

The UK is in a sorry state indeed when MPs are reduced to parroting from cue cards, ostensibly provided by the likes of the British Fluoridation Society.

Clearly the fluoridistas didn't like the York Review's finding that 48% of people living in fluoridated areas have dental fluorosis and that 12.5% have fluorosis "of concern". A new study on Newcastle was quickly produced by, among others, Dr Andrew Rugg-Gunn, who was a member of the York Review's Advisory Panel. Was this study intended to minimise the incidence of dental fluorosis found by York?

In a recent letter to his local newspaper, the *Bolton Evening News*, Brian Iddon, MP wanted to "get the facts straight." He wrote: "The occurrence of fluorosis (mottling of the teeth) is also held against fluoridation, but occurs in only three per cent of the population. This is reversible and causes no harm to health."

This 3% figure was also parroted by public health dental director, Dr Gary Whittle, in his presentation to the Hyndburn & Ribble Valley Primary Care Trust.

The Rugg-Gunn paper from which this 3% figure is taken, actually found that dental

fluorosis affects 54% of the population in the Newcastle area **of which** 3% was of concern.

We wrote to the Chairman of the Parliamentary Health Select Committee, complaining that Dr Whittle's presentation to the PCT was inaccurate. A letter was subsequently published in the *Bolton Evening News*, correcting the misinformation parroted by Brian Iddon, MP to his constituents.

If Dr Whittle and Brian Iddon, MP had actually read that paper, would they have deliberately misrepresented it? We think not. So, who used them to purvey misinformation to a PCT and the readers of a popular newspaper? More importantly, why was it necessary to misuse a public health official and an elected Member of Parliament in this manner?

POSTSCRIPT

A report in the *Leyland Guardian*, 30 July, indicated that Dr Gary Whittle and Dr Shelagh Garnett have recommended fluoridation to Chorley & South Ribble PCT. Dr Garnett made some extraordinary statements. She said: "Fluoride is a naturally occurring mineral. We are not

suggesting putting something in that isn't there. We are suggesting raising the level of a natural substance. Fluoride alone won't have any effect - it must go hand in hand with a better diet and better oral hygiene."

(Yes - we thought you'd like that piece of 'expert' wisdom!).

EXCELLENT NEWS FROM SWITZERLAND

Private Eye, No. 1080, 16 May 2003.p. 3.

As ministers plan to extend fluoridation of tap water in Britain as "a cheap and effective way of helping to prevent dental decay", authorities in Switzerland have just ended 41 years of putting fluoride in water for the exact opposite reason.

The Swiss say fluoride's supposed role in preventing tooth decay "could not be proved by any study". In fact, despite fluoridation, dental caries among children in the city of Basle was increasing. Further, there were concerns about the potential adverse health effects of exposure to fluoride, particularly on babies and young children. Then of course there is the fact that less than 1 percent of fluoridated water is used for cleaning teeth. Most goes down toilets or drains.

So apart from one small area in Spain, the only European countries that remain wedded to fluoridated water are Britain and Ireland.

COUNCILS REJECT FLUORIDATION

Despite an Amendment to the new Water Bill seeking to make fluoridation compulsory, which will get a second reading in the House of Commons on 8 September, in recent weeks the following Councils have stated their official positions on water fluoridation. This should send a warning to Parliament that their actions are being closely watched.

Liverpool City Council - re-affirmed their opposition to fluoridation.

Bradford City Council - re-affirmed their opposition to fluoridation.

Lancaster City Council - re-affirmed their opposition to fluoridation.

Brighton City Council - affirmed their opposition to fluoridation.

Calderdale Council - re-affirmed their opposition to fluoridation.

INTERNATIONAL FLUORIDE INFORMATION NETWORK IFIN BULLETIN: #818:

FOUR VICTORIES and more from South Korea. August 1, 2003

Some very exciting news from Korea just in from the Korean National Coalition Against Fluoridation.

Not only have four city councils - Chongju (pop. 500,000), Pohang (pop. 500,000), Gwacheon (pop. 70,000) and Uiwang - stopped fluoridating their water but also the KOREAN MEDICAL ASSOCIATION as well as the KOREAN PHARMA-

CEUTICAL ASSOCIATION have withdrawn their support for this practice.

This news, coming a few months after Basel, Switzerland halted fluoridation after 41 years of the practice, is further evidence that this practice is losing what little international support it ever had. The English speaking countries are getting more and more isolated in their obstinate pursuit of this obsolete form of medicine.

WATER COMPANY AGMs.

Every year, our members turn up at the Annual General Meeting of their water companies. (Most only have one share, which is sufficient to gain entry.)

The following question was put to United Utilities, Severn Trent and Yorkshire Water:

"Water fluoridation is a medical intervention using proscribed poisons that have no medicinal Product Licence, and is therefore illegal, and the Government's offer of indemnity therefore constitutes an illegal offer of contract.

Since payment by the Treasury to cover liability in such cases may be seen as misappropriation of public funds, what are the risks to Shareholders of a private action against the Company for any liability caused by water fluoridation?"

This question was asked for the benefit of the Shareholders, who may not have been aware of what is going on, politically.

Please copy the question to the Managing Director of YOUR water company.

THE "DEAR GORDON" LETTER IS A FIRM FAVOURITE WITH VISITORS FROM PARLIAMENT TO OUR WEBSITE! Here it is.

15 November 2002
PRESS RELEASE from National Pure Water Association.

Open Letter to the Chancellor of The Exchequer:

Look out! There's a cuckoo in the nest.

Dear Gordon,

Any competent investment manager would strongly advise his clients not to put their money into a company with a twenty-seven year history of losses and non-achievement.

Such a company, The British Fluoridation Society Ltd, (BFS), was set up to promote the artificial fluoridation of drinking water. To date, only ten per cent of England is fluoridated. Despite the BFS' abysmal record, successive Governments and regional health authorities continue to dip into the taxpayers' purse to fund this Big Loser.

Health authorities, encouraged by Dept. of Health advisers and BFS lobbyists, have instigated "public consultations" on water fluoridation. Local councillors' time and scant resources have been expended in preparation for these events.

After weighing both sides of the argument, 25 of the 26 Councils in Northern Ireland rejected fluoridation. 28 out of 31 North West Councils who also rejected fluoridation felt compelled to form an alliance to counter continuing pressure from BFS-backed health authorities. (Councils call it "harassment".).

Four years ago, a fluoridation plant in West Cumbria failed. This year, despite strong local opposition, the Department of Health paid £1,000,000 to reinstate it. This figure does not include the annual running cost.

In the North East, a recent independent health and safety report recommended the closure of two fluoridation plants serving just 20,000 people in the Berwick area. The cost to the Northumberland NHS Care Trust for replacement will be in excess of £500,000. Running costs for these plants will cost the taxpayers another £46,000 per annum. (The NHS Care Trust does not have the money.). The Dept. of Health has also been asked to provide a one-off payment of £29,000 to remove the redundant plant.

But these figures are dwarfed by the 'invisible' costs of fluoridation over several decades.

In October 2000, an Dept. of Health-funded scientific review of fluoridation carried out at York University recommended studies to determine how fluoride adversely affects the thyroid gland, the relation of fluoride to Down Syndrome and children's IQs. However, in September 2002, a report by a dentist-laden Medical Research Council team declared the York recommendations to be "of low priority". Instead, it recommended research to determine the "public unacceptation of aesthetically unacceptable dental fluorosis."

Parents of children with dental fluorosis are acutely aware of the lifelong emotional and financial impacts that permanently mottled, fluoride-stained teeth bring to their children's lives. (See illustrated article on: www.npwa.org.uk/df_blears.html).

Today, public opposition to water fluoridation is wide-

spread. Access to the internet has encouraged many people from all walks of life to do their own homework in order to make informed decisions.

A brief search of one medical database revealed the following published studies:

1,447 on "dental fluorosis"
25,455 on "dental caries" (tooth decay)
28,123 on "fluoride".

A quick search of the World Wide Web produced

11,400 listings for "dental fluorosis"
148,000 listings for "tooth decay"
473,000 listings for "fluoride"
94,000 listings for "fluoridation".

Over the past twelve years, more than 70 US cities have either rejected or stopped fluoridation. It has not found favour in continental Western European countries - some tried it and ceased the practice; others rejected it out of hand. The Irish Government are currently facing a huge campaign to stop fluoridation in the Emerald Isle and the Scots are determined to keep it out of Scotland's water.

Finally, Gordon, how much more taxpayers' money will you allow to be squandered on New Labour's redundant fluoridation policy? When will you recognise that the British Fluoridation Society is a cuckoo with its beak buried in the back pocket of the Department of Health?

Yours sincerely,
Jane Jones,
Campaign Director,
National Pure Water
Association,

Notes for Editors (and Gordon!):
Since the Water (Fluoridation) Act was passed in 1985, nearly half of all health authorities in England have requested several water

companies to implement fluoridation. The companies refused, saying that (1) government indemnities to them are "insufficient" to cover the risks and (2) that their customers do not want it.

See the letter from Professor Sheldon, Chairman of the York Review, in which he admonishes the British Fluoridation Society, the British Dental Association and the British Medical Association for MISREPRESENTING the results of the York Review: www.npwa.org.uk/sheldon_letter.html

Lord Baldwin was a member of the Advisory Panel of the York Review. See his critique of the Medical Research Council's Report: www.npwa.org.uk/baldwin.html

The artificial fluoridation chemicals FAILED FORMAL VOTE IN EUROPE, but were eventually "nodded through" under "subsidiarity" concerns.

The NPWA had several email exchanges with the Water Research Centre in which they finally made admissions - that the chemicals HAVE NOT been safety tested. See www.npwa.org.uk/ws_v8_n1_sp02_p2.doc

Despite those admissions, Peter Jackson and A.N. Other of the WRC-NSF subsequently wrote a report dated July 2002, which PURPORTS to show the fluoridation chemicals are "safe". His report is on the BFS website - as grist to their mill? But see critiques of the WRC-NSF report here: www.npwa.org.uk/jackson.htm

**MAKE A NOTE OF
NPWA'S NEW
ADDRESS AND
TELEPHONE NUMBER.
SEE PAGE ONE!**

AN AMENDMENT TO THE WATER BILL was recently passed in the House of Lords by 153 votes to 31. The Amendment is designed to compel water companies to fluoridate when requested by Strategic Health Authorities.

The Bill will receive a second reading in the House of Commons 8 September.

Mass treatment of populations violates several EU Directives, Conventions and the UK Poisons Act 1972. The water companies want full CIVIL AND CRIMINAL INDEMNITY if they are forced to fluoridate, but the Government avoided any discussion on indemnities in the Lords' debate.

The following OPEN LETTER, was sent by DOUGLAS CROSS on 26 July 2003 to PROFESSOR SIR LIAM DONALDSON, Chief Medical Officer, with a copy to LORD WHITTY, in response to a letter sent by the Dept. of Health to NPWA members. PLEASE COPY THIS WATERSHED (or send sae for extra copies) TO YOUR MP, asking him/her to read it carefully before voting on the Water Bill. Please ALSO write to the Managing Director of your Water Company and the Editor of your local newspaper, telling them that you withhold your consent to water fluoridation.

**Professor Sir Liam Donaldson,
Copy to Lord Whitty
26th July 2003**

Dear Sir,

State power to mandate public medication without consent - an open letter.

Your Department's recent response to the inquiry of Roy and Carole Smith ⁽¹⁾ regarding the human rights issues raised by compulsory water fluoridation reveals an alarming lack of understanding of the subject. Fluoridation violates all reputable codes of medical ethics in its application of bad science and even worse medical practice to achieving the political goal of involuntary public medication. Allow me to offer a little urgently-needed comment on this subject.

I use the term 'urgent' advisedly, because Parliament is about to debate the Water Bill, in which it proposes to establish the most dangerous precedent in the medical field - the granting of power to the State to administer whatever chemical substances it wishes, on the pretext of improving public health.

The effect of this Bill, if passed, will be to empower the State to impose medical treatment upon the entire population of the country, regardless of individual need or consent. Such activities were universally abhorred when they emerged during the pre-war era of National Socialism in Germany. Any move that

promotes such a precedent now within the European Community is to be deplored and most definitely opposed.

I am not concerned with the science, here. What concerns me is that the whole process is rife with legal defects and misinformation on the nature of medical ethics and human rights.

The basis of the Jehl-Doberer Petition

Your spokesman's attempt to deny the application of medical ethics to this question relies upon quoting an old (1993) declaration of the Commission on Human Rights in the petition of Guy Jehl-Doberer v Switzerland ⁽²⁾: As is the usual case when such decisions are dragged out of the cupboard by those attempting to promote water fluoridation, this response is nothing more than an irrelevant diversion, and I suspect that the decision originally reached in that case would have little effect on any similar petition presented nowadays. (Incidentally, the Great Council of Basel-Stadt actually banned water fluoridation in that Canton in April this year.)

In this case, the applicant petitioned the Commission on Human Rights to the effect that the fluoridation of drinking water in Basel breached his right to respect for his private life within the meaning of Article 8 of the Convention on Human Rights ⁽³⁾. He also claimed that the legal basis for fluoridating the water was not sufficiently accessible or precise, as the decision of the Greater Council of Basel-Stadt did

not state that sodium silicofluoride was actually added to the water, but merely referred to 'fluoride'. The Commission upheld an earlier Swiss Federal Court's dismissal, stating

"adding fluoride to drinking water (is) not compulsory medication treatment if there is a pressing social need for it and that it is proportionate to the aim pursued (i.e. it goes no further than is necessary to achieve the aim in question)."

Let me first deal with this decision, as it stands alone. Precisely what is this statement saying - that fluoridation is not compulsory? If so, then both the Commission and your Department are sadly out of touch with the reality of being poor or disabled in this cold and worldly State of ours. Or is it saying that it is not medication?

If the latter, then what this statement, issued under your apparent authority as Chief Medical Officer, is explicitly claiming is that the Department's position is that using a chemical substance to treat a medical condition is not medication ***if social policy dictates that it is urgent, proportionate and effective.***

Are we to understand therefore that if the treatment **were** disproportionate or ineffective, then it **would** constitute medication? Surely there is some

confusion in your judgement here? Try fitting this attitude to compulsory MMR vaccination - medication or not?

Application of the Human Rights legislation to water fluoridation - qualified versus absolute rights.

The Convention on Human Rights on which this petition was based is particularly weak on medical issues, but it is the foundation on which the English Human Rights Act ⁽⁴⁾ is based. In both the Convention and the Act, Article 8 refers to a right that is qualified. This means that certain interests of the State may over-ride those of the individual. Specifically, if a person's medical condition constitutes a real and imminent serious public health threat to the rest of the population, then preventative action (such as quarantine) is both necessary and acceptable.

Few would argue with that but none, I submit, would go so far as to agree that a child's bad teeth constitute such a dramatic threat to the public at large that the whole population needs to be unavoidably treated against the condition.

The legislation currently enabling water fluoridation relies on a fatal defect in the Water (Fluoridation) Act of 1985 ⁽⁶⁾, in which the existing legal status of the two chemicals specifically nominated for the practice as Part II poisons under the Poisons Act of 1972 ⁽⁷⁾ was not recognised.

In bringing his petition under Article 8, Jehl-Doberer laid himself open to exactly the claim that the Department of Health appears to endorse - that a medical intervention that provides a small proportion of the population with (highly disputable - refer to the York Review on Fluoridation) benefits is a pre-emptive factor because it constitutes a 'pressing social need'. Many would take the view that AIDS, alcoholism, obesity, TB, under-age pregnancies and many other conditions are of more pressing urgency than poor dental hygiene, a relatively trivial condition that could be virtually wiped

out by curbing excessive sugar in drinks and foods specifically aimed at young people.

In fact, any petition nowadays would undoubtedly rely on Article 3 of the Convention and Act instead. This establishes the absolute right to refuse compulsory medical treatment, a right that allows no derogation to the State, under any circumstances. In case your staff feel that an Article that appears to deal with torture is stretching the wording of this Article too far, I recommend that they consult paragraphs 19 and 56-59 of the Home Office Guidelines ⁽⁵⁾ on the interpretation and application of the Human Rights Act in England. This makes the Government's position absolutely clear - Paragraph 59, for example, says

Article 3 creates rights which are absolute and in respect of which it is not possible to derogate. It is not possible to legislate so as to reduce or qualify the right. However, in considering whether an act amounts to inhuman or degrading treatment, a range of factors may be relevant. For example, decisions regarding the provision of medical treatment in relation to a mentally handicapped adult may involve questions about what is acceptable in today's society.

The issue of the legality of domestic enabling legislation

The second weakness of Jehl-Doberer's petition was that he failed to convince the Commission that the legal basis was not sufficiently accessible or precise, in that the Canton's Greater Council did not state that 'sodium silicofluoride' was actually used to fluoridate the water supply. The Commission considered that the terms of this decree were sufficiently precise and accessible for the applicant, and that he had not shown that silicofluoride differed in substance from what was generally understood by the Federal Court as being fluoride.

In the case of the English legislation, neither of these defects could be substantiated now. The legislation currently enabling

water fluoridation relies on a fatal defect in the Water (Fluoridation) Act of 1985 ⁽⁶⁾, in which the existing legal status of the two chemicals specifically nominated for the practice as Part II poisons under the Poisons Act of 1972 ⁽⁷⁾ was not recognised. Since the Medicines Control Agency has repeatedly refused to designate them as medicinal substances, their status remains only that of poisons. Their administration outside of the constraints of the Poisons Act therefore violates both that Act and the 1861 Offences Against the Person Act. In this respect alone, the fluoridation clauses included in the current Water Bill are defective, and would fail the test of proper formulation.

Moreover, just because a medicinal substance is dissolved in water, this does not somehow prevent the solution from being a medicine. Yet this is apparently what the MCA asserts - fluoridated water, they say, is not a medicine. If I dissolve a soluble painkiller in water, does this then become a non-medicine? Does the original tablet formulation no longer require a Product Licence? Of course not.

This Bill is therefore proposing to permit the State to administer unregistered medicinal substances, but proscribed poisons, that have never been subjected to clinical safety trials, to the entire population

I find this extraordinary refusal of the MCA to designate these chemicals medicines quite impossible to explain. The definition of a medicinal substance is precisely stated in Article 1 of the Codified Pharmaceuticals Directive (2001/83/EEC) ⁽⁸⁾. There are clear precedents in rulings from the European Court of Justice ⁽⁹⁾ that support the view that failure to designate the silicofluorides as medicinal substances would inevitably prohibit their use for the purposes of the Water Bill.

This Bill is therefore proposing to permit the State to administer unregistered medicinal substances, but proscribed poisons, that have never been subjected to clinical safety trials, to the entire population of the country, without consent or medical supervision. This is a clear violation of Article 3 of both

the Act and the Convention, as the Home Office Guidelines themselves establish.

There is no such discrete entity as 'fluoride' that can be added to water

The second issue of difference is that the Commission utterly failed to understand that there is no such substance as 'fluoride' that can be put into water to achieve the anticipated results. The entity fluoride is always part of some more complex chemical that breaks down in water to release both fluoride and some other chemical entity.

That not all fluorides are identical is revealed by existing English and European Community legislation concerning mineral substances, under the Food Supplements Directive⁽¹⁰⁾. Both sodium fluoride and potassium fluoride are separately registered as minerals, but no other fluoride salts are accepted as minerals. Of these two, only sodium fluoride may be included in cosmetic preparations such as toothpaste, along with some other fluorides that are registered under the Cosmetics Directive⁽¹¹⁾, but do not appear in the minerals list. The silicofluorides used in water fluoridation are not registered as medicinal substances or minerals, and are therefore proscribed substances under the provisions of the Codified Pharmaceuticals Directive.

Your Department's case that silicofluorides are essentially identical substances to 'fluoride' added to the public water supplies is therefore misconceived. That silicofluorides do not dissociate completely in water at the concentrations used in water fluoridation has been known for almost thirty years⁽¹²⁾. In April 2002, the Risk Management Research Laboratory of the US Environmental Protection Agency (EPA) posted a "REQUEST FOR ASSISTANCE" notice on its website. It read:

"The release of fluoride proceeds through a complex, multi-step equilibrium process that is not well-understood . . . The primary objective . . . is to investigate the

reactions that take place when fluorosilicates are added to drinking water supplies and what concentrations of which fluorosilicate species may be monitored in finished drinking water supplies.⁽¹³⁾

This hardly supports the view that silicofluorides release only fluoride when dissolved in water. Yet recently Jackson et al⁽¹⁴⁾ attempted to support this inaccurate proposition. The validity of their Report was thoroughly disputed in scientific terms by Coplan⁽¹⁵⁾. There are many related publications confirming that the dissociation of these chemicals is far from adequately known in the scientific and medical literature⁽¹⁶⁾. There is therefore no adequate basis on which to assert that they are entirely safe in use.

Once again, any challenge to the Government's policy of fluoridation placed before the Commission, or indeed, the Court of Justice, would have little difficulty in establishing that the nomination of the silicofluorides for the addition of 'fluoride' to the water supplies would be insufficiently specified to constitute a precise legal basis for the practice. It fails to exclude the possibility that their use does not contribute some other substances whose toxicological properties have not been investigated and declared not to be a clinical hazard.

Surely, consistency of medical standards is one criterion that the public should be able to rely upon when faced with uncertainty in such an important field?

Like the many 'health remedies and supplements' currently under threat of a sales ban under European rules on the safety of chemicals, the use of silicofluorides, especially in such large quantities and in a blanket exposure to every soul in the country, must be subjected to the same strict application of the Precautionary Principle. So why are they not removed from their current use, and any future use prohibited unless they meet the same clinical standards that are

imposed on other products that are promoted as having beneficial effects on some medical condition or other? Surely, consistency of medical standards is one criterion that the public should be able to rely upon when faced with uncertainty in such an important field?

Updated Human Rights legislation on which fluoridation can be challenged in the Courts.

The great fallacy that underlies your Department's continued reliance on early decisions by the Commission is that the perception of the scope of Human Rights has widened very considerably since its 1993 decision. The weakness of the Convention on Human Rights in the field of biology and medicine led to the compiling of the Convention on Human Rights and Biomedicine⁽¹⁷⁾, opened for ratification in 1997.

Whilst Britain is notably one of the few European States that refuses to recognise this important international agreement, the Convention on Biomedicine provides the definitive ethical framework of guidance on the application of advances in biology and medicine to human rights.

That it is relevant to English law is revealed by the close compliance of the British medical sector with the guidelines in such developing fields as human genetics, organ transplants, and human fertility treatments, emerging fields that are continually updated by additions and amendments to this Convention.

So it is remarkable to learn that your Department should apparently be unaware of the fundamental principle underlying the ethical basis of the Biomedicine Convention. The text stipulates from the outset that the interest and well-being of humans must take precedence over the interest of society or science, and Article 5 explicitly

affirms at the international level an already well established rule, i.e. that no one may in principle be forced to undergo an intervention without his or her consent. Human beings must therefore be able freely to give or refuse their consent to

any intervention involving their person.

An intervention is, of course any act performed for the purposes of diagnosis, preventative or therapeutic treatment. Note also that the statement that the rule of consent is "already well established" - but not, apparently, in Britain. Surely no one in Britain has any doubt that fluoridation is a medical intervention, apart from the apparently secluded Members of the Medicines Control Agency.

And then there is the European Charter of Fundamental Rights ⁽¹⁸⁾. This explicitly guarantees the right of every individual to receive particular drugs or treatments - or, of course, to prevent them from having such treatment administered to them against their wishes. Predictably, the British Government has shown extreme reluctance to recognise this Charter, which is entirely separate from the Convention on Human Rights. But in September 2000 the EU Justice and Home Affairs Commissioner said that the European Court of Justice would use the Charter as a reference text in reaching decisions, even if it was purely a declaratory document

So it appears that, contrary to the conclusion expressed in your Department's letter to the Smiths, compulsory medication of any kind is indeed a violation of the legislation on Human Rights as it exists today, rather than as it may have been interpreted by the Commission back in 1993. You may be assured, therefore that in any future challenge to the Government's attempt to impose compulsory water fluoridation in Britain, European law is liable to prevail if the provisions of the Charter are invoked. It is also inconceivable that the ethical framework established by the Convention on Biomedicine will not be taken into account in deciding what is acceptable behaviour by the medical sector in a modern State.

The Water Bill and Lord Whitty's Statement of Compatibility

This brings us to the open Declaration by the Minister, that the Water Bill is compatible with the Convention (on Human Rights). Your spokesman's example of the decision in the case of Jehl-Doberer relies upon premises that would be invalid under an Article 3 petition. A current challenge on the basis of violation of Article 3 would, at the very least, raise legitimate doubt

as to the actual compliance with the Convention and the acceptability of the Minister's Section 19 statement. Paragraph 39 of the Home Office Guidelines states that when a Statement of Compatibility is made by the Minister,

Departments should bear in mind and remind their Ministers that the Government has undertaken that a Minister in charge of a Bill should be ready in debate to explain his or her thinking on the compatibility of particular provisions of the Bill. The Minister should be ready to give a general outline of the arguments which led him or her to the conclusion reflected in the statement made under section 19 in relation to the particular provision.

So I am sure that many MPs, as well as members of the public and their legal advisers, would be interested to hear the arguments that the Minister wishes to use to justify his proposal to extend the powers of Strategic Health Authorities to impose water fluoridation.

Remember, the proposal in the Water Bill is to permit the enforced administration of registered poisons that have no medicinal exemption under the Poisons Act, nor formal registration as medicinal substances under the Codified Pharmaceuticals Directive. These substances will contaminate the water supplies of the entire population of the country. There have been absolutely no clinical safety trials, yet they would be administered without any medical supervision or qualified monitoring, and without the full and informed written consent of every single individual so exposed. (I am, of course, ignoring the legitimate concerns of those citizens of other more enlightened countries who may be exposed to such treatment during visits to Britain.)

The points that I have raised here and elsewhere are freely available to the public, and indeed, many have already been summarised and sent to MPs planning to vote on this contentious Bill ⁽¹⁹⁾. The record of who has had access to

relevant briefing materials is now in the public domain. Would the Minister be prepared to reveal the legal advice he has received upon the points that I and others have raised, and to engage in open debate with legal advisers acting for the public in this matter? We in turn will release our own analyses of the situation - you will of course recall that the Human Rights Act requires full disclosure and public debate on such issues?

With your apparent support, the Minister seeks to bestow powers on the Health Sector that are far beyond any currently accessible to it, and that severely compromise the ethical basis on which medicine is carried out in this country

With your apparent support, the Minister seeks to bestow powers on the Health Sector that are far beyond any currently accessible to it, and that severely compromise the ethical basis on which medicine is carried out in this country. The public is surely entitled to look to the highest levels of the medical sector for support and protection, to ensure that the State is not permitted to take unprecedented draconian powers to impose unethical treatment on us, whether we agree or not. Without such support from those in a position of trust and influence, such as yourself, the whole process of legalising this practice brings the entire medical sector into opprobrium and disrepute.

Yours faithfully

Douglas Cross
Environmental Analyst

References and sources

1. Letter from Mark Wilson Customer Services Officer to Roy and Carole Smith, received by email 24th July 2003.
2. Jehl-Doberer Decision of the Commission on Human Rights, 1993:
<http://hudoc.echr.coe.int/Hudoc1doc/ledec/sift/1456.txt>
3. European Convention for the Protection of Human Rights and Fundamental Freedoms (1950)
<http://www.hri.org/docs/ECHR50.html>
4. Human Rights Act 1998
<http://www.hms.o.gov.uk/acts/acts1998/19980042.htm>

5. The Human Rights Act 1998 Guidance for Departments. Home Office
<http://www.homeoffice.gov.uk/hract/guidance.htm>

6. Water (Fluoridation) Act - No direct source found - now incorporated into the Water Industry Act

7. For a list of scheduled poisons and rules on sales, see
<http://www.dorset-cc.gov.uk/corporatehome/CorporateServices/TradStands/TradingStandards-CJDS-4L4EPR.nsf/6cadf4da179fc19500256663004afece/490da5af8dd96720802568fd00379306?OpenDocument>

8. The Codified Pharmaceuticals Directive (2001/83/EEC)
http://www.dwp.gov.uk/advisers/docs/lawvois/bluevol/a9_6001.pdf

9. For relevant rulings, see Case C-60/89, 21 March 1991, re Monteil and Samanni, European Court Reports 1991;I:1547. Case C219-91 28 October 1992 re Ter Voort, European Court Reports 1992;I:5485. Case C368-88 21 March 1991 re Delattre, European Court Reports 1991;I:1487. Case C227-82 30 November 1983 re van Bennekom, European Court Reports 1983;3883

10. Food Supplements Directive, 2002/46/EC:
http://www.europa.eu.int/comm/food/fs/sfp/df_index_en.html

11. Cosmetics Directive 1976 (76/768/EEC)
http://www.colipa.com/doc/the_cosmetic_directives.pdf

12. Johannes Westendorf, Doctoral thesis translated at:
<http://www.fluoridealert.org/westendorf.pdf>

13. See
http://www.npwa.freeseve.co.uk/EP_A_Request.html.

14 Jackson P J, Harvey P W and W F Young (July 2002). Chemistry and bioavailability aspects of fluoride in drinking water. Report No. CO 5037, WRc-NSF Ltd, Medmenham, Marlow, Bucks.
<http://www.liv.ac.uk/bfs/wrcreport.pdf>

15. An extensive literature survey that can be found at: http://ntp-server.niehs.nih.gov/htdocs/Chem_Background/ExSumPDF/Fluorosilicates.pdf
 Also, a considerable amount of literature submitted to the NTP by Coplan will be found at:
http://ntp-server.niehs.nih.gov/Meetings/2002/Coplan_081502.pdf

16. Theoretical modelling for hire: Making science fit preconceived notions? National Pure Water Association, UK
<http://www.npwa.freeseve.co.uk/jackson.html>

17. Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine; Convention on Human Rights and Biomedicine:
<http://conventions.coe.int/treaty/en/treaties/html/164.htm>

18 European Charter of Fundamental Rights
<http://ue.eu.int/df/docs/en/CharteEN.pdf>

19. Fluoridation, Medical Ethics and Human Rights: a review of the use of silicofluorides to treat tooth decay in the UK and EU. Douglas Cross
http://www.npwa.freeseve.co.uk/cross_review.html
 See also Cross D and Carton R (2003) Fluoridation - violation of medical ethics and human rights. International Journal of Occupational and Environmental Health 9:24-29.

NPWA PRESS RELEASE - 03 June 2003

LEADING CANCER RESEARCHER OPPOSES WATER FLUORIDATION

Dr Sam Epstein, Chairman of the Cancer Prevention Coalition, author of "The Politics of Cancer", and "The Politics of Cancer Revisited", strongly supports MP John Butterfill's Early Day Motion 1258, on FLUORIDATION OF PUBLIC WATER SUPPLIES 20.05.03, which states:

"That this House considers that the only chemicals which should be added to public water are those which are essential for its purification for public consumption; believes that the addition of medicines to public water supplies is a breach of fundamental human rights; and rejects any proposals to amend legislation to permit the addition of fluoride to public water supplies."

On 29 May 2003, Professor Epstein wrote:

"Fluoridation of water reflects high receptivity to the fluoride industry, and indifference with significant public health penalties to the U.K. population. I should further note that some 100 leading national and international cancer prevention scientists, and representatives of consumer and environmental organizations have endorsed the Cancer Prevention

Coalition's opposition to fluoride in its The Stop Cancer Before It Starts Campaign Report.

"I strongly support EDM 1258 opposing fluoridation of water. Fluoride used for this purpose comes from highly contaminated industrial grade fluorosilicic wastes; contaminants include heavy metals. Furthermore, there is significant experimental evidence that fluoride induces a dose-related incidence of bone cancer in rats. This is further supported by epidemiological studies incriminating fluoride and bone cancer in young men.

"The imposition of fluoridation on the U.K. public presents a significant public health hazard. It should further be stressed that simple filtration will not remove fluoride. Expensive reverse osmosis units are required for this purpose. This would impose undue economic burden among lower socioeconomic groups, as also would the alternative of purchasing bottled water. " It should further be noted that fluoride is currently added to the water supply of about 60% of the U.S. population. This is in sharp contrast to only 2% of the European population, which has much lower rates of dental caries."

Samuel S. Epstein, M.D. Professor emeritus Environmental and Occupational Medicine University of Illinois at Chicago School of Public Health, and Chairman, Cancer Prevention Coalition.

URGENT ACTION REQUIRED

The offending Amendment on fluoridation contained within the Water Bill will get a second reading in the House of Commons on 8 September.

Please write, asking your MP to recommend REMOVAL OF THE ILLEGAL AMENDMENT.

COPY IT TO THE CHAIRMAN OF YOUR WATER COMPANY AND THE EDITOR OF YOUR LOCAL NEWSPAPER.