EDUCATION AND HEALTH STANDING COMMITTEE

DENTAL HEALTH IN WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 9 MAY 2018

SESSION ONE

Members

Ms J.M. Freeman (Chair)
Mr W.R. Marmion (Deputy Chair)
Ms J. Farrer
Mr R.S. Love
Ms S.E. Winton

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Hearing commenced at 9.53 am

Mr ANDREW PARRY
President, Fluoride Free Western Australia Inc, examined:

Mr JOHN WATT
Vice-President, Fluoride Free Western Australia Inc, examined:

The CHAIR: On behalf of the committee, I would like to thank you for agreeing to appear today to provide evidence in relation to dental health in Western Australia. My name is Janine Freeman and I am Chair of the Education and Health Standing Committee. The other members of the committee: Bill Marmion is the Deputy Chair, Josie Farrer is not here but she could arrive, Shane Love is next to me and Sabine Winton is further down. It is important that you understand that any deliberate misleading of this committee may be regarded as a contempt of Parliament. I am sure you are not going to do that. Your evidence is protected by parliamentary privilege. However, this privilege does not apply to anything you might say outside of today's proceedings. The hearing is being recorded by Hansard. These are our two clerks. Before we begin, do you have any questions about your attendance here today?

Mr PARRY: I have a copy of our submission that I would like to table with other supporting documents if possible, along with some charts that I mentioned I would like the committee members to view.

The CHAIR: That is fine. Would you like to make a brief opening statement?

Mr PARRY: Chair and committee members, thank you for the invitation, on behalf of Fluoride Free Western Australia, to appear as a witness at today's hearing. The evidence we would like to present is divided into seven sections—sections A to G. If permitted, that delivery will take about 35 minutes.

The CHAIR: You do not have 35 minutes.

Mr PARRY: Or 30 minutes?

The CHAIR: We will go until half past, so you probably do, but if you do that, we will not be able to ask any questions, so you would just be presenting to us without us giving you any opportunity for questions.

Mr PARRY: I can go pretty quickly.

The CHAIR: Fine. We did point out to you when we wrote to you the areas to think about when you are addressing us, so off you go.

Mr PARRY: Section A: evidence that fluoridation of public water supplies in Australia comprises indictable offences.

The CHAIR: Okay, in our letter to you, we asked you to not talk necessarily about the health aspects of it. What we want to hear from you is evidence that fluoridation of drinking water is an effective method of preventing decay, the nature of the public consultation in areas where fluoridation is and has been proposed, access to information regarding decisions of the Fluoridation of Public Water Supplies Advisory Committee and any evidence that members of the public are avoiding drinking fluoridated water by using filters or drinking bottled water. That is what we are looking at in terms of the oral health report that we want to put together. We are quite convinced with the scientific

evidence that we have been presented with, so if you want to stick around those, that would probably be worthwhile.

Mr PARRY: Chair, I will stick to the scope of the hearing.

Section C: evidence that fluoridation of drinking water is not an effective method of preventing dental caries in any circumstances, particularly not in relation to the target population in which poor oral hygiene practice is prevalent. I refer you to the chart that I just handed out, which is the World Health Organization's statistics. Country level oral health data submitted by national health authorities to the country area profile database supporting the World Health Organization global oral health program for oral health surveillance, often referred to as the CAPP database, revealed that the small minority of countries in which a large proportion of the respective population is treated with fluoride do not achieve superior oral health outcomes. Across a wide range of western developed countries during the period 1960 to 2014, oral health outcomes achieved under high-intensity fluoridation regimes are in line with the oral health outcomes achieved under low-intensity and no-fluoridation regimes. The general trend across all western industrialised countries in this period is one of improving oral health outcomes with diminishing returns. The rapid improvement in oral health outcomes observed across almost all such countries during the period 1960 to 1990 obviously is not attributable to population level fluoride treatment policies. The evidence we present is attached in the annex 04. That is the chart that I presented.

Mr W.R. MARMION: Can you explain what the Y axis is?

Mr PARRY: The Y axis is the incidence DMFT—decayed, missing and filled teeth—amongst 12 year olds. That is an average rate of tooth decay.

Mr W.R. MARMION: What does the "4" mean?

Mr PARRY: The "4" means total decayed, missing or filled teeth.

Mr W.R. MARMION: Is that in an individual?

Mr PARRY: Yes, as averaged over an entire population.

The same pattern of development is observable within Australia. In 1986, Australian statistician Dr Mark Diesendorf published a landmark statistical study demonstrating inter alia that the improvement observed in children's dental health outcomes in Tamworth New South Wales during 1963 to 1979 could not be attributed to fluoridation of that town's water supply, which commenced in 1963. Dr Diesendorf wrote —

> In some fluoridated areas … temporal reductions in caries have been wrongly credited to fluoridation. The magnitude of these reductions is similar in both fluoridated and unfluoridated areas, and is also generally comparable with that traditionally attributed to fluoridation

[10.00 am]

In the same publication, Diesendorf demonstrates in relation to the period 1977 to 1983 that improvements in oral health outcomes observed in then substantially unfluoridated Queensland were in line with improvements in oral health outcomes observed in other states and territories, which were substantially fluoridated. In Australia, as in other developed western countries, population level fluoride treatment does not improve dental health outcomes. Evidence is in annex 05.

In the small minority of countries in which it is government policy to treat a substantial proportion of the respective population with fluoridated water, governments seek to justify their fluoridation policies with reference to relatively small-scale studies in which selection bias is used to generate

the appearance of a beneficial effect, which then is attributed to water fluoridation. Selection bias is a major flaw in experimental design. When selection bias deliberately is introduced to yield a desired concern, it amounts to scientific fraud.

In 2015, the Cochrane Collaboration, acknowledged internationally as the gold standard in the review of health science, published the results of a substantial, high-quality meta-study. The authors found no high-quality research showing that fluoridation provided any benefits to adults, no high-quality research showing that fluoridation provided additional benefits over and above topically applied fluoride, no high-quality research showing that fluoridation reduced inequalities among children from different socio-economic groups and no high-quality research showing that tooth decay increased in communities when fluoridation is stopped. The Cochrane team was not convinced that the studies showing that water fluoridation reduces decay in children are applicable to today's society, as nearly all the studies reviewed were conducted pre-1970—that is, prior to the availability of fluoride toothpaste and other sources of fluoride—and nearly all studies had a high risk of bias. These studies also reach a conclusion that is incompatible with the large-scale, country-led oral health data recorded in the CAPP database that you have before you and are incompatible with the state-level oral health data considered by Diesendorf in 1986.

This review also found that for a fluoride level of only 0.7 parts per million, or milligrams per litre—I remind you that our window in Australia is 0.6 to 1.2 parts per million, so this is at the lower end of our window—the incidence of dental fluorosis ranged from 12 per cent with fluorosis of aesthetic concern to a substantial 40 per cent with fluorosis of any level.[1] The Cochrane authors concluded —

> There is very little contemporary evidence, meeting the review's inclusion criteria, that has evaluated the effectiveness of water fluoridation for the prevention of caries.

The CHAIR: Our understanding is that the Cochrane review was analysed by the NHMRC recently when they reviewed fluoride. They formed the view that because its parameters excluded many Australian studies of fluoridation and decay it was not particularly relevant to Australia. Why do you say that it is relevant to Australia?

Mr PARRY: We think that is interesting, Chair, because nearly all the studies conducted in Australia do not control for confounding factors. This is a major weakness in all these studies. It is essential for proper appropriate scientific methodology that these studies are controlled for confounding factors.

The CHAIR: Are you a scientist yourself?

Mr PARRY: No.

The CHAIR: Are you a dentist?

Mr PARRY: No.

Mr WATT: Neither of us are dentists or scientists, but we have scientists and dentists as part of our group who helped us put together this submission.

The CHAIR: Okay. Because we are not technically an inquiry—we are just having a hearing and looking at the issue for the purposes of the education and health committee because it is a contemporary issue—it cannot be considered a submission, but it will be accepted as a related document. You can continue reading through, if you would like to. Then it will get into Hansard.

Mr W.R. MARMION: Just on that—in terms of the technical side and the statistical analysis of a study, it is probably very difficult to do one without extraneous factors. How would you do one?

[1] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.

How would you get a group of people that were not going to use fluoride toothpaste and were not going to use all these other things and then have a sample that did, and were on fluoridated water and were not? It seems impossible to do.

Mr PARRY: Yes, it is difficult but certainly not impossible.

Mr WATT: We do rely on population studies where there is no fluoride at all. As you see on the chart that we provided, dental health decay has dropped in countries where there has been no or very little fluoride at a population level.

Mr PARRY: Often when fluoride is ceased, the rate of tooth decay actually declines and continues to decline.

The CHAIR: That is your belief. Where is that evidenced?

Mr WATT: We get that data from the World Health Organization database.

Mr PARRY: Which countries?

The CHAIR: Where has a fluoride system that has seen what you are saying there—a reduction in teeth cavities?

Mr PARRY: Germany is one good example. I am not sure when they ceased—what year—I cannot remember off the top of my head. But their decay rates have continued to decline.

Mr W.R. MARMION: Is that right across the whole of Germany or in a province?

Mr PARRY: Yes. As far as I know, that is widespread across Germany.

Mr WATT: Britain and France are also included in that.

Mr PARRY: The United Kingdom has now fallen to 10 per cent fluoridation and their decay rates have continued to decline.

Mr WATT: And in Denmark, which has never been fluoridated—they do not have fluoride salt et cetera—the World Health Organization only last year noted that country had the best dental health in Europe.

Mr PARRY: And one of the best in the world.

Mr W.R. MARMION: Could it be that people are cleaning their teeth and they did not two decades ago or three decades ago? When I was a young kid I hardly cleaned my teeth at all. Now everyone cleans their teeth.

Mr PARRY: Dental hygiene is a major contributing factor. To suggest that it is fluoride that is doing the benefit is just totally unscientific.

Mr W.R. MARMION: You can also have the counterargument that if you take away the fluoride people are cleaning their teeth so that is the reason it is going down—and they were not before. There are lots of factors, are there not?

Mr PARRY: There are cheaper—we do not have to go into that, but there are other ways that people can look after their teeth.

The CHAIR: The NHMRC report—you know that we previously had you come and speak to us and then we wrote back to the Fluoride Free Association said that the NHMRC is having a really good look at this in terms of your concerns around the harm aspect of it and also the efficacy. They have reported the Cochrane review's finding that fluoridation had resulted in a 35 per cent decrease in decayed, missing and filled deciduous teeth and a 26 per cent reduction in decayed, missing and filled permanent teeth. The NHMRC are still saying they are still relatively good statistics in terms of a reduction based on fluoride.

Mr PARRY: Yet the Cochrane review, Chair, stated that they discounted those figures. They were not convinced of the studies showing reduced decay in children were applicable in today's society because they reviewed pre-1970, before the availability of fluoride toothpaste and other sources of fluoride. Nearly all of those studies had a high risk of bias. They had a high risk of bias.

The CHAIR: You have gone through that and the Cochrane review. Did you want to talk about the public consultations?

[10.10 am]

Mr PARRY: Yes, Chair, I did have some comments to make about the WA Health report, which is the most significant report commissioned by the health department and heavily relied upon. In order to provide apparently scientific support for implementing the COAG Health Council water fluoridation policy in WA, WA Health recently produced a study purporting to consider oral health outcomes for populations in the fluoridated Perth metropolitan area with oral health outcomes for populations in the non-fluoridated areas of south west WA. The main findings of this report are expressed in terms of the ratio of the respective odds of the total of decayed, missing and filled teeth, DMFT, being at or above the threshold value of one DMFT. Ratio odds is a measure seldom used in public health statistics. The respective odds of DMFT being at or above the particular threshold value selected by the health department does not express the percentage difference in DMFT between the two populations. It is evident that WA Health selected the threshold value of one DMFT in order to yield a ratio of odds optimised for generating political impact in the support of the WA government's fluoridation policy. In other words, WA Health pursued an improper political purpose in choosing to report a specially selected ratio of odds, instead of reporting the epidemiological relevant measure—that is, the percentage difference in dental decay. Chair and members of the committee, this amounts to scientific fraud.

It is important, specifically in regard to this report, regarding four out of five age categories in relation to deciduous teeth and representing six out of six age categories—so there are 11 total age categories in this report—10 out of 11, in relation to permanent teeth, WA Health found no statistically significant difference in dental decay.[2] This is the crux of this report. WA Health found no statistically significant difference in dental health decay report rates between the Perth metro area and the south west population. Knowledge derived from the CAPP database and Diesendorf indicate that statistically non-significant difference found by the health department has nothing to do with water fluoridation. The difference, if real, almost the very, very minor difference, if real, almost certainly is primarily a socio-economic effect. Socio-economic effects are well known to be the single most important factor in explaining variation in all kinds of health outcomes within any population in a western developed country. Therefore, it is standard practice to design epidemiological studies such that socio-economic effects can be controlled for. In this case it was predictable that a relatively affluent Perth metropolitan area population would show superior dental health outcomes, compared to the less affluent south west population. Against this backdrop, WA Health's choice not to control socio-economic effects is not only a remarkable and egregious defect in the study design, it probably amounts to a second instance of scientific fraud within the same study. Compounding this—compounding WA Health's apparent scientific fraud—Minister Cook proceeded to engage in communications in which he falsely represented the WA health department's ratio of odds—that is, 1.6 times the odds of having decayed teeth in an unfluoridated area as if it were a percentage difference in decay rates.

In a communication dated June 2017, the minister falsely claimed, and I quote, that recently the Western Australian Department of Health established the WA study clearly showing that children

[2] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.

from unfluoridated areas of WA are at 50 to 60 per cent greater risk of having tooth decay, compared with children drinking fluoridated water. The evidence attached with that is attached in annex 06. The minister's statement, quoted above, appears to be a deliberate misstatement based on an apparently deliberately flawed and distorted WA Health study.

Chair and committee, I would like to proceed on the issue of consultations, or the lack of consultations, section D. Evidence of public consultation in relation to proposals to fluoridate public water supplies is legally unsupported and commonly involves criminally negligent omissions on the part of WA Health and the WA Water Corporation. Nothing in the fluoridation act or other legislation requires or supports the practice of public consultation in relation to a proposal to fluoridate our public water. Such consultation or lack of consultation serves the purely political purpose of psychologically conditioning a population to accept the addition of fluoride, a toxic substance, to its water supply for the alleged purpose of preventing dental caries, notwithstanding that the practice of water fluoridation constitutes indictable offences against commonwealth and state legislation. This psychological conditioning comprises a combination of public information meetings, organised by WA Health, and in some cases administration of survey instruments approved by WA Health. The content of the official information presented by WA Health to the public essentially comprises the National Health and Medical Research Council—as you have called it—the NHMRC's deliberately incorrect advice that water fluoridation is effective for preventing dental caries and also that it is safe. However, NHMRC has long been aware of extensive peer-reviewed scientific literature to the contrary. Moreover, the WA government is informed of this state of affairs, not least because the Chief Medical Officer is an ex officio member of the council of the NHMRC.

A recent submission to the NHMRC by Dr Geoff Pain, an Australian based in Melbourne, cites hundreds of peer reviewed scientific publications in relation to the toxic impact of fluoride on the cardiovascular system, the endocrine system and the neurological system, evidence supported in annex 07. The same submission additionally presents extensive evidence of the role of fluoride in increasing the concentration of lead, a toxic heavy metal in reticulated water systems. This is particularly relevant for Perth and Western Australia because this is called the "plumbosolvency effect", and may be especially relevant to the high levels of lead that have been discovered and reported, causing diabetes and cancer by enhanced deposition of fluoride doped hydroxyapatite in soft tissues—evidence provided in annex 07.[3] Finally, the same submission cites peer-reviewed analytical chemical studies which provide a chemical explanation for the epidemiological evidence that fluoride treatment is not effective for preventing dental caries—evidence also attached in annex 07—in response to NHMRC's 23 July 2014 call for evidence in preparations for the NHMRC 2017 public statement that was released in, I think, September or October only last year. Dr Pain and other scientists previously had submitted to NHMRC most of the references cited in Dr Pain's submission, dated 4 July 2017. Against this backdrop, Dr Pain's submission dated 4 July 2017 meticulously notes up the hundreds of scientific references NHMRC ignored in its draft public statement September 2017. Despite Dr Pain's efforts in repeatedly pointing out —

The CHAIR: When you say they ignored it, would you not say that they preferred other evidence in preference to Dr Pain's? They would have had counter evidence, so to say that someone ignores one position versus another position is to make assumptions that there were no other positions put to the NHMRC.

Mr PARRY: That process of ignoring is ignoring substantial multimillion dollar international studies that are regarded.

The CHAIR: They did not ignore it. They looked at it and they chose other evidence.

[3] Correspondence from the witness clarifying this part of the transcript can be accessed on the committee webpage.

Mr PARRY: And they chose evidence that is totally lacking, consistently, in scientific methodology.

The CHAIR: I suppose what I am trying to say to you is that I can get that you are extraordinarily passionate about this. I can hear it; I can see that you feel that there has been a complete injustice. But the way that you present that to me, as someone who has no opinion either way, is so biased that I cannot see it as being something that has a basis for me to consider it as being an open discussion. It is just so pointed in that way, to tell me that something is fraudulent, to tell me that something is ignoring, to tell me that something is a conspiracy makes me go —

Mr PARRY: We have never used the word conspiracy.

The CHAIR: I get that, okay.

Mr W.R. MARMION: That is the feeling you get. That is what the Chair is saying.

[10.20 am]

The CHAIR: I am trying to be empathetic to your situation. I get that you see it as an important issue. Clearly, there are people in the community who do. We clearly have some questions to ask of the health department about how they consult with people because we think that if they so strongly believe this, they need to bring people along with them. When you say "ignore", I am asking you to say what evidence did they prefer? What do you know about the evidence that they preferred instead of the evidence that supported your position?

Mr WATT: We are aware that the NHMRC ignored over 300 animal studies that showed —

The CHAIR: No, no—what evidence did they look at that they preferred? What are you aware of, of the evidence that they looked at, that they preferred? Did you consider the evidence that they preferred?

Mr WATT: They looked at mostly Australian studies, not overseas studies, because they were not Australians. That is my understanding. One of the scientists in Queensland suggested there ought to be a commission of inquiry into the NHMRC's conduct because it appeared to be stacked with people who were promoting fluoride. Two of the members gave evidence pro-fluoride at a court hearing in New South Wales. At least two of the members had written papers in support of fluoridation. There was nobody on that committee who was known to be against fluoridation. We believe that the committee was stacked towards pro-fluoridation even before it started, which is one reason why they ignored all animal studies because they are not human when, in fact, nearly every aspect of medical research uses animals because they cannot use humans. Why on earth did they ignore animal studies in this case? We just do not understand that.

The CHAIR: You still have not answered my question. What did they prefer? They clearly did not prefer your evidence. They clearly did not prefer the evidence of Dr Pain. Can you tell me which major studies they preferred?

Mr PARRY: They preferred WA Health's report that I have just —

The CHAIR: So they considered that?

Mr PARRY: Yes. That is one of many scientific studies that are totally lacking, as I said.

The CHAIR: No, no, no, no—that is not what I am asking you. I get that you think all of those studies are lacking. What I am asking you is to tell me, when you put this considered and very well presented argument of your perspective, when you did that, what you have not given us—you have said, "Here's all the evidence here", but what you have not said is, "Here is the evidence they considered and this is why that evidence does not stack up against Dr Pain's evidence." All I am getting is, "Oh

yeah, Dr Pain is someone who believes the same stuff as you do." Okay, let us move on. I am asking you to convince me why I would not be convinced by that other evidence.

Mr WATT: Some of the references that were in the NHMRC, I cannot look for. I have to buy them. I just do not have the funds to do that. I did locate one, produced by the University of South Australia, I believe, somebody there, who I believe was also on the fluoridation committee. The report was by a single dentist who looked at a number of children, and a single dentist reported an increase in dental fluorosis in, I think, some 300 children. I cannot confirm that number, but it is about that number. I think relying or not on a report of a single dentist making a single observation and then using that as their evidence that fluoridation works —

The CHAIR: To use that particular argument in reference to what you are relying on, you are relying on a report of a single doctor, a Dr Pain, who I assume is a dentist or a scientist if he is a doctor, or is he a philosopher?

Mr WATT: He is a scientist.

The CHAIR: What sort of scientist is Dr Pain?

Mr WATT: He is a physicist.

The CHAIR: You are telling me that I cannot rely on someone who is a dentist, one particular dentist, because I have to dismiss that as one person but I should rely on this one particular scientist who is a physicist.

Mr WATT: He has read their report and he has given an overview on that.

The CHAIR: I am just trying to help you in your argument. I am trying to say to you that at the moment what your argument does for me is sit there and it is completely one-sided and does not give me a balanced context of saying, "We've considered these things and the reason we say you should rely on this is because these have greater efficacy in their scientific analysis, these have greater rigour in their scientific analysis." That is what I am asking you to point me towards instead of telling me something is fraudulent, which I think, frankly, is a grossly unfair thing to say to any public servant in Western Australia, that they have acted fraudulently when really your and their objective is the same, which is oral health.

Mr WATT: We do not have much time left. Should we move on? We have one page left.

The CHAIR: Yes. Hit it.

Ms S.E. WINTON: Relating to?

Mr PARRY: Evidence of Fluoridation of Public Water Supplies Advisory Committee, herein referred to as the advisory committee, is not constituted to it, according to section 5 of the Fluoridation Act. This is in relation to your point 3 on the scope of the invitation.

The CHAIR: Access to information regarding the decisions—yes.

Mr PARRY: Section 5 of the Fluoridation Act establishes the advisory committee and it stipulates membership. According to section 5, the advisory committee shall consist of six members, of whom the chairman shall be the Chief Health Officer, ex officio. The balance of the advisory committee comprises two nominated members and three appointed members. Having regard to the requirement for an advisory committee, comprising six members, the actual advisory committee, if it exists at all, appears to have no lawful members, at least none known to the public whose identity can be discovered by searching the *Gazette*. If the advisory committee were lawfully constituted, at least the identity of its chairman would be publicly transparent. However, it is apparent that, in practice, the Chief Health Officer, Professor Tarun Weeramanthri, is not the chairman of the

advisory committee. For many years, WA Health has represented that another person, Dr Richard Lugg, is the chairman of the advisory committee. Even the former Minister for Health, Hon John Day, MLA, purported to recognise Dr Lugg as chairman of the advisory committee in a speech to the WA Legislative Assembly. Evidence is attached at annexures 8 and 9. It is important to note that the enduring putative chairmanship of Dr Lugg cannot be explained in terms of a long series of designations by the Chief Medical Officer, pursuant to section 5(4) of the Fluoridation Act. Such a designation would confer the title "acting chairman", not "chairman". Moreover, such a designation would operate only for the duration of a particular meeting of the advisory committee. By contrast, WA Health and Dr Lugg himself act as if Dr Lugg were the chairman of the advisory committee on a continuous basis.

At a public meeting convened by WA Health in Kununurra on 30 November 2017, Dr Lugg, in response to a telephone question by Michael Lusk, stated that he—Dr Lugg—was the chairman of the advisory committee and refused to identify any other member of the advisory committee. On the same occasion, Dr Lugg failed, despite a week's prior notice in writing, to furnish Danny Carter either with a copy of an advisory committee recommendation in relation to fluoridation of Kununurra's public water supply or with a copy of corresponding direction by the Minister for Health under section 9 of the Fluoridation Act. Gazettal of appointments to the advisory committee ceased in 2011, coinciding with commencement of Fluoride Free WA's intensive efforts to access, examine and work to improve recommendations made by the advisory committee. In the present circumstances, it appears that the advisory committee does not exist in its statutory sense. It may be that many years have passed since the advisory committee last was lawfully constituted, in case it was ever lawfully constituted. Consequently, the legal validity of recommendations purportedly made by the advisory committee are cast into serious doubt.

[10.30 am]

The CHAIR: Okay, thank you very much. This is very comprehensive. I have been reading it as you have been reading it.

Mr PARRY: I have noticed that, too.

The CHAIR: Are there any other questions?

Ms S.E. WINTON: I just wanted to—maybe if we have one or two minutes—just talk about, and your group will know this kind of information, in terms of what is the public interest in the matter from your perspective? Do you think it is an issue that is growing in interest by people out in the community over time; and, what evidence do you have of that?

Mr PARRY: Perhaps we could both comment on that.

Mr WATT: We can.

Mr PARRY: You go first.

Mr WATT: Just by the number of Facebook followers that we have —

The CHAIR: How many Facebook followers do you have?

Mr PARRY: Only 5 700.

Mr WATT: When Fluoride Free WA decided to launch a political party at the last election, within a matter of weeks we had signed up the required number of members to make the party official. So there is community awareness out there. I think what upsets most people is that when a town is fluoridated, nobody knows about it until it has happened. In my own recent experience in the town of Kununurra for example, Danny Carter, who was mentioned, could not find any information and was told that it had been advertised. He spent six weeks searching the *Kimberley Echo* archives and

could not find any evidence of an advertisement. In the end Dr Lugg said, "Oh well, we must have forgotten to put it in", and then he said that in a letter, that it must have been forgotten. In the town of Dongara–Port Denison I went to a public consultation meeting, and in fact that public consultation meeting was omitting to inform the town that the town would be fluoridated within a matter of two weeks. There had never been an advertisement placed. That was admitted by Dr Lugg later, that they had obviously forgotten to put the advert in. So it seems, for me, that the towns that have been fluoridated, they have been fluoridated by stealth. The advisory committee appears to be operating in a covert manner, and when they do advertise something, the advertisement seems to be just a classified ad in the local newspaper. Now, classified ads only take one or two lines, and who reads them? Why on earth don't they put the notice of intention to fluoridate on water utility bills so that every household that has received water will know, and they can say, "Oh, this is a good idea", or, "This is a bad idea"?

Mr W.R. MARMION: Can we explore the consultation and the timing of it, because this is what we are interested in. We are conscious that that is an issue, the lack of consultation. In fact —

Mr PARRY: It is a major issue.

Mr W.R. MARMION: The issue then is how do you do consultation. When I was Minister for Water, there was opposition to chlorinating the water in Busselton. There was a health reason why you would. So you went through a consultation process on something that actually was going to stop people getting salmonella poisoning, and a group jumps up and down and does not want it. So how do you do consultation in that situation?

Mr WATT: Well, obviously chlorination is there to treat the water, and Dunsborough needs that.

Mr W.R. MARMION: Yes, but you get the same thing. There is going to be an argument one side or the other. How do you present that to the community?

Mr PARRY: If you truly inform the community as you should—by informing them I do not mean the facts; I mean the information, and that is telling them what is happening internationally. There is a distinct trend of de-fluoridation worldwide. If you tell them all the information, the community will generally oppose fluoridation. So the only way to achieve what you want if you want to fluoridate is not to inform the public, and not to inform them of all the—I will not say facts—information. That is exactly what the health department do. They manufacture consent, and they manage dissent.

Ms S.E. WINTON: You were talking about the advisory committee and describing your concerns with it. What kind of information are you seeking from the advisory committee in a perfect world? What is it —

Mr WATT: We would like to see the minutes of their meetings. They have been received in the past only through freedom of information requests. We feel that they should be publicly available. When we have had them, they are heavily redacted. I do not know what the date was, but in latter years the committee is failing to meet, and they meet only on a yearly basis, if that. They have divided themselves up into subcommittees so they do not have to make a report on that, or there are no minutes of subcommittee meetings.

Mr PARRY: Sabine, there are many questions that we have asked about various plans when regional towns are being fluoridated—many questions we have asked.

Ms S.E. WINTON: Specific to a particular context and —

Mr PARRY: Specifically, and they have constantly, consistently been ignored, or they just do not answer the questions.

Mr WATT: These are questions to Richard Theobald. I think he is secretary of the committee. Questions were sent to Denmark, Margaret River, Bunbury, Busselton, Bridgetown, Dalyellup, Australind, Eaton, Kununurra, Jurien Bay, Yanchep, Moora, Newman and Dongara. That is 13 towns. They were asked questions—I will not go through them; 13 different questions were asked regarding each of these towns. The standard: is this town fluoridated? Yes or no; that is the only answer we need. What are the surrounding towns? Has there been public consultation? What was the date of the public consultation? These questions are not answered. Fluoride Free WA have made two or three complaints to the Ombudsman for lack of information, but the request to the Ombudsman failed because the request had not fallen within the right time frame; we were given one year. But we do not know that one year has elapsed because we do not know that they have had a meeting. The whole thing is hidden from public view. They simply go out of their way to make it hidden. We do not know who the members of the committee are; we cannot ring them up.

The CHAIR: Okay. Thank you very much. Thank you for your evidence before the committee. A transcript of this hearing will be forwarded to you for correction of minor errors. Please make these corrections and return the transcript within 10 working days of receipt. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be introduced via these corrections and the sense of your evidence cannot be altered. The committee will contact you should it require further information. Thank you very much for coming.

Hearing concluded at 10.38 am

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