

14 Nutwood Crescent  
Kununurra WA 6743

The Hon Matthew Swinbourn MLC  
Standing Committee on Environment and Public Affairs  
GPO Box A11  
Perth WA 6837

15 September 2017

Dear Mr Swinbourn

**Ref: Petition 016**

Further to email correspondence with Ms Mesiti Wednesday 13 September 2017, please find attached an amended submission pertaining to my petition for the Committee's consideration.

I look forward to hearing from you.

Yours Sincerely



Danny Carter

## Submission re petition no 016 – OPPOSE FLUORIDATION CHEMICALS TO PUBLIC WATER SUPPLY IN KUNUNURRA

I have not filed a complaint with the Ombudsman with regard to this matter.

I write this submission on behalf of the 808 residents who have signed the petition calling for a halt to plans to add fluoridate the public water supply in Kununurra (112 signatures recorded by the Clerk on the present petition plus 696 signatures recorded by the Clerk on the petition in the same terms to the previous parliament- Petition no. 139). This corresponds to about 24% of Kununurra voters (based upon demographics reported in the ABS' 2011 census) signing the petition. This is an unusually large proportion of the population for a petition. I call upon the members to heed the Will of the people of Kununurra. Reasons for opposing water fluoridation are varied but the bottom line is- **the people of Kununurra do not consent.**

### Fluoridated water is 'therapeutic goods' and also 'medicine' for the purposes of the Therapeutic Goods Act 1989.-

The WA Department of Health represents that fluoridated water is for preventing dental caries and works by reacting chemically with the tooth enamel. Those two claims by the WA Department of Health (and also by NHMRC, other Australian health departments and the ADA) bring fluoridated water within the definition of "therapeutic goods" and of "medicine" within the meaning of the *Therapeutic Goods Act 1989* (CTH). Delivering a medicine via the public water supply is highly unethical and goes against all accepted forms of pharmacology in that:

- There is no way to control who is getting the medicine. The fluoride goes to everyone regardless of age, health or vulnerability. Fluoridation chemicals pose increased risk to sensitive subpopulations, including infants, the elderly, diabetics, kidney patients, and people with poor nutritional status. Local indigenous populations of Kununurra will be more highly impacted by fluoridation. To force fluoridation onto communities is to discriminate against the indigenous population and other susceptible subpopulations.
- There is no way to control the dose. Those living in hotter, humid climates like that of the Kimberley will consume much more fluoridated water than 'average' thus exacerbating any adverse effects. From September to March many Kununurra locals can consume in excess of 10 litres of water per day. From data supplied by the Health Department, Kununurra has a fluoride concentration from naturally occurring Calcium Fluoride of 0.45ppm. In 2011/2012 local water samples measured a maximum of 0.55ppm. At these levels, many residents of Kununurra will have fluoride intakes at levels known to cause harm. (The Health department and the NHMRC refuse to supply scientific data on this). To increase fluoride intakes by adding industrial grade Hexafluorosilicic acid to the water supply in the Kimberley is reckless at best. Additionally, the Fluoridation of Public Water Supplies Advisory Committee (FPWSAC) ignores exposures to fluoride from sources other than drinking water. The FPWSAC clearly has no functions in the nature of protecting the health of persons consuming water in relation to which it makes its recommendations.
- There is no medical follow up or oversight.
- There is no choice. There is no realistic 'opting out' for those who do not want to ingest fluoride if the public water supply is artificially fluoridated
- **There is no informed consent to medication.** Fluoridation is a violation of the right of informed consent to medication.

**Fluoridation does not prevent dental caries-** The claim made by the WA Department of Health that fluoridated water is for preventing dental caries is known to be false as a matter of public health (see e.g. Diesendorf (1986) and Cheng *et al.* (2007)) and lacks statutory support in the *Fluoridation of Public Water Supplies Act 1966*. The long title of that Act is "An Act relating to the fluoridation of public water supplies". Parliament does not indicate either in that Act or in other legislation that the purpose of water fluoridation is to prevent dental caries.

**Fluoride is a known neurotoxin-** As with Lead, fluoride is a known developmental neurotoxin. In the March 2014 journal *Lancet Neurology*, fluoride joined the likes of lead, arsenic, methylmercury, toluene and other chemicals known to damage brain tissue when it was reclassified as a developmental neurotoxin by medical authorities.

**Exposure to fluoride causes harm-** The ingestion of fluoride can lead to a range of possible adverse health effects including reduced IQ, dental fluorosis, impaired thyroid function, skeletal fluorosis, fluoride sensitivities, arthritis, bone fractures, muscle disorders, and increased infertility. More than 2260 scientific studies demonstrating possible harms can be found at this link <http://fluoridealert.org/studytracker/>

**Fluoride is NOT an essential nutrient.**

**Fluoridation chemicals increase Lead levels** - Many studies have shown that the addition of Hydrofluorosilicic acid increases the dissolution rate and hence the concentration of Lead in drinking water supplies. This in turn translates directly to higher Lead blood levels and associated health effects. Additionally, the problem is compounded by the fact that lead is deliberately added to the water supply as an impurity in the industrial grade chemical used in water fluoridation. Increases in Lead following the implementation of fluoridation would be problematic for the government (e.g. Perth Children's Hospital). Renowned scientist Dr Geoff Pain's prepared a detailed report on this issue for the Irish Parliament which can be found at the following link:  
<https://www.researchgate.net/publication/282439972> Plumbosolvency exacerbated by Water Fluoridation

**NHMRC review a sham**- There are calls for an urgent royal commission into the National Health and Medical Research Council (NHMRC) following the release of the recent draft review of Water Fluoridation. The full report "A damning critique and analysis of the NHMRC's 2017 "Sham" review of water fluoridation and appeal for Royal Commission Inquiry: 23 Reasons why Australia needs a Royal Commission into the NHMRC's fraudulent fluoride review" can be found at this link <http://fluoridealert.org/wp-content/uploads/fan-australia.nhmrc-fluoridation-critique-8-3-17-1.pdf>

**The process of manufacturing consent**- The recommendation to fluoridate Kununurra's water supply was made to the Minister by the Fluoridation of Public Water Supplies Advisory Committee (FPWSAC). The public announcement to fluoridate Kununurra's water supply was subsequently made by the Health Minister in December 2015. There are many serious concerns regarding the processes by which this decision was made.

**Survey**- There has been NO survey conducted in Kununurra re level of support for water fluoridation.

**'Community Consultation' Meeting**- A "community consultation" meeting held in September 2010 had a mere 9 attendees. The people of Kununurra were not informed of this meeting.

The FPWSAC made the false claim that the 2010 'community consultation' meeting was advertised in the local newspaper, the Kimberley Echo. An archive search proved that this was not so.

This is an appalling failure on behalf of the FPWSAC and a breach of trust when the people are deliberately misled by a government agency. Fluoridation is being forced onto the community in Kununurra based upon the opinion of 9 people in 2010 in a meeting that was not advertised i.e. the public did not know about it. This is fluoridation by stealth. The actions of the FPWSAC in their exercise of public power have denied procedural fairness to persons in this community.

**Lack of transparency**- The Department of Health (Ministers and Public Servants) and the Water Corporation have refused to answer the many questions put to them.

In December 2015 the Secretary of the FPWSAC, Mr. Richard Theobald, stated that:

*"The community's decision can change over time, so we're quite open to that."* <http://www.abc.net.au/news/2015-12-18/fluoridated-drinking-water-planned-for-newman-kununurra-by-2017/7041604> Why then, is the FPWSAC not "open to" the community's position not to fluoridate the public water supply in Kununurra?

The FWAC exists solely for the purposes of obfuscation and manufacturing consent.

I further request the Committee investigate, in addition to the abovementioned matters, whether the Department of Health and Water Corporation acted ultra vires in engaging in conduct directed at fluoridation of Kununurra's water supply. In particular, past efforts to obtain from the office of the Parliamentary Secretary for Health a copy of any corresponding Ministerial direction and certificate made or signed pursuant to ss 9 and 14 of the Fluoridation of Public Water Supplies Act 1966 have not been successful.

I seek leave to appear before the Committee as a witness and/or to arrange expert witnesses to explain or elaborate on my submission.

## References

Cheng et al (2007). Adding Fluoride to water supplies. *BMJ* | 6 October 2007 | Vol 335

Mark Diesendorf (1986). The Mystery of Declining Tooth Decay. *Nature* | July 10, 1986 | Vol. 332, p. 125-29