

## Fluoridation costs

On December 18, as a Far North ratepayer with a keen interest in ratepayers getting good value from council operations, together with an ever-increasing concern about the negative health effects of long-term swallowing of water from fluoridated community supplies, I requested official information on fluoridation from both the FNDC and NDHB, in time to inform a council meeting of February 11.

Responses to these requests must be available for that meeting, and I have been assured in writing by the FNDC legal executive officer that the council will comply. Ratepayers have a right to expect the NDHB to co-operate too.

It is essential that fluoride-related health and ethical issues must be included in discussions.

In 2006 they were totally ignored. Of the FNDC, the formal request was for detailed financial and operational information on the following:

- The total expenditure, in addition to the MoH subsidy, for the Kaitaia and Kaikohe fluoridation 'trial' incurred by the FNDC, including the cost of storage, security, maintenance, chemicals, labour, training, compliance with OSH workplace exposure standards and any other expenditure in addition to the subsidy (i.e. the all-inclusive costs);
- The budgeted all-inclusive expenditure anticipated by the FNDC, in addition to the MoH subsidy, for continuing fluoridation from the date of any resumption of operations until the end date of the subsidy agreement;
- The budgeted all-inclusive expenditure anticipated by the FNDC for on-going fluoridation operations from the expiry of the subsidy agreement if fluoridation is continued indefinitely;
- The nett cost of ceasing all fluoridation and compensating the MoH, within the terms of the fluoridation agreement, and taking into account income that might be received through sale of existing equipment and expenditure savings associated with storage, security, maintenance, chemicals, labour, training, compliance with OSH workplace exposure standards and any other expenditure in addition to the subsidy;
- Critical analysis of the reasons why the respective fluoridation operations in Kaitaia and Kaikohe malfunctioned from time to time during the two-year period of the 'trial,' as revealed in the NDHB survey final report; and
- Any comprehensive cost/benefit analysis that has been done by FNDC management and advised to all councillors taking into account factors detailed above.

Of the NDHB, the formal request was for detailed justification for its policy position on fluoridation and the conclusions of its Northland/Taitokerau final report:

- In relation to its intransigent policy position supporting fluoridation as a dental health measure, provision of evidence that the NDHB had

made detailed analysis of; (a) the York Review (including caveats issued by those associated with this report — in particular the letter from professor Trevor Sheldon to the House of Lords) undertaken before reaching that position, and, (b) the National Research Council's (NRC) 'Fluoride in drinking water' (now regarded as the basic reference on the toxicology of fluoride) undertaken since reaching that position;

- A fully referenced list of primary studies which have been undertaken in fluoridated New Zealand communities in which the health effects of fluoride on other human bodily organs apart from teeth have been investigated;

- Given the implied consent in the participant information sheet, the raw data from all cohorts on which the reported outcomes of the Northland/Te Tai Tokerau survey were based;

- Copies of the calibration guidelines applied and full instructions given to personnel involved in collecting raw data for the survey;

- Details of the controls carefully applied to all confounding variables within the surveyed cohorts, including family income levels, individual socio-economic status, delayed eruption, diet, genetic influences, ethnicity, cultural and educational differences, parental oversight, dental services available at the time; and

- With reference to the NRC panel's extensive exposure analysis concluding that some subsets of a community are already exceeding so-called "safe" doses in drinking water fluoridated at 1 ppm (these include bottle-fed infants, above-average water consumers like athletes and outdoor workers, diabetics, people with impaired kidney function and those who are borderline iodine deficient), the level of concern held by the NDHB about the findings of the unrefuted Bassin osteosarcoma study, the increasing number of peer reviewed studies relating fluoride exposure to the lowering of IQ in children and the recent research from State University of New York that fluoride ingestion may be responsible for causing premature births.

If these requests cannot largely be fulfilled prior to the scheduled meeting the whole matter should be deferred until they can be. The previous council made its decision to fluoridate on the basis of agency-supplied misinformation, ignored research, misinterpretation of statistics, bias and poor judgment by both councillors and managers, and without any community mandate.

There are hints that council will be advised to hold referenda in Kaitaia and Kaikohe, but this will indicate an abject failure of council to address the ethical issues around this obsolete practice.

To facilitate the possibility of even a significant majority of participants in referenda to determine that minorities should be saddled against their will with a known health-affecting toxin in their drinking water is abysmal governance.

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