



Glamorgan Sovereign Community Trust, Apex House, Thomas Street, Trethomas, South Wales, CF83 8DP

Date: 19th October 2021

Public Bill Committee,
Health and Care Bill 2021
House of Commons

We are a Private Trust located in South Wales, and we represent several hundred beneficiaries who live in the South Wales and the South West of the UK and deal with various matters for them. Our trustees have a duty of care via our Trust Declaration for the health and well-being of its beneficiaries and we have full authority to speak on their behalf.

Our trustees have received several emails and letters from beneficiaries who are very alarmed having read recent news articles about the proposed fluoridation of the entire United Kingdom's water supply.

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states that the wishes of patients of the NHS to refuse treatment are to be heeded and treatment withheld and/or withdrawn.

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

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

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1. Water fluoridation as a public health measure is fundamentally flawed: -
 - a) As a form of compulsory medication, it is unlawful and unethical;
 - b) As a continuing experiment lasting 76 years in the UK, WF violates the Nuremberg Code (1947) and several other Human Rights' Codes, Directives and Laws
 - c) Taken in uncontrolled doses by vulnerable populations, it is medically unsound;
 - d) With other means available to combat tooth decay, it is unnecessary;
 - e) Since only a tiny amount of fluoride ends up on children's teeth, it is inefficient;
 - f) Latest scientific studies show that it is unsafe for the foetus and infant. Over four hundred studies demonstrate that it reduces human and animal intelligence, causes ADHD and interferes with the sleep patterns of adolescents. (<https://fluoridealert.org/issues/health/brain>)
 - g) With most of the fluoridated water missing its intended target and being discharged into water courses, it is potentially damaging to the environment. The DHSC plans to fluoridate 100% of the Nation, meaning that all watercourses below Sewage Treatment Works would become polluted.
 - h) When equitably compared to other oral health improvement programmes, it is expensive. The economic case for a good Return on Investment (RoI) for WF is heavily flawed and we require an explanation why four individualised intervention programmes are incorrectly regarded as being more expensive than WF when the baseline used for WF is different to the baseline used for the four alternative interventions. This would suggest the results in favour of WF are deliberately skewed.
 - i) By centralising decision-making within the DHSC (Clause 128), affected people would stand no chance of influencing the process because they would not have the normal lead-in time to learn about, and cogently express their views on this controversial practice. Whilst Local Authorities subject the issue to scrutiny, it does not appear that the DHSC will do so. Checks and balances will be removed from the process - a thoroughly retrograde step.
2. By altering existing WF contracts between Local Authorities and Water Companies (Clause 129), variations which have occurred over time will disappear without affected fluoridated populations having the chance to request a Public Consultation as is their right under current legislation. Three such varied contracts relate to Central Bedfordshire (Pulloxhill District which has not been fluoridated for 21 years), Bedford Borough (not fluoridated for 12 years) and West Cumbria (a new water distribution scheme which requires a WF Public Consultation). Residents currently have the right to a Public Consultation when existing contracts are comprehensively varied; if the law regarding WF Contracts is changed, their rights to express their objections will disappear. This appears to be a deliberate tactic of the DHSC to keep affected populations indefinitely locked into existing Water Fluoridation programmes.
3. Since fluoridated water is medicine (BSEN 12175:2013, p.19, Annex A, A.2.2) the DHSC and UK Government are not compliant with the Medicines' Act (1968, s. 130) and wrongly insist on viewing

fluoridated water as drinking water or as food. This lack of compliance means that the fluoridating acid (Hexafluorosilicic acid) has never been clinically tested and has no marketing authorisation. The claim that fluoridated water is safe to ingest is therefore, without foundation. Public Health England has been unable to provide any proof of safety.

(https://www.whatdotheyknow.com/request/research_proving_the_safety_of_w#outgoing-748683)

- 4a. Fluoridated water is not drinking water because it is a medicine. Since it is not drinking water according to the Drinking Water Directive retained post-Brexit, drinking water quality standards cannot be applied to it and consumers are not protected by those standards.
- 4b. Water quality standards do not apply if fluoridated water is either a food or medicine, so any amount of contaminants and chemical parameters is too much.
5. If fluoridated water is food (as is claimed by the MHRA), its sale is not permitted because it contains substances which are not legally approved as additives to food - hexafluorosilicic acid, hydrofluoric acid, antimony, arsenic, cadmium, lead and mercury (BSEN 12175:2013, pp. 7 and 8; Retained Commission Regulation (EC) No 1170/2009)
6. Hydrofluoric acid is a reportable poison (Deregulation Act 2015, Schedule 21, Part 4).
7. Hydrofluoric acid is not a permitted compound (Water Industry Act 1991, s.87) for the addition of fluoride if the claim that fluoridated water is drinking water is to be believed.
8. As a medicine, WF practice runs counter to the spirit and intention of the Nuremberg Code (1947) and because fluoridated water is medicine by presentation and function, the practice violates subsequent human rights legislation and codes, including the NHS Constitution. The present situation is contradictory and untenable: For example, the NHS Constitution states that individuals have the right to refuse treatment while the Government and DHSC tell us that those who are fluoridated do not have the right to refuse treatment. In this case, the treatment is a prophylactic which is compulsory because it is difficult for people to avoid drinking it. The judgement of the New Zealand Supreme Court (2018) and the Scottish Court of Sessions (1983), confirm that fluoridated water is a medicine which is difficult to avoid. Compulsory medicine is anathema and should never be contemplated in a just and fair society.
9. The attempt to tighten legislation in respect of WF is legally unsound because there are pieces of legislation from different arms of the law which argue against the practice. However, they seemingly have never been considered by lawmakers in parallel with the law which permits WF. All relevant laws must be complied with.
10. Allowing Clauses 128 and 129 to remain unchallenged would be a dereliction of duty by our elected representatives.

In summary we are concerned that the fluoridation of the UK water supply will negatively affect our beneficiaries' health and well-being. We are therefore writing to you formally to request that Part 5 (Miscellaneous) (Fluoridation of water supplies) clauses 128 and 129 are removed from the Health and Care Bill, 2021. Failure to remove these clauses may mean that the Trustees of the Glamorgan Sovereign

Community Trust are forced to bring a 'class action' court case against the UK Government on behalf of its beneficiaries, on the basis of the above evidence, in order to prevent clauses 128 and 129 being included in the bill and the fluoridation of the UK's water supply going ahead.

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

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

Olwyn Rhyddid

Trust Administrator & Human Rights Defender
on behalf of the Trustees and Beneficiaries
of the Glamorgan Sovereign Community Trust

Sample Letter