



Steven Jenkinson

Central Hawke's Bay District Council

Sunday 16th September

Dear Steven

Fluoridation of the Central Hawke's Bay water supply

I am sorry that I can't come to the meeting scheduled for 20th September, as I have a long-standing speaking engagement in Auckland that day. Thank you for agreeing to read this letter out.

My name is Russell Wills. I am a general and community paediatrician practising in Hawke's Bay for eleven years and I have been Children's Commissioner for fifteen months. Before returning home I was national paediatrician for Plunket and a senior lecturer at the Wellington School of Medicine. I was born in Hastings, grew up in Napier and expect to retire here.

As the nation's advocate for children, I am deeply saddened that the Council are considering removal of Fluoride from the water supply because I believe the decision will harm the children of Central Hawke's Bay. As a paediatrician in Hawke's Bay I am also concerned for the wider implications of this decision.

Council will hear from HBDHB staff about the science demonstrating the benefits and risks of Fluoride. While I am familiar with the science, these staff are more expert than me and I will leave it in their good hands to make this part of the case. I would like to concentrate on the ethics of fluoridation and the anti-fluoride lobby.

The arguments typically made against Fluoride are these:

1. It may have been effective in the past but it isn't now, or it doesn't work, has never worked or the benefit is unclear
2. It is dangerous, usually expressed in terms of fluoride being a poison, increased risk of osteosarcoma, a bone cancer, in boys, fluorosis (fluoride staining of the teeth) or lower IQ
3. It is unethical, compulsory or mass medication, done without consent
4. It is parents' job to ensure their children brush their teeth and the rest of us should not have to suffer because of the neglect of the few
5. The DHB has never looked at the harms of fluoride in our water supply.

The DHB team will address the first two issues in their submission. For the record, having read extensively around this issue and including anti-fluoride sites and papers, I am convinced that the benefits, particularly for children, are clear. My reading of the science is that the children who will benefit the most are poor, Maori and Pacific children. This means that fluoridation, like immunisation, is a powerful tool for reducing inequities in health outcomes for children.

Fluoride is a naturally occurring mineral present in nearly all water supplies. In some areas it is present at rates much greater than the 1 part per million recommended for oral health. No-one has seriously suggested removing fluoride from water supplies with concentrations over 1PPM. I am also satisfied that there is no proven association of fluoridation with cancer or low IQ and that fluorosis is a trivial condition in the vast majority of people.

I wish to address the ethical arguments in more detail.

Firstly, that fluoridation is unethical, compulsory or mass medication, and done without consent.

This argument is at best a misunderstanding and at worst a fundamental misrepresentation of public health. Public health measures (reticulated sewerage, cycle helmets, mandatory seatbelt laws, fencing of swimming pools, food hygiene rules, clean air standards, chlorination of water) all involve some restriction of personal rights or freedoms for a greater good.

Restricting personal freedoms for the greater good can be justified under the following conditions:

1. They reduce health inequalities
2. They substantially reduce ill health
3. They improve outcomes for vulnerable groups (e.g., children).

Fluoridation meets all these criteria. To argue against fluoridation on the grounds that it imposes on our rights is to argue against all public health measures, which is clearly ridiculous.

Secondly, that it is parents' job to ensure their children brush their teeth. The rest of us should not have to suffer because of the neglect of the few.

This is a different and, to my mind, more pernicious argument. What it really argues is that we should accept children's suffering when their parents are unable to meet their needs. The same argument is used to argue against feeding hungry children in school and it has the same rebuttal: it does not matter why children have bad teeth or are hungry. What matters is that we care about children. A society that values its children does not tolerate a poor outcome for which there is a simple and cost-effective solution.

The last argument from the anti-fluoride lobby is that the DHB has never looked at the harm of fluoride in our water supply.

There has never been a need for the DHB to examine for the “harm” of fluoride because the issue is well addressed in the literature. Would these advocates expect the DHB to examine for the harm of chlorination of water or cycle helmets? In fact, there are very small risks to both of these. For example, there is some evidence that cycle helmets discourage cycling and promote obesity. But we trust the evidence base and put our very limited public health resource to better use, for example prevention of rheumatic fever, sudden infant death and suicide. To argue that the DHB should put this limited resource into assessment of the harms of fluoride is to argue for diverting this resource away from prevention of rheumatic fever, sudden infant death or suicide. In my view this would be indefensible. The argument that the DHB is negligent in not assessing for health risks of fluoride is therefore a nonsense.

The final reason I am concerned that the Council is considering removal of fluoride from the water supply is the impact it must have on all of us. If fluoride is removed dental decay will increase. That is clear and predictable. There must therefore be an increase in demand for acute and elective dental surgery to remove and treat decayed teeth. A DHB is required to address acute demand – it is deeply unethical to know about unmet acute health need and to do nothing about it. We would therefore have to increase our dentistry workforce and take theatre time to meet the increased demand. This resource is fixed, so this must mean a reduction in the number of elective procedures our surgeons can perform. Removal of fluoride from the water supply therefore must lead to a reduction in the number of hip replacements, cataract operations and other surgery performed. This is an argument you will never hear from anti-fluoridationists but it worries health professionals deeply.

In summary, fluoridation reduces dental decay, particularly for our poorest and most vulnerable children. The risks are negligible. The so-called ethical arguments against fluoridation are in fact deeply unethical and disturbing. And finally, removal of fluoride must inevitably reduce access to elective surgery for all people in Hawke’s Bay.

I would therefore ask Council to please leave fluoridation of the Central Hawke’s Bay water supply in place. If Council is interested in improving health outcomes for children the Hawke’s Bay District Health Board team present today will be delighted to discuss ways we can work together.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R Wills', with a stylized flourish at the end.

Dr Russell Wills

Community and General Paediatrician, HBDHB

Children’s Commissioner