

From: [John Teagle](#)

Sent: Thursday, September 06, 2018 2:09 PM

To: [NHMRC CEO](#)

Subject: Letter to Councils

Professor Anne Kelso

Chief Executive Officer

National Medical Health and Research Centre

I refer to your pro-forma letter displayed on the NHMRC website and sent to Councilors who are considering water fluoridation, dated 8th March 2018.

In this correspondence you have made a number of claims about the safety of Sodium Fluoride and Sodium Silicofluoride (artificial fluoride), being added to the reticulated water supplies by Councils.

In paragraph 1 of your letter you inform Councilors that *the NHMRC is Australia's leading expert body supporting health and medical research, developing health advice for the Australian community, health professionals and government; and providing advice on ethical behavior in health care and in the conduct of health and medical research.*

In paragraph 2 of your letter you make assurances that *NHMRC found no reliable evidence that community water fluoridation at current Australian levels causes health problems. In particular, NHMRC found no links between water fluoridation and lowered IQ, cognitive dysfunction, cancer, Down syndrome or hip fracture. NHMRC also found no reliable evidence of a link between water fluoridation and thyroid problems, chronic kidney disease, kidney stones, high blood pressure, musculoskeletal pain or osteoporosis.*

In paragraph 3 you state: *Most of the evidence on possible harms to humans is from areas with higher levels of fluoride that we use in Australia. This is important as we cannot compare our situation with such countries. You then go on to state: Many did not control for factors that could affect the results and their interpretation, such as taking into consideration consumption of fluoride from other sources, exposure to other factors such as iodine and socio-economic status of study participants.*

Then in paragraph 4 you state: *Some people ask if there is a cumulative effect of consuming fluoride over a lifetime. The toxicologists on our expert committee advised that fluoride is excreted regularly by the kidneys to achieve a "steady state" that is safe for humans. This is different to lead which accumulates in the body.*

In paragraph 7 you state: *Australia has a long history of community water fluidization to help reduce tooth decay.*

Then in your closing paragraph you state: *The latest evidence builds on past research and is clear- community water fluoridation helps to reduce tooth decay across the population.* With regard to your comments in paragraph 2 please provide:

- The number of studies in each of the above mentioned diseases submitted for consideration as causing harm when conducting the latest systematic reviewed referred to in your letter.
- The number of each of these studies claiming harm that were accepted for consideration in the review for each category you have stated.
- The number of studies in each of the categories you mentioned that claim that fluoridation causes no harm and the number of these studies that were included in the systematic review.

- The number, if any, of these studies that were conducted in Australia and included in the review.

If there were no Australian studies the reasons why this is so.

Your comments in paragraph 3 concerning possible harm being in areas with higher levels of fluoride than that used in Australia do not stipulate any areas of higher fluoridation. With regard to this statement the following information is required:

- The names of those countries that have higher levels of Sodium Fluoride and Sodium Silicofluoride added to the reticulated water supplies where there is evidence of possible harm to humans.

The NHMRC allows the addition of 1.5mgs parts per million of these known poisons to be added to reticulated water supplies. Whereas North America recommends 0.7mgs parts per million to be added to the reticulated water supply (<https://www.webmd.com/oral-health/news/20150427/us-lowers-recommended-fluoride-levels-in-drinking-water#1>)

In view of this fact, provide the names of those countries that recommend artificial fluoridation levels greater than 1.5mgs parts per million to be added to the reticulated water supplies.

Furthermore, in paragraph 3 you have stated that studies were ejected because they did take into consideration consumption of fluoride from other sources. This statement implies that only studies were considered in cases where consumers were only exposed to fluoride from water fluoridation and no other source. This statement is ludicrous as all consumers subjected to water fluoridation are exposed to fluoride from other sources. As fluoride destroys iodine in the body I require:

- The studies accepted by the review panel and clearly these would only apply to consumers not subjected to fluoride from other sources.
- The reasons why you consider that iodine is a factor for causing harm to humans when considering studies on the harm or safety of fluoridation.

In paragraph 4 you have provided assurances that fluoride does not accumulate in the human body, unlike lead which accumulates in the body.

This assurance is refuted by the information contained on page 382 of the 2004 Australian Drinking Water Guidelines (ADGL) that state: *People with kidney impairment have a lower margin of safety for fluoride intake. Limited data indicate that their fluoride retention may be up to three times normal.*

The 2004 ADGL guidelines clearly state that all consumers retain a level of fluoride and those with impaired kidney function can retain up to three times the level of "normal consumers" Then on page 443 of the same ADGL the NHMRC states: *Whether water is consumed directly or with food or beverages, virtually all of the sodium in it will be absorbed. Sodium is present in all body tissues and fluids and its concentration is maintained by the kidney; increases in the sodium concentration in plasma give rise to the sensation of thirst.* As artificial fluorides added to the reticulated water supply contain sodium, it is ludicrous to give assurances that fluoride is totally excreted regularly by the kidneys and does not accumulate.

- I require the evidence used by the "expert toxicologists" in the current systematic review that contradicts the previous findings contained in the 2004 ADGL.
- In paragraph 7 of your letter you state: *Australia has a long history of community water fluoridation to help reduce tooth decay.* This implies that water fluoridation helps to reduce tooth decay. You then contradict this assurance by stating: *Tooth decay is one of the most common health issues in Australia, affecting five out of ten children and nine out of ten adults.* This is despite the fact that

most Australian cities have been fluoridated for more than 50 years. For example 95% of NSW residents are exposed to fluoridation and those areas have high levels of tooth decay.

• (https://en.wikipedia.org/wiki/Water_fluoridation_in_Australia#New_South_Wales)

• Despite this fact there is a dental crisis in this State.

• (<https://www.smh.com.au/healthcare/tooth-decay-crisis-dentists-plead-with-parents-to-reduce-childrens-sugar-intake-20180125-h0o6ux.html>)

- You then state *NHMRC is not alone in our support for water fluoridation; it is supported by a wide range of public health and dental health organisation in Australia and around the world.*
- This is clearly not the case as only a few countries add artificial fluorides to the reticulated water supply, having rejected it as a means of fighting tooth decay
(https://en.wikipedia.org/wiki/Fluoridation_by_country)
- In paragraph 8 you have stated: *the latest evidence builds on the part research and is clear – community water fluoridation helps to reduce tooth decay across the population.* This is despite the fact that the Cochrane systematic review found no or highly biased evidence to support this statement as discussed in the comprehensive study undertaken by that gold star entity.
- (https://www.cochrane.org/CD010856/ORAL_water-fluoridation-prevent-tooth-decay)

The assurances you have given to councils is clearly biased. If I am wrong in making this assertion then please address the concerns I have raised in the paragraphs marked with bullets.

As you have taken it upon yourself to influence councils to add artificial fluoride to the reticulated water supplies, affecting Australian residents you should be able to provide factual evidence supporting the statements you have made public. I look forward to your responses to all of the concerns I have raised with this pro-forma letter that is available to all on the NHMRC website.

I have also enclosed a scientific article linking pre-mature births with fluoridation at 1mg per litre.

This is a serious study and includes Australian pregnant women exposed to fluoridation.

As you have asserted there is no evidence that fluoridation at 1mg per litre causes no harm, please advise whether this particular study was included in the review.

Also please provide me with studies that assert that fluoridation at 1mg per litre does not affect the size of babies where mothers are exposed to fluoridation.

Yours sincerely

John Teagle

Sent to Anne Kelso on 15th September 2018

Good morning Professor Kelso

Please advise when I can expect a reply to the matters I have raised concerning the letter you sent to various councillors.

Yours sincerely

John

From: [Australian Drinking Water Guidelines](#)
Sent: Wednesday, September 19, 2018 3:00 PM
To: johnteagle@gmail.com
Subject: FW: Letters to Councils [SEC=UNCLASSIFIED]

Dear Mr Teagle

Please find attached a reply from Mr Alan Singh, Executive Director to your recent letter.

Sincerely
Water project team

Email sent to Anne Kelso on 16th January 2019

From: [John Teagle](#)
Sent: Wednesday, January 16, 2019 7:28 AM
To: [Australian Drinking Water Guidelines](#)
Cc: findleya@shoalhaven.nsw.gov.au
Subject: Re: Letter5 to Councils [SEC=UNCLASSIFIED]

Professor Anne Kelso

I refer to your letter of 18 September 2018 addressing my concerns about iodine and fluoridation.

Regarding the link between iodine and fluoridation I note that in the letter sent to Councils the following assertion was made: "NHMRC also found no reliable evidence of a link between water fluoridation and thyroid problems ...".

The enclosed studies clearly refute the claim that there is no reliable evidence of a link between fluoridation and thyroid problems.

In the enclosed study conducted by Kheradpisheh Z *et al.* Impact of Drinking Water Fluoride on Human Thyroid Hormones: A Case- Control Study. *Scientific Reports*, 8 February 2018; 8(1):2674. NHMRC's Alan Singh could not plausibly retort that the disturbance of thyroid hormone levels reported in Kheradpisheh *et al.* (2018), which does not control for iodine, might actually be caused by excess iodide intake rather than excess fluoride intake. Kheradpisheh *et al.* report, the Iranian government requires dietary salt to be iodized precisely in order to remedy a known iodine *deficiency*.

A more recent publication reported by PubMed, Malin AJ *et al.* Fluoride exposure and thyroid function among adults living in Canada: Effect modification by iodine status. *Environment International*, December 2018; 121(Pt 1):667-674, is interesting in the same respect. Malin *et al.* specifically investigate the effect of fluoride intake on thyroid function in circumstances of iodine deficiency. They conclude that "[fluoride exposure among adults with moderate-to-severe iodine deficiencies living in Canada may increase risk for underactive thyroid gland activity".

As Australia is one of the most “fluoridated” countries in the small number of countries that still allow water fluoridation, please provide me with the reliable evidence supporting the assurances the NHMRC’s Alan Singh have provide to me and Councils.

Yours faithfully

John Teagle

Sent to Complaints 14th March 2019

NHMRC Complaints
complaints@nhmrc.gov.au

Dear Sir/Madam

I recently wrote to your office raising concerns about a letter sent by Anne Kelso, dated 8th March 2018 to councillors, stating that there is no evidence that water fluoridation does not cause thyroid problems.

My correspondence is set out below and I have enclosed the recent response from Mr Allan Singh, reaffirming that water fluoridation does not cause thyroid problems. Mr Singh has relied on the 2017 NHMRC review on health effects of fluoride when making this assertion.

Allan Singh carefully avoids acknowledging that Kheradpisheh *et al* (2018) is an example of a peer-reviewed publication which is incompatible with NHMRC’s notion that there is no reliable evidence of a link between water fluoridation and thyroid problems.

Allan Singh has dismissed both of the scientific studies I provided (Malin *et al.* (2018) and Kheradpisheh *et al.* (2018)) in the context of Anne Kelso’s open letter to councillors dated 8 March 2018.

This is because Malin *et al.* was published 8 months (12th December 2018) after the date of that letter. However, Kheradpisheh *et al.* (2018) was published online on 8 February 2018, i.e. a full month before the date of the letter to councillors. Both of these studies were published on the peer review scientific reference library *PubMed*.

<https://www.ncbi.nlm.nih.gov/pubmed/30316182>

<https://www.ncbi.nlm.nih.gov/pubmed/30258638>

As the NHMRC is no doubt aware *PubMed* has very strict criteria when accepting scientific articles for display on its library website.

<https://www.ncbi.nlm.nih.gov/pmc/pub/addjournal/#pubinfo-app-proc>

NHMRC’s claim to be Australia’s [leading expert body in health and medical research](#) supports a presumption that NHMRC *must have been aware* of Kheradpisheh *et al.* (2018) prior to the date of the NHMRC open letter to councillors.

Allan Singh has informed me **Prof. Kelso’s advice** to councillors concerning thyroid problems in connection with water fluoridation is made with specific reference to NHMRC’s findings *in its 2017 review* of health effects of water fluoridation and he has fully exploited that context –

“As we have previously mentioned, NHMRC’s review on the dental and health effects of water fluoridation concluded in November 2017. The publication dates of these studies (both in 2018) preclude their inclusion in this review and the subsequent development of our advice as it currently stands. Inclusion criteria for the review are outlined in the 2017 Information Paper. The reference material that you have provided will therefore be considered in any future review of the evidence”.

It would be quite correct for Allan Singh to insist that the relevant statement in Anne Kelso’s letter to councillors is true in the narrow sense that NHMRC’s 2017 review in fact does include the finding she mentions. However, the fact that at a time falling a full month after publication of Kheradpisheh *et al.* (2018) Prof. Kelso chose to give councillors advice based on an older NHMRC review raises the obvious suspicion is that NHMRC, knowing about Kheradpisheh *et al.* (2018), deliberately gave councillors misleading advice which NHMRC knew to be materially incorrect.

If the CEO of NHMRC provides the community with deliberately misleading advice concerning public health research and medical research, then she fails properly to perform her functions pursuant to section 7(1)(a)(iv) of the *National Health and Medical Research Council Act 1992* (Cth) ("NHMRC Act").

http://www7.austlii.edu.au/cgi-bin/viewdoc/au/legis/cth/consol_act/nhamrca1992342/s7.html

COMPLAINT

Regarding my complaint, it is alleged that Prof. Kelso on or about the 8th March 2018 knowingly gave materially incorrect advice to councillors in contravention of her proper functions pursuant to section 7(1)(a)(iv) of the NHMRC Act.

This allegation is based on the premise that *as at the date of Kelso's open letter to councillors* NHMRC was aware of Kheradpisheh *et al.* (2018), i.e. reliable evidence of a link between water fluoridation and thyroid problems.

Evidence that NHMRC acted for an improper purpose (and in bad faith) includes –

- (a) publication on 8 February 2018 of Kheradpisheh *et al.*, Impact of Drinking Water Fluoride on Human Thyroid Hormones: A Case- Control Study, (<https://www.nature.com/articles/s41598-018-20696-4.pdf>), 8 Feb 2018; 8(1): 2674, which furnishes reliable evidence of a link between water fluoridation and thyroid problems;
- (b) NHMRC's status as *Australia's leading expert body in health and medical research* which supports a presumption that NHMRC keeps up to date with medically significant reports published in reputable journals and hence must – in the normal course of administration – by 8 March 2018 have been aware of the publication of Kheradpisheh *et al.* (2018) and the significance of that publication;

The enumerated evidence supports a reasonable inference that NHMRC as at the 8th of March 2018 was well aware of the existence of reliable evidence of a link between water fluoridation and thyroid problems. It therefore appears that NHMRC gave local government councillors deliberately misleading advice

My general complaint to NHMRC is that –

1. NHMRC CEO Prof. Anne Kelso improperly exercised her function of advising the community on public health research and medical research pursuant to section 7(1)(a)(iv) of the *National Health and Medical Research Council Act 1992* (Cth) ("NHMRC Act") in that she provided false or misleading advice to local government councillors in the form of an open letter dated 8th of March 2018 indicating that NHMRC is not aware of "reliable evidence of a link between water fluoridation and thyroid problems" ("Open Letter");
2. NHMRC acted in bad faith by providing the advice because prior to the date of the Open Letter NHMRC must have been aware of publication on 8 February 2018 of Kheradpisheh *et al.*, Impact of Drinking Water Fluoride on Human Thyroid Hormones: A Case- Control Study, *Scientific Reports*, 8 Feb 2018; 8(1): 2674, which furnishes reliable evidence of a link between water fluoridation and thyroid problems; and
3. NHMRC, knowing that the advice is wrong, continues to keep the Open Letter publicly available at <https://nhmrc.gov.au/sites/default/files/documents/attachments/kelso-letter-councillors.pdf> without any indication that the advice is wrong in light of Kheradpisheh *et al.* (2018) and Marlin AJ *et al.* (2018).

Considering that NHMRC, as a "leading expert body in health and medical research", must perform about as well as the U.S.' NCBI, which indexed Kheradpisheh *et al.* (2018) in its PubMed database on 10 February 2018.

REDRESS SOUGHT

I therefore consider it appropriate that:

4. The CEO (Professor Anne Kelso) of NHMRC send to every local government councillor in Australia a Notice of Retraction in relation to the Open Letter, clearly stating that the advice it contains is wrong and should be disregarded; and
5. NHMRC annotate the Open Letter it makes publicly available with a corrective statement, printed in red 16 point typeface, as shown below –

NHMRC RECOGNIZES THAT THE ADVICE CONTAINED IN THIS OPEN LETTER IS WRONG. FOR THE SAFETY OF THE COMMUNITY, ANY DECISIONS MADE IN RELIANCE UPON THIS ADVICE SHOULD BE REVIEWED WITHOUT DELAY AND CORRECTED IF REQUIRED

Yours faithfully

John Teagle

