

From Monica monicadmesch@bigpond.com
31 August 2019

To The Chief Executive Officer, NHMRC

Dear Professor Kelso,

I have received correspondence from Fluoride Free W.A. Inc relating to a new Canadian study published August 19, 2019 concerning the "**Association between Maternal Fluoride Exposure in Pregnancy and IQ Scores in Offspring in Canada**". I am very disturbed at their findings, as should the NHMRC.

The study is attached. Their letter to the W.A. Minister of Health is also attached (please scroll up to Page 1).

On the basis that the NHMRC have determined that water fluoridation is safe (refer to 2017 Public Statement and their Q & A document), irrespective of the numerous 'disclaimers' the NHMRC attaches to the information it provides for water authorities (see below), most State and Territory Health authorities have legislated to make water fluoridation mandatory for their citizens.

From my perspective, I have to respectfully ask the question as to who at the NHMRC is taking full responsibility for these statements of safety?

With respect to the "Australian Drinking Water Guidelines" issued by the NHMRC, you say we can't rely on your information or the advise that you give by including the following Disclaimer. So who is responsible?

Australian Drinking Water Guidelines (2011) - Update May 2019

"Disclaimer

The contents of this document have been compiled using a range of source material and while due care has been taken in its compilation, the Commonwealth, member governments of NHMRC and NRMMC and the organisations and individuals involved with the compilation of this document shall not be liable for any consequences which may result from using the contents of this document. You should therefore make independent inquiries, and obtain appropriate advice, before relying on the information in any important matter."

In addition, the NHMRC includes various disclaimers throughout the Guidelines, such as "quote":-

1. "The ADWG are not mandatory standards; however, they provide a basis for determining the quality of water to be supplied to consumers in all parts of Australia. These determinations need to consider the diverse array of regional or local factors, and take into account economic, political and cultural issues, including customer expectations and willingness and ability to pay."
2. "Risk management is about taking a carefully considered course of action. As the obligation is to ensure safe water and protect public health, the balancing process must be tipped in favour of taking a precautionary approach."
3. "What is required is that drinking water be safe to drink for people in most stages of normal life, including children over six months of age and the very old. It should contain no harmful concentrations of chemicals or pathogenic microorganisms, and ideally it should be aesthetically pleasing in regard to appearance, taste and odour."
4. "The Guidelines are derived so as to take account of the needs of an individual through a normal lifetime, including changes in sensitivity that may occur between life stages."

So who then is ultimately responsible?.....me? for drinking the fluoridated reticulated drinking water?

In addition, the NHMRC have informed us that 'fluoride' is a nutrient. What fluoride would that be? The naturally occurring calcium fluoride? or the untreated sodium silicofluoride imported from phosphate

fertiliser factories in China containing all the known heavy metal contaminants and impurities at near maximum 'acceptable' levels (at those levels which you have also determined).

I have to pose the question to you that "if water fluoridation is meant to be about protecting public health, why are we adding contaminated fluoridation products to the drinking water supply"?

Is this not adding to the toxic load of "acceptable" levels of contaminants allowed for water purification products (at those levels which you have also determined)?

The Therapeutic Goods Administration (which relies solely on your reviews, decisions and statements), has now determined that 'fluoridated reticulated drinking water' (ie the addition of an industrial, untreated product to prevent tooth decay), is excluded from the Therapeutic Goods Act.

As the Chief Executive Officer of the NHMRC, my belief is that you are responsible for what comes next. I am respectfully requesting that you issue suitable warnings to the Australian public as a "precautionary" measure to avoid unintended harm, based on the findings of the attached study and letter to the W.A. Minister of Health.

Could you please respond to this as a matter of urgency and advise me accordingly.

Yours faithfully,

Monica Mesch



18 September 2019

Dear Ms Mesch,

monicadmesch@bigpond.com

Thank you for your correspondence of 31 August 2019 to the National Health and Medical Research Council (NHMRC) Chief Executive Officer (CEO) Professor Anne Kelso AO. I would like to address a number of issues outlined in your email regarding the fluoridation of Australian drinking water supplies, and respond on behalf of Professor Kelso.

As Australia's leading expert body supporting health and medical research, NHMRC is responsible for providing the community with health advice based on the best available scientific evidence. Fluoridation has been publicly supported by NHMRC as a population health measure since 1952. The scientific evidence on this topic is regularly reviewed by expert advisory groups with expertise in toxicology, water quality risk assessment and management, water chemistry and guideline methodology. One such group is the [Water Quality Advisory Committee](#), who is currently responsible for advising NHMRC on the rolling revision of the [Australian Drinking Water Guidelines](#) (ADWG) and any issues about the quality of drinking water that may arise.

NHMRC has noted the recently published study by Green et al.¹ While we understand you may have concerns, many experts including those on our advisory committee have identified several problems with the scientific methodology used by the authors. It is international best practice in guideline development to consider issues with study methods and how they affect the overall confidence in the results when evaluating the evidence. I would also like to add that while we maintain a watching brief on any new fluoride research, NHMRC does not re-evaluate its advice or issue warning statements in response to individual studies but rather in response to a body of emerging evidence and research outcomes.

Regarding your concerns about fluoride and whether fluoride is a nutrient, I would like to refer you to our [Water fluoridation and human health in Australia: Questions and Answers](#) sheet. This may also answer some of your questions on how water is artificially fluoridated by water suppliers when natural fluoride levels are below the guideline values. As directed by the state and territory governments, water suppliers are also responsible for ensuring their water quality meets the standards set out in the ADWG, which includes regular sampling and monitoring of chemical levels in the water.

As per Section 7 of the *National Health and Medical Research Act 1992*, the CEO has the responsibility to advise and make recommendations to the Commonwealth as well as the states and territories on matters such as public health and matters relating to the improvement of health. This includes developing nationally consistent, evidence-based advice such as the ADWG that can be applied by jurisdictions throughout Australia in the context of their local settings. As a result, NHMRC advice such as in the ADWG is not mandatory or legally enforceable by NHMRC and the responsibility for the implementation of the guidelines lies with each state and territory.

The recent decision of the Therapeutic Goods Administration (TGA) to name fluoridated drinking water as an excluded good served to clarify this further by removing any ambiguity on the basis that fluoride is currently well looked after by the states and territories. I would like to point out that the TGA's decision was made in consultation with and supported by federal and jurisdictional health authorities, including NHMRC. NHMRC's position on the fluoridation of drinking water has not changed as a result of this decision.

As NHMRC has found that there is no reliable evidence of an association between community water fluoridation at current Australian levels and any health problems, warnings to the general public are not considered necessary. The NHMRC CEO and Council continue to recommend community water fluoridation as a safe, effective and

¹ Green R, Langford R, Horvath R, et al. Association Between Maternal Fluoride Exposure During Pregnancy and ID Severity in Offspring in Canada. *JAMA Pediatr*. Published online August 19, 2019; doi:10.1001/jamapediatrics.2019.1720



ethical way to reduce tooth decay and supports states and territories fluoridating their drinking water within 0.6 to 1.1 mg/L as outlined in the [2017 Public statement – water fluoridation and human health in Australia](#).

I hope you find this information useful.

Yours sincerely

A handwritten signature in blue ink, which appears to read "Alan Singh", is written over the printed name.

Alan Singh

Executive Director

Research Translation Branch

National Health and Medical Research Council

----- Forwarded Message -----

Subject:Re your reply NHMRC CEO responsibility for issuing statement on the evidence associating water fluoridation with cognitive deficits in children
[SEC=UNOFFICIAL]

Date:Fri, 4 Oct 2019 14:06:06 +1000

From:Monica <monicadmesch@bigpond.com>

To:water@nhmrc.gov.au

Attention: Alan Singh, Research Translation Branch

Dear Mr. Singh,

I refer to your letter attached responding to my email below.

I have read the NHMRC Q & A sheet as you suggested and refer to the following excerpt:-

"The term 'no reliable evidence' is used by NHMRC when there is a lack of confidence that the evidence reviewed is relevant to Australia or valid to accept any association between community water fluoridation and human health outcomes. Confidence in the body of evidence can be affected by several issues including the small numbers of studies, the study designs, the low quality of the studies and the lack of control for possible confounding factors. Confounding factors can include lack of consideration of fluoride from other sources, socioeconomic status and exposure to other chemicals such as iodine or lead."

In relation to the Canadian study, you indicated the following:-

"many experts including those on our advisory committee have identified several problems with the scientific methodology used by the authors. It is international best practice in guideline development to consider issues with study methods and how they affect the overall confidence in the results when evaluating the evidence."

It appears that NHMRC is largely biased towards studies that have relevance to Australia and does not rely on any negative fluoride study because it can attribute any number of 'confounding' factors to label such studies as 'unreliable'.

I have to ask why then have the NHMRC not implemented the recommendations of their own Fluoride Working Parties from both the 1991 and 1999 reviews to assess total fluoride exposure of the Australian population, which were reported as "imperative" by the 1999 review. Yet in 2007 and 2017 they were never mentioned again.

If the NHMRC discounts 'imperative' recommendations by its own reviews, how can they give any assurance to the Australian public that the addition of water fluoridation chemicals causes no harm to all age groups?

I would respectfully ask the NHMRC for their response as to why these Australian studies were discounted..

Herewith are quoted sections of the reviews and the 'imperative' recommendations that were never implemented:-

NHMRC Fluoride Working Party March 1991 Recommendations - Quote:

"develop monitoring mechanisms to document total fluoride intakes by adults with a view to estimating levels of deposition in bone, bearing in mind that water fluoridation at around 1 ppm appears, on present evidence, to be the main single source of fluoride intake in adults." Unquote.

NHRMC Fluoride Working Party 1999 - Quote:

"We can see that formula-fed infants of one year of age and younger living in a fluoridated area exceed the recommended daily intake of not more than 0.1 mg/kg/day (100 mg/kg/day) fluoride."

"Recommend that infant formula is reconstituted with low-fluoride water in a fluoridated area. This may add to the cost of feeding if distilled or mineral water has to be purchased."

Summary of Conclusions

- *The prevalence of fluorosis of any degree is approximately 30% in non-fluoridated areas to 50% in fluoridated areas.*
- *The prevalence of a fluorosis score of 2 or more, using a variety of indices, is approximately 4-8% in regions with a water fluoride level around 1 ppm.*
- *Fluorosis with a score of 2 or more can be recognized by the general public and is judged to be an adverse health effect of fluoride exposure.*
- *Although a high prevalence of mild fluorosis may not have a negative health effect, it seems to be invariably accompanied by a lower prevalence of more severe fluorosis which has cosmetic, psychological, financial and potentially health-related implications.*
- *The public perception of fluoridation as a health benefit may be endangered if the prevalence of fluorosis continues to increase at its current rate.*

The NHMRC 1991 report The Effectiveness of Water Fluoridation pointed out that no Australian reports were available which would have permitted the Working Group to precisely estimate the current intake of fluoride which various individuals are ingesting, nor the differential amount of fluoride which is being stored in Australian skeletons. In view of the classification of fluoride as an 'equivocal' carcinogen in

high dosage in rats, they felt it was imperative that public health recommendations in the future be based on accurate knowledge of the total fluoride intake of Australians.

There is a continued need in Australia for improved monitoring of the dental health of both children and adults, in particular to monitor fluoride intake and the occurrence of dental fluorosis, to identify risk factors and retain a dental health scheme which is both cost beneficial and effective. Unquote.

"The (1999) review however, was abandoned due to a lack of resources and consequently was never published." Unquote.

NHMRC Systemic Review 2007 Quote *"the systematic review's research questions relate to the caries-reducing benefits and associated potential health risks of providing fluoride systemically (via addition to water, milk and salt) and the use of topical fluoride agents (such as toothpaste, gel, varnish and mouthrinse)." Unquote.*

Still no monitoring of the Australian population for total fluoride exposure.

NHMRC Health Effects of Water Fluoridation 2017 - Quote: *"Study applicability was based on how similar the water fluoride levels reported within each study were to those experienced in Australia." Unquote.*

Still no monitoring of the Australian population for total fluoride exposure.