

I want to speak briefly about the addition of “fluoride” into drinking water and the risk it imposes on human health. I have referred to New Zealand govt publications on this topic as well as the extensive court case in California 2024.

At the end I will give you all a copy of what I have just read, and copies of the references I have used which add more detail to this topic. I trust you will all read these and think with open minds as to where we can go from here with community water fluoridation. I have written questions at the end & actions I would like you to take, I look forward to your answers.

You all know what Hydrofluorosilicic Acid (known as fluoride) is, it's origin as a by-product of the fertiliser industry and the national & international debates /court cases over this poisonous-toxic chemical being added to community drinking water supplies.

- United States District Court, Northern District of California – District Court Judge Edward Chen filed on 24 September 2024, states – “the Federal Court of California rules against Environmental Protection Agency (EPA) in **Plaintiffs favour**. The scientific literature in the record provides a high level of certainty that a hazard is present; fluoride is associated with reduced IQ.” Extensive scientific evidence and test results were presented during this court hearing.
- “Italy, France, Finland, Germany, Sweden, Netherlands, Scotland, Austria, Poland, Hungary, Switzerland do not fluoridate water” reference Wikipedia dated 20 Oct 2025

You will also receive copy of an email to me from Neil Holdom, July 2024, stating The Ministry of Health is comfortable for NPDC to set up a public water station (fluoride free) and that council has allocated funding and looking for a suitable location. We are wanting to establish a series of taps in a public place and his team aim to assess sizing etc and viability of options “this” financial year.

Forced mass-medication can never be justified.

Systemic applications carry risk. People (should) have a right to choose.

NPDC voted to cease fluoridation 13 October 2011 after extensive lobbying. The Ministry of Health had made a submission at that time supporting fluoride but there was a strong lobby against its health risks, however, it was re-introduced in July 2023 as a result of the government mandate and threat of fines. Should such threats be the method to ensure compliance, over evidence that fluoride is of benefit to communities?

CWF = Community Water Fluoridation

2.

The exposure to community water fluoridation is intended to be lifelong, so the recommended dose of 0.7mg/L has been made - to show little adverse effects over a period of 70 years. To show “little adverse effects” is saying they expect something.

Reference – Office of the Prime Minister’s Chief Science Advisor. “the recommended dose for CWF has been set based on studies to provide a daily oral exposure that confers maximum benefit without appreciable risk of adverse effects”

They state “**appreciable risk**” - implying there is a risk however we do not think it’s of any consequence.

Was the 'halo' effect taken into consideration along with individuals body weight, volume of water consumption, health conditions, pregnancy, sensitivity to reactions? Other sources of fluoride can be from but not limited to – natural occurrence in soil, air & water, certain foods: fish, spinach, tea, swallowing fluoridated toothpastes, and products prepared with fluoridated water contribute to increasing intake. *what method did the Govt use to determine people’s personal intake of fluoride prior to coming up with a dose rate for the water supply to determine a “safe dosage” of Hydrofluorosilicic Acid? Urinary fluid testing is the only accurate way.

Chief Science Advisor also plays down other studies & reporting summing up with “to be potentially misleading, not significant or realistic risks”. They reference “ongoing debates about long-term safety and separating concerns that are based on science or philosophical considerations and say that the nature of science is such that it is never possible to prove there is absolutely no risk of a very rare negative effect – science can only draw conclusions that are highly probable, but not absolute” we’re coerced into believing the scientific evidence the NZ Government produces is absolute – there would be councillor/s that would react to me on this topic saying “I believe in the science”

Also states - “Fluoride accumulates in the bones. While there are published studies suggesting bone defects or fractures associated with fluoride, these **studies are of poor design** (played down) or do not pertain to CWF because the fluoride levels in question are substantially higher than would be encountered by individuals drinking intentionally fluoridated water.” This is saying the bone problems are a result of high fluoride intake NOT including intake of intentionally fluoridated water (CWF), and reads that individuals drinking intentionally fluoridated water on its own wouldn’t be at risk of bone defects. Has overall consumption been left out of the equation in this statement?

The following are references to USA court case – Dr Hu states: “because dosage matters, it makes good sense to consider other sources of exposure to fluoride in

3.

deciding if adding to that exposure level presents a risk. (recognizing that exposure and point of departure can be expressed in urine content in a risk assessment)”

Till (2018) states: “ maternal urinary fluoride levels were approximately two-times higher for pregnant woman living in fluoridated regions compared to non-fluoridated regions. The increase in maternal urinary fluoride across both populations in the third trimester of pregnancy is believed to be caused by the breakdown of the maternal skeleton in later trimesters of pregnancy to facilitate the formation of the foetal bone – a process that releases fluoride.”

Dr Thiessen credibly testified that fluoride content of the urine “will be driven by the fluoride content of the water” as “for most individuals, the intake is driven by the fluoridated water.”

Page 74 of the court case documents – D. Step 4. Risk Determination. Key Finding. 124. Based on aforementioned factors; and in view of the record evidence, the risk at issue – reduced IQ in children posed by water fluoridation at 0.7mn/L is an unreasonable risk. The severity of the hazard weighs toward finding the risk unreasonable.

EPA’s own expert agrees that fluoride is hazardous at some level of exposure.

Fluoridated water supplies to pregnant woman and formula-fed babies impose great risk.

Questions -

1. Why only 14 councils mandated to fluoridate vs the entire NZ population?
2. After consideration, do you accept the verdict of the US California Court Case in the Plaintiffs favour to be without question that the addition of “fluoride” to drinking water poses a health threat & is an unreasonable risk?
3. What were the key points that saw the decision for council to approach the govt & pursue the options to supply fluoride free water? (as per Neils email July 2024)
4. At what stage currently is the assessment to supply local public access to fluoride free water, and, were the options assessed in the financial year as stated by Neil?
5. What method did the government use to set the daily oral exposure level of CWF and how did they incorporate the overall fluoride intake of individuals on making this decision?
6. Has NPDC, then or now, questioned the govt statement on Hydrofluorosilicic Acid being natural?

4.

7. How is Hydrofluorosilicic Acid handled & what protocols are undertaken on entry to & within the water treatment plant? Water treatment plant employee health is also cited as a concern for continued fluoridation.

Actions I would like you to take:

- *Educate yourselves more on the harms of fluoride.*
- *Have a meeting about the harms with the rest of the councillors.*
- *Work with the government to change the rules for community water fluoridation.*
- *Council to continue to explore alternatives for water supply without fluoride in it. Neil has noted "allocated funding". Pursue the budget needed to supply fluoride free water for health and wellbeing.*

Please forward your replies & updates on actions taken to – colleen.jones@xtra.co.nz
thankyou

I have included notes for you on JFK Jr's current actions in the United States. Health & Human Services has convened an *independent panel of health experts* to re-examine fluoride's role in public water.

Plus, a writing from Amber Thyson, Director of Health Policy dated May 2025.

2x key points read –

- .1) Utah & Florida have become the first states to enact statewide bans on community water fluoridation in 2025, following the 2024 Federal Court ruling that found EPA's current fluoride levels present an unreasonable risk of lowering children's IQ.
- 2) Local governments are simultaneously acting to remove fluoride from water systems, with the Fluoride Action Network reporting that 62 communities providing water to over 9 million people have ended, suspended, or prevented water fluoridation between September 2024 and April 2025

Medications are not a "one size fits all" . Where any risk is present, further considerations and studies need to be conducted.

there is a "growing body of scientific evidence demonstrating that excessive fluoride exposure is not safe for children"

JFK' Jr current actions

jfk fluoride ban

Robert F. Kennedy Jr. (RFK Jr.), currently serving as the U.S. Secretary of Health and Human Services (HHS), has actively campaigned to end the practice of adding fluoride to public drinking water

. While water fluoridation is controlled at the state and local levels rather than through a federal ban, Kennedy has used his position to influence national policy and encourage states to take action.

Current Actions and Proposals

- **CDC Guidance:** Kennedy has instructed the Centers for Disease Control and Prevention (CDC) to stop recommending that state and local governments add fluoride to drinking water.
- **Task Force & Review:** HHS has convened an independent panel of health experts to re-examine fluoride's role in public water. Concurrently, the Environmental Protection Agency (EPA) is conducting an expedited review of scientific information regarding potential health risks.
- **State-Level Movement:** Utah and Florida became the first states to enact statewide bans on community water fluoridation in early 2025, moves Kennedy has praised as models for the rest of the country.
- **Product Restrictions:** The U.S. Food and Drug Administration (FDA) has moved to remove certain ingestible fluoride prescription drug products for children from the market.

<https://www.multistate.us/insider/2025/5/27/states-move-to-ban-water-fluoridation-utah-and-florida-enacted-laws-in-2025>

States Move to Ban Water Fluoridation (Utah and Florida Enacted Laws in 2025)

May 27, 2025 | [Amber Thyson](#) Director, Health Policy

Key Takeaways:

- Utah and Florida have become the first states to enact statewide bans on community water fluoridation in 2025, following a 2024 federal court ruling that found EPA's current fluoride levels present an unreasonable risk of lowering children's IQ.
- Local governments are simultaneously acting to remove fluoride from water systems, with the Fluoride Action Network reporting that 62 communities providing water to over 9 million people have ended, suspended, or prevented water fluoridation between September 2024 and April 2025.
- Public health stakeholders remain divided, with the American Dental Association and CDC continuing to support fluoridation as safe and effective for preventing tooth decay, while officials like Florida's Surgeon General and Texas Attorney General Ken Paxton have become vocal opponents.
- The debate is expected to continue as Secretary of Health and Human Services Robert F. Kennedy Jr. has been vocal about fluoride concerns and the EPA has announced an expedited review of new scientific information on potential health risks of fluoride in drinking water.

This year, several states have actively debated legislation banning the addition of the mineral to drinking water, and a few have enacted laws. This legislative activity is following a 2024 court decision, *Food and Water Watch, et al. v. U.S. Environmental Protection Agency*, where the Court found that the current "optimal" level of fluoride in drinking water set by the Environmental Protection Agency (EPA) presents an unreasonable risk of lowering children's IQ. Additionally, we've seen vocal arguments by the current Secretary of Health and Human Services, Robert F. Kennedy, Jr. and the announcement of an expedited EPA Review of new scientific information on potential health risks of fluoride in drinking water. As a result, we expect to see continued activity going forward in this policy space.

State Bills Banning Fluoride in Drinking Water in 2025

In March, Utah became the first state to enact a statewide ban on community water fluoridation (HB 81). The legislation prohibits cities and communities from adding fluoride to their water systems and adds fluoride to the list of medications that can be prescribed by a pharmacist. In mid-May, Florida Governor Ron DeSantis (R) signed SB 700, making Florida the second state to restrict local governments from adding fluoride to drinking water.

Additional legislation debated this year includes measures in Nebraska (their session is scheduled to adjourn at the beginning of June) and Louisiana, where a bill has recently passed the Senate and is now pending in the House. Arkansas, Kentucky, and Tennessee considered similar legislation before their sessions adjourned

Local Government Action on Fluoride in Drinking Water

Municipal governments across the country are simultaneously acting to remove fluoride from their water systems, including the Woodlawn Utility District, TN, Union County, NC and Collier County, FL. Others, like Sheridan, WY, are taking action following results from a community survey asking citizens their opinions of continuing versus ending the decades-long program. Water treatment plant employee health is also cited as a concern for continued fluoridation.

The Fluoride Action Network, an advocacy group in favor of the removal of fluoride, has argued that between the federal court ruling in September of 2024 and the end of April 2025, sixty-two communities providing water to over 9,000,000 people have ended, suspended, or prevented water fluoridation, including several communities that have indefinitely postponed or rejected proposals to initiate fluoridation.

Public Health Stakeholders' Role in the Debate

The American Dental Association (ADA), the Centers for Disease Control and Prevention, and other public health organizations and state regulators continue to support water fluoridation as a safe and effective method to prevent tooth decay. On the other side of the debate, both elected and appointed state officials are becoming more vocal in the fluoride debate. In late 2024, the Florida Surgeon General, Dr. Joseph Ladapd announced guidance recommending against community water fluoridation due to the neuropsychiatric risk associated with fluoride exposure. Recently, Texas Attorney General Ken Paxton opened an investigation into two consumer products companies arguing that there is a "growing body of scientific evidence demonstrating that excessive fluoride exposure is not safe for children." We expect to see continued debate amongst stakeholders on this issue going forward.

Neil Holdom - July 2024

colleen.jones@xtra.co.nz Public non-fluoride system.

From: Neil Holdom <Neil.Holdom@npdc.govt.nz>
Sent: Thursday, 25 July 2024 5:04 PM
To: colleen.jones@xtra.co.nz
Subject: Re: concerning issue

Hello Colleen,

Right now we have a budget only with a decision from council indicating we wish the supply to be available to the public.

In principle we are wanting to establish a series of taps in a public place where people will be able to fill containers, bottles etc.

Our team now have to assess options.

i have a sample of the racecourse bore water which is pretty gross and has high sulphur content so fair to say that option is out.

Our team have indicated an option worth considering is a rainwater supply from the stadium or sports hub or both - then a micro treatment plant to ensure it is safe for human consumption - we will aim to assess sizing etc and viability of the options this financial year.

N.

Neil Holdom
New Plymouth District Mayor
M: 027 284 5875

Please consider the environment before printing this email.

From: colleen.jones@xtra.co.nz <colleen.jones@xtra.co.nz>
Sent: Thursday, July 25, 2024 12:55:36 PM
To: Neil Holdom <Neil.Holdom@npdc.govt.nz>
Cc: Gareth Green <gareth.green@npdc.govt.nz>; David Bublitz <David.Bublitz@npdc.govt.nz>; Sam Bennett <Sam.Bennett@npdc.govt.nz>; Max Brough <Max.Brough@npdc.govt.nz>; Amanda ClintonGohdes <Amanda.ClintonGohdes@npdc.govt.nz>; Harry Duynhoven <Harry.Duynhoven@npdc.govt.nz>; Dinnie Moeahu <Dinnie.Moeahu@npdc.govt.nz>; Gordon Brown <gordon.brown@npdc.govt.nz>; Anneka Carlson Matthews <annekacarlson.matthews@npdc.govt.nz>; Murray Chong <murray.chong@npdc.govt.nz>; Bali Haque <Bali.Haque@npdc.govt.nz>; Bryan Vickery <Bryan.Vickery@npdc.govt.nz>; Te Waka McLeod <TeWaka.McLeod@npdc.govt.nz>; Tony Bedford <Tony.Bedford@npdc.govt.nz>; Marie Pearce <marie.pearce@npdc.govt.nz>
Subject: RE: concerning issue

[EXTERNAL EMAIL] CAUTION: This email is from an external sender. To minimise cyber security risks, do not click on any links or open any attachments unless you are certain that the sender is legitimate. Please note that no legitimate sender will ever ask you for password details.

Hello Neil

Sam had noted this potential water supply would be available in the likely event of a Civil Defence Emergency, as a result it would be available for freedom of access.

Was the purpose in the first instance to supply this non fluoridated as an alternative for those who do not want fluoride ? as you mention below.

Would it be available to the public prior to the emergency ?

Supply vs demand ? Being solely based on rainwater supply, would it be limited, and would supply be available when the emergency does happen if used as a general water station prior ?

Please provide more details on supply and usage.

Neil, as council has put mass fluoridation into effect, you would have background information,

Would you please help with the answers to these questions -

- . What evidence/facts has this council based its steadfast decision on that indicates this "fluoride" is safe for ALL people & babies ?

Dosing per individual on medical grounds would be based on (but not limited to) body weight, current medical conditions, physical issues, individuals water consumption (to be of benefit).

Council simply cannot say "we agree with the science" and leave it at that.

- . If fluoride is to provide medical benefit, why do some people benefit and not all ? nationwide application ?

Only 14 councils were mandated.

WBOP: 2 out of 9 regions only

The govt is protecting Person A but their neighbour Person B in not looked after

Please explain the logic.

it can't be put down to socioeconomic grouping either.

a clean water source should be via mains . fluoride should be the alternative.

I thank you for your time.

Colleen.

From: Neil Holdom <Neil.Holdom@npdc.govt.nz>

Sent: Wednesday, July 24, 2024 2:50 PM

To: colleen.jones@xtra.co.nz

Cc: Gareth Green <gareth.green@npdc.govt.nz>; David Bublitz <David.Bublitz@npdc.govt.nz>; Sam Bennett <Sam.Bennett@npdc.govt.nz>; Max Brough <Max.Brough@npdc.govt.nz>; Amanda ClintonGohdes <Amanda.ClintonGohdes@npdc.govt.nz>; Harry Duynhoven <Harry.Duynhoven@npdc.govt.nz>; Dinnie Moeahu <Dinnie.Moeahu@npdc.govt.nz>; Gordon Brown <gordon.brown@npdc.govt.nz>; Anneka Carlson Matthews <annekacarlson.matthews@npdc.govt.nz>; Murray Chong <murray.chong@npdc.govt.nz>; Bali Haque <Bali.Haque@npdc.govt.nz>; Bryan Vickery <Bryan.Vickery@npdc.govt.nz>; Te Waka McLeod <TeWaka.McLeod@npdc.govt.nz>; Tony Bedford <Tony.Bedford@npdc.govt.nz>; Marie Pearce <marie.pearce@npdc.govt.nz>

Subject: Re: concerning issue

Hi Colleen,

I spoke to someone from the Ministry of Health and was advised that if I wrote a letter to them requesting an exemption for a fluoride free public water supply in the urban area of New Plymouth for members of our community who want it, would they send me a letter back.

The advice was that they would be comfortable with this and would provide a letter accordingly to allow us to set up a public water station - we have allocated funding and are looking for a suitable

location - potentially at the sports hub where we can put in a micro treatment plant to chlorinate and filter rain water captured from the TSB stadium.

The purpose of this project was to provide people options on top of rainwater

Regards

Neil Holdom
New Plymouth District Mayor
M 027 284 5875

From: colleen.jones@xtra.co.nz <colleen.jones@xtra.co.nz>
Sent: Wednesday, July 24, 2024 11:55:05 AM
To: Neil Holdom <Neil.Holdom@npdc.govt.nz>
Cc: Gareth Green <gareth.green@npdc.govt.nz>; David Bublitz <David.Bublitz@npdc.govt.nz>; Sam Bennett <Sam.Bennett@npdc.govt.nz>; Max Brough <Max.Brough@npdc.govt.nz>; Amanda ClintonGohdes <Amanda.ClintonGohdes@npdc.govt.nz>; Harry Duynhoven <Harry.Duynhoven@npdc.govt.nz>; Dinnie Moeahu <Dinnie.Moeahu@npdc.govt.nz>; Gordon Brown <gordon.brown@npdc.govt.nz>; Anneka Carlson Matthews <annekacarlson.matthews@npdc.govt.nz>; Murray Chong <murray.chong@npdc.govt.nz>; Bali Haque <Bali.Haque@npdc.govt.nz>; Bryan Vickery <Bryan.Vickery@npdc.govt.nz>; Te Waka McLeod <TeWaka.McLeod@npdc.govt.nz>; Tony Bedford <Tony.Bedford@npdc.govt.nz>; Marie Pearce <marie.pearce@npdc.govt.nz>
Subject: RE: concerning issue

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Hello Neil, thankyou for your reply so soon,

This was my reply to you regarding your email at 5.35pm -

Yes, as you mention below, I know how it came to be and I have pointed out in my email.

Council did make the decision not to apply to govt for longer time to assess, as WBOP (for 1 did)

Council is steadfast on fluoride in the water supply

Would you take a moment to answer the questions I had mentioned, which would be appreciated

Thankyou, colleen.

You and I are intelligent people, I have not implied in my email it was the council's decision in the first instance. You took direction from govt. therefore I would anticipate the reasoning/answers to these questions would be within the govt direction therefore you would have been advised of all. Avoiding straight answers is like saying "I don't want to know about this issue or answer you"

However, you can answer this question

Why would NPDC be potentially offering non-fluoride to us now ?

The govt mandate directives technically have not changed at the stage & holds a potential fine, so would be illegal to do so ?

As Dr. Hu explained:

"[T]he primary benefit [of using urinary fluoride as the metric of fluoride exposure] is that you're integrating fluoride exposure from whatever exposure source there is. So if it's dietary, if it's in the water, it's in the food, it's in the food that was cooked with the fluoridated water; if you happen to swallow toothpaste or if you're using other sources of fluoride, it will integrate all of it and express it in terms of what is the level of fluoride that's circulating in your blood and then gets filtered out into the kidneys. And that ultimately is the component of fluoride in the body that's available to cross the blood-brain barrier to the brain and also to go to other target organs in the body." Dkt. No. 395, Jan. 31, 2024, Trial Tr. at 105:13-25 (Hu).

Put differently, this metric reflects that water fluoridation does not occur in a vacuum; in the real world, fluoridating water means exposing women to fluoride *in addition to* the exposure a woman has to fluoride via other sources. Because dosage matters, it makes good sense to consider other sources of exposure to fluoride in deciding if adding to that exposure level presents a risk. *See* Dkt No. 400, Feb. 5, 2024, Trial Tr. at 676:12-21 (Barone) (recognizing that exposure and point of departure can be expressed in urine content in a risk assessment);

Dr. Thiessen credibly testified that fluoride content of the urine "will be driven by the fluoride content of the water," as "for most individuals, the intake is driven by the fluoridated water."

a. As explained above, ¶ 89(a), Till (2018) observed that the maternal urinary fluoride levels were approximately **two-times higher** for pregnant women living in fluoridated regions compared to non-fluoridated regions

Moreover, water fluoridation also contributes to fluoride exposure indirectly because commercial food and beverages are made using fluoridated water; this is known in the scientific community as the "halo effect" of water fluoridation.

(Thiessen) (describing the "halo effect" of water fluoridation wherein individuals ingest water that has been fluoridated by way of beverages such as colas, juices, beer and wine, that were made using water from a fluoridated community)

See also Dkt. No. 432-4, Trial Ex. 108 at 6-7 (describing the "diffusion or halo effect" . . .

"which refers to the extension of fluoridation to residents of *nonfluoridated* communities as a result of foods and beverages that are commercially processed in fluoridated areas and consumed in *nonfluoridated* communities") (citing Griffin et al. 2001; Ripa 1993).

Till (2018) observed an approximately 2x increase in maternal urinary fluoride levels comparing the mothers in fluoridated relative to non-fluoridated communities across three trimesters of pregnancy.

The increase in maternal urinary fluoride across both populations in the third trimester of pregnancy is believed to be caused by the breakdown of the maternal skeleton in later trimesters of pregnancy to facilitate the formation of the fetal bone – a process that releases fluoride.

WAS THIS POINT TAKEN INTO CONSIDERATION WHEN MANDATED ?

Please inform the calculation of the risk presented by the chemical at issue by comparison of the point of departure (ie: hazard level) with the human exposure level.

To ensure a risk is not present, state the actual margin between the exposure level and point of departure (MOE)

Margin of Exposure (MOE) equation that compares a safe margin from the point of departure (benchmark MOE – the safe margin)

The trial evidence establishes actual exposure levels expressed in this trial – far exceeds the safety limit Page 71

Even if the Court were to consider only half of the exposure level, directly attributable to water fluoridation, as opposed to other sources of fluoride, a risk is still present.

The figures exceed the safe level and the figures also exceed the safe level considering the margin of error. (page 72)

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D. Step 4: Risk Determination

Key finding

114. Based on aforementioned factors, and in view of the record evidence, the risk at issue – **reduced IQ in children posed by water fluoridation at 0.7 mg/L – is an unreasonable risk. The severity of the hazard weighs toward finding the risk unreasonable.**

The size of the affected population is vast. Approximately 200 million Americans have fluoride intentionally added to their drinking water at a concentration of 0.7 mg/L.

(The affected, or soon to be, areas of NZ population is great where fluoride is also intentionally added to our drinking water at a concentration of 0.7 mg/L.) my note

The number of pregnant women and formula-fed babies alone who are exposed to water fluoridation each year exceeds entire populations exposed to conditions of use for which EPA has found unreasonable risk; the EPA has found risks unreasonable where the population impacted was less than 500 people.

- a. Individuals are exposed to fluoride through water intake every day; the parties do not dispute that frequency of exposure for most people is several times daily (*i.e.*, through drinking tap water). Dkt. No. 421 at 207 (undisputed).
- b. **And the duration of exposure to fluoridated water is continuous with its effects long-lasting.** See Dkt. No. 401, Feb. 6, 2024, Trial Tr. at 813:13-20 (Thiessen) (describing that exposure to community water fluoridation is intended to be lifelong). **To this end, fluoride remains in the body through years; for several years after cessation of fluoride exposure a woman is likely to release fluoride into blood due to skeletal breakdown**

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The scientific literature in the record provides a high level of certainty that a hazard is present; fluoride is associated with reduced IQ.

The Clerk of Court is directed to enter judgment in Plaintiffs' favor.

IT IS SO ORDERED.

Dated: September 24, 2024

EDWARD M. CHEN

United States District Judge

email sent to "council" + ref to California Court Case

colleen.jones@xtra.co.nz

From: colleen.jones@xtra.co.nz
Sent: Monday, 27 January 2025 4:39 PM
To: 'gareth.green@npdc.govt.nz'; 'jacqueline.baker@npdc.govt.nz';
'bernie.odonnell@npdc.govt.nz'; 'helena.williams@npdc.govt.nz';
'sarah.downs@npdc.govt.nz'; 'kathryn.scown@npdc.govt.nz'
Cc: 'David Bublitz'; 'Neil Holdom'; 'Max Brough'; 'Sam Bennett'; 'Amanda
Clinton-Gohdes'; 'Harry Duynhoven'; 'Dinnie Moeahu'; 'Gordon Brown'; 'Anneka
Carlson Matthews'; 'Murray Chong'; 'Bali Haque'; 'Bryan Vickery'; 'Te Waka McLeod';
'Tony Bedford'; 'Marie Pearce'
Subject: issue of concern

Hello all, I would like to follow up on my emails in the latter part of 2024 in regard to our public water supply having the addition of H₂SiF₆, (fluoride)
(the total executive team was not privy to the previous emails)

I ask if you all would please take the time and courtesy to read this email –
notes from the outcome of the **UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA** & notes from **NZ Dept of Health Cochrane Library**.

I will start with the courts final judgement to show that this fluoride is a hazard, and will follow with notes from the hearing. Please feel free to follow the link to information source.
After that, will be notes from the NZ Cochrane Library references, again follow the link to information source, and then general notes.

Federal Court of California rules against Environmental Protection Agency –(EPA)
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
District Court Judge Edward Chen
Court document - Case 3:17-cv-02162-EMC Document 445 Filed 09/24/24

The scientific literature in the record provides a high level of certainty that a hazard is present; fluoride is associated with reduced IQ.

The Clerk of Court is directed to enter judgment in Plaintiffs' favor.
IT IS SO ORDERED.

Dated: September 24, 2024

EDWARD M. CHEN
United States District Judge

Information source: <https://www.cbsnews.com/news/epa=fluoride=drinking=water=federal=court=ruling/>
refer 5th paragraph from main heading..... the word **ruling** takes to entire Court Documents, as below....
"In all, there is substantial and scientifically credible evidence establishing that fluoride poses a risk to human health; it is associated with a reduction in the IQ of children and is hazardous at dosages that are far too close to fluoride levels in the drinking water of the United States," the judge wrote in his ruling.

Dialog in part from court hearing -

EPA's *own expert* agrees that fluoride is hazardous at some level of exposure. And ample evidence establishes that a mother's exposure to fluoride during pregnancy is associated with IQ decrements in her offspring.

The Amended TSCA, expressly contemplates that the *aggregate* exposure to a chemical will be considered when conducting a risk assessment.

Thus, the Court finds Plaintiffs have met their burden in establishing, by a preponderance of the evidence, that community water fluoridation at 0.7 mg/L presents an unreasonable risk of injury to health under Amended TSCA and that the EPA is thus obliged to take regulatory action in response.

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1. Step 1A: Hazard identification

Till (2020) studied samples, this study found that an increase in fluoride intake from infant formula corresponded to an 8.8 decrement in performance IQ which was statistically significant, including after controlling for fetal fluoride exposure.

NTP (National Toxicology Programme) scientists have observed a statistically significant association between fluoride and adverse effects in children even at such "lower" exposure levels (less than 1.5 mg/L).

The EPA requires a *margin* exist between the hazard level and exposure level to ensure safety; **if there is an insufficient margin then the chemical poses a risk.**

There is not enough of a margin between the accepted hazard level and the actual human exposure levels to find that fluoride is safe.

46. In conclusion, Plaintiffs have established by a preponderance of the evidence that exposure to fluoride is associated with the adverse effect of reduced IQ in children, and particularly, young boys. Hence, **the hazard identification step of the analysis is satisfied.**

b. Key finding

49. The weight of the scientific evidence regarding fluoride's association with reduced IQ is sufficient to proceed to the dose-response assessment; the evidence in the record is appropriate for use in calculating a point of departure.

B. Step 2: Exposure Assessment

b. Key findings

86. For reasons discussed below, **maternal urinary fluoride** is an appropriate metric to use in conducting the risk evaluation of fluoride under the condition of use, *i.e.*, community water fluoridation at 0.7 mg/L.

87. Pregnant mothers in fluoridated communities in the United States have a median exposure level to fluoride of **0.8 mg/L**, measured in **maternal urinary fluoride**; at the 95th percentile,²⁷ pregnant mothers have an exposure level to fluoride of **1.89 mg/L**, measured in **maternal urinary fluoride**. Approximately half of these maternal urinary fluoride levels is attributed to community water fluoridation.

c. Underlying findings

a. Till (2018) studied samples collected from the MIREC Cohort (1,566 pregnant women in Canada) to assess the relationship between maternal urinary fluoride in pregnant women and water fluoride concentrations and concluded that "[c]ommunity water fluoridation is a major source of fluoride exposure" for the pregnant women studied. Dkt. No. 432-4, Trial Ex. 108 at 1.

These findings corroborate the conclusions of Till (2018), and further support that water intake is an important contributor to maternal urinary fluoride levels.

b. To be sure, maternal urinary fluoride reflects not only fluoride that a pregnant woman is exposed to from drinking fluoridated water from her community (the condition of use at issue), but also fluoride from other sources such as food and beverage and household items such as toothpaste; it reflects aggregate exposure to fluoride.

The NTP concern is that this reflects total fluoride exposure – not just exposure resulting from drinking fluoridated water from one's community. Fluoride may also be ingested through, *e.g.*, tea, fish, toothpaste, and commercial food and beverage made with fluoridated water.

As Dr. Hu explained:

"[T]he primary benefit [of using urinary fluoride as the metric of fluoride exposure] is that you're integrating fluoride exposure from whatever exposure source there is. So if it's dietary, if it's in the water, it's in the food, it's in the food that was cooked with the fluoridated water; if you happen to swallow toothpaste or if you're using other sources of fluoride, it will integrate all of it and express it in

terms of what is the level of fluoride that's circulating in your blood and then gets filtered out into the kidneys. And that ultimately is the component of fluoride in the body that's available to cross the blood-brain barrier to the brain and also to go to other target organs in the body." Dkt. No. 395, Jan. 31, 2024, Trial Tr. at 105:13-25 (Hu).

Put differently, this metric reflects that water fluoridation does not occur in a vacuum; in the real world, fluoridating water means exposing women to fluoride *in addition to* the exposure a woman has to fluoride via other sources. Because dosage matters, it makes good sense to consider other sources of exposure to fluoride in deciding if adding to that exposure level presents a risk. *See* Dkt No. 400, Feb. 5, 2024, Trial Tr. at 676:12-21 (Barone) (recognizing that exposure and point of departure can be expressed in urine content in a risk assessment);

Moreover, water fluoridation also contributes to fluoride exposure indirectly because commercial food and beverages are made using fluoridated water; this is known in the scientific community as the "halo effect" of water fluoridation.

Till (2018) observed an approximately 2x increase in maternal urinary fluoride levels comparing the mothers in fluoridated relative to non-fluoridated communities across three trimesters of pregnancy. The increase in maternal urinary fluoride across both populations in the third trimester of pregnancy is believed to be caused by the breakdown of the maternal skeleton in later trimesters of pregnancy to facilitate the formation of the fetal bone – a process that releases fluoride.

- WAS THIS POINT TAKEN INTO CONSIDERATION WHEN MANDATED HERE IN NEW ZEALAND ?

Page 71 -

The trial evidence establishes actual exposure levels expressed in this trial – far exceeds the safety limit

Page 72 -

Even if the Court were to consider only half of the exposure level, directly attributable to water fluoridation, as opposed to other sources of fluoride, a risk is still present.

The figures exceed the safe level and the figures also exceed the safe level considering the margin of error.

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D. Step 4: Risk Determination

Key finding

114. Based on aforementioned factors, and in view of the record evidence, the risk at issue – **reduced IQ in children posed by water fluoridation at 0.7 mg/L – is an unreasonable risk.** The severity of the hazard weighs toward finding the risk unreasonable.

The size of the affected population is vast. Approximately 200 million Americans have fluoride intentionally added to their drinking water at a concentration of 0.7 mg/L.

a. Individuals are exposed to fluoride through water intake every day; the parties do not dispute that frequency of exposure for most people is several times daily (*i.e.*, through drinking tap water). Dkt. No. 421 at 207 (undisputed).

b. **And the duration of exposure to fluoridated water is continuous with its effects long-lasting.** *See* Dkt. No. 401, Feb. 6, 2024, Trial Tr. at 813:18-20 (Thiessen) (describing that exposure to community water fluoridation is intended to be lifelong). **To this end, fluoride remains in the body through years; for several years after cessation of fluoride exposure a woman is likely to release fluoride into blood due to skeletal breakdown**

question –

how has NZ exposure level been calculated based on total fluoride level consumed ?

note - The affected, or soon to be, areas of NZ population is great where fluoride is also intentionally added to our drinking water at a concentration of 0.7 mg/L.

has Health NZ referred to its own references to Cochrane Library ?

<https://www.health.govt.nz/statistics-research/research/cochrane-library>

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010856.pub3/full>

Version published: 04 October 2024 This version being current when fluoridation mandated.

For the effects of water fluoridation on tooth decay, this review updates our previous review and the evidence is current to August 2023.

The implementation or cessation of community water fluoridation (CWF) requires careful consideration of this current evidence, in the broader context of a population's oral health, diet and consumption of tap water, movement or migration, and the availability and uptake of other caries-prevention strategies.

Objective (1) - To evaluate the effects of initiation or cessation of CWF programmes for the prevention of dental caries.

All results for this category in relation to caries, *were studies from children.*

Authors note - **We found no eligible studies that report caries outcomes in adults.**

There are no studies evaluating the effect of initiation/cessation of water fluoridation on the prevention of caries outcomes in adults.

Since all the studies included in this review examined the effectiveness of water fluoridation in children, research on effectiveness in adults is needed.

Question –

As per above, under what basis was the mandate effected where adults are concerned ?

Note to Council -

If one of the key aims of community water fluoridation is to reduce oral health disparities, then **full evaluations of the effects of community water fluoridation by socioeconomic status should be undertaken and fully reported whenever schemes are introduced or removed.**

Will future testing be carried out on the public to assess results of fluoridation ?

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012718.pub2/full>

what is tooth decay – summary, **decay begins from the outside of the tooth.** Fluoride in water is systemic – acts from internal.

NPDC declares -

<https://www.npdc.govt.nz/council/news/2023/july/fluoride-set-to-enter-new-plymouth-s-water-supply-after-instruction-from-the-director-general-of-health/>

PUBLISHED: 11 JUL 2023

“Ministry of Health advice is that fluoride is a natural substance that helps to prevent tooth decay.”

F2O:F2 is NOT natural.

***** did NPDC question this chemical as being natural ?**

<https://www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/oral-health/community-water-fluoridation-policy#toc-0-2>

commonly repetitive statement within this article to justify fluoridation - “particularly in those communities with high prevalence of dental caries.”

Question – due to lack of fluoride or poor diet habits ?

The report from the Prime Minister's Chief Science Advisor notes that Aotearoa New Zealand adds fluoride to drinking water to reach a level between **0.7 mg and 1 mg per litre** and that 'this range allows the full benefits of fluoride to be achieved while avoiding the adverse impacts that would come with much higher levels of fluoride'

***** refer to California Court evidence re higher levels present in blood tests than is the dosing level stated here.

END NOTES –

The California Court outcome was not based on "most probably" , but extensive research and testing. Sam Bennett, you have said you do not make your informed decisions based on "most probably" statements, please forward your research and testing reports to substantiate your part of the council going ahead without community consult & as proof H₂SiF₆ is safe.

The risks should have been evaluated and discussed within Council.

Several Councils that have been mandated have questioned Health NZ. (I have referenced in previous emails). Has NPDC acted on behalf of their community ?

<https://www.infonews.co.nz/news.cfm?id=126617>

Whangarei District Council seeks injunction against Director General of Health's dictate to add toxic fluoridation chemicals to its public water supply

By ignoring the real science about fluoride, NPDC councillors and leadership team are causing harm to the people of New Plymouth through not being transparent and not providing meaningful engagement with the community they serve..

Thankyou all for your time
Colleen

recommended for CWF have been set based on data from both animal toxicology studies and human epidemiological studies to provide a daily oral exposure that confers maximum benefit without appreciable risk of adverse effects.

Naturally occurring concentrations of fluoride in water in some parts of the world (e.g. parts of China, Africa, and India) are much higher than those found in fluoridated water, and in some of these regions high fluoride intakes are known to cause problems in teeth and bones (dental and skeletal fluorosis). It is important to distinguish between effects of apparent fluoride toxicity at very high intakes, and effects that may occur at the much lower intakes from CWF. Some studies have failed to do so, giving rise to potentially misleading statements and confusion.

There remains ongoing debate about the long-term safety of adding fluoride to drinking water. It is important to separate concerns that are evaluable by science and those concerns that arise from philosophical/ideological considerations. With respect to the former it is important to note that the inherent nature of science is such that it is never possible to prove there is absolutely no risk of a very rare negative effect - science can only draw conclusions that are highly probable, but not absolute.

Most recently, the concerns for potential side effects have revolved around (a) whether consuming fluoridated water increases the risk of cancer (in particular osteosarcoma), and (b) the effects of fluoride on the cognitive development of children. The potential for increased bone fracture risk has also been extensively examined. While the scientific consensus confirmed in this review is that these are not significant or realistic risks, as a matter of public health surveillance, such claims continue to be studied and monitored in populations receiving fluoridated water.

'Artificial' vs 'natural' fluoride

The fluoride-containing compounds used for adjusting fluoride levels in drinking water have been shown to dissolve fully in water to release fluoride ions. These ions are identical to those found naturally in the water. The reagents used for water fluoridation in New Zealand are regularly tested for purity and to ensure that any trace metals (or other impurities) that they may contain, when added to drinking water, are well below the maximum safe limits described in the Drinking Water Standards for New Zealand. The water supply itself is then regularly monitored to ensure fluoride levels and any impurities (including from the source water) are within the maximum safe limits set in the Drinking Water Standards.

Evidence for benefits of water fluoridation

Analysis of evidence from a large number of epidemiological studies and thorough systematic reviews has confirmed a beneficial effect of CWF on oral health throughout the lifespan. This includes relatively recent studies in the context of the overall reduced burden of caries that has resulted from the widespread use of topical fluoride products (e.g. toothpastes, mouth rinses, and fluoride varnishes). In New Zealand, significant differences in decay rates between fluoridated and non-fluoridated communities continue to exist, despite the fact that the majority of people use fluoride toothpastes. These data come from multiple studies across different regions of the country conducted over the last 15 years, as well as from a national survey of the oral health status of New Zealanders conducted in

Reports seem to or been played down to reach this consensus.

Testing for impurities

Decay starts from outside of tooth

2009. Various studies indicate that CWF has an additive effect over and above that of fluoride toothpaste and other sources of fluoride that are now in common use. The burden of tooth decay is highest among the most deprived socioeconomic groups, and this is the segment of the population for which the benefits of CWF appear to be greatest.

Diet?
Education
in Oral
Health?

Known effects of fluoride exposure – dental fluorosis

Dental fluorosis is a tooth enamel defect characterised by opaque white areas in the enamel, caused by excess exposure to fluoride while the teeth are forming in the jaw and before they erupt into the mouth. Tooth development occurs during the first 8 years of life; beyond this age children are no longer susceptible to fluorosis. In the common, mild forms it is of minor or no cosmetic significance, but severe forms result in pitted and discoloured teeth that are prone to fracture and wear. Dental fluorosis reflects overall fluoride absorption from all sources at a young age, and is a known effect of drinking water containing naturally very high concentrations of fluoride. The amount of fluoride added to water in CWF programmes is set to minimise the risk of this condition while still providing maximum protective benefit against tooth decay. No severe form of fluorosis has ever been reported in New Zealand.

Has the
Halo
effect
been
considered
to overall
intake?
increase
risk

Kids do
it's what
it is

The prevalence of mild dental fluorosis has increased somewhat since the initiation of CWF in communities around the world, but further increases have coincided with the widespread use of fluoridated dental products, particularly toothpaste and fluoride supplements. There is a substantial evidence base to indicate that inappropriate use of such dental products (e.g. young children swallowing large amounts of toothpaste; inappropriate prescribing of supplements) is the main factor in increasing fluorosis risk, as the prevalence of fluorosis has increased more in non-fluoridated areas than in fluoridated ones. Most of the dental fluorosis that occurs in this country is very mild, having effects that are only identified by professional dental examination. The levels of fluoride used for CWF in New Zealand are relatively low in the range that is known to cause minimal risk for cosmetically problematic fluorosis, as reflected in data from the 2009 New Zealand Oral Health Survey, which showed the overall prevalence of moderate fluorosis to be very low. The survey indicated that fluorosis prevalence is not increasing, and that levels of fluorosis are similar between fluoridated and non-fluoridated areas.

The risk for mild fluorosis that is associated with fluoride exposure is highest for formula-fed infants, and young children who are likely to swallow toothpaste. In some cases the fluoride intake by these groups can approach or exceed the currently recommended conservative upper intake level, but the rarity of cosmetically concerning dental fluorosis in New Zealand indicates that such excess intake is not generally a safety concern.

Played
down -
not a
safety
concern.

Analysis of evidence for adverse effects

A number of potential adverse effects of the consumption of fluoride have been suggested, though many have only been reported in areas where the natural level of fluoride in water is very high.

Most recently, the main issues in question are whether fluoride in drinking water has an impact on cancer rates (particularly the bone cancer osteosarcoma) or on the intellectual development (IQ) of children. Because fluoride accumulates in bones, the risk of bone

Study reports played down.

defects or fractures has also been extensively analysed. While there are published studies suggesting that such associations exist, they are mostly of very poor design (and thus of low scientific validity) or do not pertain to CWF because the fluoride levels in question are substantially higher than would be encountered by individuals drinking intentionally fluoridated water.

again - the HALO effect of overall fluoride intake over CWF doseage

Cancer

The large majority of epidemiological studies have found no association between fluoride and cancer, even after decades of exposure in some populations. This includes populations with lifetime exposure to very high natural fluoride levels in water, as well as high-level industrial exposures. The few studies that have suggested a cancer link with CWF suffer from poor methodology and/or errors in analysis. Multiple thorough systematic reviews conducted between 2000 and 2011 all concluded that based on the best available evidence, fluoride (at any level) could not be classified as carcinogenic in humans. More recent studies, including a large and detailed study in the UK in 2014, have not changed this conclusion.

Bone cancers have received specific attention because of fluoride's deposition in bone. Although a small study published in 2006 claimed an increased risk for osteosarcoma in young males, extensive reviews of these and other data conclude that there is no association between exposure to fluoridated water and risk of osteosarcoma. Likewise, in the New Zealand context, data from the New Zealand Cancer Registry from 2000-2008 show no evidence of association between osteosarcoma incidence and residence in CWF areas.

We conclude that on the available evidence there is no appreciable risk of cancer arising from CWF.

Effects on IQ

Recently there have been a number of reports from China and other areas where fluoride levels in groundwater are naturally very high, that have claimed an association between high water fluoride levels and minimally reduced intelligence (measured as IQ) in children. In addition to the fact that the fluoride exposures in these studies were many (up to 20) times higher than any that are experienced in New Zealand or other CWF communities, the studies also mostly failed to consider other factors that might influence IQ, including exposures to arsenic, iodine deficiency, socioeconomic status, or the nutritional status of the children. Further, the claimed shift of less than one standard deviation suggests that this is likely to be a measurement or statistical artefact of no functional significance. A recently published study in New Zealand followed a group of people born in the early 1970s and measured childhood IQ at the ages of 7, 9, 11 and 13 years, and adult IQ at the age of 38 years. Early-life exposure to fluoride from a variety of sources was recorded, and adjustments were made for factors potentially influencing IQ. This extensive study revealed no evidence that exposure to water fluoridation in New Zealand affects neurological development or IQ. NZ dose of 0.7 mg/L is the same as USA.

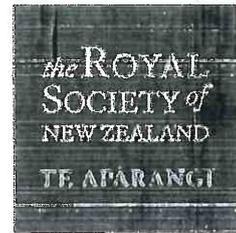
We conclude that on the available evidence there is no appreciable effect on cognition arising from CWF.

Refer Court case pages -

- Fluoride is hazardous at some level of exposure
- reduced IQ by water fluoridation at 0.7mg/L = is an Unreasonable RISK



Office of the Prime Minister's
Chief Science Advisor



Health effects of water fluoridation: A review of the scientific evidence

A report on behalf of the Royal Society of New Zealand
and the Office of the Prime Minister's Chief Science Advisor

August 2014