SUBMISSION # 256 Tabled information reference 157/12R(6)

Oral Submission to Wellington City Council - 2012

My name is Lynn Jordan and I'm a Cranio-Sacral and Neuro Muscular practitioner specialising in treatment of Migraines and Chronic Pain.

A few years ago I began a health programme to address some food allergies. This protocol involves nutrition and detoxification including long soaking baths 2 to 3 hours per week, which I began.

A few months later, the function in my thumb and wrist joints started to deteriorate and I was experiencing almost constant pain & injury in them. I got specialist treatment but made no progress for over a year. They made braces for my thumbs & wrists because ordinary chores like handling laundry and pots and pans were becoming dangerous to my deteriorating joints. When I thought I'd have to give up my career, I discovered that my symptoms were on the list for fluoride poisoning through skin absorption. I wasn't drinking fluoridated water. But then I stopped taking fluoridated soaking baths. Almost miraculously, within three weeks, the pain and dysfunction were gone and haven't returned. The only change I made in those three weeks was stopping the baths. Fluoridated water was the cause – I was absorbing it through the skin and it was attacking my small, vulnerable, surface joints.

It's important to consider how many children spend several hours per week soaking in fluoridated bath water.

Fluoride blocks proper functioning of the Thyroid gland; so much so, that Fluoride was historically used as medication to suppress ***over-active*** Thyroid conditions. When Fluoride attacks the Thyroid gland, you will see the list of symptoms of both Fluoride Poisoning and Hypothyroidism. ***(see list)*** Low thyroid function is so chronic in fluoridated countries that many of these symptoms are now considered normal.

Wellington councils are relying on the Ministry of Health for fluoridation information and the Ministry is relying on information that's out of date. Synthetic fluorides like the **Sodium fluorosilicate** and **Hydrofluoro silicic acid** that we use here, are by-products of industrial fertiliser manufacturing, marketed as medicine.

When fluoridation began, governments didn't know what we know now. Poor nutrition is what causes tooth decay. Consuming fluoride internally doesn't prevent tooth decay, instead, it causes Fluorosis in teeth, and many other problems. Even if the Ministry isn't willing to bring this policy up to date, you can. It's elected officials' responsibility to prove that something ***IS*** safe. But they can't, because it's ***NOT*** safe.

A simple public website can explain why we're discontinuing fluoridation. Topical application of fluoride in the form of toothpaste, could even be subsidised for people who believe they need it.

Fluoridation is illegal in Europe. Last year, New Plymouth bravely stood up and ended it. Albuquerque, New Mexico- population half a million, ended it a few weeks ago. We should be next.

References can be found at http://poisonfluoride.com/pfpc/html/symptoms.html
See: COMPARISON OF SYMPTOMS: FLUORIDE POISONING/HYPOTHYROIDISM

COMMON Symptoms of BOTH Fluoride Poisoning AND Hypothyroidism

Allergies
Anemia
Anxiety
Apnea
Asthma
Arthritis
Autism spectrum disorders
Back pain
Behavioural problems
Blood Pressure changes +/-
Body Temp disturbances
Candida overgrowth – thrush
Carpal tunnel
Cataracts
Chest Pain
Chronic Fatigue
Cold Shivers
Concentration Inability
Constipation
Crying Easily no apparent reason
Decreased Testosterone production
Dental abnormalities
Dental crowding & delayed teeth eruption
Porous Dental enamel (porous body bone density)
Depression
Diarrhea
Dizziness
Dry Mouth
Ear nose and throat problems
Early/delayed onset of puberty
Eczema
Edema
Fatigue
Fibrosis
Grooves, lines & brittle fingernails
Gallstones
Gastric problems
Gastric Ulcers
Gingivitis
Glaucoma
Growth disturbances
Hair loss
Headaches
Hearing Loss
Heart palpitations
Hives
Hyperparathyroidism
Hypertension
Immunosuppression
Impotence
Infertility
Inflammatory Bowel Disease
Inner Ear Disorders
Irritability
Itchy Skin
Joint Pains
Lack of Energy
Lack of Co-ordination
Learning Disorders
Loss of Appetite
Loss of IQ
Low sperm count
Low birth weight
Lupus
Magnesium Deficiency
Memory problems
Migraine
Fluorosis
Mouth Sores
Muscle Pain
Muscle Wasting
Muscle Cramps, Stiffness, Weakness
Musculoskeletal Disease
Nausea
Osteoarthritis
Osteoporosis
Osteosarcoma
Pins & Needles
Pulminary Edema
Recurring Colds
Respiratory Complications
Restlessness
Skin Pigmentation
Sensitivity to light
Shortness of Breath
Sinus infections
Skeletal Changes
Sleep Disorders
Sluggishness
Skin Irritations
Swallowing Difficulties
Swelling in Face
Testicular growth/alteration
Thirst
Thrombosis
Tinnitus
Tingling sensations
Ulcerative Colitis
Vertigo
Visual Disturbances
Vitiligo
Weak Pulse
Weight Disturbances
Zinc Deficiency

SEVERE Symptoms of BOTH Fluoride Poisoning AND Hypothyroidism

These are severe health problems that can manifest with prolonged untreated **Thyroid Debilitation**

Alzheimer's
Anaphylactic Shock
Anemia
Anxiety
Apnea
Aorta Calcification
Asthma
Atherosclerosis
Arthritis
Ataxia
Autism (spectrum)
Birth Defects
Breast cancer
Chest Pain
Chronic Fatigue
Collagen Breakdown
Coma
Convulsions
Death
Decreased Testosterone
Dementia
Diabetes 1
Down Syndrome
Epilepsy
Fibromyalgia
Fibrosis
Gallstones
Goitre
Hearing Loss
Heart Disorders: palpitations
Heart Failure
Hemorrhage
Hyperparathyroidism
Hypertension
Immunosuppression
Impotence
Infertility
Inflammatory Bowel Disease
Inner Ear Disorders
Kidney Failure
Learning Disorders
Loss of IQ
Low sperm count
Low birth weight
Lupus
Migraine
Myotrophy (Muscle Wasting)
Multiple Sclerosis
Muscle Cramps, Stiffness, Weakness
Muscoskeletal Disease
Osteoarthritis
Osteoporosis
Osteosarcoma
Oral Squamous Cell Carcinoma
Parkinson's
Polyneuropathy
Polyurea
Premature Delivery
Pulminary Edema
Respiratory Complications
Retinitis
Rhintis
Schizophrenia
Seizures
SIDS
Skeletal Changes
Sleep Disorders
Sluggishness
Spondylitis, snkylosing
Still births
Swallowing Difficulties
Testicular growth/alteration
Thrombosis
Thyroid Cancer
Tinnitus
Ulcerative Colitis
Urticaria
Uterine Bleeding
Uterine Cancer
Vaginal Bleeding
Vas Deferens Alterations
Vertigo
Weight Disturbances
Zinc Deficiency

Hydrofluorosilicic acid Reference: http://www.fannz.org.nz/hydrofluorosilicicacid.php

Poisons Schedule: 7 (Dangerous poison)

This material is hazardous according to criteria of NOHSC; HAZARDOUS SUBSTANCE.
Classified as Dangerous Goods by the criteria of the Australian Dangerous Goods Code (ADG Code) for Transport by Road and Rail; DANGEROUS GOODS.
Subclasses:
6.1 Category D: Substances which are acutely toxic.
8.1 Category A: Substances that are corrosive to metals.
8.2 Category B: Substances that are corrosive to dermal tissue.
8.3 Category A: Substances that are corrosive to ocular tissue.

Materials Safety Data Sheet

Ingestion: Immediately rinse mouth with water. If swallowed, do NOT induce vomiting. Give a glass of water. Seek immediate medical assistance. Swallowing can result in nausea, vomiting, diarrhoea, abdominal pain and chemical burns to the gastrointestinal tract. Avoid contact with foodstuffs.
A severe eye irritant. Corrosive to eyes; contact can cause corneal burns. Contamination of eyes can result in permanent injury. Corrosive to skin. Breathing in mists or aerosols may produce respiratory irritation.

Long Term Effects:

Repeated or prolonged exposure may result in **FLUOROSIS**.
Wear overalls, chemical goggles, face shield, elbow-length impervious gloves, splash apron and rubber boots. Always wash hands before smoking, eating, drinking or using the toilet. Wash contaminated clothing and other protective equipment before storage or re-use. If risk of inhalation exists, wear suitable mist respirator meeting the requirements of AS/NZS 1715 and AS/NZS 1716.
Reacts exothermically on dilution with water. Corrosive to metals. Reacts violently with bases, and organic chemicals.
Ecotoxicity: Avoid contaminating waterways. If contamination of sewers or waterways has occurred advise local emergency services.

Sodium fluorosilicate Reference: http://www.fannz.org.nz/sodiumfluorosilicate.php

Poisons Schedule: 6 (Poison)

This material is hazardous according to criteria of ASCC; HAZARDOUS SUBSTANCE. Classified as Dangerous Goods by the criteria of the Australian Dangerous Goods Code (ADG Code) for Transport by Road and Rail; DANGEROUS GOODS.
Subclasses:
6.1 Category C: Substances which are acutely toxic.
6.4 Category A: Substances that are irritating to the eye.
9.3 Category B: Substances that are ecotoxic to terrestrial vertebrates.

Contaminants

Because the sodium fluorosilicate purchased for fluoridation is a waste by-product of industrial processes, it is contaminated with lead, iron, sulfate, and "insolubles". See Certificate of Analysis from Prayon (Belgium supplier used by NZ municipalities).

Materials Safety Data Sheet

Toxic by inhalation, in contact with skin and if swallowed.
Ingestion: swallowing can result in nausea, vomiting, diarrhoea, and abdominal pain. Larger exposures may result in muscular weakness, shock, convulsions and spasms. Can be fatal due to respiratory and cardiac failure. Irritant to eyes, skin, lungs.

Long Term Effects:

Repeated or prolonged exposure may result in **FLUOROSIS**. Fluorosis in humans can result with the repeated ingestion of >6mg of fluorine per day. The fluoride accumulates in bone and can lead to the development of osteosclerosis and other bone changes. Teeth may also be affected. Symptoms of fluorosis may include weight loss, brittle bones, anaemia, weakness and stiffness of joints.
Do not breathe dust. Avoid contact with skin and eyes. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. Wear suitable protective clothing, gloves and eye/face protection. In case of accident or if you feel unwell, seek medical advice immediately (show the label whenever possible).
For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed.
Wear overalls, chemical goggles and impervious gloves. Avoid generating and inhaling dusts. If dust exists, wear dust mask/respirator meeting the requirements of AS/NZS 1715 and AS/NZS 1716. Always wash hands before smoking, eating, drinking or using the toilet. Wash contaminated clothing and other protective equipment before storage or re-use.
Ecotoxicity:
Avoid contaminating waterways… active ingredient in this material is toxic to the aquatic environment…

Professionals Calling for a End to Fluoridation, International List:

From: http://www.fluoridealert.org/professionals-statement.html

UPDATE: **4,038 Signers by-degree as of February 2, 2012:**

- 687 Nurses (RN, MSN, BSN, ARNP, APRN, LNC, RGON)
- **518 MD's** (includes MBBS)
- 561 DC's (Doctor of Chiropractic, includes M Chiro)
- 481 PhD's - includes DSc, Doctor of Science; EdD (Doctor of Education); DrPH (Doctor of Public Health)
- **331 Dentists** (DDS, DMD, BDS)
- 165 ND's (Doctor of Naturopathic Medicine)
- 95 Lawyers (JD, LLB, Avvocato)
- 89 Pharmacists (Pharm.D, B. Pharm, DPh, RPH)
- **96 RDHs (Registered Dental Hygienist);** also DH, RDHAP, EFDA, RDAEF, and RDN
- 62 Acupuncturists (LAc - Licensed Acupuncturist, and, MAc -Master Acupuncturist)
- 43 DO's (Doctor of Osteopathic Medicine)
- 27 Veterinarians (DMV, VMD, BVMS)
- 17 OD (Doctor of Optometry)
- 18 PA-C (Physician Assistant - Certified); also MPAS and RPA-C

Signers include:

- Arvid Carlsson, Nobel Laureate for Physiology or Medicine, 2000
- Vyvyan Howard, MD, PhD, Past President, International Society of Doctors for the Environment (ISDE)
- Ingrid Eckerman, MD, MPH, President, Swedish Doctors for the Environment (LFM), Stockholm, Sweden
- Raul Montenegro, PhD, Right Livelihood Award 2004 (known as the Alternative Nobel Prize), President of FUNAM, Professor of Evolutionary Biology, National University of Cordoba, Argentina
- The current President and six past Presidents of the International Academy of Oral Medicine and Toxicology
- Three scientists from the Environmental Protection Agency (EPA) Headquarters Union in Washington D.C.

* William Marcus, PhD, Former chief toxicologist of the EPA Water Division, Boyds, MD

- Three members of the National Research Council committee who wrote the landmark 2006 report: Fluoride in Drinking Water: A Scientific Review of EPA's Standards (Hardy Limeback, PhD, DDS; Robert L. Isaacson, PhD; Kathleen M. Thiessen, PhD)
- The Board of Directors, American Academy of Environmental Medicine
- Two advisory board members of the UK government sponsored "York Review"
- Andy Harris, MD, former national president, Physicians for Social Responsibility, Salem, OR
- Theo Colborn, PhD, co-author, Our Stolen Future
- Lubomyr Romankiw, PhD, awarded the Perkin Medal (1993), the highest honor given in the US industrial chemical industry
- Lynn Margulis, PhD, a recipient of the National Medal of Science
- Ken Cook and Richard Wiles, President and Executive Director, Environmental Working Group (EWG)
- Ron Cummins, Director, Organic Consumers Association
- Magda Aelvoet, MD, Former Minister of Public Health, Leuven, BELGIUM
- Doug Everingham, former Federal Health Minister (1972-75), Australia
- Peter Montague, PhD, Director of Environmental Health Foundation
- Ted Schettler, MD, Science Director, Science and Environmental Health Network
- Stephen Lester, Science Director, Center for Health, Environment, and Justice
- Lois Gibbs, Executive Director, Center for Health, Environment, and Justice, Goldman Prize Winner (1990), Falls Church, VA
- Rosalie Bertell, PhD, Regent of the Board, International Physicians for Humanitarian Medicine, Geneva, Switzerland, Retired President, International Institute of Concern for Public Health, Toronto, Canada
- FIVE Goldman Prize winners (2006, 2003, 1997,1995, 1990)
- Sam Epstein, MD, author, "Politics of Cancer" and Chairman,Cancer Prevention Coalition
- Pat Costner, retired Senior Scientist, Greenpeace International
- Jay Feldman, Executive Director,Beyond Pesticides
- Sandra Duffy, Board President, Consumers for Dental Choice
- Joseph Mercola, Doctor of Osteopathic Medicine, http://www.mercola.com, Chicago, IL
- Michael W. Fox, DSc, PhD, BVM, MRCVS (former vice president of The Humane Society of the US, former vice president of Humane Society International and the author of more than 40 adult and children's books on animal care, animal behavior and bioethics), http://www.twobitdog.com/DrFox/, Minneapolis, MN
- Leo Cashman, Executive Director of DAMS (Dental Amalgam Mercury Syndrome)
- Chris Bryson, author, The Fluoride Deception
- Environmental leaders from over 30 countries, and
- Legendary folksinger, songwriter and activist, Pete Seeger

Skin absorption of Fluoride

Studies of skin absorption and Fluoride poisoning: Children are much more at risk of this because of the number of hours they spend in baths. Here are some references:

http://www.healthcarealternatives.net/removingfluoride.htm#1

2004 - Suzin Stockton

"In this day of massive environmental pollution, most people have some level of awareness about the need to purify their drinking water… Most are surprised to learn that waterborne chemicals, including fluorides, are readily absorbed into the body from showering or bathing. In fact, these chemicals are actually more dangerous when absorbed through the skin, for in this manner they enter the bloodstream more easily, bypassing the gut where they would bind with minerals from food, thus diminishing their harmful effects.

A growing awareness about water pollution is prompting an increasing number of Americans to buy bottled water (which may be as contaminated as tap water) or invest in water filtration units... These will remove one or more of the following: organic chemicals, particulate matter, calcium ions and some microorganisms. None of these methods will remove fluoride."

And:
http://www.purewatergazette.net/fluorideandphosphate.htm
http://answers.google.com/answers/threadview?id=37038
"…dermal absorption through showering and bathing may be the primary means of fluoride intake. …roughly 2/3 of fluoride absorbed in a person's body is through showering and bathing (assuming the person is serviced by a water system that fluoridates their water)…
George Glasser, an American investigative journalist, did research into fluoride and among his conclusions and findings on the dangers of fluoride are that the EPA found that more chemical contaminants are absorbed through the skin than through ingestion. He also mentions a University of Pittsburgh study containing the same conclusion and an early 1980s study by Brown, Bishop and Rowan that showed an average of 64 percent of the total dose of waterborne contaminants is absorbed through the skin."

And: **http://www.thirdworldtraveler.com/Environment/Bathtub_Toxic_Dump.html**
"…about 20-50 percent of chemical contaminants are metabolized when foods or beverages are consumed. With dermal exposure and inhalation, however, virtually 100 percent of the contaminants are absorbed directly into the bloodstream…In 1997, the EPA concluded that a person can absorb more contaminants from bathing and showering than from drinking polluted water."

9.40am

SUBMISSION # 166

Tabled Information reference 157/12P(C)

Fluoridation increases premature birth rates, with associated infant illness and death

Supported by research spanning 60 years, from USA, Chile, and India.

Research from India, 2010[1]

The sample group was introduced to two interventions:
(1) removal of fluoride from ingestion through drinking water, food and other sources,
(2) counselling based intake of essential nutrients

Urine fluoride levels decreased in 53- 67%
Haemoglobin levels increased upon withdrawal of fluoride followed by nutritional intervention in 73% - 83%

The percentage of pre-term deliveries decreased
Birth weight of babies enhanced in 77 - 80% in sample group as opposed to 47-49% in the control group.
The number of low birth weight babies was reduced to 20% - 23%, as opposed to 51% - 53%.

Researchers' conclusion:
Maternal and child under-nutrition and anaemia is not necessarily due to insufficient food intake but because of the derangement of nutrient absorption due to damage caused to GI, mucosa **by ingestion of undesirable chemical substance, viz. fluoride** through food, water and other sources.

These findings provide a new path for reducing the burden of disabled and mentally challenged children by reducing percentage of low birth weight babies [through reduction of fluoride intake during pregnancy].

State University of New York 2009[2]

The annual incidence of preterm birth (PTB) (<37 weeks gestation) in the United States is approximately 10%

Associated with considerable morbidity and mortality.

Based on current literature, theoretically one would expect water fluoridation to be protective against PTB. The opposite was found.

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[1] "Effective interventional approach to control anaemia in pregnant women"
A. K. Susheela1, N. K. Mondal1, Rashmi Gupta1, Kamla Ganesh1,
Shashikant Brahmankar1, Shammi Bhasin2 and G. Gupta2
CURRENT SCIENCE, VOL. 98, NO. 10, 25 MAY 2010; 1320 - 1330

1Fluorosis Research and Rural Development Foundation, 34, I.P. Extension, Delhi 110 092, India
2Department of OBGY, Deen Dayal Upadhyay Hospital, Hari Nagar, New Delhi 110 064, India

[2] 197468 Relationship between municipal water fluoridation and preterm birth in Upstate New York Rachel Hart, BA, MPH, et al. Department of Epidemiology & Biostatistics, School of Public Health, University at Albany, State University of New York, Rensselaer, NY
http://apha.confex.com/apha/137am/webprogram/Paper197468.html

Study results:

Risk of PTB 6.34% in women exposed to water fluoridation
Risk of PTB 5.52% in women NOT exposed to water fluoridation
Difference 15%

Relationship was most pronounced among women in the lowest SES groups (>10% poverty) and those of non-white racial origin.

Domestic water fluoridation was independently associated with an increased risk of PTB in logistic regression, after controlling for age, race/ethnicity, neighborhood poverty level, hypertension, and diabetes.

US 1950 – 1969. 20 city study[3]

Infant mortality rate per 1000 live births for **non-whites**:
Fell by 9.03 in the non-fluoridated cities.
Fell by only 1.93 in the fluoridated cities
= 4.7 times better in non-fluoridated cities

Infant mortality rate per 1000 live births for **whites**:
Fell by 5.22 in the non-fluoridated cities.
Fell by only 3.33 in the fluoridated cities
= 1.7 times better in non-fluoridated cities

Reduction in improvement due to fluoridation in non-whites was 2.8 times more (i.e. worse) than in whites.

Chile 1976[4]

Research of Dr Albert Schatz, discoverer of streptomycin, the first cure for tuberculosis.
Data is from Chilean Government records.
Curico: 1ppm fluoriude
San Fernando: 0% fluoride

Cause of Death 1953-63	City	Deaths
Congenital malformations	Curico (fluoride)	3.1 %
Extra deaths = 244%	San Fernando	0.9 %
Digestive system	Curico (fluoride)	18 per 10,000
Extra deaths = 50%	San Fernando	12 per 10,000
Total infant mortality	Curico (fluoride)	56.5 per 10,000
Extra deaths = 69%	San Fernando	33.4 per 10,000
All causes, all age groups	**Curico (fluoride)**	**2255**
Extra deaths = 16%	**San Fernando**	**1003**

[3] *Fluoride – the Aging Factor*, J Yiamouyiannis, Health Action Press 1986
[4] Schatz A. Increased Death Rates in Chile with Artificial Fluoridation of Drinking Water, with Implications for other Countries. *Journal of Arts Humanities and Science* Vol 2 No1 January 1976 :1-17.

Section 23 Health Act 1956

It shall be the duty of every local authority to improve, promote, and protect public health within its district

and for that purpose every local authority is hereby directed—

(c) if satisfied that any condition **likely to** be injurious to exists in the district, to cause all proper steps to be taken to secure the abatement of the nuisance or the removal of the condition:

"Likely to" means "there is a real, not fanciful possibility, but does not require demonstration of a more than 50% probability. (High Court ruling)

You have been presented with four studies spanning 60 years, all showing that fluoridation increases premature birth rates, with associated infant deaths and other lesser adverse health effects.

So unless you or the Ministry of Health can provide scientific evidence, peer-reviewed and accepted by the international scientific community, that every one of these studies is false, you must stop fluoridation pursuant to section 23 of the Health Act – you do not have a choice.That section directs you to do so.

And it is irrelevant whether you believe fluoridation reduces tooth decay or not. If it poses a risk you are directed to stop it. Period.

Further, simply asking the Ministry of Health to reassure you there is no problem, when they cannot present the evidence in relation to these studies, is a breach of your statutory duty and a breach of your oath of office. Once you breach your oath of office, you void your personal public liability insurance cover.

23 General powers and duties of local authorities in respect of public health

Subject to the provisions of this Act, **it shall be the duty of every local authority to improve, promote, and protect public health within its district,** and for that purpose **every local authority is** hereby empowered and **directed—**

(c) **if satisfied that** any nuisance, or **any condition likely to be injurious to health** or offensive, **exists in the district, to cause all proper steps to be taken to secure the abatement of the nuisance or the removal of the condition**:

Submission # 648

Tabled information reference 157/12/d

Oral Submission to Wellington City Council - 2012

By Deb Gully
Nutrition consultant and Chartered Natural Health practitioner
12 Queens Drive, Kilbirnie
deb@frot.co.nz

Thank you for the opportunity to remind you of this extremely serious public health issue.

The twelve reasons we oppose fluoride in the water supply

1. The form of fluoride being used is a toxic industry by product, not a natural nutritional element

2. It doesn't address the true causes of tooth decay, which are nutritional. This is of course beyond the scope of council to address. Through my websites and in my practice, I work every day to educate people on how to eat to maintain dental, physical & mental health, as do many of my colleagues.

3. It doesn't work. Levels of tooth decay are very similar in non-fluoridated and fluoridated countries and the weight of genuine scientific evidence fails to show any benefit from fluoridation.

4. It damages dental, physical and mental health. The health issues it's implicated in include:
   - Dental fluorosis
   - Osteoporosis, especially hip fractures
   - Joint & muscle pain, which may then be diagnosed as arthritis or fibromyalgia
   - Endocrine system dysfunction, including hypothyroidism
   - Many other physical diseases including cancer, diabetes and chronic fatigue
   - Lowered IQ, depression and inability to concentrate.

5. Long term fluoride exposure on the skin is as dangerous, if not more so, than drinking it. You may recall that last year I spoke about two of my clients who had developed chronic joint and muscle pain from baths that were intended to detoxify.

6. Even if it was effective and safe, it's dangerous to dispense any medication in such a way as to not be able to control the dosage

7. It's unethical to mass medicate the population against their will

8. For those members of the public who wish to avoid fluoride exposure, the current policy is expensive – in terms of both time and money. We are appreciative that we can go to Petone and get clean water for drinking, but not everybody is able to do that. For bathing, the options are whole house filtration at an approximate cost of $4000 or putting in a rain water tank at a cost of about $1000. When we're paying rates in order to have good quality water, we shouldn't have to do either of those.

9. It's wasteful - Only 0.5% of the fluoridated water is ingested. The other 99.5% is used for washing or other uses, and literally goes straight down the drain. So even if fluoride was beneficial, at a cost of around $130k a year, this would be an expensive, wasteful way to use it. There are much cheaper options that could cater for those who want it.

10. Potential contamination of the environment and damage to wildlife from the huge amount of it going into the sewage system.

11. Most other countries have banned fluoride from their water supplies because they know it's dangerous. NZ is one of only 4 western countries who fluoridate. Despite the US being one of the 4,

even the American Dental Association has recommended that baby formula is made up with non fluoridated water, thus admitting the risks involved.

12. Danger to NZ exports. The European Court of Justice has ruled that fluoridated water must be treated as a medicine, and cannot be used to prepare foods. The Court stated that even if a functional food product is legally marketed as a food in one member state, it cannot be exported to any other member state unless it has a medicinal licence. So EC countries could refuse to import food that's been prepared with fluoridated water. Fluoride in our water supply is damaging NZ's clean, green image and could potentially have a very negative effect on our export markets.

Today, as a ratepayer, I am here representing myself and my family. As a chapter leader for the international Weston A Price foundation, I represent members of the Wellington public who want to use wholesome nutrition and clean water to maintain their health. As a nutrition consultant and Chartered Natural Health therapist, I represent my clients and more than 40 other Wellington health and fitness professionals.

My colleagues and I are at the coal face, working with chronically sick people. We see first hand the results of fluoride exposure. For example, clients with underactive thyroids. We already have problems in NZ with lack of iodine in our food. But when fluoride is in the system, it has similar structure to iodine, and is higher up the periodic table, so gets onto the receptors first and blocks iodine uptake.

Of course, we're not claiming that fluoride is the sole issue we have to face in helping our clients back to health. But it is a big contributor to their ill health. Yes, we can get them to go to Petone regularly or buy expensive filters, but these are often chronically ill people who do not need that extra stress.

Today, the group of health professionals I am representing is just a small number from my personal contacts. There is a list of their names in my handout, and you will see it includes GPs, doctors of osteopathy and chiropractic, naturopaths, nutrition consultants, nurses and a former dental nurse.

But there are hundreds of health professionals in Wellington, and if this issue isn't resolved before next year, we can come back with a much longer list. We would prefer not to have to do that, as our time is better spent with clients. Your time is better spent on your core business than listening to me again.

As Cr Pepperell asked last year, how we do educate people who just don't want to know about this issue? We can't. Everybody has a busy life, and most people don't have the time to learn about this. They just want to continue to believe what they've always known, and to trust their elected officials to make the right decisions on their behalves.

So we're calling on you to do just that. We ask that you:

- Admit that there is overwhelming evidence for the dangers of fluoride, or at the very least admit that there are doubts about it's safety
- Agree that until it's proven safe (which it never has been), fluoride must not be put into our water
- Ask Greater Wellington to stop fluoridating Wellington water immediately

Appendix

Wellington health professionals who are calling for fluoride to be taken out of the water supply:

1. Deb Gully, WAPF chapter leader, Nutrition consultant & Chartered Natural Health practitioner, SPEAKING ON BEHALF OF:
2. Will Aitken BScOst Med. MSc BioAeronautics. BScBiological Sciences. DO ND (Naturopathic Doctor), CPD. Reg. Osteopath
3. Dr Kevin Baker, MA MB BChir DipAcTCM PGDipCouns DipPsych MRCP FRCSEd, Integrative Health Physician
4. Phillip Beach D.O.; DAc
5. Gerry Blair, Fitness professional
6. Jane Brenan, director of Radiant Health and the Wellington School of Massage Therapy, bach flower therapist and teacher
7. Catherine Caldwell, Mannatech consultant
8. Lawrence Cartmell DO BSc (Hons) ND (Naturopathic Doctor), CHEK
9. Nicola Cranfield, nutrition and health coach
10. Annette Davidson, former nurse, nutrition coach & colon hydrotherapist
11. Victoria Ewen, Massage Therapist
12. Dr Jane Federle, DC, chiropracter
13. Catherine Fleming, Natural Health Practitioner
14. Annie Frame Dip Nat, Dip BRT (Naturopath and Bio Resonance Therapy)
15. Deb Gilbertson, health and education professional, specialist in ADHD children
16. Kathy Glasgow, Naturopath
17. Sue Hamill, massage therapist and former school dental nurse
18. Grace Howells, Massage Therapist
19. Callum Jones, kinesiologist and fitness professional
20. Lynn Jordan, Cranio-Sacral Therapist & Neuro Muscular treatment specializing in migraines & chronic pain
21. Cherry King, Diploma in Therapeutic Treatment Massage, Bach Flower Consultant.
22. Femke Koene, Exercise kinesiologist, specialising in rehabilitation
23. Alofa Kosena, massage therapist specialising in chronic pain & aiding recovery from injury.
24. Emma Leavens, Nutritionist
25. Ben Lind, Chinese Medicine Practitioner
26. Jude Lloyd D.O. Reg Osteopath
27. Pip Martin, QSM for work on toxicity in the workplace, scenar therapist, nutritional advisor
28. Gary Moller, DipPhEd, PGDipRehab, PGDipSportMed (Otago), FCE certified
29. Tracy Nation, Massage Therapist
30. Nicky Owers, EFT practitioner & nutrition advisor
31. Helen Padarin, naturopath and nutritionist with clinics in Wellington and Sydney
32. Dr. Antonio Palmero, BSc Med TCM
33. Marion Pawson, kinesiologist, Mind Body Performance Coaching
34. Scott Preder D.O.
35. Dr. Gareth Rapson, Chiropractor
36. Janet Richardson, Registered Nurse, Karanga Health
37. Richard P Rust, director and therapist at Radiant Health clinic and director and teacher at the Wellington School of Massage therapy
38. Megan Savage, Neuro Muscular Therapist, Advanced Diploma in Therapeutic Massage and Related Therapies, Supplement and Nutritional advisor
39. Dr Tralee Sugrue, BSc, MBChB, FRNZCGP, GP and homeopath
40. Dr Sarena Syphers, DC, chiropracter
41. Katy Teasdale B.Sc. (Hons) Ost, B.Sc. (Hons) Psych. Sc, Reg. Osteopath
42. Melanie Young, Registered Osteopath, Director at City Osteopaths

SUBMISSION #949

Tabled Information reference 157/12 P/e

Teddy Bears Picnic 2012

Teddy Bears Picnic 2012

Dragon Boat 2012

Dragon Boat 2012

Dragon Boat 2012

SUBMISSION #ECO-CITY Tabled information reference 157/12P(f)

WCC Eco City Submission – Bruce Faull
24 May 2012

My Position:

I don't support any of the four specific proposals in the WCC Strategy and Policy Committee: Report of the Zealandia Working Group (27 March 2012; Extraordinary Meeting).

Some reasons for this are:

- This committee did not report on the current Zealandia operating model.
- I'm not convinced the suggested operating models are necessarily more cost effective in the long term than the current Zealandia model.
- The preferred model for a 'Super' CCO assumes that the Zoo and Zealandia are alike, but they are not.
- The committee claims the 'Super' CCO is a merger so Zealandia will not suffer. Several mergers I've experienced resulted in the smaller organisation being 'swallowed up' by the larger one.

Could Zealandia and the Zoo each benefit from being managed together?

There are few similarities between the Zoo and Zealandia, so significant benefits from a 'merger' are unlikely. Instead of similarities there are several notable differences between the Zoo and Zealandia. Examples include:

1. The Biosecurity risks:
    - Zealandia poses no biosecurity risk to Wellington or NZ as it only contains organisms that are allowed to become established within New Zealand.
    - The Zoo is a massive biosecurity risk: Section 39 of the Biosecurity Act 1993 classifies exotic zoo animals as organisms that must be held in a Containment Facility. These animals are not allowed to become established in NZ, so a Zoo fulfils the criteria of a Containment facility. They are also controlled under the HSNO Act, 1996.
2. The operating costs:
    - Zealandia is run by a small core staff, has no regulatory controls relating to biosecurity and its operation is assisted by many willing volunteers.
    - The Zoo is very capital and labour intensive – it must meet strict Containment Facility criteria, and be subject to external audit no less frequently than every 12 months.

3. Effects of a Natural Disaster:
    - Zealandia would pose no risk to NZ biosecurity or the public – though its flora & fauna may suffer.
    - The Zoo poses a huge potential risk to both NZ biosecurity and the public – e.g. lions don't discriminate when they wish to eat a warm-blooded meal.
4. Potential disestablishment costs:
    - Zealandia would have minimal disestablishment costs (so is an 'easy target' for WCC cost cutting exercises).
    - The Zoo would likely cost $10-50 Million to disestablish (the elephant from Franklin Zoo may cost over $1 Million to prepare and transport to a US facility).

What about Concerns Regarding Council Controlled Organisations?

On 18 May 2012 an article appeared in the Dominion-Post: 'Zoo and Cable Car face Council Review'. This raised issues about lack of control over ratepayer money regarding Council Controlled Organisations (CCO). Some consequential questions include:

- Is the CCO model sustainable?
- If CCOs cannot be sustained then what is the future for the favoured option for a 'super' CCO [to establish a strategic alliance between the Sanctuary, the Wellington Zoo Trust and the Council's Botanic Gardens and Otari-Wilton's Bush within a CCO (ECO - City CCO model)]?
- Why is there such a rush to finalise the option to be applied for Zealandia's future management when questions about CCOs are unanswered?

Conclusion:

In conclusion, I believe:

- None of the four WCC-suggested options is a significant improvement on the current Zealandia operating model.
- Compared with the Zoo, Zealandia has greater benefits and fewer costs for Wellington when all factors are taken into account.
- Consideration of an alternative model for Zealandia should be delayed until the CCO review is completed. In the meantime the current model should continue.
- Once the CCO review is completed management of all WCC-accountable facilities should be reviewed. This should include consideration of the current Zealandia management model as a serious option.
- Only when this review process is completed should future models be decided (with full involvement of Wellington city ratepayers and public).

SUBMISSION ECO-CITY

Tabled Information reference 157/12P(g)

My name is Raewyn Empson. I am a foundation member and volunteer at Zealandia-Karori Sanctuary, a donor and a neighbour. I have worked for a government department (DoC) in the restoration field for 12 years, involved in a number of eradication operations and working with threatened species. I was also involved in the sanctuary's feasibility study and trials in the 1990s while working for the Department of Conservation.

So I have been involved in this community project since its inception, helping my local community realise some ambitious conservation goals that are now the template for other restoration projects elsewhere. Based on my experience in the government sector I know that the results to date have exceeded expectations, and could not have been achieved without community ownership, support and involvement.

This project was an audacious experiment and I am aware that it very nearly didn't happen because potential funders were sceptical of its likely success – it truly led the way, and it was the community that had the vision, rose to the challenge, got behind this project and made it happen. Members and volunteers constantly challenge management to consider new ideas, impatient to realise the vision, & I know they are always keen to be involved. Without the energy, involvement, ambition and, most importantly, community ownership, I know this project would not have got off the ground or achieved so much in such a short time. And it is my belief that it is the community, the volunteers, members and supporters who ensure that this project continues to be a success.

Dr Colin Miskelly wrote to the Dom Post on 3rd April that Zealandia with 10 successful bird translocations, is the second- most successful ecological restoration site in the country, behind Tiritiri Matangi Island (11 species), and well ahead of Kapiti Island (7 species). The restoration of Tiritiri Matangi has taken 36 years to complete 11 successful bird translocations – compare that to Zealandia's achievement of re-establishing healthy populations of 10 bird species in the city that weren't here before within 12 years as well as tuatara, giant weta and native frogs. This achievement outstrips the restoration successes of all other projects in terms of number of species re-established and timeframe.

The working party identified Wakefield Health and Zoos Victoria as a couple of examples of models similar to Options 2 & 4 – I am puzzled by these examples because they both encompass likeminded organisations – Zoos Victoria is a grouping of 3 Zoos, and I think you will realise from all the submissions that we can see few synergies between Zealandia and Wellington Zoo or indeed the other organisations considered under option 4. Successful integrations rely on all participants agreeing to the merger and only one organisation, the Zoo, is actively supporting this proposal. Furthermore, given the current concerns about

direction and accountability of some CCOs in Wellington it seems a highly risky exercise to be promoting this model for a group of organisations with so little in common except to agree that any of these CCO options are problematic.

Promoting cost savings as a reason for the suggested takeover appears to be very tenuous given the lack of quantifiable evidence for this. Indeed, there is a risk that the venture will cost the council significantly more than is being requested:

- For every $ Council has contributed to Zealandia (including the 10m loan) at least another $3 has been raised from other sources – these may well diminish if Zealandia becomes a council owned body;
- If Zealandia is taken over by Council there will be pressure to lower entry and membership fees – this may mean less income for the organisation
- A reduction in volunteer effort estimated at c $900,000 per annum will become a cost

I want to see ZEALANDIA and all who live within continuing to thrive and fear that this will not happen if the management of the sanctuary is taken over under a CCO umbrella – the momentum, focus and sense of ownership will change. I am aware that many will be reconsidering whether to continue to donate time and money if this project is taken over – and I feel really saddened by this prospect.

So much is at risk.

My plea is to reconsider the options- we have been an outstanding success, well beyond any expectations and all this is due to the wonderful community that supports this project and their single minded drive to make this project a success

why on earth would you want to risk all these gains???

Submission # 2408 Tabled information reference 157/12/1

Wellington Underwater Hockey Association

Wellington Underwater Hockey Association Submission on the Long Term Council's Long Term Community Plan

The Wellington Underwater Hockey Association asks that the Wellington City Council to:

Elevate the Construction of a new 50 metre Pool at the Wellington Regional Aquatic Centre from schedule C to schedule B on the Long Term Community Plan.

1. Background Information

This submission is made on behalf of the Wellington Underwater Hockey Association ('WUHA'), which is the regional sporting organisation that is responsible for and administering the sport of Underwater Hockey in the Wellington Region.

Underwater Hockey is a sport that is played at the bottom of a pool. The pool must be at a depth of at least 1.8 metres in order for the sport to be played safely by participants over the age of 13.

WUHA currently administers 3 Levels of Underwater Hockey competition:

- The Mini League – which is aimed at intermediate school children.
- The Schools League – which is aimed at secondary school children.
- The Adult League – which is aimed at adults.

2. Correction to error in the draft Long Term Community Plan

We noted that in the draft Long Term Community Plan that Wellington City Council stated that:

> *"We decided not to fund this project because of the financial constraints we face, and because we are already investing in the development of new pool space through our 'partnership with schools programme' ".*

WUHA can advise you that this statement is incorrect for the following reasons:

- $20 million could purchase a new 50 metre facility, which incidentally is the preferred option of most submitters, rather than a 36 metre facility. A 36 metre facility would cost approximately $16 Million.
- New pool space is **not** currently being developed. Instead existing aquatic space is being refurbished. Therefore **no** new aquatic space is being created in Wellington in the next ten years in the current Long term Plan.

3. Submissions

3.1 Decreasing Space

We think that Councils attention should be drawn to the fact that:

Over the years Aquatic Space has dramatically decreased, in the 1980's there were 48 School pools in operation in Wellington, now there are only 11. The decreasing existence of aquatic space coupled with increasing demand for aquatic space is culminating in the creation of extreme pressure on existing space.

This pressure has been well documented by the Council. However this issue is **not** being addressed by the Long Term Community Plan.

3.2 Our Prospects

If no new aquatic space is created then for the Wellington Underwater Hockey Association this would mean:

3.2.1 Another 10 years of stagnation.

- Currently the Sport is running at capacity, and has been for the past ten years. Despite not being actively promoted in Schools, the Association easily retains approximately 30 teams in 4 divisions across several schools. Each night of School Competition results in approximately 250 School Children, excluding parents, swimming at the Wellington Regional Aquatic Centre between the hours of 7pm and 9pm.

- In 2012 the Association, asked for an additional weeknight to be provided in order to grow the sport in secondary schools in Wellington. This request was declined by Wellington City Council due to insufficient aquatic space being available.

- Currently the Adult League is also constrained due to a lack of additional aquatic space being available, and WUHA struggles to transition players from the Schools League to the Adult League due to insufficient aquatic space.

- There is also no space or scope to host the Mini league competition in Wellington due to a lack of pool space being available.

3.2.2 But increased demand...

Despite this, we note that, we are expecting further demand for Underwater Hockey due to:

- ***The promotion of the Councils Learn to Swim Programme.*** This programme is supported by the Wellington City Council and gives children new aquatic skills, by teaching them to swim.

  We predict that children will want to use these newly acquired skills in aquatic sports.

  However even Swimming New Zealand's National Swim Manager has adversely noted that there is a lack of aquatic space available in Wellington City to support the national learn to swim programme.

- ***Projected Population growth*** – Wellington City has a steadily growing population, between 2006 and 2011, the city grew by 10,000 people to a population of 200,100.

  Wellington City Council estimates that the population will be 230,614 in 2031. This would constitute an increase of 22.86% from 2006. **Yet there is no proposed increase in aquatic space in the current long term plan.**

4. Other notations:

- Aquatic space is a community asset. There exists a community need for the provision of further aquatic space in Wellington, and this has been well documented by the Wellington City Council over the past 12 months.

- Wellington City Council has identified its priority number one as creating "*Wellington [as] an inclusive place, where talent wants to live".* Micahel Bloomberg, Mayor of New York City, Perhaps one of the greatest cities wrote that ***"Talent is attracted to the inspiration that a city can offer"***.

- However there is little inspiration that our talent can derive from statements like "Not this ten year cycle, perhaps the next cycle or great idea, but too expensive.

- Currently there is little inspiration that **all** citizens can derive from the congested aquatic space that Wellington can offer. Most sports, including Underwater Hockey, are losing the majority of their talent to other urban centres, which can offer more aquatic space.

- We also note that the Wellington City Council has received over **1000** Submissions in favour of the proposed pool being elevated from schedule C to schedule B on the Long Term community plan

Conclusion

A new pool would give the community, including Underwater Hockey the space to develop, grow and inspire future generations.

As Councilors you are the elected guardians of the city, you are responsible not only to the present generation, but also future generations. We do acknowledge that times are fiscally tough. However it is hard to imagine that a city as great, or as cool, as this one could be constrained by a fiscal straightjacket, which would kill all inspiration or aspiration.

We are not asking for a new pool to built tomorrow, but we are asking for one to be built within the next ten years.

Therefore we humbly request that you:

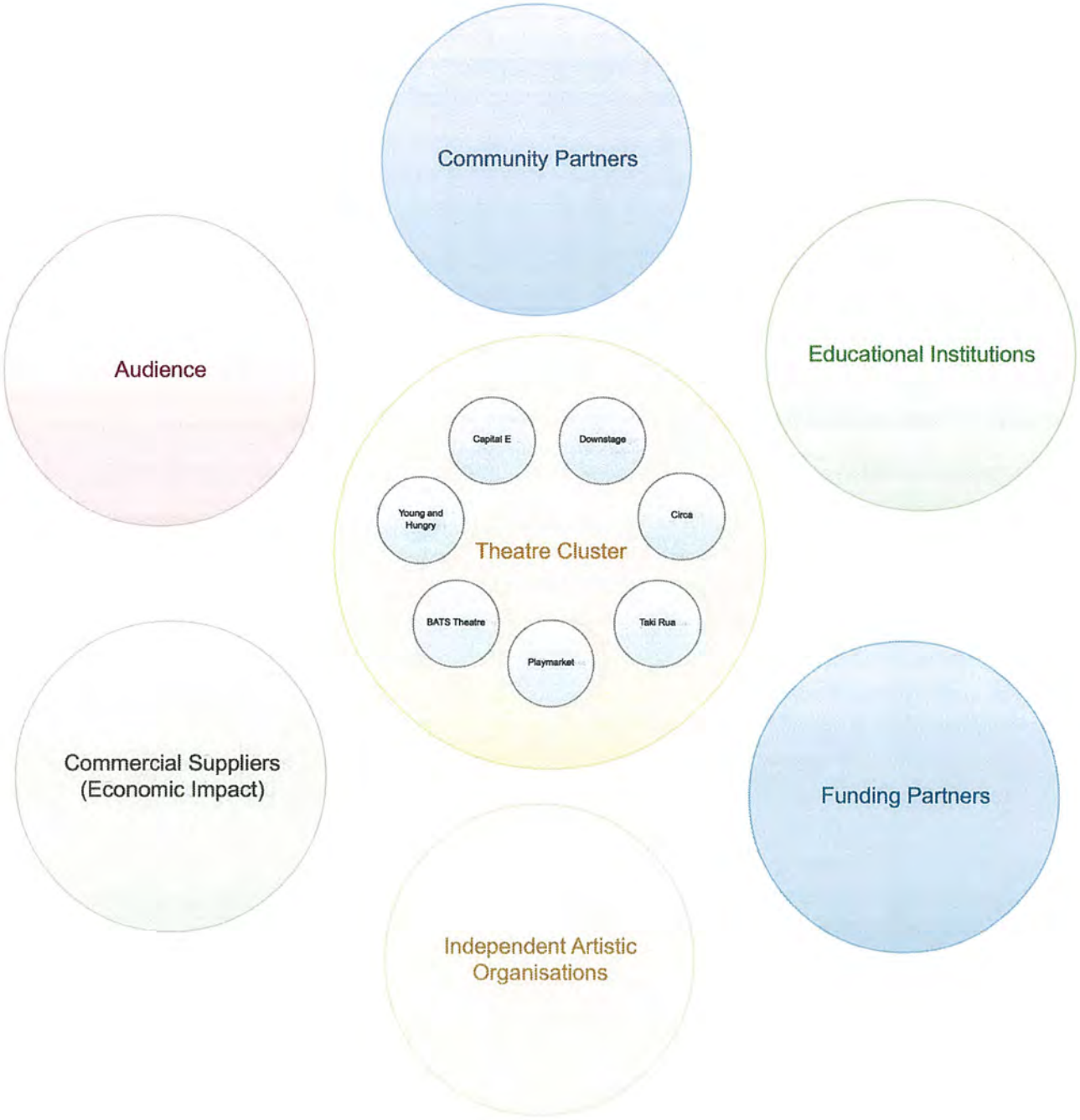
Elevate the Construction of a new 50 metre pool at the Wellington Regional Aquatic centre from schedule C to schedule B on the Long Term Community Plan.

SUBMISSION # 669

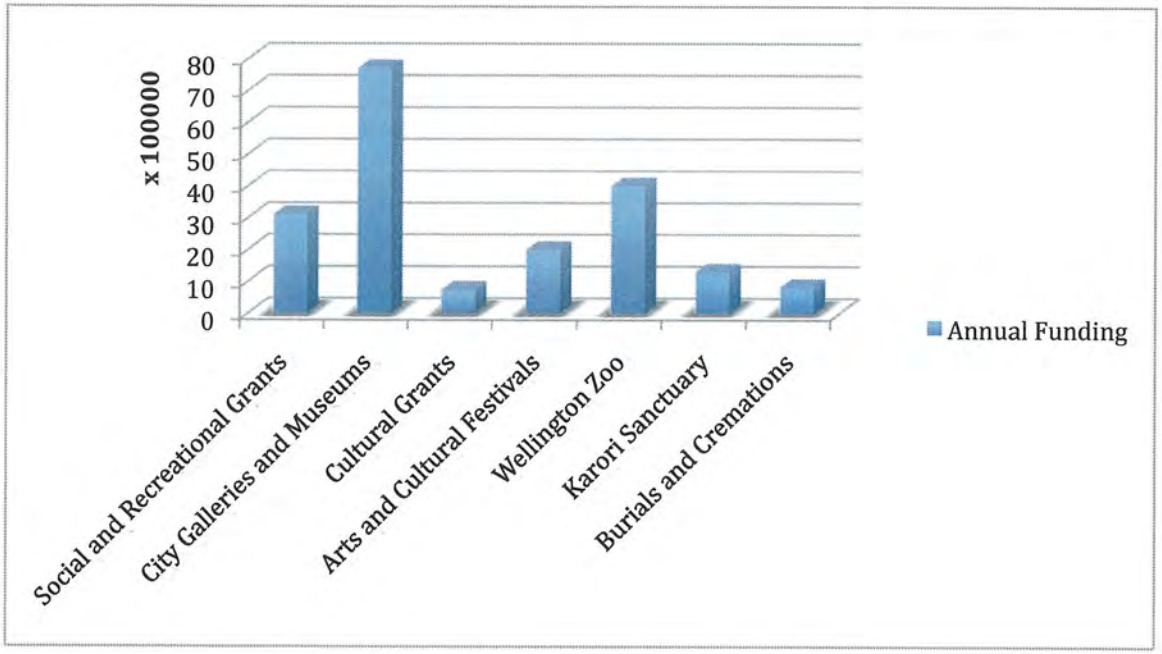
Tabled Information reference 157/12P(i)

Wellington City Council - Long Term Strategy Consultation

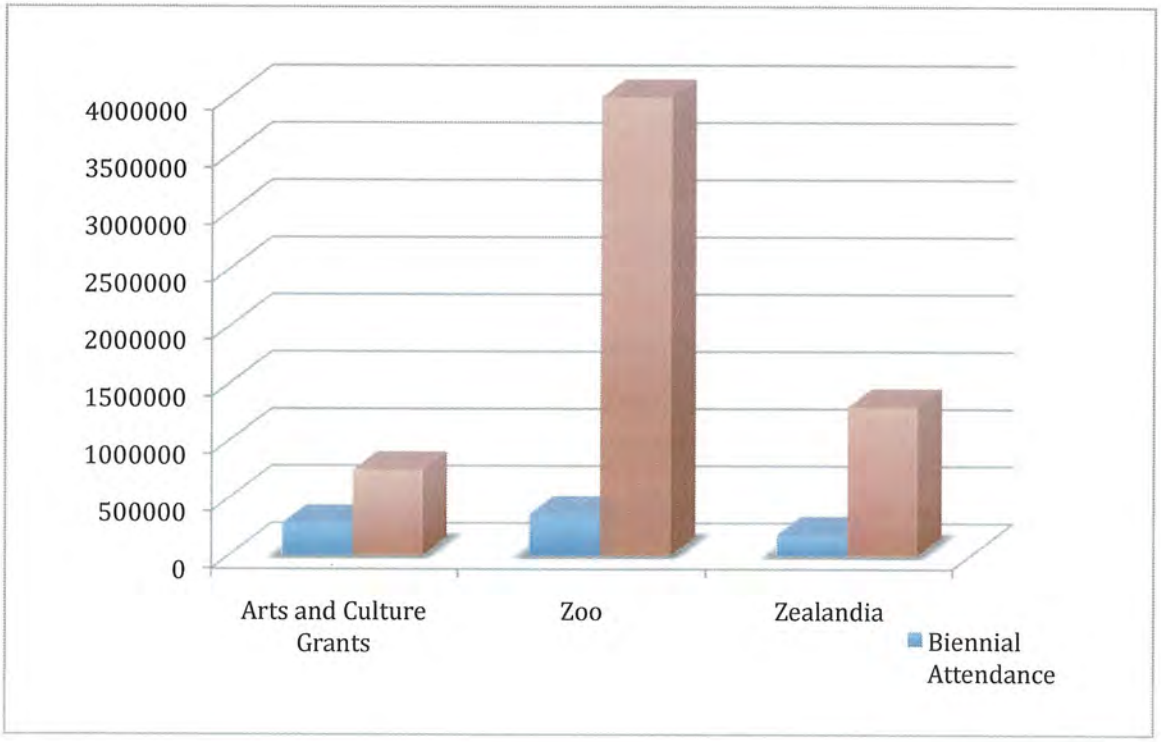
Wellington Theatre Cluster Presentation
Context of the Arts



How arts funding stacks up against other priorities



Other 'Livable City' contributors



Comparative ROI on arts funding