

**UPDATED SCHEDULE FOR THURSDAY 13 MAY 2010**

**AND**

**SUBMISSIONS FOR FRIDAY 14 MAY 2010**

**Committee Room 1  
Ground Floor, Council Offices  
101 Wakefield Street  
Wellington**

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**PLEASE INSERT INTO YOUR AGENDA**

**Report 1** .....

*Oral Submissions to the 2010/2011 Draft Annual Plan, 2010 Draft  
Community Facilities Policy and 2010 Draft Climate Change Action Plan*

**REPORT 1**  
 (1215/52/10/IM)

**ORAL SUBMISSIONS TO THE 2010/2011 DRAFT  
 ANNUAL PLAN, 2010 DRAFT COMMUNITY FACILITIES  
 POLICY AND 2010 DRAFT CLIMATE CHANGE ACTION  
 PLAN**

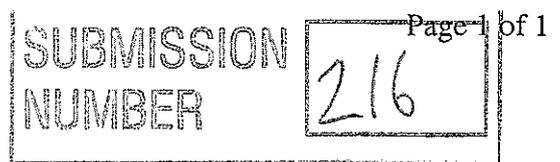
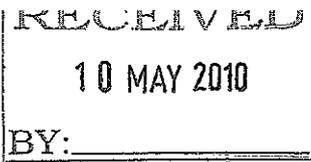
<b>Day One: Thursday, 13 May 2010</b>					
<b>Time</b>	<b>Submitter</b>	<b>Organisation</b>	<b>Consultation</b>	<b>Sub. No.</b>	<b>Page No.</b>
1.10pm	Tom Law	Federation of Wellington Progressive and Residents' Associations	DAP	216	
1.20pm	John Morrison	Churton Park Community Association	DAP	225	
1.30pm	Bernie Harris	Individual	DCCAP	53	
1.40pm	Mike Smith	Tuanuku Maori Climate Change Network	DCCAP	1	Please see the meeting agenda
1.50pm	Peter Brooks	Wellington Civic Trust	DCCAP	44	
2.00pm	Neil Pryor	Flagstaff Hill Area Presidents Association	DAP	75	
2.10pm	Gary Oosterbaan	Individual and Island Bay United AFC	DAP	61/62	
2.20pm	Stan Andis	The Moa Point WasteWater Community Liaison Group	DAP	34	
2.40pm	Hold				
2.50pm	<i>Afternoon Tea</i>				
3.10pm	Jan Voss	Glenside Progressive Association	DAP	204	Please see the meeting agenda
3.20pm	Nicola Gaston	Cycle Aware	DAP/DCCAP	121/14	
3.30pm	Michael Collett	Individual	DAP	128	
3.40pm	Michael Collett	Individual	DCFP	27	
3.50pm	Don McDonald	Individual	DAP	52	
4.00pm	Hold				
4.10pm	Les Brown	Nancy's Embroidery Shop	DAP	35	
4.20pm	Alex Gray	New Zealand Automobile Association inc.	DAP	142	
4.30pm	Richard Cassidy	Individual	DAP	97	

## Day Two: Friday, 14 May 2010

Time	Submitter	Organisation	Consultation	Sub. No.	Page No.
9.20am	Tim Reddish	NZ Taxi Federation	DAP	36	
9.30am	Alan Chambers	Individual and Harbour City Water Polo	DAP / DCFP	072/073	
9.40am	Guido Ballara	Friends of Strathmore Community School	DAP	58	
9.50am	John Hodren	Individual	DAP	169	
10.00am	Steve Hind	The Swimming Trust of Wellington	DAP	54	
10.10am	Hold				
10.20am	<i>Morning Tea</i>				
10.40am	<i>To be circulated – submissions for this time will be circulated with an updated schedule.</i>				
10.50am	Opefi Meafoon	Individual	DAP	88	
11.00am	Michael Gee	Trans-Action	DAP	140	
11.10am	Peter Clark	Maranui Surf Life Saving Club Inc.	DAP	138	
11.20am	Karen Fifield	Wellington Zoo Trust	DAP	148	
11.30am	Hold				
11.40am	Grant Stephen	North Wellington Junior Football Club Inc.	DAP	192	
11.50am	Mary Byrne, et al.	Fluoride Action Network NZ, et al.	DAP	02 – 124	
12.20pm	Paula Warren	Individual	DAP / DCCAP	144/26	
12.30pm	<i>Lunch</i>				
1.30pm	Paul Cameron	Sport Wellington	DAP	221	
1.40pm	Bernard O'Shaughnessy	CAT, RATrs, BAG, BAB, HART(4), NPMFTA, Reform	DAP / DCCAP / DCFP	51/10/12	
1.50pm	Loren Parker	Wellington City New World	DCCAP	56	
2.00pm	Beth Pethig	Khandallah Cornerstone Resource Centre Trust	DAP	193	
2.10pm	Steve Logan	Logan Brown Restaurant	DCCAP	22	
2.20pm	John Robinson	Individual	DCCAP	25	
2.30pm	Jake Roos	Individual	DCCAP	19	
2.40pm	Hold				
2.50pm	<i>Afternoon Tea</i>				
3.10pm	<i>To be circulated – submissions for this time will be circulated with an updated schedule.</i>				
3.20pm	Bev Abbott	Wellington Botanical Society	DAP / DCCAP	136	
3.30pm	James Painter and Mike Forrest	Cashmere Avenue School	DCFP	32	
3.40pm	Nora Priest	Individual	DAP	161	

**Key:**

DCCAP	Draft Climate Change Action Plan
DAP	Draft Annual Plan
DCFP	Draft Community Facilities Policy



Nicola Old

**From:** Tom [lawt@clear.net.nz]  
**Sent:** Monday, 10 May 2010 12:57 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11

110pm

NAME : Tom Law

STREET ADDRESS : 134 Hanson St, Newtown, Wellington

PHONE : 3898202, Mobile 021 791337

COMMUNITY GROUP : I am making this submission on behalf of the Federation of Wellington Progressive and Residents Association

ORAL SUBMISSION : We would like to make an oral presentation

COMMENTS:

The Federation has over the last few years made consistent representation to Council through many channels (to SPC, to Council, to Councillors, to staff and other Council Committees) commenting on the presentation of the accounts in Council documents such as the LTCCP and DAP.

It has been a continued frustration that the accounts have not been presented on the LTCCP and DAP in a manner that enables members of the public to identify the moneys being expended and the source of the funding (who is paying). That is there has been a decided lack of transparency, some may say to the extent that cost of various projects were being hidden/unknown.

It has become clearly evident that for whatever reason, be it recent changes in the senior financial personnel of WCC or other, the result has seen significant changes in the presentation of the financial information in the WCC Draft Annual Plan 2010/11. No explanation has been given for these changes which, in many instances, but not all, answer most of the concerns raised by Federation with the Council and the Office of the Auditor General since 2004.

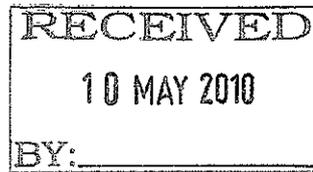
There are still some issues that concern the Federation, A further inquiry was mailed to OAG on Sunday, 9 May 2010 seeking their consideration of our final concerns that depreciation of revalued infrastructure assets was inappropriate, and the percentages allocated to "public good" in the Revenue and Financing policy may not be consistent with sections 100 and 101 of the Local Government Act 2002. They have been asked to consider whether the concerns identified in the inquiry warranted further attention before the audit clearance of the WCC Annual Plan 2010/11, and to advise accordingly.

Tom Law  
Secretary  
FWPRA  
Phone 04 3898202  
Mobile 021 791337

Tom Law  
Phone 04 3898202  
Mobile 021 791337

10/05/2010

Churton Park Community Assoc. Inc.  
PO Box 13-185,  
Johnsonville,  
Wellington 6440



10 May 2010

Draft Annual Plan Submissions  
Wellington City Council  
PO Box 2199  
Wellington



1.20pm

Greetings

### **Submission on Publicly Notified Draft Annual Plan 2010/11**

Enclosed is the submission on this proposal from the Churton Park Community Association Inc.

We wish to make a presentation so that we can expand the reasoning behind the points that we have made.

I can be contacted on 477 1020 or by email to [morrisonjohn@clear.net.nz](mailto:morrisonjohn@clear.net.nz)

Yours faithfully

John L Morrison

Vice President

On behalf of the CPCA.

**Draft 2010/11 Annual Plan**  
**Submission from Churton Park Community Assn Inc**

There are currently two major issues impacting on the residents of Churton Park, which must be taken into account when confirming this draft plan.

**Westchester Drive Extension**

Transport is a major issue for the Churton Park community. The construction of the long planned for Westchester Drive link road is crucial as it will open up a valuable alternative access for Churton Park residents. The need for such a vehicle route is already great and will only grow as the suburb develops northwards.

In addition it is a key dependency for the construction by the developer of the future heart of Churton Park – the proposed Churton Park shopping centre.

Funding must be included in the DAP in 2010/11 and subsequent years to ensure that this important facility is completed in a timely manner.

**Lack of Community Facilities**

Churton Park has very few community facilities, a fact that has been recognised for a very long time.

The proceeds (\$812,500) from the recent sale of an area of reserve land to be used for the new school, has provided a starting point for the funding of community facilities in Churton Park, for all the people of Churton Park.

However this should not in any way be seen as being the only contribution required. If the piece of reserve land had not been sold for the school, it would have been ultimately developed as a recreation area.

The need for appropriate community facilities, accessible to all sectors of the community during daytime hours, would still have been an issue to be faced up to by Council. Funding would have been required independently from this "windfall" sum.

An assurance is required that funding provision in future years will be available to be used in addition to this initial sum obtained directly from the sale of reserve land, to commence to redress the obvious lack of community facilities in this suburb.

**Nicola Old**

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**From:** John Morrison [morrisonjohn@clear.net.nz]  
**Sent:** Monday, 10 May 2010 4:19 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Submission on WCC Draft Annual Plan 2010/2011 from Churton Park Community Association Inc

**Attachments:** WCC DAP 10 11 final..pdf



WCC DAP 10 11  
final..pdf (151...

Greetings,

Attached is the submission from this association.

Cheers

John Morrison

Vice President Churton Park Community Assn Inc

SUBMISSION  
NUMBER

Absolutely  
53 POSITIVELY

ME HEKE KI PONEKE  
WELLINGTON CITY COUNCIL

Wellington

**Draft 2010 Climate Change Action Plan – submission form**

1:30pm

Please use this form to give us your views about Wellington City Council's draft 2010 Climate Change Action Plan.

You can have your say:

- Online at [www.Wellington.govt.nz](http://www.Wellington.govt.nz)
- By sending an email to: [climate.plan@wcc.govt.nz](mailto:climate.plan@wcc.govt.nz)
- By making a submission on this form and sending it to:
  - Freepost 2199, Draft Climate Change Action Plan, Wellington City Council, Wellington 6140
  - Fax 801 3231

Submissions close 5pm, Monday 10 May 2010. Please use extra pages if you need to.

**making a submission**

As an individual       On behalf of an organisation (name organisation) \_\_\_\_\_

I would like to make an oral submission

**Enter your name and contact details**

Mr/Mrs/Ms/Miss/Dr (circle which applies)

First name\* BERNIE      Last name\* HARRIS

Street address\* 84 MILLS ROAD, BROOKLYN

Phone Home 389 6637      Mobile \_\_\_\_\_

Email bharris@clear.net.nz

Note \*Mandatory fields (please use block capitals). All submissions (including name and contact details) are published and made available to elected members of the Council and the public. Personal information supplied will be used for the administration of the consultation process. All information collected will be held by Wellington City Council, 101 Wakefield Street, Wellington. Submitters have the right to access and correct personal information.

**In general, what is the highest climate change priority for you?**

COMMUNICATION, COMMUNICATION, COMMUNICATION  
TO ENSURE COMMUNITY PREPAREDNESS

**How strongly do you support or oppose the approach of the draft 2010 Climate Change Action Plan?**

Strongly support

Support

Neutral

Oppose

Strongly oppose

**Do you think the Council is focusing on the right areas and projects in its response to climate change?**

Yes

No

**Do you think the Council's proposed response to climate change is ...**

Not enough

About right

Too much

**How strongly do you support or oppose the new initiatives recommended in the action plan?**

	Strongly support	Support	Neutral	Oppose	Strongly oppose
Vulnerability assessment – preparing for climate change impacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electric vehicle pilot project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Council energy-management programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Business energy-saver programme – eMission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home energy-saver programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you agree with the emissions reduction targets in the action plan?**

Yes  No  
 Why? PRIMARILY DUE TO A LACK OF UNITY IN THE GLOBAL SCIENTIFIC COMMUNITY

**Do you disagree with any of the actions proposed in the action plan?**

YES

**What information would be valuable or assist you to take action on reducing emissions and adapting to climate change?**

ETS HAS BEEN SO POORLY EXPLAINED THAT MOST PEOPLE HAVE LITTLE UNDERSTANDING OF ITS IMPLICATIONS

**How would you like to get involved in assisting the Council to respond to climate change issues?**

I WOULDN'T. I SEE IT ONLY AS PARKINSON'S LAW - GIVING PEOPLE SOMETHING TO DO TO COVER THEIR TIME WITHOUT BEING CAPABLE OF INFLUENCING THE OUTCOME.

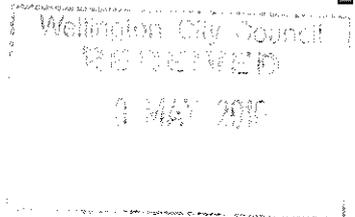
**Please add any other comments**

USE GLOBAL INTELLIGENCE FOR LOCAL APPLICATION THROUGH PROFESSIONALLY CAPABLE EXPERTS. IT IS NOT THE SUBJECT FOR POLICY ANALYSTS

Fold here

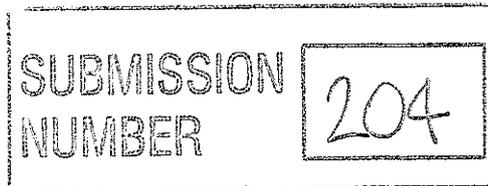
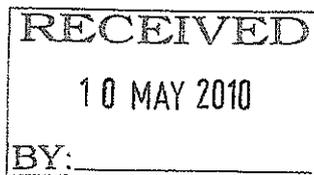
**Absolutely  
POSITIVELY**

ME HEKE KI PŌNEKE  
WELLINGTON CITY COUNCIL **Wellington**



Freepost 2199  
 Draft Climate Change Action Plan (COP001)  
 Wellington City Council  
 PO Box 2199  
 Wellington 6140

PPM/C8/05/11



**Nicola Old**

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**From:** janvoss@ihug.co.nz  
**Sent:** Monday, 10 May 2010 4:15 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100510041450

3.10pm

First Name: Jan

Last Name: Voss

Street Address: 267 Middleton Road

Suburb: Glenside

City: Wellington

Phone: 04 478 1796

Email: janvoss@ihug.co.nz

I would like to make an oral submission: Yes

I am making this submission: organisation

Organisation Name: Glenside Progressive Assn

Type of organisation: Community

**Environment:** The Glenside Progressive Association Inc recently withdrew court proceedings following some resolution with WCC officers on the issues of amenity and ecological damage along the proposed route but remain concerned that this road will have a detrimental effect on our community.

**Cultural Well-being:** It is noted there is a regulatory role to protect historical sites and artefacts yet the Council has continued to place a low priority on even the minimal maintenance of the Halfway House on Middleton Road. This early settler building and owned by the WCC for more than 40 years is in disrepair and still capable of becoming a community asset and point of pride but is not being looked after or included in budget considerations. We would propose that funds be allocated in the coming year address this problem.

**Transport:** The Glenside Progressive Association Inc recently withdrew court proceedings following some resolution with WCC officers on the issues of amenity and ecological damage along the proposed route but remain concerned that this road will have a detrimental effect on our community.

We remain strongly opposed to the financing of the road by Wellington City Council. In 2009 the budget for construction was reported in LTCCP as \$8,500,000. This figure is likely to be conservative, especially in light of the negotiations now completed. Developer contributions are reportedly capped and this is a significant ratepayer burden for a road which will have limited benefit to a very small proportion of the Wellington community. This is not the right time to be imposing higher rates on households for large scale capital expenditure and an rate increase is inevitable to meet the difference between income and expenditure as outlined in the draft Annual plan for Vehicle Network. The stated aim in the Draft Annual Plan is for “less harm, less time commuting and less environmental impact” yet the Westchester Link Road meets none of these goals. Even with the mitigations now offered, there will be significant negative impact on the Stebbings Stream. Commuting time will not be perceptibly reduced, since it is the bottleneck on SH1 prior to the Ngauranga Gorge which is the major issue delaying commuters to and from the Northern suburbs.

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THE NEW ZEALAND TAXI FEDERATION  
Wellington Regional Branch  
38 Rimu Street  
Waikanae  
Secretary: George Tyler  
Phone 04 904 3900 E Mail: tyler@paradise.net.nz

SUBMISSION  
NUMBER 036

28 APR 2010

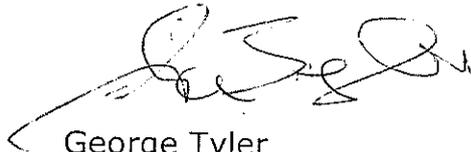
Wellington City Council  
101 Wakefield Street  
PO Box 2199  
Wellington

27 April 2010

Sir or Madam,

Please find enclosed copies of our submissions on the WCC Annual Plan and the GWRC Annual Plan.

We wish to appear in person.



George Tyler  
Secretary



THE NEW ZEALAND TAXI FEDERATION  
Wellington Regional Branch  
38 Rimu Street  
Waikanae  
Secretary: George Tyler  
Phone 04 904 3900 E Mail: tyler@paradise.net.nz

**This Submission on the Annual Plan Is Made On Behalf Of Members Of The Wellington Branch of the NZ Taxi Federation Inc and Especially Wellington Combined Taxis Ltd who Operate Almost Exclusively In Wellington City.**

### **SECTIONS 7.1 and 7.2 OF THE PLAN.**

We have attached a copy of our submission to the Wellington Regional Council on the transport section of its annual plan in which we set out the important role taxis play in the region's transport infrastructure.

We note that despite the importance of taxis to business and recreation in the city there is no mention of Taxis in the Transport section of the Council's Draft Annual Plan. Nor in Section 7.1 "Measuring our performance" is there reference to the fact that taxis carry over 29 million passengers per year and that most if not all of these people are not able to be served by other transport services, many because of some disability.

In order to ensure that the Council and officers understand the importance of taxi services to Wellingtonians and visitors below we reiterate our probably low estimate of the importance of taxis to the economy of the region, most of this work being carried out within Wellington city without any ratepayer subsidies.

- **2000 people** directly employed – many more indirectly
- **18.5 million** hires – average hire 1.6 people
- **29.5 million** passengers carried

It follows that a Transport Plan that does not include taxi services is faulty and the actions that flow from the plan are likely to be harmful.

### **TAXI STANDS**

We recognise that the Council has a problem with providing facilities for services over which they have no control and the growth of which has outstripped the Council's ability to provide enough facilities. Indeed it is clear the exponential growth that has occurred since 1989 has overwhelmed the facilities that can be provided by the Council.

Most of this uneconomic growth has been caused by WINZ subsidising unnecessary services which is contrary to the free market economic arguments on which the decision to deregulate

the industry was based. The Council's problems with taxis overloading taxi stands and illegally occupying parking spaces can be directly attributed to this market distortion.

## **BUS LANES**

We note and applaud the Council's decision to allow taxis to use bus lanes, our customers appreciate the faster and cheaper service they receive and it helps to contain the cost of providing service to people with disabilities who have to travel at peak times. It also allows us to provide better service.

## **SECURITY CAMERAS**

Federation members also applauds the decision of the Minister of Transport to agree to the Federation's request that security cameras in taxis be made compulsory for it has been proved in other jurisdictions that cameras make taxis safer for both drivers and passengers.

Some of the bottom feeders in the industry do not want to comply but many of them would not have brakes if they were not made to have them.

## **REMEDIES SOUGHT**

We ask that the annual plan recognise the important role of taxis in the business and recreational activities of citizens and visitors, and that the Federation be recognised and included in the planning process.

## **CLIMATE CHANGE ACTION PLAN**

Wellington Combined Taxis are industry leaders in New Zealand and possible the world in becoming Carbon Neutral.

The company has tackled the issue on two fronts, first a vehicle policy has been introduced that mitigates emissions by prohibiting the introduction of petrol only powered vehicles to the fleet, requires that diesel powered vehicles meet at least Euro 4 standards (low emission vehicles) and definitely favours the use of hybrid powered vehicles.

The results have been spectacular they now have 67 Hybrids, 59 Euro4 Diesels and 89 dedicated LPG vehicles, there are also over 100 dual fuel LPG vehicles that do most of their running on LPG. It is anticipated that the fleet will be fully converted in about two years as vehicles come up for replacement.

In addition to reducing emissions the Company offsets the remaining emissions so Wellington Combined Taxis Limited meets the requirements of the **carbonZero<sup>cert</sup>™ certification** having measured and committed to reducing its greenhouse gas emissions and then offsetting its remaining unavoidable emissions in respect of its total organisation (including taxi vehicle fleet, office administration, staff air travel).

We submit that the Council can and should reward the organisations that become carbon zero certified by providing taxi stands for them in strategic places in the city; this reward may entice other taxi companies to also become carbon zero certified. By carbon zero certified we mean certified as being carbon neutral by a recognised certifier such as LandCare Research not just by claiming to offset emissions. This advantage could be extended to the use of bus lanes and other council controlled facilities.

The Council could also resolve to use carbon neutral services where they are available and price competitive.

We note that there is a proposal to promote the use of cars powered by electricity but these are only effective if the electricity is produced in an environmentally friendly low emission system offset by carbon credits, otherwise car users in Wellington will simply be causing carbon dioxide and particulate pollution elsewhere.

Wellington Combined Taxis and the Federation will work with the Council to further develop and strengthen the carbon neutrality of the city.

### **Conclusion.**

There is a certain irony in the failure of the Council's transport planners to include taxis in the transport section of the annual plan for, as recent events demonstrate, taxis keep operating when all other services fail. Taxis never strike and the backup power system of Wellington Combined taxis kicked in as soon as the power failed recently and the communication service was up and running almost immediately. The public of Wellington could rely on us.

That raises another anomaly that the industry has spoken about for many years, that is the failure of Civil Defence personnel to recognise that taxis will be a valuable asset when a major earthquake occurs in Wellington. Taxi communications are both centralised and distributed. Each taxi can be a communication node where ever it is as long as there is fuel in the tank and the communications centre can remain operative for several days without outside power.

We are mystified by the failure of officials to recognise what is a valuable resource available 24 hour per day. Nevertheless we will be there if and when the big one happens but it would be better if it was coordinated before the event.

We ask the Council to include us in the transport plan and to provide the facilities necessary for ensuring that customers are allowed to choose the service they prefer so that competition keeps everyone honest.

We will work with the Council and Officials to improve services and to iron out any problems that occur.

We submit that our essential role in the passenger transport system should be recognised, and that we are to be fully consulted on issues affecting us and that our carbon neutral status be acknowledged and rewarded.



George Tyler

Secretary

27 April 2010



THE NEW ZEALAND TAXI FEDERATION  
Wellington Regional Branch  
38 Rimu Street  
Waikanae  
Secretary: George Tyler  
Phone 04 904 3900 E Mail: tyler@paradise.net.nz

## **SUBMISSION ON THE REGIONAL LAND TRANSPORT STRATEGY 2010 -2040**

This submission is made on behalf of the members of the Wellington Branch of the N Z Taxi Federation each of whom is an Authorised Taxi Organisation offering public passenger transport services through its members who operate pursuant to Small Passenger Service Licences. Our members are Wellington Combined Taxis Ltd, Hutt & City Taxis Ltd, Porirua Taxis Marketing Ltd, Paraparaumu Taxis Ltd and Masterton Radio Taxis Ltd.

It is difficult to precisely calculate the number or passenger carried by taxis in the region and commercial sensitivity precludes organisations from disclosing the information, but we consider the following to be reasonable estimates all this work is done virtually without subsidy

- 
- **2000 people** directly employed – many more indirectly
- **18.5 million** hires – average hire 1.6 people
- **29.5 million** passengers carried

These are people not catered for by private cars, buses or trains including thousands of journeys with people with disabilities and school children. It follows that transport planning must include taxis if all people who need to be transported are catered for. The GWRC employee responsible for Total Mobility will be able to provide exact information about the size and scope of the work taxis do in this important area.

### **Bus Lanes.**

You will be aware of the success of the trial of allowing taxis to use bus lanes in Wellington. The survey carried out after a year of their operation clearly showed that there has been no impact on bus schedules or any safety issues related to taxis in the lanes. However our passengers have expressed their appreciation of the faster trip and lower fares. It must also be noted that by being able to move more efficiently CO2 emissions are reduced. We submit that taxi access should where possible be widened.

## Taxi Stands

Regional Councillors must be aware of the shambles at taxi stands in central Wellington where the space available has been overwhelmed by the number of taxis operating in Wellington City. The City Council is the Rounding Authority but cannot allocate more space for taxi stands so we find taxis invading areas designated for metered parking and on no stopping areas causing traffic hazards for others. Since 1989 the Wellington taxi fleet has increased at least three fold and we understand WINZ continues to subsidise new entrants to the bottom feeders in the system who are the drivers who create problems in Bond, Waring Taylor, and Featherstone Streets as well as Lambton Quay.

The industry was deregulated in 1989 purportedly to provide the public with more choice, the irony is that drivers using stands in the city organise themselves to block out vehicles from other companies actually lessening choices. They also pose hazards to other road users. Of course while new operators continue to enter the industry the problem can only get worse, traffic hazards and congested streets adjacent to some taxi stands will be exacerbated.

The GWRC can assist the City Council to at least ameliorate this problem by using the power it has to decline to register a new service for traffic management reasons.

## Climate Change

In your summary there is a section headed "WHAT ARE WE DOING ABOUT CLIMATE CHANGE" We can confidently state the Wellington Combined Taxis are industry leaders in New Zealand and possibly the world in this regard. The company has tackled the issue on two fronts first a vehicle policy has been introduced that mitigates emission by prohibiting the introduction of petrol powered vehicles to the fleet, requires that diesel powered vehicles meet at least Euro 4 standards and definitely favours the use of hybrid powered vehicles. The results have been spectacular they now have 67 Hybrids, 59 Euro4 Diesels and 89 dedicated LPG vehicles, there are also over 100 dual fuel LPG vehicles that do most of their running on LPG. It is anticipated that the fleet will be fully converted in about two years as vehicles come up for replacement.

In addition to reducing emissions the Company offsets the remaining emissions so Wellington Combined Taxis Limited meets the requirements of the **carboNZero<sup>Cert</sup>™ certification** having measured and committed to reducing its greenhouse gas emissions and then offsetting its remaining unavoidable emissions in respect of its total organisation (including taxi vehicle fleet, office administration, staff air travel).

## **Conclusion**

It is our submission that the land transport strategy in the Wellington region must recognise the essential role of taxis in the system. Buses and trains provide essential services but they cannot serve all people or all streets, indeed there are hundreds of streets in Wellington region that no bus can service and there are many hundreds of people who cannot use buses, your Total Mobility figures will give an indication of the size of this group of people.

A handwritten signature in black ink, appearing to be 'G. Tyler', enclosed within a hand-drawn oval shape.

George Tyler  
Secretary

9 April 2010

RECEIVED  
- 3 MAY 2010  
BY: \_\_\_\_\_

SUBMISSION  
NUMBER 072

**Nicola Old**

---

**From:** alchambersbuilder@hotmail.com  
**Sent:** Saturday, 1 May 2010 9:52 a.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100501095200

First Name: alan  
Last Name: chambers  
Street Address: 22 Milton street  
Suburb: berhampore  
City: wellington  
Phone: 0274511137  
Email: alchambersbuilder@hotmail.com

I would like to make an oral submission: Yes

I am making this submission: individual

Social & Recreation: dissapointed that the fund for school swimming pools has been removed . seems quite a waste of officer and interested parties ( mine ) time in research, liason, presenting ,informing etc for councillors to arbitrilly remove the funds and i presume the policy behind the funding of children learning to swim in a local setting .  
the reasoning behind this community learn to swim initiative encompassed the concept of keeping things local , reducing transport congestion around a central hub, having low cost infrastructure rather than expensive larger facilities and reducing pressure from overloaded council facilities .  
i consider the removal of this funding extremely short sighted.

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**Nicola Old**

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**From:** alchambersbuilder@hotmail.com  
**Sent:** Saturday, 1 May 2010 9:56 a.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100501095544

First Name: alan

Last Name: chambers

Street Address: 22 Milton street

Suburb: Berhampore

City: wellington

Phone: 0274511137

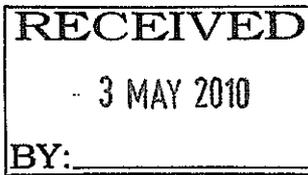
Email: alchambersbuilder@hotmail.com

I would like to make an oral submission: Yes

I am making this submission: individual

Social & Recreation: I would like council to include in this years annual plan a new deep water pool situated at either WRAC or to consider a joint venture with the community at Rongotai college .

-----



**Nicola Old**

---

**From:** alchambersbuilder@hotmail.com  
**Sent:** Saturday, 1 May 2010 10:14 a.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100501101345

First Name: alan

Last Name: Chambers

Street Address: 22 Milton street

Suburb: berhampore

City: wellington

Phone: 0274511137

Email: alchambersbuilder@hotmail.com

I would like to make an oral submission: Yes

I am making this submission: organisation

Organisation Name: harbour city waterpolo club

Type of organisation: Other

Other details: sports club

Social & Recreation: harbour city waterpolo is a customer of yours. we use the WRAC to train for and play waterpolo . we need deep water for our sport ( 2mtrs and over ) at the moment we have limited space for training and games as we are limited to the dive well . some trainings we have 40 people all trying to co-exist in the same space . we see in the annual plan and indeed in the current 10 year plan that there is no provision for new deep water to be provided by council in wgtm for at least the next 7 years . Wrac has the only deep water that we can use and is running at capacity . our sport is stagnating because of lack of pool space . WCC is in the business of building ,running , subsidising the use of swimming pools and because it uses ratepayers money to subsidise the running of the pools will probably remain the only player in the business . its simple you must build a new deep water pool or at least do some planning to build one NOW. sports that rely on deep water are struggling to keep players interested with games and training at unreasonable hours ( some games having to be played after 9pm ) far too late for young school kids especially with often a training at 6.30/7am the next day . a new pool has to be included in this years

plan or it will miss out and we can't afford to wait another ten years

-----

**Your details**

Mr / Mrs / Ms / Miss / Dr (circle which applies)

First name(s)

*Guido*

Last name

*Ballara*

**RECEIVED**

30 APR 2010

BY: \_\_\_\_\_

**SUBMISSION  
NUMBER**

**058**

Street address

*c/o Strathmore Community School, Strathmore Avenue, Strathmore*

Phone

*021 782 891*

Email

*g\_ballara@hotmail.com*

I am writing this submission as:

an individual

on behalf of an organisation

If an organisation, which one?

*Friends of Strathmore Community School Incorporated*

Type of organisation

business

community

other

Do you wish to speak to a panel of Councillors in support of your submission?

yes

no

**Please note:** All submissions (including name and contact details) are published and made available to elected members and the public. Personal information will be used for the administration of the consultation process. All information collected will be held by Wellington City Council, 101 Wakefield Street, Wellington, and submitters have the right to access and correct personal information.

**Your comments**

(use more pages if needed)

*Please see letter attached.*

**Absolutely**

**POSITIVELY**

ME HEKE KI PŌNEKE  
WELLINGTON CITY COUNCIL

**Wellington**

## Draft Annual Plan Submission Form

We need to receive your submission by 5pm on **Monday 10 May 2010**.

Fold and staple this page and post it to the Council (Freepost).

Second fold here

**Absolutely**

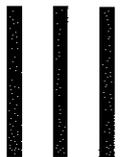
**POSITIVELY**

ME HEKE KI PŌNEKE  
WELLINGTON CITY COUNCIL

**Wellington**



Freepost 2199



Nic da masy

Draft Annual Plan 2010/11 (COP003)  
Wellington City Council  
PO Box 2199  
Wellington

First fold here

### Who we are reaching

You don't have to complete this section but this information helps us to know who we are reaching. We use this for statistical purposes only. It will not be made publicly available.

- I am  male  female
- My age is  under 18 years  18-29 years  30-39 years  40-49 years  50-59 years  60 years or older
- Have you ever made a submission on a Draft Annual Plan or Long-Term Plan before?  yes  no
- Which of the following best describes you?  residential ratepayer  commercial ratepayer  
 residential and commercial ratepayer  I rent  other
- How did you hear about this consultation? (You can tick more than one box)
- direct correspondence from the Council  word of mouth  newspaper advertisement  
 on the Council's website  radio talkback  newspaper articles  
 through an organisation I am a member of  Our Wellington page  
 other

Please state:

Which ethnic groups do you belong to? (You can tick more than one box)

- New Zealand European  Maori  Samoan  Cook Island  Tongan  Niuean  
 Chinese  Indian  Other (such as Dutch, Japanese, Tokelauan, Somali).

Please state:

Friends of Strathmore Community School Inc.  
c/- Strathmore Community School  
Strathmore Avenue  
WELLINGTON 6022

22 April 2010

Draft Annual Plan 2010/11  
Wellington City Council  
PO Box 2199  
Wellington

To whom it may concern,

**Submission in support of the proposal to increase grant funding to support school pools**

We are writing on behalf of the Friends of Strathmore Community School Incorporated. We're a group of parents who have formed an incorporated society to raise funds to upgrade the existing (but currently unusable) pool on the grounds of Strathmore Community School.

We strongly endorse and support the proposal in the draft annual plan for 2010/11 to increase the Council's "grant funding to support schools to upgrade existing school pools to improve access to learn-to-swim opportunities and aquatic sports."

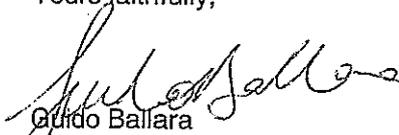
An indoor, year-round swimming facility on our school grounds would make an enduring and enormous difference to our community.

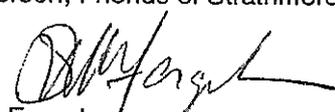
We have a qualified swim school instructor very interested in forming a partnership with the school, which would provide the ongoing maintenance funding such a pool would need, and would enable the entire community around us to benefit from the pool facility. We have plans, drawn up by a local architect, for the pool. We have the space for such a facility, and our school is conveniently located for other schools, kindergartens, and pre-school centres to also benefit greatly. We have been raising funds, as best we can, for a few years now.

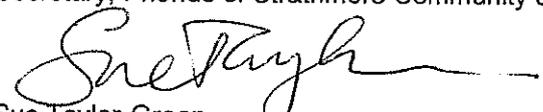
On our own, it will be many more years before we have a viable school pool up and running. The need for ready access to high quality swimming lessons, however, is much more urgent and currently unmet. As you note in the draft annual plan, there is increased demand for learn-to-swim programmes, and improving opportunities for people to take part in learn-to-swim programmes is a priority for the Council.

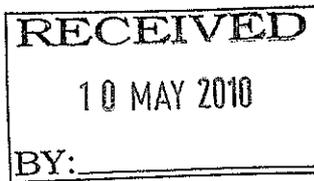
Our Friends committee would be more than happy to meet with you and show you around the school, and answer any questions you might have. We are also **interested in making an oral submission** in mid-May.

Yours faithfully,

  
Guido Ballara  
Chairperson, Friends of Strathmore Community School Inc.

  
Sandra Farquhar  
Secretary, Friends of Strathmore Community School Inc.

  
Sue Taylor-Green  
Treasurer, Friends of Strathmore Community School Inc.



**Nicola Old**

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**From:** john.hodren@gmail.com  
**Sent:** Monday, 10 May 2010 9:06 a.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100510090615

First Name: John  
Last Name: Hodren  
Street Address: 44 Milne Tce  
Suburb: Island Bay  
City: Wellington  
Phone: 9711118  
Email: john.hodren@gmail.com

I would like to make an oral submission: Yes

I am making this submission: individual

Social & Recreation: I have two children who have been diving with City Council programmes and WellingtonDiving (WDC) for the last 5 years. They do not play water polo or underwater hockey canoe polo or do synchronised swimming or competitive swimming. They just dive. They love it. They love so much that I was inspired to take up the sport too. What they don't love is waiting a long time for a board to come free for their next turn, or missing out on a pool session altogether because of a pool exclusion. We've got a few of those this year. 40 at last count, though the number changes as exclusions are popped into the calendar as needed to cater for sports competitions and events at WRAC.

I've given up diving now. Adult diving have been allocated a one hour per week timeslot for the pool. This one hour has been knocked so often in the last year by exclusions that we've had to establish a fill-in session at Keith Spry. There is no 3m springboard or platform at that pool, and the pool depth is insufficient. Similarly the Naenae pool is too shallow and is unsuitable.

Divers cannot learn to their potential in these conditions. Further, we cannot grow the sport. As a former club president, former club secretary, current committee member for WDC and as a regional judge, I must tell you that our club is keen to grow our numbers, keen to grow the sport and keen to grow the range of diving we offer, but can not. Since the pool closure for retiling (a

closure that is laid down to occur for 2 – 3 months every 5 years) our club has doubled its members to 66 currently. This year is the 20th anniversary of WDC and we are keen to show some of Wellington's sporting strength through diving. We are capable of catering for more divers from our community; we have coaches, we have the expertise, we have the organisation, we are equipped. What we don't have is the gym that is part of the design of the new sports pool development, so necessary to build strong divers. What we don't have is the pool time to grow diving.

A new sports pool will relieve pressure on the diving well and on the 50m pool generally. Diving cannot go anywhere else. The new pool is desperately needed. The new pool was planned and that plan should continue. The community needs it. Its great to focus on learn-to-swim but it doesn't finish there. Our kids need a reason to want to learn to swim, a sport they can't do without that. Our swimmers need aquatic sports to maintain their water skills, but not everyone wants to do competitive swimming.

Please, build the new pool that was planned. Help our club, help the community.

---

**Nicola Old**

29 APR 2010

**From:** hind@ihug.co.nz  
**Sent:** Thursday, 29 April 2010 5:00 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100429045933

First Name: Steve  
Last Name: Hind  
Street Address: 26 Lyall Parade  
Suburb: Lyall Bay  
City: Wellington  
Phone: 04 3873884  
Email: hind@ihug.co.nz

I would like to make an oral submission: Yes

I am making this submission: organisation

Organisation Name: The Swimming Trust of Wellington

Type of organisation: Community

Social & Recreation: 28 April 2010  
WELLINGTON EAST GIRLS COLLEGE POOL PROJECT Submission to the  
2010 Draft Annual Plan process

#### The Summary

This submission supports the involvement of Wellington City Council, through either the schools pools initiative or aquatic facilities funding, in a project to save and redevelop the 33 meter swimming pool currently situated at Wellington East Girls College (WEGC), Mt Victoria near the Basin Reserve. This project will provide for a 25 meter five-lane pool and a three-lane 15 meter shallow pool, suitable for school/college and community to use all year round. It also allows for a dedicated learn to swim programme (similar to that previously operating at the Boys and Girls Institute) catering for hundreds of primary school-aged children in the Wellington area.

Apart from the general swimming community this project currently has the support of the following schools and community organisations:

Rosenheath School Principal John Reynolds  
Mount Cook School Principal Sandy McCallum

St Mark's School	Principal	Tony Batchelor
Brooklyn School	Principal	Chris Bryant
Clyde Quay School	Secretary	Helen Burnett
Evans Bay Intermediate (EBIS)	Principal	Wendy Esera
South Wellington Intermediate	Principal	Michael Debney
Wellington College	Sports Director	David Keat
Wellington Girls East College	Principal	Sally Haughton
Wellington High	Principal	Prue Kelly
Harbour City Masters Swimming		
Wellington Canoe Waterpolo		
Lyall Bay Surf Life Saving Club		
Wellington Triathlon Club		
Capital Swim Club		

### The Current Situation

During this year the council has discussed issues relating to lack of school swimming pools, learn to swim and pool space in general within Wellington city. The council's own project "Aquatic Facilities Development Project" highlighted aquatic education, learn to swim and aquatic sports clubs as areas in need of attention.

The thinking that has developed over the years, with many schools having removed or filled in their swimming pools, has resulted in a situation where Wellington has considerably less water space than many other towns and cities in New Zealand.

Auckland City, in their strategic documents, count 110 pools in their boundaries. Wellington can account for less than 20.

The Water Safety Council, Ministry of Health, Surf Life Saving and swimming organisations, amongst other interested groups, have all highlighted specific issues relating to lack of aquatic facilities for young people.

Youth drowning, obesity, fitness, sport development, etc, continue to be a concern in the community.

### The Opportunity

The Swimming Trust of Wellington, made up of people with a long history of involvement in swimming, has gathered support from a wide cross section of the community eager to see such a project succeed.

One of its primary objectives is to lobby for the development and retention of school pools in the Wellington city area.

The Trust has examined most options available and has identified one project that should be considered a priority for any funding available. The current 33 meter pool at Wellington East Girls College is an opportunity to create a worthwhile facility that can benefit a large percentage of the city's school children and, at the same time, address issues related to lack of pool space in general.

The business model under development would see ownership of the pool remain with WEGC and all running and maintenance costs associated with the facility covered by the Trust. This would be through a Learn to Swim programme geared to provide a high level of tuition.

The College and the Trust have been working on this project, for nearly two

years, and have concept drawings developed.

There have also been discussions with funding agencies about the possibility of developing a private public partnership (PPP).

The bottom line is that there would need to be substantial WCC involvement before others would come onboard.

The Ministry of Education do not have the policy framework or the budget flexibility to fund these projects.

Audited costs are not available at this stage but consultants have indicated that a figure of \$1.5 to \$2 million would achieve a facility capable of operating all year round.

The reality is, that if nothing tangible is achieved within the next year, it is likely that the opportunity will be lost forever and the pool will be closed, with the land used for redevelopment, thus continuing the trend of school pools disappearing and further limiting future progress.

From a simple 'return on investment' point of view, this project could produce a 25 meter pool plus a learn to swim facility in central Wellington for a fraction of the cost of building a new one on another site.

The Benefit

The project, due to its location, has the potential to provide daily or weekly access to more than 3,500 school children (within walking distance) during the school day (similar capability to WRAC). Wellington College, Wellington High, St Mark's, Wellington East, Clyde Quay, Mount Cook are all schools that could benefit from such a facility immediately.

Aside from the provision of a centrally located quality Learn to Swim facility it would also serve to benefit aquatic sports groups who currently have limited access to pool space, thus relieving some of the pressure on WCC facilities at key times.

If you have any questions or concerns we would be pleased to meet with you and discuss details of the project to further explain the proposal.

Kind Regards.

Steve Hind

Chairman

The Swimming Trust of Wellington

-----

SUBMISSION  
NUMBER

054

Nicola Old

30 APR 2010

**From:** Baz Kaufman  
**Sent:** Friday, 30 April 2010 9:48 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: School pools

**Attachments:** Wgtn Swim Trust Pool summary.pdf; Wgtn Swim Trust DAP Submission.pdf



Wgtn Swim Trust Pool summary.p...



Wgtn Swim Trust DAP Submission...

Baz Kaufman  
Senior Corporate Planner  
Strategy, Planning and Performance  
Ph 04 - 803 8724

Strategy and Urban Design Directorate  
Wellington City Council  
[www.Wellington.govt.nz](http://www.Wellington.govt.nz)

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-----Original Message-----

**From:** Rob Goulden [mailto:[rob.goulden@wcc.govt.nz](mailto:rob.goulden@wcc.govt.nz)]  
**Sent:** Thursday, 29 April 2010 5:50 p.m.  
**To:** Baz Kaufman  
**Subject:** FW: School pools

-----Original Message-----

**From:** hind@ihug.co.nz [mailto:[hind@ihug.co.nz](mailto:hind@ihug.co.nz)]  
**Sent:** Thursday, 29 April 2010 4:39 p.m.  
**To:** [councillors@wcc.govt.nz](mailto:councillors@wcc.govt.nz)  
**Subject:** School pools

Hi

Please find attached a summary document that seeks to address issues relating to the Aquatic Facilities debate which has been taking place recently. Also attached is the referred to submission to the DAP process.

Regards

Steve Hind  
Chairman  
The Swimming Trust of Wellington

The Trust is an incorporated society and seeks to ensure that facilities and opportunities are available for swimming, both as a life skill and a sport, are available to all.

Members of the trust have a long association with swimming, from basic Learn to Swim right through to Olympic level.

April 2010

**The Swimming Trust of Wellington has many years of experience within the swimming community in Wellington, as well as nationally, and is actively seeking a solution to the current aquatic facilities debate.**

### ***Present Situation***

There is currently a public debate, which include a number of related topics, focusing on such issues as pool space, learn to swim, school pools, city council responsibilities and swimming as a life skill.

The danger is that each topic, with its competing priorities, is confusing debate about possible solutions to the root cause of the problem.

- Wellington City Council (WCC) staff commissioned a report (2009) on the poor state of school pools in Wellington with some clear results and subsequently made some recommendations.
- The Water Safety Council have a public campaign, which covers a similar area, citing statistics that show water competence amongst school age children have fallen.
- Issues on quality and availability of Learn to Swim (LTS) opportunities are regularly raised.
- Concerns are expressed about the on-going commitment of council to maintaining facilities not owned by WCC.
- There is an ideological argument that city council funds should not be spent on Ministry of Education property.
- Some councillors are lobbying for a new pool at the Wellington Regional Aquatic Centre (WRAC) as well as further improvements to council facilities.
- Aquatic groups and the general public are being asked to comment on plans to alter their routines to implement a block booking approach to pool usage.

This range of related issues and the debate surrounding them, has had the effect of confusing the public and preventing a clear view of the underlying problems.

The current situation can be summed up quite simply in Wellington:

- The current LTS situation is unsatisfactory.
- There is insufficient pool space in the Wellington City boundaries to cope with demand, at peak times.

These problems are similar nationwide, as identified by national organisations such as the Ministry of Education, Swimming New Zealand and Water Safety NZ.

### **Learn to Swim**

The vast majority of Learn to Swim places available in Wellington are run by the WCC.

The perception is that the programmes, on offer, are not very good quality and do not provide a high level of expertise and skill. Because of this perception, many parents choose not to continue with lessons once they have been, or will not sign up for lessons at all.

Alternative LTS programmes do exist but generally in a few small undersized pools around the city.

Schools access to LTS during the day is limited due to budget and resource issues with most schools unable to access facilities within 15 minutes.

Wellington has considerably less pools (below 20) than other urban areas in New Zealand, with Auckland having identified over 100 pools available in their city boundary.

There are no viable pools in Wellington of 25 meters or more that are not WCC owned and operated.

### **Insufficient Pool Space**

At peak times, 4pm to 7pm, there is competition for pool space in Wellington. After school aquatic sports such as swimming, water polo, underwater hockey etc are all vying for the same pool space that adult (after work) swimmers are seeking.

This is also the peak time for LTS programmes.

Providing aquatic sports facilities for coaching, training and competitions during this period is limited due to available space. This limitation restricts the sports ability to develop and thus increase membership and serve the wider community better.

In both cases part of the solution is to create more pool space. How this is achieved is where the debate becomes confused.

Examining the realities of the situation is perhaps a good starting point:

- Most current school pools are not in a good state of repair. Many are small and redevelopment will not create much extra pool space. However, smaller pools could increase availability to LTS for some areas but either during summer only or not without considerable investment.
- There are possibly two existing school pools, which could provide substantial extra pool space. Rongotai College (with a \$5.4 million redevelopment plan) and Wellington East Girls College (with a \$1.75 million plan).
- WRAC could develop another 25 meter pool within the existing infrastructure at an estimated cost of between \$7–9 million.
- WRAC and Rongotai College would serve the same geographic area and there is currently spare daytime capacity at WRAC.

### ***Obstacles to Solutions***

- Insufficient public awareness of the underlying trends in swimming ability, amongst school age children, therefore lack of political pressure for change.
- Lack of agreement on best options, with competing agendas and philosophical objections, preventing cohesive approach.
- Ministry of Education unable (not within current policy and no budget available) to commit to involvement in school pool redevelopment.
- WCC limited funds for capital projects.

### ***Recommendations***

Members of the Trust have discussed the issues widely within the community, including with councillors and council staff and, taking into account most of the factors listed, offer the following recommendations:

- **Short term (this year)**

Support the proposed 'sessionalisation' which provides for specific times for public access, as contained within the Community Facilities consultation paper. This will enable current demand to be managed and potentially make better use of current pool space. *(Currently contained in the 2010 Draft/Community Facilities Policy and Implementation Plan.)*

- **Medium Term (two years)**

Support proposal to redevelop the Wellington East Girls College 33 meter pool by Basin Reserve. Thereby providing a 25 meter pool with new learn to swim option and allowing an extra 3,000+ school aged children access to pool facilities within walking distance during the school day. *(Refer to Draft Annual Plan submission for details.)*

- **Long Term (5 years)**

Develop plans to build additional pool at WRAC to cater for sports clubs and event management into the future.

In addition to these options, there should be continued investment in current council facilities to ensure pools can be used efficiently and capacity is, at least, maintained.

Regards.

Steve Hind  
Chairman  
The Swimming Trust of Wellington

28 April 2010

## **WELLINGTON EAST GIRLS COLLEGE POOL PROJECT**

### **Submission to the 2010 Draft Annual Plan process**

#### ***The Summary***

This submission supports the involvement of Wellington City Council, through either the schools pools initiative or aquatic facilities funding, in a project to save and redevelop the 33 meter swimming pool currently situated at Wellington East Girls College (WEGC), Mt Victoria near the Basin Reserve.

This project will provide for a 25 meter five-lane pool and a three-lane 15 meter shallow pool, suitable for school/college and community to use all year round. It also allows for a dedicated learn to swim programme (similar to that previously operating at the Boys and Girls Institute) catering for hundreds of primary school-aged children in the Wellington area.

Apart from the general swimming community this project currently has the support of the following schools and community organisations:

<u>Rosenheath School</u>	<b>Principal</b>	<u>John Reynolds</u>
<u>Mount Cook School</u>	<b>Principal</b>	<u>Sandy McCallum</u>
<u>St Mark's School</u>	<b>Principal</b>	<u>Tony Batchelor</u>
<u>Brooklyn School</u>	<b>Principal</b>	<u>Chris Bryant</u>
<u>Clyde Quay School</u>	<b>Secretary</b>	<u>Helen Burnett</u>
<u>Evans Bay Intermediate (EBIS)</u>	<b>Principal</b>	<u>Wendy Esera</u>
<u>South Wellington Intermediate</u>	<b>Principal</b>	<u>Michael Debney</u>
<u>Wellington College</u>	<b>Sports Director</b>	<u>David Keat</u>
<u>Wellington Girls East College</u>	<b>Principal</b>	<u>Sally Haughton</u>
<u>Wellington High</u>	<b>Principal</b>	<u>Prue Kelly</u>
<u>Harbour City Masters Swimming</u>		
<u>Wellington Canoe Waterpolo</u>		
<u>Lyll Bay Surf Life Saving Club</u>		
<u>Wellington Triathlon Club</u>		
<u>Capital Swim Club</u>		

### ***The Current Situation***

During this year the council has discussed issues relating to lack of school swimming pools, learn to swim and pool space in general within Wellington city.

The council's own project "*Aquatic Facilities Development Project*" highlighted aquatic education, learn to swim and aquatic sports clubs as areas in need of attention.

The thinking that has developed over the years, with many schools having removed or filled in their swimming pools, has resulted in a situation where Wellington has considerably less water space than many other towns and cities in New Zealand.

Auckland City, in their strategic documents, count 110 pools in their boundaries.

Wellington can account for less than 20.

The Water Safety Council, Ministry of Health, Surf Life Saving and swimming organisations, amongst other interested groups, have all highlighted specific issues relating to lack of aquatic facilities for young people.

Youth drowning, obesity, fitness, sport development, etc, continue to be a concern in the community.

### ***The Opportunity***

The Swimming Trust of Wellington, made up of people with a long history of involvement in swimming, has gathered support from a wide cross section of the community eager to see such a project succeed.

One of its primary objectives is to lobby for the development and retention of school pools in the Wellington city area.

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The College and the Trust have been working on this project, for nearly two years, and have concept drawings developed.

There have also been discussions with funding agencies about the possibility of developing a private public partnership (PPP).

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Audited costs are not available at this stage but consultants have indicated that a figure of \$1.5 to \$2 million would achieve a facility capable of operating all year round.

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The project, due to its location, has the potential to provide daily or weekly access to more than 3,500 school children (within walking distance) during the school day (similar capability to WRAC). Wellington College, Wellington High, St Mark's, Wellington East, Clyde Quay, Mount Cook are all schools that could benefit from such a facility immediately.

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If you have any questions or concerns we would be pleased to meet with you and discuss details of the project to further explain the proposal.

Kind Regards.

Steve Hind  
**Chairman**  
**The Swimming Trust of Wellington**

**Your details**

Mr / Mrs / Ms / Miss / Dr (circle which applies)

First name(s)

Olefi

Last name

MEAFON

Street address

42 A RAKAWA ST STRATHMORE

Phone

021 0681803

Email

I am writing this submission as:

 an individual on behalf of an organisation

If an organisation, which one?

Type of organisation

business

community

other

Do you wish to speak to a panel of Councillors in support of your submission?

 yes no

**Please note:** All submissions (including name and contact details) are published and made available to elected members and the public. Personal information will be used for the administration of the consultation process. All information collected will be held by Wellington City Council, 101 Wakefield Street, Wellington, and submitters have the right to access and correct personal information.

**Your comments**

(use more pages if needed)

I strongly support the proposal in the draft annual plan to form partnerships with schools to fund school pool refurbishment

Wellington urgently needs more learn to swim classes and the existing pools cannot solve this problem. Upgrading the unused pools on school grounds is a sensible solution and one that would make a significant and enduring difference to the Wellington Community.

Without the councils support it will take years for schools, like Strathmore Community School, to raise the necessary funds to upgrade their school pool. The need for swimming lessons in this community, however, is urgent. Our children at Strathmore Park Kindergarten could greatly benefit from having a community based learn to swim school at Strathmore Community School.

I urge you to increase the funding proposed for this purpose.

RECEIVED

3 MAY 2010

BY:

SUBMISSION  
NUMBER

088

**Absolutely**

**POSITIVELY**

ME HEKE KI PŌNEKE  
WELLINGTON CITY COUNCIL

**Wellington**

## Draft Annual Plan Submission Form

We need to receive your submission by 5pm on **Monday 10 May 2010**.

Fold and staple this page and post it to the Council (Freepost).

Second fold here



**Absolutely**

**POSITIVELY**

ME HEKE KI PŌNEKE  
WELLINGTON CITY COUNCIL

**Wellington**

Draft Annual Plan 2010/11 (COP003)  
Wellington City Council  
PO Box 2199  
Wellington

First fold here

### Who we are reaching

You don't have to complete this section but *this information helps us to know who we are reaching. We use this for statistical purposes only. It will not be made publicly available.*

I am  male  female

My age is  under 18 years  18-29 years  30-39 years  40-49 years  50-59 years  60 years or older

Have you ever made a submission on a Draft Annual Plan or Long-Term Plan before?  yes  no

Which of the following best describes you?  residential ratepayer  commercial ratepayer  
 residential and commercial ratepayer  I rent  other

How did you hear about this consultation? (You can tick more than one box)

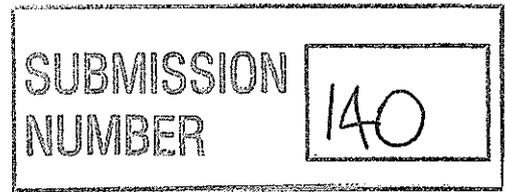
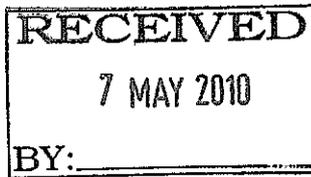
<input type="checkbox"/> direct correspondence from the Council	<input type="checkbox"/> word of mouth	<input type="checkbox"/> newspaper advertisement
<input type="checkbox"/> on the Council's website	<input type="checkbox"/> radio talkback	<input type="checkbox"/> newspaper articles
<input type="checkbox"/> through an organisation I am a member of	<input type="checkbox"/> Our Wellington page	
<input type="checkbox"/> other		

Please state:

Which ethnic groups do you belong to? (You can tick more than one box)

New Zealand European  Maori  Samoan  Cook Island  Tongan  Niuean  
 Chinese  Indian  Other (such as Dutch, Japanese, Tokelauan, Somali).

Please state:



**Nicola Old**

---

**From:** michael.gee@paradise.net.nz  
**Sent:** Thursday, 6 May 2010 11:06 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100506110543

**First Name:** Michael  
**Last Name:** Gee  
**Street Address:** 64 Montgomery Avenue  
**Suburb:** Karori  
**City:** Wellington 6012  
**Phone:** 471 3140  
**Email:** michael.gee@paradise.net.nz

**I would like to make an oral submission:** Yes

**I am making this submission:** organisation

**Organisation Name:** Trans-Action

**Type of organisation:** Other

**Other details:** Public transport advocacy

**Transport:** KEY ACTIVITY THAT NEEDS TO BE INCLUDED: A key proposal that needs to be added to the Annual Plan, to ensure that there is an effective response to climate change and a rosy future for the city, is to provide an effective public transport spine through the CBD. The Draft Annual Plan states (page 13) that 'our transport system is generally performing well'. But the public transport system is not. Buses are being constantly delayed as they move through the CBD. That means that timetables are unreliable, transit times are far too high (e.g. it can take 20 minutes to do a trip that should take 2), and we aren't getting as many services as we should be getting for the money spent. We can't afford that level of inefficiency, nor the loss of patronage that results from slow and unreliable services. A KEY CHANGE THAT IS NEEDED, and for which WCC is responsible, is the creation of a dedicated public transport spine, that is car free. This then needs to be complemented by changes to the way the network operates - something recognised in Greater Wellington Regional Council's draft Regional Public Transport Plan (although their detailed proposals require significant changes).

Achieving this must be the top transport priority for WCC this year, and it must be completed by the time of the Rugby World Cup, so we can provide visitors with top quality transport services.

The main changes to the spine are necessary regardless of what mode is used to provide the core rapid transit network.

But we believe that the introduction of light rail (tram-trains) will be essential in the near future, in order to:

- (a) provide the level of capacity that will be needed for the rapid transit network
- (b) provide a high quality service that will attract new patronage - overseas experience shows that light rail will attract far more new users than buses
- (c) allow the rapid transit network to operate between logical interchange points, some of which are on the heavy rail network. Tram-trains allow services to be provided that run partly on that network, and partly on roads.

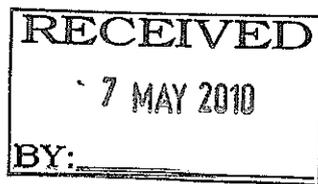
Recognition of the inevitability of future introduction of light rail is important, so the necessary major changes in the Public Transport Spine are done in ways that will support rather than hinder future changes in mode.

#### TRANSPORT PERFORMANCE MEASURES:

There should be a new transport performance measure, with a target to significantly reduce transit times for buses, and reduce timetable unreliability for services through the CBD.

We would like to be heard in support of this submission.

-----



**Nicola Old**

---

**From:** peter.clark@mainzeal.com  
**Sent:** Thursday, 6 May 2010 8:12 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100506081206

First Name: Peter

Last Name: Clark

Street Address: 361 Adelaide Road

Suburb: Newtown

City: Wellington

Phone: 0212831128

Email: peter.clark@mainzeal.com

I would like to make an oral submission: Yes

I am making this submission: organisation

Organisation Name: Maranui Surf Life Saving Club Inc

Type of organisation: Community

Social & Recreation: 5.4 Public Health and Safety.

This submission OPPOSES the provision of 'funding support for Lyall Bay Surf Club to provide surf life saving services at Lyall Bay and other Wellington beaches'.

The proposed service level agreement runs contrary to the core of surf life saving club ethos. This service is currently being provided by volunteers and has been for the last 100 years.

The future provision of surf life saving services should be driven by Surf Life Saving New Zealand's Coastal Safety Report. The implementation of the recommendations in this report for Wellington City Coastline should be a partnership between ALL Wellington City surf life saving clubs, Surf Life Saving New Zealand, WCC and Greater Wellington Regional Council.

RECEIVED

7 MAY 2010

BY: \_\_\_\_\_

SUBMISSION  
NUMBER

148

**From:** Karen Fifield  
**Sent:** Friday, 7 May 2010 2:51 p.m.  
**To:** Ian Clements  
**Subject:** Submission to LTCCP

Dear Ian,

The Zoo would like to submit a case to the LTCCP process for an additional \$90,000 operating funding for 2010-11 in addition to our continued operating grant from Council.

This is in response to the ongoing issue of salary adjustments for our staff.

In the SOI for 2010-11 we state

**Ensure all staff motivated and valued**

Wellington Zoo has been somewhat successful in attracting talented staff and the development of staff is a key strategic imperative. The management of the redevelopment programme and fundraising to support the Zoo Capital Programme (ZCP) will place additional burdens on existing staff over the coming year. One of the key areas for improvement at the Zoo is to continually focus on our people, through training and development.

We continue to offer the learning calendar to staff and consider staff development a key priority. Zoo expertise is found in a small pool of people across the world and it is imperative to the success of Wellington Zoo to have skilled and motivated staff. Staff attraction, development and retention are key areas for the Trust as part of the six strategic elements. The Trust undertakes job sizing exercise yearly to ensure appropriate salary structures are in place for our staff and we will continue to ensure our staff are given the highest priority. The Trust recognises that investment in this strategic element is not to the ideal level required and this needs to be addressed as the Zoo grows and develops.

In 2009-2010 the Zoo benchmarked against other organisations by completing the Best Places to Work survey. We were ranked 25 out of 216 organisations. The survey has given us information and ideas to improve our result even more in 2010-11.

The total staff costs for the next three years show a small increase as we try to address inconsistent salary relativities, provide for pay increases and invest in key areas of the business such as fundraising, commercial development, customer service and visitor experience. **However at this level, it is unlikely that we will be able to maintain salaries at market rates and be able to address inconsistent salary relativities to the level required.**

One of the key reasons that the Zoo has achieved so many successes over the past three years is the quality of its people. It is imperative that we do all we can to retain them and where required to attract high calibre staff. This requires constant vigilance with salaries, reward and recognition and improving the work place through development opportunities.

We are a fixed cost business with 95% of our income tied to caring for the collection and running the business. In order to attract and retain experienced and skilled staff we must grow our revenues to pay market value for these skills and we cannot do that should operational funding be reduced. This is a critical success area for us as 21<sup>st</sup> century zoo professionals are drawn from a small global pool of experts. At the current level of operational funding from WCC it is unlikely that we will be able to maintain our current salaries at the desired rates to achieve this goal. For example, in order to offer a 3% salary increase for current staffing would require additional funds of between \$90,000- \$100,000 in 2010-11.

In the past two weeks we have had two keepers resign to take jobs as farm workers as they will be paid at a higher rate than we can pay. As this area is core business for us and we expect our staff to be professional and operate at sophisticated levels it is imperative that we reward them accordingly. Most of our Life Sciences staff have tertiary level degrees but are currently paid as very low rates comparatively to zoos in Australia and New Zealand.

We have had three keepers leave for Australia in the last year. In Council terms the rates of pay equate to apprentice level salaries when our keepers have experience, responsibilities and qualifications above this level.

We will be able to provide further information in regard to this request as required as part of the process.

Cheers

7/05/2010

Karen

Karen Fifield  
Chief Executive  
Wellington Zoo Trust  
200 Daniell Street  
Newtown, Wellington 6021

DDI: +64 4 3816752  
Mobile: +64 21 227 8129  
Fax: +64 4 8030777  
Email: [karen.fifield@wellingtonzoo.com](mailto:karen.fifield@wellingtonzoo.com)  
Website: [www.wellingtonzoo.com](http://www.wellingtonzoo.com)

## Wellington Zoo.....the best little zoo in the world!

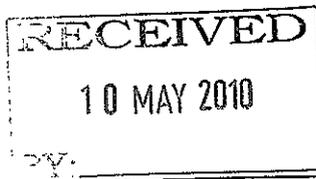
*Winners of the 2009 Central/Southern Sustainable Business Network  
Sustainable Business of the Year Award and Not for Profit Award*

*Winner of the 2009 NZI National Sustainable Business Network  
People's Choice Award*

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7/05/2010



**Nicola Old**

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**From:** grant@pslfx.com  
**Sent:** Monday, 10 May 2010 12:23 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100510122245

**First Name:** Grant  
**Last Name:** Stephen  
**Street Address:** 12 Clifford Road  
**Suburb:** Johnsonville  
**City:** Wellington  
**Phone:** 021 722 016  
**Email:** grant@pslfx.com

I would like to make an oral submission: Yes

I am making this submission: organisation

Organisation Name: North Wellington Junior Football Club Inc.

Type of organisation: Community

Social & Recreation: Congratulations to Council on making balanced decisions with scarce resources.

Te Whaea is a wonderful facility and I very much hope that the planned implementation of further artificial turfs as schedules is maintained or even enhanced.

Let's not forget our existing grass fields either where we are told that many of our pitches are not irrigated which has compounded the issue with surfaces being too hard at the moment. Is sufficient budget being allocated or diverted to this rudimentary function on a progressive basis?

Finally, thanks to Council and Councillors for previous sports development grants and the support of the Alex Moore Park multi club and community facility.

Is now the time to start formalising council involvement through the Annual and LTCCP processes? I refer particularly to car parking, a whole of park

approach and a contribution towards public toilets which we plan to incorporate in the new facility.

Thank you once again for taking a balanced approach to the annual plan.

-----



North Wellington Junior Football Club Inc.  
PO Box 13 538  
Johnsonville  
Wellington 6440

14 May 2010

## **Draft Annual Plan Submission: Sports Fields and Alex Moore Park Sport and Community Project**

### **Thank you to the Wellington City Council**

- Devotion of time and funding to Sport and Recreation.
- Nairnville and Te Whaea Turfs – Wow!
- Appreciation of the Sport and Recreation Forum Events.
- Grateful for Sports Grants for Alex Moore Park Sport and Community Inc.
- Thank you for Officer time and Northern Ward Councillors' support on the Alex Moore Park project.

### **Sports Fields**

#### **Artificial**

- Having a full sized pitch at Te Whaea is just wonderful. A virtual guarantee that some football will be played.
- Potential now for running competitive leagues over 7 days a week – and we will do just that.
- Nairnville has been a real blessing with 63 teams playing in the newly formed Girls Only League. Again, a virtual guarantee that football will be played and this league only occurred because of the Nairnville facility.
- Already clubs and teams are vying for turf time at Te Whaea. Clearly there is a demand that won't be met.
- Te Whaea is also a shared resource with Rugby and other sporting codes. Rugby World Cup is also a key user so availability will be further compounded in the short term.
- The commitment to 6 pitches over 7 years as outlined in the LTCCP is paramount to all users of sports fields. This commitment was a reduction on what was originally envisaged. Even with the addition of a further pitch at Petone Memorial Park, demand will continue to outstrip supply.
- My submissions and others from various sporting codes last year highlighted the well known problem encompassing the demand for sport and recreation surfaces that are durable and available, our inability to practice and play because of pitch conditions and several bad winter and summer seasons.
- Capital Football also spoke last year about the rise in playing numbers i.e. capping entries and telling people that they couldn't play football. (It has not got any easier since then)
- North Wellington Football has 1 hour allocated a week on the Nairnville turf.
- We have 850 players over 71 teams.
- Our slot is Friday night between 8pm and 9pm. What can I say?

## **Sports Fields**

### **Grass**

- According to the Wellington City Council web site, more people are playing sport, particularly football, there is limited land available for new sports fields, we have high annual rainfall, nearly a quarter of fields are on closed landfills, many are on clay based soil and have poor drainage, there is a greater overlap of summer and winter sport seasons and more training time on fields impacts on the quality of the playing surface.
- Clearly grass turfs will be our mainstay when the number of codes and number of players within these codes are taken into account.
- Ironically, Council has had to warn that playing restrictions may have to be put in place because many grounds are too hard at the moment and there is no irrigation in place to mitigate the problem at many fields.
- I'm certainly no expert but can only suggest the annual plan and LTCCP reflect that current grounds will need more maintenance attention and new or diverted funding to address the fact that many fields do not have irrigation facilities.
- These grounds have been with us for many years and that will continue for decades to come. Clearly it would be prudent to continue to invest in this finite number of fields and plan irrigation and drainage installation/upgrades. I don't view this suggestion as a knee jerk reaction.
- After all these years, only 12 out of 43 fields are irrigated.
- I would also suggest a review of allocation of sports fields to respective sporting codes relative to the number of games played per field per week. Anecdotally it seems that a number of football fields are "flogged" compared to usage by other codes. These fields are often then the first to fail when the winter season is upon us. I could be wrong? At worst it would be nice to dispel the rumour and conduct a brief review.

### **Alex Moore Park Sport and Community Incorporated**

- The good news continues with this project involving Olympic Harriers, Johnsonville Cricket, Johnsonville Softball, North Wellington Junior Football and North Wellington Senior Football Clubs.
- The Society's board has had its first meeting and we are fortunate to have such high calibre board members.
- Sketch plans of the new facility are being finalised following further Council Officer input. The board will also be undertaking further consultation with the community in general though to ensure the new complex is adaptable to the future needs of community groups and other sporting codes as much as possible.
- The intention is to provide both new and existing sporting and community programmes for the benefit of all residents in the Northern suburbs, provide an all purpose gymnasium and act as a meeting, sporting and tournament hub for any number of school, sporting and community groups.
- Subject to the consent process and obtaining a ground lease, we hope to have the facility operational within the next 2-3 years.

- While the Society is responsible for funding the complex's construction and ongoing operations, we will require Council support regarding:
  - How the building interfaces with the rest of Alex Moore Park as part of a whole of park strategy.
  - Car parking.
  - Traffic management
  - A financial contribution to public toilet/changing facilities which will be part of the new complex and in line with other similar initiatives within Wellington City such as at the Kilbirnie.
  
- Clearly the board will be liaising with Council formally in the very near future but I ask Council to now factor in formal involvement through the annual plan and LTCCP mechanisms.
  
- On behalf of the 5 founding clubs I thank you all for your support and enthusiasm for this community facility. I know that the board looks forward to your ongoing involvement and I am sure that it won't be too long before you can view the new facility in person.

### Summary

1. Thank you for contributing to ongoing sport and recreation initiatives particularly artificial turf and Alex Moore Park Sport and Community Inc.
2. Please continue with the roll out of the artificial turf programme as outlined in the LTCCP.
3. Please review the level of commitment in maintaining our grass turfs recognising that after all these years the majority are not irrigated and will continue to be under heavy use.
4. Please review the allocation of sports fields allocated to sports codes relative to usage rates.
5. Please formalise your continued support and involvement with the Alex Moore Park initiative through the next and subsequent Annual Plans as well as the LTCCP.

Thank you.

Grant Stephen  
 Vice President, North Wellington Junior Football Club  
 Committee Member, North Wellington Senior Football Club  
 Alex Moore Park Working Group Co-ordinator

002

**Nicola Old**

---

**From:** Adrian Rogers on behalf of Info at WCC  
**Sent:** Monday, 12 April 2010 11:15 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Submission to Annual Plan

12/4/2010

Hello,

Are you able to assist with the customers enquiry below? If you are able to help, and reply to their email directly, would you please **CC** the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind regards,

Adrian Rogers  
Online Channel Administrator  
Customer Contact and Service Centre

---

**From:** Deb & Ian [mailto:wheels@frot.co.nz]  
**Sent:** Sunday, 11 April 2010 15:53  
**To:** Info at WCC  
**Subject:** Submission to Annual Plan

## Submission to Annual Plan

From: Ian Gregson

Address: 12 Queens Drive Kilbirnie

Ph. 934 6366

Date: 11/4/10

I wish to speak to this submission.

Subject: Water fluoridation.

Fluoridation is a violation of human rights. I do not want fluoride in my water, and do not want Council rates spent on this outdated practice. I want clean water free of fluoride, aluminium and chlorine

Because the council is adding fluoride to the water supply I drive to Petone to get clean drinking water and run the household water supply through an expensive filtration system. What are we paying rates for?

12/04/2010

If people want fluoride they can get it from brushing with fluoride toothpaste.

I ask the Council to include the discontinuation of fluoridation of in its 2010 Annual Plan.

Signed:

Ian Gregson

**Ian Gregson  
12 Queens Drive  
Kilbirnie  
Wellington  
New Zealand  
Ph 04 934 6366**

**wheels@frot.co.nz**

SUBMISSION  
NUMBER

003

**Nicola Old**

---

**From:** Adrian Rogers on behalf of Info at WCC  
**Sent:** Tuesday, 13 April 2010 4:36 p.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Water Anti-Fluoridation

13 APR 2010

**Attachments:** Submission to Wellington Council.doc



Submission to  
Wellington Council...

Hello,

Are you able to assist with the customers enquiry below? If you are able to help, and reply to their email directly, would you please CC the info@wcc.govt.nz email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind regards,

Adrian Rogers  
Online Channel Administrator  
Customer Contact and Service Centre

-----Original Message-----

**From:** lynn jordan [mailto:jordanelynn@yahoo.co.uk]  
**Sent:** Monday, 12 April 2010 18:29  
**To:** Info at WCC; Iona Pannett; Ian McKinnon  
**Subject:** Water Anti-Fluoridation

Hello,  
Please see the attached letter.  
Many thanks,  
Lynn Jordan

## **Submission to Annual Plan**

From: Lynn Jordan

Address: 18 Austin St. Top Flat, Mt. Victoria

Date: 12 April, 2010

I DO wish to speak to this submission.

Subject: Water fluoridation.

Fluoridation is a violation of human rights. I do not want fluoride in my water, and do not want Council rates spent on this outdated practice.

I am not happy to have my health (and the health of my family) put at risk by the continued addition of fluoride to the water supply.

If people want fluoride they can get it from brushing with fluoride toothpaste.

I ask the Council to include the discontinuation of fluoridation of water in Wellington City in its 2010 Annual Plan.

Signed,

Lynn Jordan

SUBMISSION  
NUMBER

004

**Submission to Annual Plan Wellington City  
Council**

13 APR 2010

From: Noeline Gannaway

Address: 83 Wright St Mt Cook Wellington 6021

Ph. 384-2202

Date: 2 April 2010

I wish to speak to this submission.

Subject: Water fluoridation.

I object to fluoridation as a violation of human rights and do not want Council rates spent on this outdated practice.

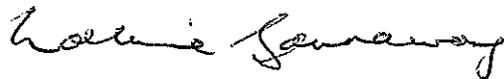
Mass medication of drinking water with a toxic chemical waste product is totally unethical from a medical viewpoint.

As one who is sensitive to fluoride, I am not happy to have my health and the health of others put at risk by the continued addition of fluoride to the water supply.

If people want fluoride they can get it from using fluoride toothpaste.

I ask the Council to include the discontinuation of fluoridation of Wellington's drinking water in its 2010 Annual Plan.

Signed



Noeline Gannaway

Nicola Old

SUBMISSION  
NUMBER

005

**From:** Aaron Pinga on behalf of Info at WCC  
**Sent:** Wednesday, 14 April 2010 1:40 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: STOP THE FLURIDISATION OF THE WATER SUPPLY IN NEW ZEALAND, NOW!  
**Attachments:** Submission to Council.doc

14 APR 2010

Hello,

Are you able to assist with the customer's enquiry below? If you are able to help, and reply to their email directly, would you please CC the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind Regards,

Aaron Pinga

Online Channel Administrator  
Customer Contact Centre  
Wellington City Council

---

**From:** Jodie Anderson-Hayes [mailto:pxcmeat@hotmail.com]  
**Sent:** Tuesday, 13 April 2010 11:13 a.m.  
**To:** Info at WCC  
**Subject:** STOP THE FLURIDISATION OF THE WATER SUPPLY IN NEW ZEALAND, NOW!

To whom it may concern,

Please read the attached to understand my concerns regarding the Fluridisation of the water supply in New Zealand. It is high time some intelligent decisions were made regarding this unnecessary and ugly practice.

I thank you for your time .

Regards,

Jodie Anderson - Hayes.

---

Browse profiles for Free! [Singles online now!](#)

14/04/2010

## Submission to Annual Plan

From: Jodie Anderson - Hayes

Address

2/367 Ohiro Rd Brooklyn Wellington, New Zealand.

Ph. 0210342654

Date 13.04.10

I do wish to speak to this submission.

Subject: Water fluoridation.

Fluoridation is a violation of human rights. I do not want fluoride in my water, and do not want Council rates spent on this outdated practice.

I am not happy to have my health (and the health of my family) put at risk by the continued addition of fluoride to the water supply.

If people want fluoride they can get it from brushing with fluoride toothpaste.

I ask the Council to include the discontinuation of fluoridation of in its 2010 Annual Plan.

IT IS COMPLETELY INEFFABLE HOW DISGUSTING, FOUL AND GOD AWFULL THIS IS. STOP TAKING OUR HEALTH INTO YOUR OWN HANDS AS WE ARE MORE THAN CAPABLE OF SEEKING OUR OWN FLURIDE IN OUR CONSUMPTION IF WE CHOOSE TO DO SO. YOU CANNOT BLANKET MEDICATE AN ENTIRE POPULAS UNDER THE GUISE OF CARING ABOUT OUR TEETH AND OUR PROGENY. MY TEETH ARE FINE AND I FEEL ITS PRETTY SAFE TO SAY THAT NOT EVEN HALF OF ALL OF US ARE PREGNANT. PLEASE DO NOT INFECT SOMETHING AS FUNDAMENTALLY ESSENTIAL AS WATER WITH THIS UNECESSARY DIRTY NONSENSE. IT QUITE SIMPLY IS IN NO WAY FAIR.

THANK YOU FOR YOUR TIME.

Signed Jodie Anderson - Hayes

**Nicola Old**

**From:** Adrian Rogers on behalf of Info at WCC  
**Sent:** Wednesday, 14 April 2010 3:03 p.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Submission to Annual Plan

**SUBMISSION  
NUMBER**

007

14 APR 2010

Hello,

Are you able to assist with the customers enquiry below? If you are able to help, and reply to their email directly, would you please **CC** the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind regards,

Adrian Rogers  
Online Channel Administrator  
Customer Contact and Service Centre

---

**From:** Kerry Davis [mailto:pulsta@gmail.com]  
**Sent:** Wednesday, 14 April 2010 13:57  
**To:** info@gw.govt.nz; Info at WCC  
**Subject:** Submission to Annual Plan

From: Kerry Davis

Address:

15/20 Hopper St

Mt Cook

Wellington

Ph.: 021124 7809

Date: 14 April 2010

I do wish to speak to this submission.

**Subject: Water fluoridation.**

14/04/2010

The *Fluoridation of water should be STOPPED* as this is a chemical POISON and the last time I checked, I'm pretty sure that poisons are bad for your health!

Yet it is beyond any sane reasoning as to why the Council continues to perform such an outdated practice, after all this is 2010, not 1910!

My rates would be better spent elsewhere like helping out the Mary Potter hospice or the City mission – which provide essential services to the sick or underprivileged members of this city.

I am not happy to have my health (and the health of my friends and family) put at risk by the continued addition of fluoride to the water supply.

If people want fluoride they can get it from brushing with fluoride toothpaste.

I ask the Council to include the discontinuation of fluoridation of in its 2010 Annual Plan.

Signed,

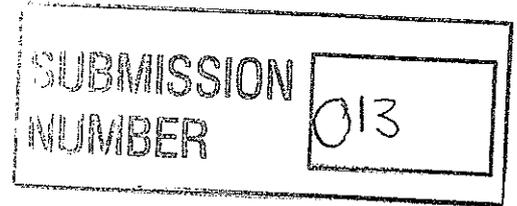
Kerry Davis.

21 APR 2010

**Josie Askin**

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**From:** Aaron Pinga on behalf of Info at WCC  
**Sent:** Tuesday, 20 April 2010 1:31 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Submission on Annual Plan - Bassim Haddad



Hello,

Are you able to assist with the customer's enquiry below? If you are able to help, and reply to their email directly, would you please CC the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind Regards,

Aaron Pinga

Online Channel Administrator  
Customer Contact Centre  
Wellington City Council

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**From:** bassim [mailto:bassim@paradise.net.nz]  
**Sent:** Monday, 19 April 2010 10:01 p.m.  
**To:** Info at WCC  
**Subject:** Submission on Annual Plan - Bassim Haddad

**From:** Bassim Haddad

**Address:**

134d Evans Bay Parade  
Roseneath, 6021  
Wellington

**Ph.** (04) 977.7775 (home)  
(04) 380.9810 (work)

**Date:** 19 April 2010

I do wish to speak to this submission.

**Subject:** Water fluoridation.

Fluoridation is mass medication of the public and therefore it is unethical practice. I do not want added fluoride in my water, tea, coffee, food, consumable products and in my bath and do not want Council rates spent on this outdated practice (it is banned in most European countries. European Court Ruling also spelled an end to water fluoridation simply

21/04/2010

because it is medicine

[http://www.ukcaf.org/european\\_court\\_ruling\\_spells\\_an\\_end\\_to\\_fluoridatio.html](http://www.ukcaf.org/european_court_ruling_spells_an_end_to_fluoridatio.html)).

I am not happy to have my health and the health of my sons and family put at risk by the continued addition of fluoride to our water supply.

Since it is for the teeth of our children, keep it in the tooth paste where it is most effective: when brushed directly on the teeth.

**I ask the Council to include the discontinuation of water fluoridation in its 2010 Annual Plan.**

Thank you,

Bassim Haddad

**Josie Askin**

**From:** Kristina Nelson [Kristina.Nelson@tec.govt.nz]  
**Sent:** Tuesday, 20 April 2010 11:34 a.m.  
**To:** BUS: Annual Plan  
**Cc:** Mark Atkin  
**Subject:** Annual Plan submission

21 APR 2010

SUBMISSION  
NUMBER

015

Submission on Annual Plan  
 I do wish to be heard on this submission.

Kristina Nelson, 54 David Cres, Karori, Wellington 6012, 04-971-6668

19 April 2010

The Mayor and Councillors  
 Wellington City Council

### Fluoridation of Wellington water

Dear Mayor and Councillors,

I fully support the submission from the Fluoride Action Network NZ (Inc) (FANNZ).  
 In addition to the points raised by the FANNZ I would like to make the following submission:

I am totally against mass medication for the unproven benefit of a few. Therefore each week we drive from Karori to Petone to fill two 20-litre containers with untreated water to use for drinking and cooking. We had to start this habit when our then babies needed to be bottle fed. Baby formulas are not recommended to be made with fluoridised water.

"Friendly" dentists and dental nurses have repeatedly warned us against giving the children untreated water, yet at each visit they have to concede that our teeth, in particular those of our two now primary school aged children, are exceptionally good.

For the health of our teeth in our family we limit sweets and brush our teeth regularly. We do not need to drink fluoridised water with its many adverse effects.

If the Government and Council would like to bring fluoride to people who are not able to look after their teeth for whatever reasons, education surely would be a better action plan.... (Or maybe fluoride could be added to sweets and junk food, which those very same people are more likely to consume in great quantities... ☺ - actually in Indonesia sugar is fluoridised.)

I therefore ask the Council to incorporate one of the following in its Annual Plan:

- 1) (Recommended) End water fluoridation permanently, and pass a by-law prohibiting the use of the public water supply for medical intervention purposes

OR

- 2) Suspend water fluoridation indefinitely, until such time as the international scientific community has reached a consensus that water fluoridation is safe, and can adduce a significant body of scientific evidence of benefit that meets the standard classified as "A" by the York Review Board in its systematic review published in 2000.

Thank you for considering my submission

21/04/2010

Regards

**Kristina Nelson**

:: DDI: 04 462 5285 Fax: 04 499 2153

:: Cell: 021 128 0302

:: [Kristina.Nelson@tec.govt.nz](mailto:Kristina.Nelson@tec.govt.nz)

This email is only intended to be read by the named recipient. It may contain information which is confidential, proprietary or the subject of legal privilege. If you are not the intended recipient you must delete this email and may not use any information contained in it. Legal privilege is not waived because you have read this email.

**Josie Askin**

21 APR 2010

<b>SUBMISSION NUMBER</b>	016
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**From:** Aaron Pinga on behalf of Info at WCC  
**Sent:** Wednesday, 21 April 2010 1:25 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Submission to Annual Plan

Hello,

Are you able to assist with the customer's enquiry below? If you are able to help, and reply to their email directly, would you please CC the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind Regards,

Aaron Pinga

Online Channel Administrator  
Customer Contact Centre  
Wellington City Council

---

**From:** Ellen Rappenecker [mailto:[ellen\\_rappenecker@yahoo.de](mailto:ellen_rappenecker@yahoo.de)]  
**Sent:** Tuesday, 20 April 2010 8:56 p.m.  
**To:** Info at WCC  
**Subject:** Submission to Annual Plan

**From:** Ellen Rappenecker

**Address:** 102 Grafton Road

Roseneath

Wellington 6011

**Date:** 20. April 2010

I do wish to speak to this submission.

**Subject:** Water fluoridation.

Fluoridation is a violation of human rights. I do not want fluoride in the water I drink, in my bath or in my shower.

I do not want public money spent on this outdated practice. It is mass medication of the public and therefore it is unethical practice, which is banned in most European countries.

21/04/2010

I am not happy to have my health put at risk by the continued addition of fluoride to the water supply.

If people want fluoride they can get it from brushing with fluoride toothpaste or consume food which includes fluoride.

**I ask the Council to include the discontinuation of fluoridation of water in the Wellington Region in its 2010 Annual Plan.**

Thank you,

Ellen Rappenecker

21 APR 2010

SUBMISSION  
NUMBER

018

**Josie Askin**

---

**From:** Adrian Rogers on behalf of Info at WCC  
**Sent:** Tuesday, 20 April 2010 11:37 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Submission on Annual Plan - Tom Holzinger

Hello,

Below is a submission from a member of the public. We will reply to their original email advising them that they will be contacted in due course.

Kind regards,

Adrian Rogers  
Online Channel Administrator  
Customer Contact and Service Centre

-----Original Message-----

From: tommme@tommme.com [mailto:tommme@tommme.com]  
Sent: Tuesday, 20 April 2010 09:55  
To: Info at WCC  
Subject: Submission on Annual Plan - Tom Holzinger

From: Tom Holzinger

Address:

121 Grafton Road  
Roseneath, 6011  
Wellington

Ph. (04) 8017185 (home)  
(04) 3805949 (work)

Date: 20 April 2010

I do wish to speak to this submission.

Subject: Water fluoridation.

Fluoridation is mass medication of the public and therefore it is unethical practice. I do not like to have Council rates spent on adding fluoride in my water, as tap-water is not supposed to be a vehicle of drugs. It's an outdated practice and there's overwhelming weight of scientific evidence today that it's ineffective and more importantly harmful to humans at current levels of fluoride exposure. There is a reason why it is banned in most European countries.

The European Court Ruling also spelled an end to water fluoridation simply because it is medicine

[http://www.ukcaf.org/european\\_court\\_ruling\\_spells\\_an\\_end\\_to\\_fluoridation.html](http://www.ukcaf.org/european_court_ruling_spells_an_end_to_fluoridation.html).

I am not happy to have my health and the health of my family put at risk by the continued addition of fluoride to our water supply.

If people want to take more fluoride than the one they get naturally through their food, there are other options around and this is good so.  
The freedom of choice should stay with the people.

I ask the Council to include the discontinuation of water fluoridation in its 2010 Annual Plan.

Thank you,

Tom Holzinger

Nicola Old

SUBMISSION  
NUMBER

024

**From:** Adrian Rogers on behalf of Info at WCC  
**Sent:** Thursday, 22 April 2010 10:42 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: submission  
**Attachments:** Submission to Council.doc; ATT00001.htm

22 APR 2010

Hello,

Are you able to assist with the customers enquiry below? If you are able to help, and reply to their email directly, would you please **CC** the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind regards,

Adrian Rogers  
Online Channel Administrator  
Customer Contact and Service Centre

---

**From:** Will Moore [mailto:will@cleancut.co.nz]  
**Sent:** Thursday, 22 April 2010 10:05  
**To:** Info at WCC  
**Subject:** submission

Kia ora,

Submission is attached. I will speak.

22/04/2010

## **Submission to Annual Plan**

From: Will Moore

Address: 108 Owen St Newtown

Ph. 027 64 64 671

Date: 22.04.10

I do wish to speak to this submission.

Subject: Water fluoridation.

Fluoridation is a violation of human rights. I do not want fluoride in my water, and do not want Council rates spent on this outdated practice.

I am not happy to have my health (and the health of my family) put at risk by the continued addition of fluoride to the water supply.

If people want fluoride they can get it from brushing with fluoride toothpaste.

I ask the Council to include the discontinuation of fluoridation of in its 2010 Annual Plan.

**Signed**

A handwritten signature in black ink, appearing to be 'Will Moore', written in a cursive style.

SUBMISSION  
NUMBER

028

**Nicola Old****From:** auptonnz@gmail.com on behalf of Andrew Upton [aupton@clear.net.nz]**Sent:** Wednesday, 21 April 2010 10:30 p.m.

22 APR 2010

**To:** BUS: Annual Plan**Subject:** Written Submission on Annual Plan**Written Submission on Annual Plan**

From:

Andrew Upton

87 Waripori Street

Berhampore

Wellington

21 April 2010

I do wish to speak to this submission. Fluoride Action Network NZ will be speaking on my behalf.

**Fluoridation of Wellington**

Dear Mayor and Councillors,

I have recently discovered that I have a chemical intolerance to fluoride, such that use of fluoridated water had caused him to suffer from chronic fatigue symptoms. My symptoms included headaches, swollen glands, fuzzy head similar to a hangover and chronic fatigue after any physical exertion. Rehabilitation training over a period of five years had failed to correct my condition, until I ceased using fluoridated water for drinking and cooking.

I have made full recovery from this condition since removing fluoridated water (and food and beverages made with fluoridated water) from my diet. My wife and I now source uncontaminated water for drinking and cooking from the Petone public facility.

This also means we cannot dine at any Wellington restaurants or eat food that contains water in the ingredients list without risking a relapse of my symptoms.

I was unable to work full time for a period of five years whilst I suffered from this condition. Throughout this period I was under the care of my GP and underwent several medical and fitness assessments to provide evidence to my insurance company of my inability to work full time. Documented reports are available if requested.

We are currently looking to buy a home in Wellington. To make our life easier, we need to buy in a non-fluoridated area, such as Petone or Paekariki. This limits our options somewhat.

23/04/2010

I understand that research has shown since 1961 that an estimated 1% of the population has some level of intolerance to fluoride. Typical symptoms have been documented for over 50 years. I also note that the Public Health Commission in 1995 recommended this issue be studied, but the Ministry of Health refuses to do so. I also understand that medical schools do not teach doctors to recognise fluoride toxicity, so I consider myself lucky to have stumbled across information that pointed me towards a non-fluoridated water trial, as it has changed my life. I will never again be consuming fluoridated water.

As a result of my situation I have studied information on fluoridation.

It is my assessment that the evidence shows that fluoridation is not effective in reducing tooth decay.

More importantly, it is my assessment that the risk of adverse health effects has been well demonstrated in the scientific literature, and this risk far outweighs any minimal benefit that may be claimed to teeth.

I also consider that fluoridation is mass medication, in breach of my rights not to be medicated. It is simply not possible to avoid fluoride in all cases, as it gets into food and beverage products without labeling requirement.

As found by the South Hampshire Council's 2008 review, there are effective means of reducing tooth decay that do not pose the risks of fluoridation (whether fluoridation is effective or not). This is demonstrated by the Canterbury DHB's highly successful initiative to get Christchurch children to visit school dental clinics, operating since 2000, and the Northland DHB's school teeth-brushing programme, described as "a huge success" by the responsible officer.

### **Requested action**

I ask the Council to incorporate one of the following in its Annual Plan:

1. (Recommended) End water fluoridation permanently, and pass a by-law prohibiting the use of the public water supply for medical intervention purposes

OR

2. Suspend water fluoridation indefinitely, until such time as the international scientific community has reached a consensus that water fluoridation is safe, and can adduce a significant body of scientific evidence of benefit that meets the standard classified as "A" by the York Review Board in its systematic review published in 2000

### **Recent developments**

- Proof of the link between fluoride and Osteosarcoma (Randhu et al 2009)
- Increase in premature birth rates, increasing infant mortality (State University of New York)
- Proof of absence of benefit (Kumar 2009, *Journal of the American Dental Assn*)
- Link with heart disease (Ercan Varol *et al*, 2010)
- Confirmation of increased lead uptake with silicofluorides (Sawanna *et al*, 2010)

### **Developments since 1995**

Since 1995 internationally published peer-reviewed research has demonstrated the following adverse health effects from fluoride at current levels of exposure:

- Neurotoxicity, including lowered IQ
- Reduced thyroid functioning
- Pineal gland accumulation, altering melatonin production
- Interruption of cell communication mechanisms, including effects such as abnormal cell replication
- Alzheimer-like effects on the brain
- Increased bio-accumulation of ambient lead, increasing susceptibility to lead neurotoxicity
- A 500 – 700% increase in osteosarcoma (bone cancer) rates in boys exposed to fluoridation between the ages of 6 and 10.

SUBMISSION  
NUMBER

029

22 APR 2010

**Nicola Old**

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**From:** Adrian Rogers on behalf of Info at WCC  
**Sent:** Thursday, 22 April 2010 2:12 p.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Submission to Annual District Plan

Hello,

Below is a submission from a member of the public. We will reply to their original email advising them that they will be contacted in due course.

Kind regards,

Adrian Rogers  
Online Channel Administrator  
Customer Contact and Service Centre

-----Original Message-----

**From:** iont@paradise.net.nz [mailto:iont@paradise.net.nz]  
**Sent:** Thursday, 22 April 2010 11:09  
**To:** Info at WCC  
**Subject:** Submission to Annual District Plan

Submission to Annual District Plan.

**From:** Tony Mueller

Address 3 B Columbia Way  
Kingston  
Wellington

Date

I do wish to speak to this submission.

**Subject:** Water fluoridation.

Having researched the most up to date information on water fluoridation, I have come to the view that this practice is not effective in reducing tooth decay, and poses significant general health risks.

I am not happy to have my health (and the health of my family) put at risk by the continued addition of fluoride to the water supply.

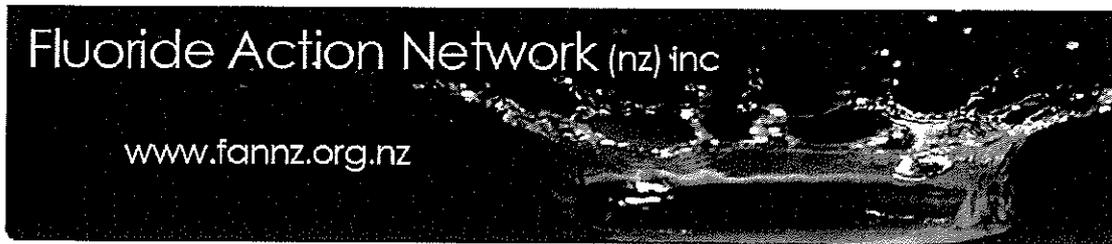
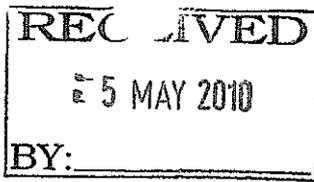
If people want fluoride they can get it from brushing with fluoride toothpaste.

I do not want fluoride in my water, and do not want Council rates spent on this outdated practice.

I ask the Council to include the discontinuation of fluoridation of the Wellington water supply in its 2010 District Plan.

Signed

Tony Mueller



## Submission on Annual Plan

This submission is from a group, on behalf of its members in the Wellington City area. We wish to be heard on this submission.

Fluoride Action Network NZ (Inc)  
C/- 5 Tarras Grove  
Lower Hutt

4<sup>th</sup> May 2010

Prepared on behalf of the committee by:

Mark Atkin  
Mary Byrne

Endorsed by:

Dr Kevin Baker MB BS  
Kapii

Dr Mike Godfrey MB BS  
Tauranga

Dr Lawrie Brett BDS  
Whangarei

Dr John Jukes BDS  
Waipukurau

Contact details:

Ph (04) 9726249 or 027-361-5951  
Email: info@fannz.org.nz

## **Fluoridation of Wellington City**

Dear Mayor and Councillors,

We write on behalf of Fluoride Action Network New Zealand Incorporated (FANNZ), and its members in your district. FANNZ is one of a number of groups of concerned citizens promoting good health by advocating the removal of known toxins from the food chain and environment. To this end FANNZ is actively working toward ending fluoridation in New Zealand. FANNZ is also part of a larger international organisation already comprising a number of the world's leading fluoride researchers, and which is rapidly growing in momentum.

Our members have been researching this subject for over 30 years, and through the international organisations we are kept up to date with what is happening around the world, both scientifically and politically.

We ask the Council to incorporate one of the following in its Annual Plan:

- 1) (Recommended) End water fluoridation permanently, and pass a by-law prohibiting the use of the public water supply for medical intervention purposes

OR

- 2) Suspend water fluoridation indefinitely, until such time as the international scientific community has reached a consensus that water fluoridation is safe, and can adduce a significant body of scientific evidence of benefit that meets the standard classified as "A" by the York Review Board in its systematic review published in 2000

### **The Basis for our Submission**

Water fluoridation is arguably the most controversial health issue in history. The overwhelming weight of scientific evidence today is that it is ineffective and, more importantly harmful to humans at current levels of fluoride exposure.

#### ***Fluoride is now linked to, among other things:***

- lowered IQ
- attention deficit and hyperactivity disorder
- bone cancer in young males
- an increase in cancer rates generally
- arthritis
- thyroid dysfunction
- heart disease and related death
- Increased premature births, with associated increased infant mortality
- Dental fluorosis (the first outward sign of chronic fluoride poisoning). The last two New Zealand studies (2005 and 2008) showed 30% of children in

fluoridated areas have some form of dental fluorosis compared to only 15% in non-fluoridated areas.

We do not seek a referendum on this issue as the Council should act on the fact that fluoridation is causing harm to people in its community and stop doing it. Asbestos, DDT, and leaded petrol were discontinued on the scientific evidence- there was no referendum required for this to happen. There is no reason why fluoridation should be any different.

We also note that the Council has never been given a mandate by the people of Wellington to fluoridate the water. As guardians of the public interest, and custodians of the water supply, it is perfectly within the Council's ability to take the responsible and precautionary approach of ceasing fluoridation.

Further, you may be aware Food Standards Australia New Zealand (FSANZ) has approved packaged fluoridated water to be sold. There is therefore no need to continue fluoridation of Wellington. Those who want fluoridated water will not only be able to buy it but, just as importantly, will be able to control their daily intake (to that which the Ministry of Health considers 'optimal') which they cannot currently do.

## **Key scientific developments**

The key developments in recent times supporting the cessation of fluoridation are as follows.

### **A. Since the beginning of 2009 the following research has been published in international peer-reviewed scientific journals<sup>1</sup>:**

#### **Fluoride causes increased levels of heart disease-related death**

Ercan Varol *et al*, *Science of the Total Environment*, Volume 408, Issue 11, 1 May 2010, Pages 2295-2298

Ercan Varol *et al*, *Biological Trace Element Research*, Volume 133, Number 2 / February, 2010

This research shows fluoride affects the aorta (main artery) and heart in ways that lead to increased heart attacks.

This confirms findings from the earliest days of water fluoridation in the USA that deaths from heart attacks sky-rocketed in the fluoridated communities, compared with the non-fluoridated ones. This is shown by official US government data.

The heart beat rate slows, and heart rate abnormalities increase, in direct proportion to increasing fluoride levels. This occurred at the relatively low fluoride levels that cause symptoms mistaken for arthritis, in NZ as elsewhere according to WHO.

#### **Confirmation of increased lead uptake with silicofluorides**

By Sawana RMM (a), Leite GAS (a), Saraiva MCP (a), Barbosa Jr. F (b), Tanus-Santos JE (c), Gerlach RF (a)

(a) School of Dentistry of Ribeirao Preto, University of Sao Paulo

(b) School of Pharmaceutical Sciences of Ribeirao Preto, University of Sao Paulo

(c) Faculty of Medicine of Ribeirao Preto, University of Sao Paulo

They cite earlier studies by Masters and Coplan.

The authors concluded: "These findings show that fluoride consistently increases blood lead and calcified tissues lead concentrations in animals exposed to low levels of lead and suggest that a biological effect not yet recognized may underlie the epidemiological association between increased blood lead levels in children living in water-fluoridated communities."

Probably anticipating the usual criticism levelled against animal studies of this type, the authors carefully address the issue of the concentrations of both lead and fluoride used in this experiment. They write:

"The concentration of lead was chosen because it produces plasma fluoride levels that are comparable with those commonly found in humans chronically exposed to 8mg/L of

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<sup>1</sup> Some were in e-print pre-release only at the time of preparing this submission

fluoride in the drinking water, which is a concentration known to cause severe fluorosis.”

”Since this study was based on a hypothesis derived from epidemiological evidence from thousands of children (that fluoride from the water might increase blood-lead levels), we felt that we had to maximize fluoride concentrations to observe its influence on lead levels in this proof-of-concept animal study. Children are frequently exposed to high levels of fluoride during their first years because of the many sources of fluoride available to them. Therefore, it is likely that young children may experience episodes of exposure to high levels of fluoride, which may cause their blood lead levels to increase and produce more lead toxicity.”

”A reason for major concern is the fact that exposure to increased amounts of lead and fluoride occurs at about the same age (1-3 years).”

### **Increase in premature births<sup>2</sup>**

Fluoridation causes more premature births, one of the top causes of infant death in the USA. It poses the greatest risk to poor non-white mothers and babies. This is the finding State University of New York researchers from data spanning 1993 to 2002.

Research in Chile in the 1970s also showed fluoridation caused an increase in infant death rates. Chile stopped fluoridation as a result.

A baby born at least 3 weeks early is classified as premature – accounting for about 12 percent of US births.

To ensure fluoridation was the culprit, and not some other factor, the researchers recorded fluoridation residence status (under or over 1 ppm) and adjusted for age, race/ethnicity, neighbourhood poverty level, hypertension and diabetes.

The data came from the NY Statewide Planning and Research Cooperative System, which collects comprehensive information on patient characteristics and treatment history. The research was conducted within the university’s Department of Epidemiology and Biostatistics, School of Public Health.

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<sup>2</sup> 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>

## Fluoride – bone cancer link confirmed

Blood-fluoride levels are significantly higher in patients with osteosarcoma (bone cancer), according to research published in *Biological Trace Element Research* (April 2009). Osteosarcoma patients were compared with those with other types of bone tumours, and patients with musculo-skeletal pain. Those with osteosarcoma specifically showed increased blood-fluoride levels.

## Dental Association Study Proves Fluoridation is ineffective

Children's cavity rates are similar whether water is fluoridated or not, according to data published in the July 2009 Journal of the American Dental Association by dentist J.V. Kumar of the New York State Health Department.

The data was from 30,000 children, first analysed in 1990. Kumar confirms the analysis of John Yiammouyanis, who showed then that there was no benefit from fluoridation. Errors in the official Government analysis at the time incorrectly claimed an 18% reduction in tooth decay from fluoridation; errors Yiammouyanis exposed.

## 'Fluoride bombs' (occult caries) unintended consequences of fluoridation

“There have been some **unintended consequences** from the introduction of fluoride into the water. The one of relevance to this document refers to the way in which decay operates within a tooth. Fluoride causes a tremendous increase in the hardness of the enamel and a decrease in the solubility of the enamel in response to an acid attack caused by plaque. **Decay does not become so evident to the dentist** as it did previously. Instead of the decay forming an open cavity which was easily visualised and easily felt by a sharp metal probe, decay now tends to start inside a tooth **below the enamel**. This is because the bacteria and saliva can get through at the very fine crack on the surface, we call the fissure, and commence decaying at the softer portion of the tooth inside called the dentine. As a result of this, the decay can go undetected for many, many years and ends up in what dentists refer to now as a 'fluoride bomb'. The inside of the tooth is completely decayed but the outside looks fairly normal. Sometimes there is a slight discolouration evident through the enamel, but often the **decay cannot even be felt with a sharp metal probe** - this is of major concern to dentists because for decades we have relied on diagnosis of decay by feeling the softening of the enamel with a metal probe. We can no longer do this.”<sup>3</sup>

## New Zealand studies.

A dental fluorosis study of Auckland, published in December 2008, showed a doubling of dental fluorosis rates amongst fluoridated children (30%, compared with 15% for their non-fluoridated counterparts) and, significantly, NO difference in tooth decay.

This confirmed the 2005 Southland study, which showed the same rates of dental fluorosis, and also found no difference in decay on a BMFT or percent caries-free basis. (It then conducted an unspecified “multivariate analysis” that claimed there was really an unseen 50% reduction in decay – a claim that is simply not credible if there is no difference in the standard measures.

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<sup>3</sup> Patient Education Brochure # 12 *titled* Fissure Sealants and Preventive Resin Restorations

## **B. Research and Reviews since the Wellington Regional Council's 1992 Review of fluoridation (not listed above)**

Since the Wellington Regional Council's 1992 review there has been a flood of research showing fluoridation is harmful, and has no impact on reducing tooth decay. The most notable are discussed below.

### **Neurotoxicity**

1995. Mullinax et al show that newborn rats exposed to fluoride exhibit either ADD/ADHD symptoms, or lethargy, depending on whether they are exposed to fluoride before or following birth.

1998. Varner et al show that fluoride increases the incidence of amyloid deposits in the brain, typical of Alzheimer's Dementia.

2004 Guan et al show fluoride reduces the number of nicotinic acetylcholine receptors in the brain. Acetylcholine is the body's main neurotransmitter. Earlier research showed that this effect resulted in a raft of neurological disorders, including ADD, epilepsy, Parkinson's, Turette's Syndrome, lowered IQ, etc.

2008 19 studies from China (translated from Chinese) show a direct correlation between fluoride in drinking water and lowered IQ – by up to 5 IQ points.

### ***Developmental Neurotoxicity in children***

Scientific Consensus Statement on Neurodevelopmental Disorder identified that children are more susceptible to neurotoxic damage as the brain is still developing. It identified fluoride as posing a greater risk than could be justified by claims of reduced tooth decay.

Also in 2007 the prestigious medical journal *Lancet* identified fluoride as "an emerging neurotoxin" in this context.

### ***Increase in lead uptake, causing increased lead neurotoxicity***

This work was pioneered by Masters and Coplan (1999) showing higher lead uptake with silicofluorides specifically, as opposed to calcium fluoride or sodium fluoride. Followup population research showed a greater increase in violent, as opposed to non-violent, crime in fluoridated US cities. Lead neurotoxicity causes violent behaviour.

2007 – Masters, Coplan, and others confirm the earlier research.

2010 - this is confirmed by Sawana et al:

"Fluoride increases lead concentrations in whole blood and in calcified tissues from lead-exposed rats" *Toxicology*, February 2010.

## Cancer

### ***Osteosarcoma***

2006 – Bassin demonstrated that boys, but not girls, exposed to fluoridated water between the ages of 6 and 10 have a 500-700% increased risk of developing osteosarcoma (a usually fatal form of bone cancer) in their teenage years. This confirmed an earlier study by the New Jersey Department of Health (1992)

No research has ever contradicted Bassin's findings.

2009 research published in *Biological Trace Element Research*<sup>4</sup> showed that blood-fluoride levels are significantly higher in patients with osteosarcoma (bone cancer).

The researchers measured blood fluoride levels in three equal groups of age-matched and sex-matched patients. Group one had osteosarcoma; group two had non-osteosarcoma bone tumors; and group three had musculo-skeletal pain.

They concluded "(T)his report proves a link between raised fluoride levels in serum and osteosarcoma," (emphasis added)

(Approximately six NZ teenage males die each year from osteosarcoma. On the weight of evidence, it appears the majority are due to fluoridation.)

### *Cell replication mechanism disruption*

1999/2003 – Strunecka et al showed that the aluminium-fluoride complex mimics Guanine Triphosphate, involved in signalling the body to replicate cells that have died. This means cells are replicated even though none has died. This uncontrolled cell replication is the basis of cancer.

### **Heart disease deaths related to fluoride exposure**

Elevated blood-fluoride levels lower available body calcium. Low calcium is directly related to impaired heart function. Extremely low calcium causes cardiac arrest. This is how lethal doses of fluoride (about 2 teaspoons) work – by starving the heart of calcium until it stops.

Research published in 2010 shows fluoride affects the aorta (main artery) and heart in ways that lead to increased heart attacks.<sup>5</sup> (This refutes claims by fluoridation promoters that fluoride does not accumulate in soft tissue – it does, particularly arteries, ligaments, skeletal muscle, and the brain.)

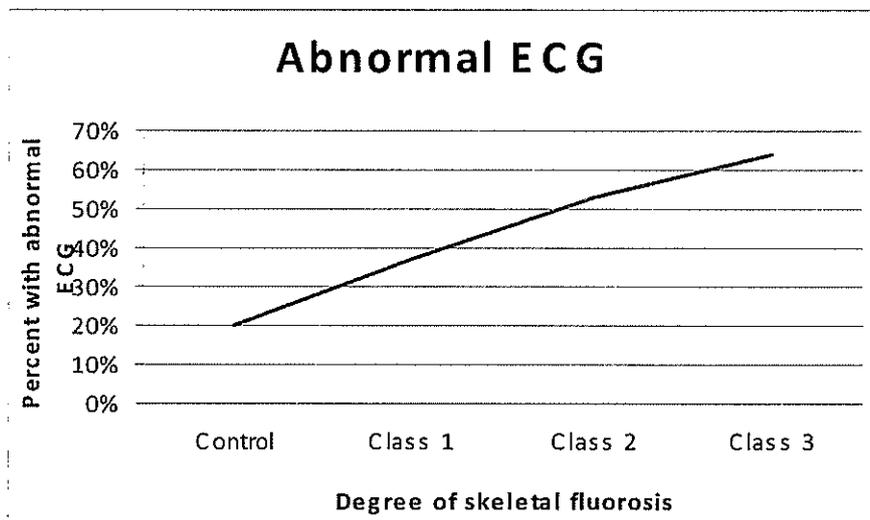
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<sup>4</sup> Randhu R, Lal H, Kundu ZS, Kharb S, "Serum Fluoride and Sialic Acid Levels in Osteosarcoma," *Biological Trace Element Research* Apr 24, 2009 [Epub ahead of print]

<sup>5</sup> Ercan Varol et al, *Biological Trace Element Research* Feb 2010, *Science of The Total Environment* May 2010

This confirms earlier studies showing high blood-fluoride levels have an effect on body calcium, leading to calcification of the aorta and other arteries.<sup>6,7</sup>

Further research shows that the heart beat rate slows, and heart rate abnormalities increase, in direct proportion to increasing fluoride levels. This occurred at the relatively low fluoride levels that cause symptoms mistaken for arthritis, in NZ as elsewhere according to WHO. Fluoride accumulates over a period of 20 to 40 years to reach the "Class 1" level (that has this effect), shown in the chart below. Arsenic and fluoride (both high in the water supplies under study) were seen to be able to exert toxic effects independently. Fluoride's effects were evident at water at levels of 0.2 mg/L or more of fluoride.<sup>8,9</sup>



In laboratory studies, cultured myocardial cells of mice were adversely affected by fluoride.<sup>10</sup> Statistically significant increases in the concentrations of sodium and potassium, and decreases in calcium and phosphorus concentrations were observed in rats given fluoride.<sup>11</sup>

While many studies quoted here were conducted in areas with high fluoride levels in drinking water, total fluoride exposure today is at a similar level. Further, since fluoride is a cumulative poison, lower levels of fluoride will have a more subtle long-term effect, thus increasing heart problems – still the number one killer in our society.

<sup>6</sup> Song et al "Observations on fluorotic aorta sclerosis by two-dimensional echo cardiography" *Endemic diseases Bulletin* 5, 1990, (1) 91-93

<sup>7</sup> Liang et al "Investigation and analysis of cardiovascular disease in endemic and non-endemic fluorosis areas" *He Bei Province Journal of Endemiology* 12, (1984) 44.

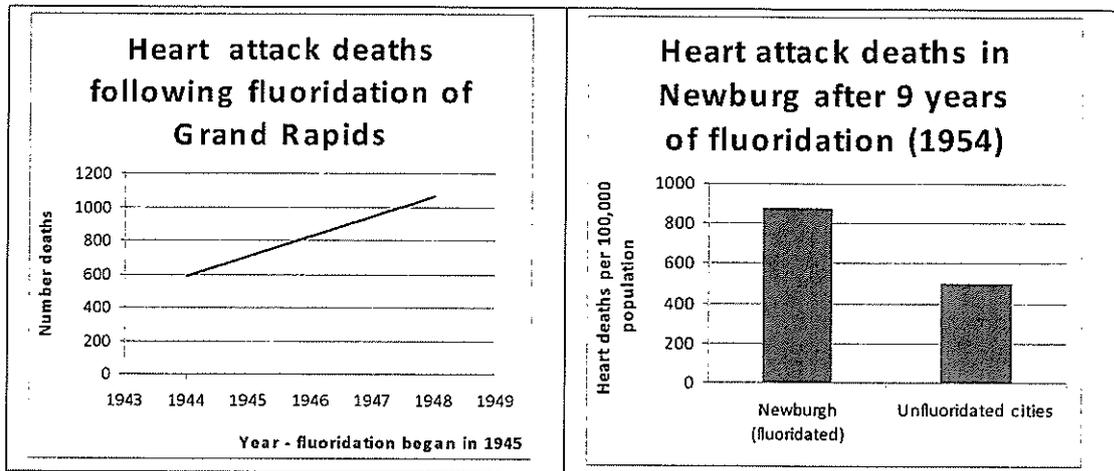
<sup>8</sup> Wang et al, "Toxicity From Water Containing Arsenic and Fluoride in Xinjiang" *Fluoride* Vol. 30 No. 2 81-84 1997

<sup>9</sup> Teitz N., *Clinical Chemistry*, W B Saunders, Philadelphia. 1976.

<sup>10</sup> Qin CD et al "Effect of fluoride on spontaneous electrical activity of cultured myocardial cells" *Chinese Journal of Endemiology* 7, 1988, (5) 270-273

<sup>11</sup> R. J. Verma and D. M. Guna Sherlin "Hypocalcaemia in parental and F<sub>1</sub> generation rats treated with sodium fluoride" *Food and Chemical Toxicology* Volume 40, Issue 4, April 2002, Pages 551-554

This research confirms findings from the earliest days of water fluoridation in the USA that deaths from heart attacks sky-rocketed in the fluoridated communities, compared with the non-fluoridated ones:



Japanese researchers found that children with dental fluorosis have a higher incidence of heart damage than those without fluorosis.<sup>12</sup> Chinese researchers showed an increase in abnormal heart rhythm in patients with dental fluorosis.<sup>13</sup>

NZ studies show twice as many children in fluoridated areas have dental fluorosis than do non-fluoridated children. This epidemic of dental fluorosis in NZ shows that even our children are at risk of heart problems from fluoridation.

### Accumulation in the pineal gland

In 2001, Luke<sup>14</sup> showed that fluoride accumulates in the pineal gland (up to 21,000 ppm). She had previously shown, in 1997, that such accumulation reduces melatonin production by the gland, resulting in earlier onset of puberty. For girls, this increases the risk of breast cancer, as the risk is related to the time period between first menstruation and first pregnancy.

Earlier onset of menstruation in girls was also identified in fluoridated Newburgh compared with non-fluoridated Kingston (by 5 months) in the original 1945-1955 trial.

Melatonin is also involved in sleep cycles. Disrupted sleep causes reduced immunity to disease.

<sup>12</sup> *The Lancet*, Jan. 28, 1961, p. 197, Tokushima J. *Exper., Med.* 3-50-53, 1956

<sup>13</sup> Wang et al, "Toxicity From Water Containing Arsenic and Fluoride in Xinjiang" *Fluoride* Vol. 30 No. 2 81-84 1997

<sup>14</sup> J Luke "Fluoride Deposition in the Aged Human Pineal Gland" (2001) 35 *Caries Res* 128.

## Dental fluorosis

Wong et al showed from Hong Kong records that even small changes in fluoridation levels cause measurable changes in dental fluorosis rates (levels were 1ppm, 0.7ppm, and 0.5ppm).

### *Dental fluorosis and bone abnormality and fracture*

1993 - Polish pediatricians found abnormal bone changes in 11 to 15 year-olds exhibiting dental fluorosis.<sup>15</sup>

2000 - A British Medical Journal study reports that older white women from fluoridated communities have a 32% higher rate of wrist fracture.<sup>16</sup>

2001 - A Mexican study also links dental fluorosis to increased bone fractures.<sup>17</sup>

2001 - A Rheumatology International study links naturally fluoridated water to knee osteoarthritis in amounts many Americans consume daily.<sup>18</sup>

2006 - Wrist x-rays reveal that 96% of Tibetan children with dental fluorosis had "developmental skeletal abnormalities" including carpal bone hardening or thickening<sup>19</sup>.

## Two Significant Scientific Reviews

### *The York Review 2000*

The review was funded by the UK Health Department, to "prove once and for all that fluoridation is safe and effective". It was not allowed to examine laboratory studies or medical case histories – only population studies. It limited its study of adverse health effects to cancer, hip fracture, and dental fluorosis.

It examined over 3000 studies – every fluoridation study that could be found. It rejected over 90% as scientifically worthless. The remainder were of only "moderate reliability". There were no "A Grade" studies.

It found no evidence that fluoridation improved social equity in dental health.

Of the studies on benefit 1 showed more decay with fluoridation, 10 showed no difference, and 19 claimed widely varying levels of benefit. The review concluded that to

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<sup>15</sup> Chlebna-Sokól D, Czerwinski E, "Bone structure assessment on radiographs of distal radial metaphysis in children with dental fluorosis," *Fluoride*, 1993 26:1, 37-44.

<sup>16</sup> <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=27493&rendertype=table&id=T4>

<sup>17</sup> M Teresa Allarcon-Herrera et al, "Wellwater Fluoride Dental Fluorosis And Bone Fractures In the Guadiana Valley of Mexico" *Fluoride* 2001 Vol.34 No.2 139-149

<sup>18</sup> "Endemic fluorosis in Turkish patients: relationship with knee osteoarthritis," *Rheumatology International*, 2001 Sep;21, by Savas S, Cetin M, Akdogan M, Heybeli N  
[http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=11678300&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11678300&dopt=Abstract)

<sup>19</sup> Jin Cao, Yan Zhao, Yi Li, Hui Jun Deng, Juan Yi and Jian Wei Liu, "Fluoride levels in various black tea commodities: Measurement and safety evaluation," *Food and Chemical Toxicology Volume 44, Issue 7, July 2006, Pages 1131-1137*

quote the numeric average (of 14.7%) as if it were a proved benefit was scientifically invalid due to the poor quality and wide range of results. Nevertheless, this is exactly what fluoridation proponents continue to do.

The Chair made the following comments:

*"The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. Until high quality studies are undertaken...there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation".*

*"The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed. The review found water fluoridation to be significantly associated with high levels of dental fluorosis, which was not characterised as just a 'cosmetic issue'."*

An article in the British Medical Journal stated that fluoridation promoters continue to misrepresent the York Review findings, and to selectively quote unreliable studies in support of their claims.

#### **US National Research Council (NRC) 2006**

A 3 year review by the US National Research Council could find no level of fluoride exposure that was safe. The panel comprised 12 respected scientists from a range of disciplines including dentistry and toxicology.

- The NRC advised that the following groups were at special risk:
  - Infants
  - Diabetics
  - Those on dialysis
  - Those with impaired kidney function, including the elderly
  - Those with high water consumption, such as outdoor workers and sports people

These 'high risk' groups comprised over 40% of the NZ population in the 2006 census.

## **No benefit from fluoridation**

### ***No benefit to adults.***

2007 - A review by Griffin et al,<sup>20</sup> commissioned by fluoridation promoters the US Centers for Disease Control, found no reliable research to support the claim that fluoridation benefits adults.

The review was of the existing (unreliable) research; not research itself. Griffin's opening statement is "To date, no systematic reviews have found fluoride to be effective in preventing dental caries in adults."

Echoing the York Review it continues: "There is a clear need for further well designed studies on the effectiveness of fluoride among adults."

### ***Fluoride's theory of action proven wrong***

1999 – Featherstone establishes that the original theory – that fluoride worked through the blood, nourishing the tooth enamel as it was forming in infancy – was wrong. He determined that fluoride is incorporated into the tooth enamel by surface action only, such as when using fluoride toothpaste. Five international studies show that fluoridated water is too weak to have such effect.

The two key US fluoridation promoters – the US Public Health Service (Centres for Disease Control) and the American Dental Association publish acknowledgement that that there is little if any benefit from drinking fluoridated water, but publicly continue to promote fluoridation as beneficial.

2004 - Armfield and Spencer *Community Dentistry And Oral Epidemiology* Volume 32 Issue 4 Page 283 - August 2004

This study showed there was no accumulated benefit from fluoridation after age 12. Any apparent benefit was only temporary. It did not analyse for delayed tooth eruption, for which there is some evidence. They found that the main determinant of tooth decay was socioeconomic status, regardless of fluoridation.

2009 Kumar, *Journal of the American Dental Association*, July 2009

This study re-analysed US National Institute of Dental Health data for 39,000 children. It found no difference in tooth decay rates between fluoridated and non-fluoridated communities.

### ***New Zealand studies***

1998 – De Liefde, *NZ Dental Journal*

De Liefde showed that there was no clinically significant difference in tooth decay between fluoridated and non-fluoridated communities. She also showed that tooth decay

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<sup>20</sup> (S O Griffin, E Regnier, P M Griffin, V Huntley (2007) "Effectiveness of Fluoride in Preventing Caries in Adults", *Journal of Dental Research* 86(5): 410 - 415)

had reduced at exactly the same rate between 1985 and 1995 in fluoridated and non-fluoridated communities alike.

#### *2004 - Wellington-Canterbury study*

Lee and Dennison published the "Wellington-Canterbury study", which claimed to show benefit from fluoridation. However the use of Wellington invalidates the study as Wellington has less decay than any other NZ community, fluoridated or not. The study actually has about 12 critical design flaws, and has never been accepted for publication in an international peer-reviewed journal.

The authors did not use random data, but selected which data they would use, knowing which were from fluoridated or non-fluoridated children. They then destroyed the raw data, so no one can check their analysis. (Note: this was published at the same time as the internationally published Armfield and Spencer study, which showed no benefit).

#### *2005 – Southland study.*

This study showed double the dental fluorosis rates in fluoridated children compared with non-fluoridated children. It found no difference in decay rates on either a DMFT or percent caries-free basis.

#### *2008 – Auckland study*

As with the Southland study, this study showed double the dental fluorosis rates in fluoridated children compared with non-fluoridated children. It unequivocally found no difference in decay rates.

#### *2009 – Far North study*

This study followed the 2 year fluoridation trial in Kaitaia and Kaikohe. The fluoridation equipment never worked properly, rarely delivering anywhere near the required level of fluoride.

The best improvement in dental health occurred in non-fluoridated communities. The authors falsely claim that this study, of a mere handful of children, proves the benefit of fluoridation, when well conducted studies of thousands of children over 10 year periods show none.

The design flaws with this study are too numerous to detail. To date the Northland DHB has refused to submit the data for independent peer-review.

#### *Ministry of Health oral health data*

The Ministry of Health has published school dental data for 5-6 year olds and Year 8 (approx 12 year olds) since 2000. This is raw data – it does not allow for the higher socioeconomic (SE) status of fluoridated communities. SE status can cause up to 150% increase in tooth decay.

Wellington and Auckland have the 2 highest SE ratings in NZ and account for over one third of the population. Being fluoridated, they will skew the results in favour of the fluoridated communities.

In spite of this, there is no consistent difference in decay rates. Some areas have less decay in fluoridated 5 year olds, but more decay in fluoridated 12 year olds, and vice versa. Overall, there is ½ a DMFT (in practice ½ a filling) less decay in the high SE/fluoridated communities. If SE were adjusted for, it may well be that there would be more decay in fluoridated areas – it is impossible to say. But the real difference is less than ½ DMFT.

### **Further studies**

It has also been demonstrated that approximately 1 percent of the population has a chemical intolerance to fluoride. This equates to approximately 1000 people in Hutt city. A letter to the Kapiti Coast Mayor from an individual so diagnosed by his doctor is attached.

We have also become aware of a Wellington man who was incapacitated with chronic fatigue a year ago. Since obtaining non-fluoridated Petone water for drinking and cooking he has made a full recovery. However, he cannot eat a single meal made with fluoridated water or he begins to relapse. How many others in the Council's territory are still suffering as a result of fluoridation?

Individuals in Australia and the USA have been similarly diagnosed, as has one of FANNZ' committee members. Typical symptoms have been documented for over 50 years, including in Hastings residents following fluoridation in 1954, and in Windsor, Canada, even though fluoridation had begun without public knowledge.

As found by the South Hampshire Council's 2008 review, there are effective means of reducing tooth decay that do not pose the risks of fluoridation (whether fluoridation is effective or not). This is demonstrated by the Canterbury DHB's highly successful initiative to get Christchurch children to visit school dental clinics, operating since 2000, and the Northland DHB's school teeth-brushing programme, describes as "a huge success" by the responsible officer.

The following statements have been made by the named bodies:

### ***Scientific Consensus Statement 2007***

The Scientific Consensus Statement on Environmental Agents Associated with Neurodevelopmental Disorders, November 2007, published by the Collaborative on Health and the Environment's Learning and Developmental Disabilities Initiative, concluded that it was not clear that any benefits from fluoridation outweighed the risks of harm, and that "*Given the serious consequences of learning and developmental disabilities, a precautionary approach is warranted to protect the most vulnerable of our society.*"

The consensus statement outlines the current scientific understanding of the links between environmental factors and learning and development disabilities.

### ***The Lancet 2007***

The independent medical journal *The Lancet* described fluoride as "an emerging neurotoxic substance" in 2007.

The highly respected and independent (on the issue of fluoridation) US Environment Working Group has stated "There is more evidence against fluoridation today than we had against DDT when it was banned." Richard Wiles, EWG's Senior Vice President, told the British newspaper *The Observer*:

"I've spent 20 years in public health trying to protect kids from toxic exposure. Even with DDT, you don't have the consistently strong data that the compound can cause cancer as you now have with fluoride."

"The safety of fluoride in America's tap water is a pressing health concern .... the weight of the evidence strongly supports the conclusion that millions of boys in these [fluoridated] communities are at significantly increased risk of developing bone cancer as a result."<sup>21</sup>

### **No safety testing of silicofluorides**

2003 The US EPA, responsible for water standards, acknowledged that silicofluorides have never been tested for human health safety.

## **C. Other considerations**

### **Councils' need for up-to-date information**

These are very serious health concerns, resulting in an increasing need for the authorities responsible for the clean supply of water to their populations, to study the latest information. The amount of scientific research published since 1995 on the dangers, and lack of benefit, of water fluoridation is overwhelming. The documented dangers far exceed the list above.

The Council needs the most up to date information if it is to make a robust decision. It will not get such information from the DHB. All DHBs have been directed by the Minister of Health to implement fluoridation without relent, and to "rebut all statements made against fluoridation". "All" necessarily includes true statements, as acknowledged by the State Services Commission, and considered inappropriate by the Commission.

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<sup>21</sup> "Fluoride water 'causes cancer'," by Bob Woffinden, June 12, 2005, *The Observer*  
[http://observer.guardian.co.uk/uk\\_news/story/0,6903,1504672,00.html](http://observer.guardian.co.uk/uk_news/story/0,6903,1504672,00.html)

**Councillors should note that:**

- Time Magazine (April 2010) listed fluoride as one of the top ten household toxins
- Belgium has banned all fluoride supplements; not just water fluoridation
- Fluoridation is illegal in Sweden and the Netherlands, and rejected by all continental European Governments, apart from a few communities in Spain
- It is internationally accepted that fluoride's benefit is entirely or almost entirely by surface action, not from fluoridating water, which does not have a surface effect.
- Hawaii has passed a bylaw making fluoridation illegal
- Quebec ceased fluoridation on 1 April 2008
- Since the ADA's infant formula warning several US communities have either dropped plans to fluoridate, or stopped fluoridating the water supply
- Juneau, Alaska, stopped fluoridation in 2008 and put the question to referendum. The vote was overwhelmingly against fluoridation.
- The Ministry of Health concedes that perfectly reputable scientists hold a view, based on the internationally published research and literature, opposing that of the Ministry (that is, opposed to fluoridation).

**Exposure to Legal Action**

A class action lawsuit is currently being prepared in the USA, by a leading law firm specialising in class action suits, to be filed against all organisations and individuals imposing or promoting fluoridation. Class action is also being prepared in Australia. Fluoride Action Network (NZ) will shortly circulate key research information, fully referenced, for one purpose: to ensure that, when a class action suit is filed in NZ, those who receive that information will not be able to claim a 'good faith' defence, nor that they were just following the Ministry of Health's position on the unsubstantiated basis that the Ministry are supposedly the experts on fluoridation.

It is not a question of 'if' Councils that fluoridate their water and do not warn the public of health risks will be sued; it is a question of 'when'.

**Attachments:**

- 1) Report on the British Medical Journal article
- 2) Letter from Chairman of York Review (NZ officials cite the York Review as evidence in support of fluoridation)
- 3) Address by Lord Baldwin, of the advisory committee to the York Review Board
- 4) Excerpts from "Second Thoughts about Fluoride", *Scientific American*, including statement by the Chair of the National Research Council Review Board.
- 5) Consensus statement on harm to children (summarised).
- 6) South Island data.
- 7) "Fluoride-Gate" article – law suits.
- 8) Dr Kathleen Theissen, NRC Review Panel member, on the applicability of the NRC Review to fluoridation in New Zealand.
- 9) Southampton Council Report 2008 – (summarised).
- 10) UK Councils Against Fluoridation's submission on the proposed fluoridation of Southampton.
- 11) Christchurch Press article on the "Lift the Lip" programme, reducing tooth decay without fluoridation
- 12) Letter from Kapiti resident with doctor-certified chemical intolerance to fluoride.

# Government selectively uses unreliable evidence to promote water fluoridation - senior UK doctors state

**British Medical Journal, October 5, 2007**

In the British Medical Journal, Sir Iain Chalmers, editor of the James Lind Library (set up to help people understand the evidence base of medicine), KK Cheng, professor of epidemiology at Birmingham University, and Dr Trevor Sheldon, professor and pro-vice-chancellor at York University (and Chair of the York Review Board), accuse the government of "one-sided handling of the evidence". They add that "the Department of Health's objectivity is questionable", pointing out that until 2006 it funded the widely reviled British Fluoridation Society, set up in 1969 to politically push for fluoridation.

It should be noted that the NZ Ministry of Health conducts no independent research on fluoridation, and bases its position on that of other pro-fluoridation governments such as the British Government. In fact it sends representatives to meet with such governments to ensure consistent quoting of "supporting" science, and consistent spin in denying opposing science.

In 1999, the Department of Health commissioned a systematic review of the evidence by York University. "The reviewers were surprised by the poor quality of the evidence and the uncertainty surrounding the beneficial and adverse effects," they write.

But the Department of Health used the York findings "selectively", they advise, "to give an over-optimistic assessment of the evidence in favour of fluoridation." The Department commissioned research on the effects of water in which fluoride naturally occurred, but on only 20 people. This, together with the selective use of the York review, formed the basis of the government's safety claims, they say. Even the studies attempting to show benefits to teeth were few and inconsistent. The rate of dental caries caused by tooth decay has dropped substantially both in countries which have added fluoride and those which have not.

Studies on the side-effects of fluoride in water were low-quality and it is hard to estimate how many people would suffer mottled teeth, and not possible to reach conclusions on other alleged harm, such as bladder cancer and bone fracture, they say. "There is no such thing as absolute certainty on safety," they write.

*FANNZ' notes: It is important to note that the York Board was instructed only to examine epidemiological (population) studies. The US National Research Council's 3 year Review, published in 2006, examined laboratory studies also, and established risks from*

*fluoridation to a range of population sub-groups (comprising at least 40% of the population in NZ).*

*In 2007 The Lancet the oldest and highly respected independent medical journal, described fluoride as "an emerging neurotoxin" along with the rocket fuel, perchlorate.*

**DEPARTMENT OF  
HEALTH STUDIES**

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**Professor Trevor A. Sheldon**  
**Head of Department**

In my capacity of chair of the Advisory Group for the systematic review on the effects of water fluoridation recently conducted by the NHS Centre for Reviews and Dissemination the University of York and as its founding director, I am concerned that the results of the review have been widely misrepresented. The review was exceptional in this field in that it was conducted by an independent group to the highest international scientific standards and a summary has been published in the British Medical Journal. It is particularly worrying then that statements which mislead the public about the review's findings have been made in press releases and briefings by the British Dental Association, the British Medical Association, the National Alliance for Equity in Dental Health and the British Fluoridation Society. I should like to correct some of these errors.

**1** Whilst there is evidence that water fluoridation is effective at reducing caries, the quality of the studies was generally moderate and the size of the estimated benefit, only of the order of 15%, is far from "massive". *(Editor's note: This is saying the studies were not classified as "reliable" – see 7 below. Also, the studies did not allow for the 1 year delay in tooth eruption caused by fluoridation, giving a false impression of "benefit". The 15% difference equates to 1 person in 2 having 1 less filling.)*

**2** The review found water fluoridation to be significantly associated with high levels of dental fluorosis which was not characterised as "just a cosmetic issue".

**3** The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed.

**4** There was little evidence to show that water fluoridation has reduced social inequalities in dental health.

**5** The review could come to no conclusion as to the cost-effectiveness of water fluoridation or whether there are different effects between natural or artificial fluoridation.

**6** Probably because of the rigour with which this review was conducted, these findings are more cautious and less conclusive than in most previous reviews.

**7** The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. **Until high quality studies are undertaken providing more definite evidence, there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation.** *(Emphasis added – Ed)*

(Signed) T.A. Sheldon,  
Professor Trevor Sheldon, MSc, MSc, DSc, FMedSci.

## British Lord Criticizes Dental Authorities for Misinforming Public about York Review

**Note:** *The following transcript can be accessed at <http://www.parliament.uk>*

### House of Lords Debate on the Queen's Speech:

Earl Baldwin's statement, 13-12-2000.

**Earl Baldwin of Bewdley:** *6.35 p.m. 13 Dec 2000 : Column 427.....* I turn lastly to the vexed matter of water fluoridation. In the 1999 White Paper, *Saving Lives: Our Healthier Nation*, the Government announced that they were setting in motion an

*"up-to-date expert scientific review of fluoride and health".*

Possible legislation was foreshadowed. Partly because of the many questions I had tabled on this topic, and the debate in my name in December 1998, I found myself on the advisory board to the review team at the NHS Centre for Reviews and Dissemination at York, in close contact with the scientific process from the summer of 1999 to the publication of the final report on 6th October this year.

The expectation of the dental and medical authorities, and it is fair to say of the Government also, was that the safety and effectiveness of fluoridation would be confirmed. That expectation was disappointed. In addressing the five principal questions that were asked, the report is studded with phrases such as "limited quantity", "moderate quality", "a small number of studies", "needs further clarification", "surprising to find that little high quality research has been undertaken", "insufficient quality to allow confident statements", "not...enough good quality evidence...to reach conclusions". Important gaps in the evidence base were identified.

I pay tribute to the Government for having agreed to institute a high-quality scientific review--the first and only systematic, that is unbiased, assessment of the evidence in half a century of water fluoridation. I pay tribute to them for now taking steps, through the Medical Research Council, to put some much-needed research in hand, not before time. I cannot, however, pay tribute to the dental lobby in the aftermath of the York report.

I am aware that many of your Lordships have had briefings from the British Dental Association, the British Fluoridation Society and/or the National Association for Equity in Dental Health. I am aware, as we all are, that briefings by professional bodies, including professors of dentistry, carry weight with the public, are likely to be believed and therefore bear a particular responsibility for accuracy. These briefings and press releases are little short of extraordinary.

I have collated four pages of statements culled from these documents, with alongside them for comparison quotations from the text of the report itself. I can give the flavour of them in two or three short examples. I have placed copies in the Library for those who would like to read more.

The British Dental Association says,

*"The report confirms that there is clear evidence that fluoridation reduces [decay]";*

the report says,

*"To have clear confidence in the ability to answer [this] question...the quality of the evidence would need to be higher".*

#### **Column 428**

The British Dental Association says,

*"There is no evidence that...fluoridation is linked to cancer, bone disease or any other adverse effect"; and, "The report confirms that fluoridation reduces dental health inequalities";*

the report says,

*"The research evidence is of insufficient quality to allow confident statements about other potential harms [than dental fluorosis] or whether there is an impact on social inequalities".*

The British Fluoridation Society says,

*"If there were any adverse effects...it is inconceivable that the York review would have missed them";*

the York review says,

*"Some possible adverse effects...may take years to develop and so...the relationship may go undetected", and, "High quality research [into adverse effects]...is needed".*

One might have thought, if one did not know that fluoridation had been an article of dental faith for fifty years, that this was simply carelessness. Such a thought is dispelled when one finds a wrong figure quoted for seriously mottled teeth, which could only be cited by the author having read, and misinterpreted, some of the very small print.

This is an important public health issue. It is not the Government who are likely to be misled by such inaccurate statements--at least I hope not--so much as local councils, the public and, dare I say it, Members of Parliament, who have even been urged to put down Questions on this false basis. It is essential to put the record straight. Anyone in doubt about the facts should, as always, go to primary sources. The York report is a long one, but the summary and conclusions are only four pages each and are not hard to understand. I would urge any noble Lord who is thinking of tabling Questions not to rely on briefings, whether from dentists or opponents, but to go to the report itself.

Because I am known to oppose the fluoridation of water, I have taken the greatest care to keep in step with the leading scientists at York and to write and say nothing in interpretation of their report which goes beyond the evidence. I have the permission of Professor Sheldon, the founding director of the NHS Centre for Reviews and Dissemination at York, who chaired the advisory board which oversaw the whole review process, to quote him as follows.

"It is particularly worrying...that statements which mislead the public about the review's findings have been made in press releases and briefings by the British Dental Association, the National Alliance for Equity in Dental Health and the British Fluoridation Society. I should like to correct some of these errors".

He continues:

*"1. Whilst there is evidence that water fluoridation is effective at reducing caries, the quality of the studies was generally moderate and the size of the estimated benefit, only of the order of 15%, is far from 'massive'.*

*"2. The review found water fluoridation to be significantly associated with high levels of dental fluorosis, which was not characterised as just a 'cosmetic issue'.*

#### **Column 429**

*"3. The review did not show water fluoridation to be safe. The quality of the research was too poor to establish with confidence whether or not there are potentially important adverse effects in addition to the high levels of fluorosis. The report recommended that more research was needed.*

*"4. There was little evidence to show that water fluoridation has reduced social inequalities in dental health".*

I shall skip most of what follows and just give Professor Sheldon's final point. He states:

*"The review team was surprised that in spite of the large number of studies carried out over several decades there is a dearth of reliable evidence with which to inform policy. Until high quality studies are undertaken...there will continue to be legitimate scientific controversy over the likely effects and costs of water fluoridation".*

My only questions to the Minister, in the light of the state of the evidence as set out by one of the two principal scientists involved in the review and of these extraordinary briefing papers, are whether the Government still think it appropriate, first, to go on making financial contributions to the British Fluoridation Society, and, secondly, to encourage certain health authorities, as they have said that they would, to consider water fluoridation schemes. The noble Lord would also do me a good turn if he could secure for me a reply from his colleague the Secretary of State to the personal letter I wrote to him on this matter on 5th August, repeated on 7th October, and reminded again on 14th November. With fluoridation, things tend to take a long time.

**Lord Colwyn: 8.47 p.m. Column 459-460** (i.e. much later)

Perhaps I may touch briefly on fluoridation. I am well aware that the noble Earl, Lord Baldwin, will have given an opposite view to mine. The recent York Review has confirmed that fluoridation is safe and effective in reducing levels of tooth decay and is essential in the fight to reduce inequalities in dental health.

Excerpts from "Second Thoughts about Fluoride", *Scientific American*, January 2008, pages 74–81

**"What the committee found is that we've gone with the status quo regarding fluoride for many years—for too long, really—and now we need to take a fresh look. In the scientific community, people tend to think this is settled. I mean, when the U.S. surgeon general comes out and says this is one of the 10 greatest achievements of the 20th century, that's a hard hurdle to get over. But when we looked at the studies that have been done, we found that many of these questions are unsettled and we have much less information than we should, considering how long this [fluoridation] has been going on. I think that's why fluoridation is still being challenged so many years after it began."**

*John Doull, chairman, National Research Council Review Board (pp80-81)*

*Page 75:* Most fluoridated water contains much less fluoride than the EPA limit, but the situation is worrisome because there is so much uncertainty over how much additional fluoride we ingest from food, beverages and dental products. What is more, the NRC panel noted that fluoride may also trigger more serious health problems, including bone cancer and damage to the brain and thyroid gland. Although these effects are still unproved, the panel argued that they deserve further study.

*Page 75: TOO MUCH OF A GOOD THING:* Fluoride is in many foods, beverages and dental products. The ubiquity of the cavity-fighting chemical can result in overconsumption, particularly among young children.

*Page 78: Scientific attitudes toward fluoridation may be starting to shift in the country where the practice began.*

*Page 79:* But enamel fluorosis, except in the severest cases, has no health impact beyond lowered self-esteem: the tooth marks are unattractive and do not go away (although there are masking treatments). The much more important question is whether fluoride's effects extend beyond altering the biochemistry of tooth enamel formation. Says longtime fluoride researcher Pamela DenBesten of the University of California, San Francisco, School of Dentistry: "We certainly can see that fluoride impacts the way proteins interact with mineralized tissue, so what effect is it having elsewhere at the cellular level? Fluoride is very powerful, and it needs to be treated respectfully."

*Page 80:* Clashes over the possible neurological effects of fluoride have been just as intense. Phyllis Mullenix, then at the Forsyth Institute in Boston, set off a firestorm in the early 1990s when she reported that experiments on lab rats showed that sodium fluoride can accumulate in brain tissue and affect animal behavior. Prenatal exposures, she reported, correlated with hyperactivity in young rats, especially males, whereas exposures after birth had the opposite effect, turning female rats into what Mullenix later described as "couch potatoes." Although her research was eventually published in *Neurotoxicology and Teratology*, it was attacked by other scientists who said that her methodology was flawed and that she had used unrealistically high dosages. Since then, however, a series of epidemiological studies in China have associated high fluoride exposures with lower IQ, and research has also suggested a possible mechanism: the

formation of aluminum fluoride complexes—small inorganic molecules that mimic the structure of phosphates and thus influence enzyme activity in the brain. There is also some evidence that the silicofluorides used in water fluoridation may enhance the uptake of lead into the brain.

*Page 80:* The NRC committee concluded that fluoride can subtly alter endocrine function, especially in the thyroid—the gland that produces hormones regulating growth and metabolism. Although researchers do not know how fluoride consumption can influence the thyroid, the effects appear to be strongly influenced by diet and genetics. Says John Doull, professor emeritus of pharmacology and toxicology at the University of Kansas Medical Center, who chaired the NRC committee: “The thyroid changes do worry me. There are some things there that need to be explored.”

## 2001 School Dental Services Data for 5-year-olds (South Island):

An official indicator of the oral health status of NZ 5-year-old children is provided within the table prepared by Sunitha Gowda, (Oral Health Promotion – Fluoridation Advocacy) on behalf of the Ministry of Health (MoH). A copy of this table is enclosed. Please note that “year 8” means the same as “12-year-old”.

This table is very helpful in that it compares decay rates with percentage fluoridated and with socio-economic status (SES). It is impossible to find any convincing benefit of fluoridation from this table. It is even more relevant to compare just the South Island areas as the population mix of the South Island is more coherent. Thus:-

(mft = missing decayed filled deciduous teeth)  
(MFT = missing decayed filled permanent teeth)  
(SES = socio-economic status)

District	Percent of Low SES	Percent Fluoridated	Percent Caries-Free at 5 yrs	Mean mft at 5 yrs	Percent Caries-free at 12 yrs	Mean MFT at 12 yrs
Otago	9	47	60	1.4	39	2.0
Nelson-Marlb.	11	0	50	2.2	51	1.3
Canterbury	15	4	49	1.8	39	1.9
Southland	24	41	48	2.3	29	2.0
West Coast	13	0	40	2.6	38	1.9

This illustration is revealing.. For example:-

- The 2 areas that are highly fluoridated (Otago and Southland) show generally the worst decay results by year 12.
- Otago (fluoridated) shows the best results for 5-year-olds but the worst results for 12-year-olds. Note also that Otago has the lowest percent of children classified as “low socio-economic status”. This data well illustrates the contention that fluoridation temporarily delays decay (by delaying tooth eruption) but that the temporary “benefit” disappears by the time such children become 12-year-olds.
- Nelson-Marlborough area, though totally non-fluoridated and with a slightly poorer socio economic status than Otago, is average in the decay statistics for 5-year-olds, but has the least decay for 12-year-olds for the whole South Island.
- Even the West Coast, though totally non-fluoridated, has less decay (MFT) in 12-year-olds than for fluoridated areas of Otago and Southland.
- The presentation to Ashburton Council by Drs Williams and Lee that claimed an mft (missing filled teeth) figure for Ashburton 6-year-olds of 5.1 for 2004 and 5.21 for 2005 is simply not credible when compared to the official statistics for 5-year-olds (enclosed) as provided by the Sunitha Gowda table.

## Fluoridation causes delayed eruption:

Why has the council been presented with statistics for only 6-year-olds? Drs Williams and Lee claim that this is the appropriate age group to show the effects of ceasing fluoridation in 2000. A truer statement is that it is the appropriate age group to show the effect of deferred decay caused by delayed tooth eruption in the presence of fluoridation.

This is well illustrated by the table above which shows that fluoridated Otago (when compared to all other areas in the South Island) moves from lowest decay (mft) at 5-year-olds to highest decay (MFT) at 12-year olds. It should be noted that, within the South Island, Otago has the highest percentage of children drinking fluoridated water and the least children classified as low socio economic status.

(Despite the above evidence Dr Martin Lee, the Ministry of Health's 'fluoridation hit man', denies, as he must, that there is any eruptive delay caused by fluoridation. However Dr Hardy Limeback (associate professor of preventative dentistry at University of Toronto), who is much more qualified in dentistry matters, claims that there is indeed an eruptive delay and is willing to supply references to a large number of studies to that effect.

The following studies support the view that fluoride delays eruption:

- Both Newburgh and Evanston showed a decline in the number of first molars erupted in younger children.
- Feltman and Kosel study showed eruption delay of 1 year.<sup>22</sup>
- Krook and Maylin 1979: study on cows showed the same effect, with 1.5 to 3 years delay.<sup>23</sup>

### **The correct decay indicator is for 12-year-olds:**

Because of the matters detailed above, the World Health Organisation (WHO) recommends that "the index DMFT at 12 years of age (mean number of decayed, missing, and filled teeth) as the most appropriate national indicator". All national statistics are compiled on this basis.

Our NZ Ministry of Health prefers to provide statistical comparisons for 5 or 6 year-olds as this provides more convincing evidence of fluoridation "benefit". However, because fluoridation causes a typical delay of 1 year in the eruption of deciduous teeth, such statistics are very misleading.

The following compares dental decay in 12-year-olds with and without fluoridation.

MoH statistics for decay (DMFT) in year 8 (12-year-old) NZ children for the 2004 year (which is the latest available on the MoH website). These show that fluoridation has some small benefit in the North Island but no benefit at all in the South Island. Please note that the decay statistics for the South Island areas are:-

	<b>Fluoridated</b>	<b>Non-Fluoridated</b>	<b>% Fluoridated</b>
Nelson-Marlborough	n/a*	1.25	0
West Coast	n/a*	1.98	0
Canterbury	2.45	1.58	4
South Canterbury	n/a*	1.63	0
Otago	1.65	1.94	47
Southland	2.03	2.11	41
<b>Whole of South Island</b>	<b>1.79</b>	<b>1.62</b>	

<sup>22</sup> Feltman R, Kosel G, 1961, J. Dental Medicine, vol 16

<sup>23</sup> Krook L, Maylin GA, Lillie JH, Wallace RS, Dental fluorosis in cattle, *Cornell-Vet*, 1983 Oct., 73:4, 340-362

(\* means non-fluoridated)

(Methven and Burnham military camp are the only fluoridated areas of Canterbury)

Because Timaru ceased fluoridation in 1985 it is important that the decay trend for Timaru 12-year-olds is noted. Obviously by 1997 the 12-year-olds in Timaru District had never experienced water fluoridation. This provides a far better indicator of fluoridation "benefit" than the limited and skewed data that was presented to council with regard to Ashburton 6-year-olds. Thus:-

(Please note that "FII" (form 2) means the same as "year 8" which means the same as "12-year-old")

- a) Decay for Timaru District 12-year-olds in **1984** = **3.75** MFT (missing filled teeth) and **15.04% caries free**. See letter dated 12/11/95 from M B Henderson, Principal Dental Officer. (enclosed)
- b) Decay for Timaru District 12-year-olds in **1989** = **2.23** MFT (missing filled teeth) and **31.05% caries free**. See letter dated 17/5/90 from Alan Roddick, Senior Dental Officer, Primary Health Division. (enclosed)
- c) Decay for Timaru District 12-year-olds in **2004** = **1.63** DMFT (decayed missing filled teeth) and **41.98% caries free**. See table of "Statistics for Decay in Year 8 (12-year-old) children for the 2004 year" sourced from the NZ Ministry of Health.

As you can see the Timaru District children have done very well without fluoridation and in fact much better than for any fluoridated area in the South Island.

## **Summary of: Scientific Consensus Statement on Environmental Agents Associated with Neurodevelopmental Disorders, November 2007**

The consensus statement outlines the current scientific understanding of the links between environmental factors and learning and development disabilities. It was developed by the Collaborative on Health and the Environment's Learning and Developmental Disabilities Initiative.

The statement concludes:

*"Given the serious consequences of learning and developmental disabilities, a precautionary approach is warranted to protect the most vulnerable of our society."*

### **Children at heightened risk**

The development of the human brain begins in utero. The long and complex development of the brain and nervous system leaves it susceptible to the adverse effects of chemical exposure.

For their body weight, children eat and breathe more than adults, thus a small exposure translates into a big dose.

Even very low doses of some biologically active contaminants can alter gene expression important to learning and developmental function.

### **Variations in individual susceptibility**

Due to genetic variation people differ in susceptibility to exposures. Not identifying and studying susceptible subgroups can result in failure to protect those at high risk.

Children are often more susceptible than adults to the effects of exposure to environmental agents.

Children lacking certain nutrients are more vulnerable to toxicants. For example iron and/or calcium deficiency affects absorption of heavy metals such as lead and manganese. (Fluoridating agents contain significant levels of heavy metals, including lead.

As our testing methods have become more sophisticated, the recognition of individual sensitivity and, in particular, the sensitivity of the developing nervous system to the effects of environmental agents has grown.

Recent biomonitoring studies reveal the range of compounds we are exposed to and that accumulate in our bodies. Experiments with single chemicals can underestimate the effects of these chemicals in mixtures.

### **Where science meets the roadblock of policy**

“[Despite 2000 years of knowledge that lead affected the mind, it] was added to paint and gasoline, removed only following considerable research that confirmed what was already known.”

(Similarly, fluoride’s toxicity has been known since the 1800s, yet promoters still deny this in the face of overwhelming scientific evidence.)

“Lead is probably the most studied of environmental contaminants. Its effects on development and learning are undisputed. Recent research indicates there is no safe level of lead exposure for children. Lead exposure impairs overall intelligence ... and is associated with ADHD, even at minute exposures. Efforts to prevent lead exposure provide an outstanding example of the struggle when science meets policy. The US CDC has not adjusted the blood-lead action level since 1990 despite scientific evidence of behavioural effects well below [this level]” (FANNZ would suggest that fluoridation provides an equally outstanding example, especially in light of the NRC Review findings).

#### **Low dose effects can differ completely from high dose effects**

The very low-dose effects of endocrine disruptors cannot be predicted from high dose studies, which contradicts the standard “dose makes the poison” rule of toxicology”. (Dr Albert Schatz identified this some decades ago; that low-dose effects can be quite different from high dose effects and begin to appear only below the level where high-dose toxicity reduces to near zero.)

#### **Fluoride:**

“The question is what level of exposure results in harmful effects to children. The primary concern is that multiple routes of exposure, from drinking water, food and dental care products, may result in a high enough cumulative exposure to fluoride to cause developmental effects. It is not clear that the benefits of adding fluoride to drinking water outweigh risks of neurodevelopment or other effects such as dental fluorosis.” It is important to note here that the consensus is that dental fluorosis is considered an adverse effect to be considered against fluoridation within a toxicological analysis; not just cosmetic as proponents claim.

### **"Fluoride-Gate" article**

The article below on the CDC, "Fluoride-Gate," published on January 15 2008 in the Juneau Empire, Alaska, has been picked up by US Water News. U.S. Water News is a monthly publication mailed throughout the country to water and wastewater treatment professionals and organizations. The San Francisco Chronicle has called U.S. Water News "the 'Wall Street Journal' of water publications."

We do not have the Water News version of this article as it is not available online.

Juneau Empire, January 15, 2008

[www.juneauempire.com/stories/011508/opi\\_20080115024.shtml](http://www.juneauempire.com/stories/011508/opi_20080115024.shtml)

### **Fluoride-Gate, naming names at Centers for Disease Control**

DANIEL G. STOCKIN

Americans' distrust of societal institutions continues to grow, and now comes evidence of yet another burgeoning scandal: Fluoride-Gate. A torrent of recent bad news about the safety of fluorides has brought key names to the surface from the murky alphabet soup of players in the fluoride game at EPA, CDC, FDA, NIDCR, USDA, ADA, and AMA. The inevitable questions have begun about who knew what, when, and why was certain information kept quiet.

The first ominous drumbeats started in 2006, when a National Research Council committee recommended that the Environmental Protection Agency lower the allowable amount of fluoride in drinking water - to an unspecified level. As if that wasn't unnerving enough, the committee specifically stated that kidney patients, diabetics, seniors, infants, and outdoor workers were susceptible populations especially vulnerable to harm from fluoride ingestion.

Centers for Disease Control officials strove mightily to dismiss NRC's report as irrelevant, but in August of 2007 CDC's ethics committees received a formal ethics complaint about CDC's activities in promoting fluoridation. The complaint circled the globe via the Internet. A Kentucky attorney began assembling a list of "potentially responsible parties." After having been contacted by angry kidney patients, in September he formally notified the National Kidney Foundation that the organization may be held liable for failure to warn its constituents that kidney patients are particularly susceptible to harm from fluorides. The issue was immediately put on the agenda of the next meeting of the foundation's national board and the foundation's former position statement about fluoridated water has been retracted and the issue is now undergoing review.

The ethics complaint became a hot potato. How would CDC explain why its own data showed blacks to be disproportionately harmed by moderate and severe "dental fluorosis" teeth damage, yet CDC had not felt it necessary to openly show photos of the conditions to the black community? What would be the response of CDC's Chief of Public Health Practice, Dr. Stephanie Bailey, an African American woman who witnessed the presentation of the complaint? The complaint embarrassingly documented that Bailey had acknowledged earlier that a CDC-funded and nationally distributed public health ethics policy was not being implemented internally by CDC.

Apparently Bailey's concern about public health ethics did not extend to fluoridation. A 2007 Tennessee water agency report describes how the Harpeth Valley Utility District had accidentally introduced so much fluoride into its water that the concentration reached 18 times the amount generally in the water. The report describes how HVUD contacted Bailey, who told the district she believed "there was no health threat to HVUD's customers." This statement would be welcome news to a nervous HVUD, but is highly suspect, since Bailey could not possibly know how much of the tainted water individuals had consumed, the body weight of those who drank it (babies, children, etc), or individuals' prior health status (such as end-stage kidney disease). How could such a remarkably convenient statement come from a physician whose job description calls for her to be the "conscience of public health practice" at CDC?

Instead of having its ethics committee comprised of external ethicists look into the matter, CDC decided that the ethics charges against Director Dr. Julie Louise Gerberding and Oral Health Director William Maas would be handled internally by Dr. James Stephens, who works for Chief Science Officer Dr. Popovic, who reports to Dr. Gerberding. Without addressing many of the specifics in the complaint, Dr. Stephens predictably concluded that he had "found no evidence" that CDC managers had acted inappropriately. But the proverbial holes in the fluoridation dike can no longer be contained. This month's edition of the journal *Scientific American* has an article entitled "Second Thoughts about Fluoride." The cat is out of the bag that the Department of Agriculture has voiced concern about fluoride exposures.

Bailey's job description calls for her to address emerging and cross-cutting issues. Dr. Popovic's job is to ensure timely translation of science into practice by CDC. Citizens, attorneys and political leaders now have these officials' names and job descriptions. They should be the first, but not the only parties brought into court and into congressional hearings. Now that the "Fluoride-Gate" has swung wide open, it's time for names to be named.

**Dr Kathleen Theissen on NRC Review.**

Endorsed by Dr Hardy Limeback, Review Panel member, and former head of Preventive Dentistry, University of Toronto.

“The NRC committee put together a very thorough evaluation of fluoride exposure in the US, much of which would be applicable also for NZ.

The NRC committee said, unanimously, that 4 ppm (4 mg/L) of fluoride is not protective of human health and should be lowered. We did not attempt to provide a recommendation for what a safe level would be. To allow anything resembling a margin of safety, various unofficial estimates of a suitable new standard range from 0-0.4 ppm, depending on several considerations, including how best to handle the question of carcinogenicity.

The NRC committee did not, in any way shape or form, conclude that fluoridation is beneficial or safe.

We did look at several issues that pertain just to fluoridated water, primarily the concerns about silicofluoride usage. There is too much that is not known about the chemistry (water chemistry as well as biochemistry) of silicofluorides to say that they are safe for indiscriminate administration through the water supply.

For some endpoints [showing harm], many or most of the studies already involve fluoridated water [at 0.7 – 1 ppm] (osteosarcoma, Down syndrome, bone fracture).

Although promoters insist that dental fluorosis is not adverse or a health effect, the NRC reviewed at least 8 papers reporting an association between dental fluorosis and an increased risk of several adverse effects.”

## South Hampshire Council Fluoridation Review Panel

Hampshire County Council  
Report of the Water Fluoridation Panel

November 2008

*Aim of the Review Panel:* To provide an informed, considered opinion to Full Council for debate regarding the suitability of the proposed fluoridation scheme which affects Hampshire residents.

### *Approach:*

- Written evidence was gathered, from national and international sources, regarding the fluoridation issue.
- Key experts and local stakeholders were invited to provide written and oral evidence
- The proposals and how they may impact on the population affected were considered
- The Review Panel weighed up the case and came to a conclusion regarding the suitability/desirability of the scheme

### Conclusions:

- **Most significantly the Review Panel has been persuaded not to support the proposal [to fluoridate the water supply] by the lack of robust and reliable scientific evidence produced to support this proposal.**
- **It is clear that scientists and health professionals recognise that there are 'unknowns' with regard to the need to understand the effect of fluoride on the body (not just teeth). This work has simply not taken place.**
- **In the absence of scientific evidence of sufficient quality the Review Panel based its evaluation on the findings of the York Review informed by the work of the Nuffield Council on Bioethics.**
- Overall, fluoride (as opposed to fluoridation) does have a beneficial impact on the prevalence of caries and improves oral health. In particular there is wide ranging evidence that the topical (surface) application of fluoride is beneficial (but that ingested fluoride is not particularly effective in controlling decay on all tooth surfaces, such as pits and fissures).
- The Review Panel is not however of the view that the case put forward in the SHA consultation document is convincing in its argument that adding fluoride to drinking water is the only way to improve the oral health of .. communities in
- Southampton City. In particular the Review Panel is concerned that:
  - There is little evidence of suitable quality to support the assertion that this action will reduce health inequalities.
  - Alternatives exist that are less intrusive and coercive.
  - The total exposure to fluoride in the population has not been evaluated and taken into account. The importance of this point has been emphasised by all the authoritative reference documents identified by the Review Panel as well as the WHO.

- The introduction of fluoride to drinking water will result in some children within the population that have otherwise healthy teeth experiencing fluorosis. The extent to which this would be severe enough to be of aesthetic concern is disputed in the evidence, but [the number could be significant]
- The balance of benefit and risk has not been presented in accordance with the findings of authoritative reports such as the York Review and MRC.
- Other less coercive interventions are available to achieve the same goals.
- The availability of other interventions and the inconclusive evidence relating to the impact of fluoridation on individual health requires that a precautionary approach be adopted.
- Adding fluoride to drinking water has the potential to result in an increase in moderate to severe fluorosis in the communities affected.
- The plausibility of other serious health impacts [as well as dental fluorosis] from the fluoridation of water reinforces the view of the Review Panel that a precautionary approach is needed until such time as additional research has been done. It is of serious concern that, despite this point being made repeatedly in the literature, credible research is still not available.
- Effective alternatives to adding fluoride to water do exist, with the potential to target those affected rather than the population as a whole.
- Evidence has not been provided to demonstrate that adding fluoride to water at 1ppm equates to individuals receiving an optimal therapeutic dose. Current daily intake of fluoride from other sources may already exceed the equivalent of 1ppm in water.
- Individual exposure will be affected by the addition of fluoride to drinking water at 1ppm as well as other sources.
- The conflicting information about using fluoridated water to reconstitute infant formula reinforces previous conclusions about the need to adopt a precautionary approach.
- There is not sufficient evidence to show how individuals vary in the way in which they retain and excrete fluoride, or the impact that hard or soft water may have on this.
- There is not sufficient evidence to show that artificial fluoride acts in the same way as natural fluoride.
- The conflicting evidence received makes it difficult to determine if there are additional legal issues that need to be taken into account.
- Overall it is not clear what impact the addition of fluoride to the water will have on people living in Hampshire.
- Other options exist for targeting the most vulnerable populations to improve the oral health of children and experience elsewhere has shown these to be effective.
- The goal of eradicating poor oral health, particularly for children who may suffer significant pain and distress, is laudable. The Review Panel would also agree that the most vulnerable in our society should be protected and understands the notion that, in order to achieve the greatest good for the community as a whole, preferences of individuals may be set to one side in some circumstances. However, where the evidence is unclear or equivocal about the impact of an action on individuals or communities, then those individuals and communities should be able to contribute to the discussion about the way forward in an informed and participative manner.

## *Summary*

The Panel considered the York Review the most authoritative review to date. It also referenced the Australian NHMRC Review 2007, as supporting the conclusions of the York Review, and the 2002 UK Medical Research Council Review as confirming continuing uncertainty surrounding fluoridation, in line with the York findings. The Panel also referred to the US National Research Council Review, though in our view gave it inadequate weight, as it is the only authoritative review on adverse health effects. The lack of emphasis is perhaps due to the Panel mistakenly believing the NRC Review only applied to higher (4ppm) levels than that proposed, and would only become relevant if total fluoride intake were at this level.

On the question of ethics, the Panel considered the report of the Nuffield Council on Bioethics.

It found the British Medical Journal article by Sheldon, Cheng, and Chalmers (October 2007) helpful in identifying discrepancies in the science around fluoridation, providing an update on progress since the York Review, and in identifying issues that need to be considered when assessing fluoridation.

The Panel noted the dangers of being convinced of fluoridation's effectiveness based on personal observations in fluoridated and non-fluoridated areas as this does not allow for consideration of other factors that may be influencing dental health.

The one low point of the Panel's assessment is that the Panel dismisses the Bassin study (on osteosarcoma) on the weight of a hearsay claims by those who have tried to suppress the Bassin study, and are funded by fluoride promoters.

The Panel's report identifies significant reduction in tooth decay (up to 50%) by a number of available means other than fluoridation.

### **Oral evidence by the Director of the Nuffield Council.**

This was the first time the UK Water Act 2003, which required water companies (these are private companies in the UK, unlike NZ) to comply with a request from a Strategic Health Authority (SHA) to fluoridate the water supply, had been used to force fluoridation on a community. The Act required a defined standard of consultation by the SHA, to determine local support, before making such a request, and for the SHA to indemnify the water company against any legal liability resulting from harm to individuals from fluoridation. Consequently, the Council considered it appropriate to conduct as thorough review as possible in the time available to it.

The proposal to fluoridate was based on an average differential of 0.29 dmft in 5 year olds (1.47 national average against 1.76 in Southampton); that is, a theoretical saving of between 1/4 and 1/3 of a filling! Figures for 12 year olds were not mentioned.

The Panel relied heavily on the York Review as the most authoritative information available, and noted the continuing misrepresentation of the York Review by the British Fluoridation Society and the Strategic Health Authority (similar to NZ's DHBs).

The Panel received submissions and oral presentations from both promoters and opponents of fluoridation. In particular, the Panel was fortunate in having input from Dr Iain Chalmers, former director of the UK Cochrane Institute for Evidence-based Medicine.

The Panel was concerned at the dismissive attitude of promoters when confronted with real health issues, such as the risk of use of fluoridated water in infant formula. It noted the statement of Dr John Doull, Chair of the US National Research Council Review Panel, that there was much that was still unknown about fluoride's health effects. In fact Panel considered the extent of "known unknowns" was considered the most striking aspect of the debate.

The Panel particularly noted that in relation to the NRC Review, "the dismissive way in which questions related to this research were dealt with by the SHA ... was cavalier and inappropriate".

Reflecting the practice in Clutha and Central Otago by Public Health South, the Panel expressed concern that the SHA's public consultation document lack balanced information. It was particularly concerned about reference to old studies considered of such poor quality as to be rejected by the York Review, and that similar concerns had been raised by Lord Edward Baldwin, a member of the York Review Advisory Panel. The Panel was also concerned that promotional information focused on 5 year olds. It did not include figures for 8, 12, or 15 year olds which, the Panel observed, gave a very different picture. It also omitted discussion of oral health problems not affected by fluoridated water, such as pit and fissure tooth decay.

The Panel noted the increase in total fluoride intake since the early days of fluoridation, when fluoridated water was the primary source of fluoride. It also m It agreed with the noted the Medical Research Council's acknowledgement that the effects of fluorides are related to total intake, and that there is very little research on health effects from total fluoride exposure. (There is no research at all in NZ). It also noted the York Review's recommendation that any future study be based on total fluoride exposure; not just the level in the water.

The Panel noted that individual exposure varies significantly from the average, such that some individuals received excessive doses of fluoride in so-called "optimally fluoridated" communities. Indeed, it noted that the term "optimally fluoridated" is meaningless when total exposure is considered.

It noted especially:

- Estimates of the impact of water fluoridation on total exposure to fluoride may otherwise be inaccurate or misleading
- The effects of water fluoridation might be confounded or modified by exposure to fluoride from other sources.



## **UK Councils Against Fluoridation**

[www.ukcaf.org](http://www.ukcaf.org)

Chairmen; Councillor Prof. John Whitelegg, Lancaster City Council;  
Councillor Paul Clein, Liverpool City Council

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### **URGENT**

**To the Chairmen of Hampshire County Council and  
Southampton City Council Health Oversight and Scrutiny Committees**

**Re. Misrepresentation of dental health statistics.  
12<sup>th</sup> October 2008**

**Dental decay in 11-12 year old children in non-fluoridated Southampton  
and Portsmouth, and fluoridated Wolverhampton  
and Coventry, 1988 to 2005.**

**Basis of current drive to fluoridate Southampton City water supplies.**

The drive to fluoridate Southampton is founded almost entirely on claims that five year-old Southampton children have some of "the worst teeth in the country". In fact this is completely misleading - the persistent use by fluoride proponents of the dmft scores for 5 year olds emphasises damage to deciduous teeth that will be lost within a few years, whereas DMFT scores ( for permanent teeth) refer to the state of a child's second set of teeth, and are far more relevant to their life-long dental health.

**Source of the baseline data on dental health**

The data used to panic Councils, the Health Sector and the general public into believing that they have a serious dental health emergency in their town are provided by the British Association for the Study of Community Dentistry (BASCD). In the current health scare in Southampton, the original and undisclosed raw data from BASCD surveys have been claimed by the British Fluoridation Society (BFS) to reveal an unacceptable level of dental decay in local children. This version of what the evidence shows has evidently been swallowed

without question by public health advisers to the local Primary Care Trust and the Strategic Health Authority.

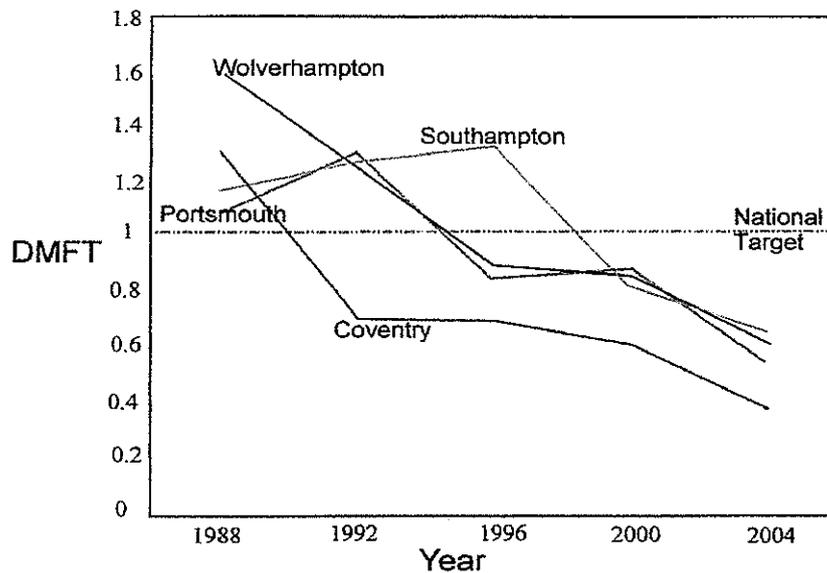
It is therefore essential for public sector decision-makers to review the original raw data on which such claims are based, before undertaking any medical intervention that has the capacity to expose the public to potentially hazardous substances or procedures. One of the Research Associates of UKCAF has managed to secure the original BASCD data, and it is clear that the situation as presented by the fluoridation proponents is entirely untrue.

As a result of our investigations, it is now clear that we are not dealing merely with an incautious over-simplification of complex statistics that has led to a simple misunderstanding. The consistent misrepresentation of the original BASCD data, both in Southampton and in the North West, suggests that it is part of a systematic attempt to defraud the entire NHS into diverting millions of pounds from the its budget into a spurious pseudo-medical intervention.

#### **What the BASCD data really show.**

The analysis of the original data on dental health in Southampton reveals that, as far as older children are concerned, far from having a dental health problem, **the City has already achieved the Government's national target for dental health in older children.** In the years leading up to 1996, 11-12 year old children in Southampton had an average DMFT (decayed, missing and filled teeth per child) score of around 1.2 to 1.4. Between 1996 and 2000 there was a dramatic decline in this score, showing that the national target of no more than 1 DMFT per child had already been achieved by 1998, **and has remained below that target level ever since.**

Since the BFS and other fluoridation proponents claim that the dmft scores (this refers to deciduous or 'milk' teeth) and DMFT scores (for permanent teeth) are far lower in fluoridated areas, we used the BASCD's own data to compared two non-fluoridated areas, Southampton and Portsmouth, with two fluoridated areas, Wolverhampton and Coventry. As the chart below shows, **all four cities have very low and almost identical DMFT scores, irrespective of whether they have fluoridated water or not** . The scores are currently between 0.4 and 0.6, and far are below the National Target.



Decayed, missing and filled teeth in 11-12 year-olds.

#### **Critical defect in the methodology used by BASCD to collect the dmft data.**

The dmft scores for 5 year old children generally are thought to show a slight (around 15%) reduction in fluoridated areas. However, this effect is misleading. There is clear evidence that fluoridation actually delays the emergence of deciduous (milk) teeth, and therefore also delays the development of caries in them. The delay is around a year or slightly more, and has been recorded from a number of countries. So **the teeth of five year-olds in fluoridated areas are younger than those of five year-olds in fluoride-free communities**, and cannot be used as 'controls' in assessing the alleged 'benefits' of fluoridation.

So when the teeth of five year-olds in fluoridated communities are compared with those of six to seven year-olds in non-fluoridated areas, **there is no significant difference**. By deliberately comparing unlike samples, the BFS and its allies misrepresent the true situation and induce the NHS to provide millions of pounds in revenue to spurious 'research' designed to reinforce the myth that fluoride has beneficial properties. The claims made for the alleged 'benefits' of fluoridation, if based purely on a comparison of the data for five year olds, are entirely invalid and unscientific, and must be rejected as spurious and unproven.

#### **The need to apply the Precautionary Principle.**

In fact, as a cumulative systemic poison, all forms of ingestible fluoride represent a significant toxic environmental threat to the entire community. Chronic fluoride poisoning, as evidenced by dental fluorosis in some children in a community, is the subject of current European Community efforts to limit exposure from all sources, and not only from drinking water. It is these moves to limit exposure by

legislation that will eventually defeat fluoridation, but it is the deliberate misrepresentation of statistics such as these that will expose this massive medical fraud to the public.

The current misrepresentation of the basic data on which so many of the claims for its use are based is an issue that Councils (and, of course, those PCTs and SHAs that have also been deceived by the fluoridation proponents) need to take into account in their scrutiny of the drive to 'consult' stakeholders. If as UKCAF asserts, the process is itself illegal, then no consultation is permissible, notwithstanding the Fluoridation Consultation provisions currently in the English Statute book.

Whilst UKCAF is currently challenging the legal basis on which the fluoridation programme is being implemented, it is the evidence of deliberate misrepresentation of the state of your children's dental health that we wish to place before you, as this should act as a warning that the fluoridation fraud has to be taken seriously, and decisively defeated. The very high risk of damage to the next generation is far too close to ignore.

Doug Cross, Forensic Ecologist, UKCAF Ltd  
Liz Vaughan, UKCAF Ltd.

**Christchurch Press article on reducing tooth decay in Canterbury without fluoridation.**

Publication: CPL Date: 01 Apr 2009 Page: A 5

Headline: Scheme puts hole in cavity numbers; PRESCHOOL DENTAL CHECKS

A campaign to get Canterbury preschoolers to the dental nurse has led to a big drop in the number of toddlers with cavities.

A new report from the Canterbury District Health Board's community dental service shows the number of five-year-olds without cavities has increased 14 per cent over the past nine years.

In 2000, about 50 per cent of five-year-olds had at least one cavity, but only 36 per cent now have holes in their teeth. Nationally, about 50 per cent of five-year-olds have cavities.

The Lift the Lip campaign was launched in 2000 by Pegasus Health family practices and the health board's community dental service. It involves GPs enrolling children into dental services at their 15-month immunization check.

Parents are encouraged to take their children for yearly dental checks until they are five. The programme was the first of its type in New Zealand and is being copied in other parts of the country.

The clinical director of the dental programme, Dr Martin Lee, said the results were fantastic.

"This is great news for the long-term oral health of our community. If you have crummy teeth as a child, you are usually doomed to crummy teeth for the rest of your life," he said.

"By seeing children when they are very young we can pick up problems early and talk to parents or caregivers about how best to look after young teeth."

The number of preschoolers accessing oral health services had increased from 12,000, or 53 per cent of that population, to 19,500, or 84 per cent, of one to four-year-olds in the district, he said.

"Increased contact with preschoolers and their parents seems to be paying dividends," he said.

First-time mother Marina Rawiri said her son, Kingston, 16 months, had his teeth checked for the first time a month ago. "I started brushing his teeth as soon as he got them. Lots of my family's children have heaps of fillings and I didn't want Kingston to get them," she said.

Rawiri said it was convenient to combine immunisations with dental checks.

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Note: Canterbury is non-fluoridated apart from the small township of Methven.

## Letter to the Kapiti Mayor by a constituent.

The Mayor Jenny Rowan  
Kapiti Coast District Council

9/1/2009

Dear Ms Rowan

A local GP specialising in workplace toxins and allergies has recently confirmed that I have a chemical sensitivity to fluoride. My symptoms of intermittent but persistent eczema, troubling digestive disorders, back pain, muscle soreness and more recently severely itching skin are all consistent with chemical sensitivity. They have been intensifying slowly over the past twenty or so years but have abated completely since the cause was identified three months ago and fluoride ingestion avoided. I do not know how badly my health would eventually have become compromised if I had not made the discovery of my chemical sensitivity but I suspect that I would have succumbed to Chronic Fatigue Syndrome or worse.

In urging the KCDC to reconsider the fluoridation of our tap water, I ask you to consider the following points:

It has been shown that 1% of the population is sensitive to fluoride.<sup>i</sup>

The population of the Kapiti Coast is roughly 46,500. Therefore 460 plus residents are likely to be having their health compromised by their water supply. Many may be receiving inappropriate or unnecessary medication through incorrect diagnosis of their symptoms, as I had been for some time.<sup>ii</sup>

Dental and other health authorities claim that the amount of fluoride specified as safe when introduced into the water supply is too small to have any detrimental effects. (This is despite their ready assertion that the dose administered directly modifies the toughest and most durable parts of the human body, the teeth.) However

- Fluoride cannot be removed by conventional filtering
- Fluoride is intensified – not removed – by boiling and cooking
- Therefore fluoride accumulates in every domestic and commercial process of food and beverage preparation
- Some foods and beverages, especially black and green tea, naturally contain high levels of fluoride, which is enhanced when prepared using fluoridated water.
- While the body gets rid of roughly half the fluoride ingested daily, the rest is stored in the skeleton, tissues, organs and brain.
- Fluoride is the most volatile element. It readily combines with other chemicals to form new compounds which may or may not be safe or advisable for human consumption.<sup>iii</sup>

Health authorities cannot therefore give any meaningful assurances that the exposure to fluoride of the population through lacing of the water supply is without risk for all individuals.<sup>iv v</sup>

Fluoride persists in sewage, from which it may infiltrate the air, soil and ground water. It is a component of acid rain.<sup>vi</sup>

Rising levels of obesity, diabetes, cancer, asthma, allergies and chemical sensitivity, including Chronic Fatigue Syndrome, are making many health professionals and the population at large increasingly aware and concerned about the nature and levels of environmental chemical contaminants in the food chain.

Many local authorities are currently changing the chlorination of swimming pools to safer alternative systems. This is because chlorine has a powerful irritant effect on the human mucus membrane and so is linked to asthma and other related conditions. Chlorine is the second most potent and corrosive irritant on the table of elements. The most potent is fluoride.

It is very unlikely that any local authority today would accept the lacing of the public water supply with fluoride on the grounds that a corporate consortium claimed a marginal health benefit, as happened in the US in the 1940's.<sup>vii</sup>

With respect, KCDC is currently mass medicating the local population with fluoride – a highly toxic and volatile element - without reference to the age, body weight, health status, or the medication regimes of individuals and without their fully informed consent. This is ethically highly questionable.

The issue of the safety as well as the efficacy of fluoridated public water supplies is a controversial one. However, my own experience has shown me that there really are serious, negative health implications for at least a section of the community. Whether or not the ingestion of fluoride significantly protects teeth from decay, tooth decay is a non-life threatening condition and fluoride can readily be obtained and applied topically through toothpaste and gels.

Surely we should err on the side of caution, as do most of the countries of Western Europe. Fluoride is more poisonous than lead and more corrosive than chlorine. Deliberately putting it in the public water supply simply adds unnecessarily to the burden of environmental chemical exposure we daily face.

Yours sincerely

(Name withheld)

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<sup>i</sup> US Journal of Dental Medicine Oct 1961 Vol 16:110 – 14 year experiment by Feltman and Kosel.

<sup>ii</sup> US Agency for Toxic Substances and Disease Registry, (1993) page 112 statement:

"POPULATIONS THAT ARE UNUSUALLY SUSCEPTIBLE. Existing data indicate that subsets of the population may be unusually susceptible to the effects of fluoride and its compounds. These populations

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include the elderly, people with deficiencies of calcium, magnesium and vitamin C, and people with cardiovascular and kidney problems . . . Poor nutrition increases the incidence and severity of dental fluorosis and skeletal fluorosis."

<sup>iii</sup> Fluorine is the most reactive element. It combines easily with every other element except helium, neon, and argon. It reacts with most compounds, often violently. For example, when mixed with water, it reacts explosively. For these reasons, it must be handled with extreme care in the laboratory  
[www.chemistryexplained.com](http://www.chemistryexplained.com)

<sup>iv</sup> "Even supposing that low concentrations are safe, there is no way to control how much fluoride different people consume, as some take in a lot more than others. For example, labourers, athletes, diabetics, and those living in hot or dry regions can all be expected to drink more water, and therefore more fluoride (in fluoridated areas) than others.

F. Exner and G. Waldbott, The American fluoridation experiment, 1957, p. 43.

<sup>v</sup> Due to such wide variations in water consumption, it is impossible to scientifically control what dosage of fluoride a person receives via the water supply. U S Federal Register, 12/24/75.

<sup>vi</sup> Environmental fate Hydrogen fluoride may enter the air during production, use and transportation. The gas dissolves in clouds, fog, rain or snow. This enters the environment as wet acid deposition ('acid rain'). Australian Government Dept of the Environment / Air Toxins & Indoor Air Quality in Australia: Report 2001.

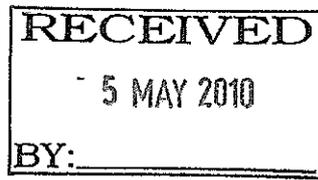
<sup>vii</sup> "We would not purposely add arsenic to the water supply. And we would not purposely add lead. But we do add fluoride. The fact is that fluoride is more toxic than lead and just slightly less toxic than arsenic."

**Nicola Old**

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**From:** mary byrne [mbyrne64@yahoo.co.nz]  
**Sent:** Tuesday, 4 May 2010 9:36 p.m.  
**To:** Info at WCC; Josie Askin  
**Subject:** Submission to Wellington City's Annual Plan  
**Attachments:** Submission FANNZ toWellington City 2010.doc

Hi,  
Please find attached submission to this year's Annual Plan.  
thanks,  
Mary.



*Submission for*

# Reconsidering Your Policy on Fluoridation

Presented by

Health Freedom New Zealand (HFNZ)

April 2010

# Executive Summary

The number of medical professionals who are speaking out about the dangers of water fluoridation is increasing daily. Many of these professionals have reversed their pro-fluoride position, including a Nobel Laureate plus the current President (and six past Presidents) of the International Academy of Oral Medicine and Toxicology (see Appendix 3 for full statement). They are now calling for an urgent end to water fluoridation worldwide.

Most of the world has rejected fluoridation for a variety of reasons. New science indicates there is no significant benefit from swallowing fluoride and that it may create more health problems than it is alleged to fix. It has proven particularly harmful to infants prompting warnings from several senior US government institutions. Fluoridation is a practice of enforced medication which breaches individual civil liberties and has been proven to impact negatively on the environment. It is only the United States (and countries strongly influenced by the US) that remain persistent in what most of Europe calls an unethical practice.

Health Freedom New Zealand assert that in light of this growing movement of high ranking experts who are speaking out on water fluoridation, and in view of new science, it is an ineffective public health policy that should be abolished. We have launched a nationwide campaign of consumers, along with nine other organisations, calling for a ban of this practice.

Our submission will reveal how numerous studies worldwide, including the World Health Organisation and New Zealand's own statistics, show a consistent pattern indicating no significant difference in decay rates between fluoridated and un-fluoridated areas. We show how the dangers and risks posed by overexposure to fluoride outweigh the questionable single benefit of preventing tooth decay. Fluoridation comes with hidden costs to the community that does not justify the perceived benefit. Fluoridated water is particularly harmful to infants and as such we are overexposing our most vulnerable putting them at risk - a risk significant enough for both the American Dental Association (ADA) and the US Government's Centre for Disease Control (CDC) to issue a warning against using fluoridated water when preparing infant formula.

Fluoridation is mass medication against an individual's permission - an undeniable breach of civil liberties. The British Medical Journal in 2007 announced its findings of a review of fluoridation and said the evidence underpinning water fluoridation is of "poor quality" ... "If fluoride is a medicine, evidence on its effects should be subject to the standards of proof expected of drugs, including evidence from randomised trials...there have been no randomised trials of water fluoridation". The dose of fluoride an individual is exposed to on a daily basis is uncontrolled and unmonitored which leaves us unclear on how different people are being affected both now and into the future.

There have been no studies researching the reasons why fluoride is safe and medicinal when collected, packaged and sold to regional councils to pour into public drinking water, but dangerous and illegal when released through smoke stacks of the very corporate companies who supply it to councils. It is the research and initiatives of these corporates in the 1930's which lead to the idea of mass water fluoridation, allowing significant savings in disposal costs of a toxic poison for the chemical companies involved.

Major studies on the impact of fluoridated water in our ecosystem have never been undertaken, yet evidence exists to suggest it has a significant cost and impact. In Canada, fluoride in the dams has shown to slow down the migration of salmon by three times, killing many salmon adults as a result.

Given that World Health statistics reveal that there is no significant difference in tooth decay rates between the fluoridated and unfluoridated areas, it is time that New Zealand joins Europe and the rest of the unfluoridated world to cease the unethical, costly and harmful practice of enforced mass medication in adding fluoride to our water.

# Submission on Fluoridation

The latest scientific evidence proves that fluoridation is an ineffective, costly and harmful public health policy.

## 1. New science proves there is no significant benefit from swallowing fluoride

Tooth decay decline is often attributed to the practice of water fluoridation. Since tooth decay has also declined in unfluoridated areas worldwide, fluoridation is being questioned by consumers and professionals alike. The most recent large scale study was carried out in Australia in 2004. It showed there was no difference in dental decay in 12 year children whether or not they had been receiving fluoridated water. [Jason M. Armfield and A. John Spencer, *Community Dentistry And Oral Epidemiology* Volume 32 Issue 4 Page 283 - August 2004].

World Health Organisation statistics (see Appendix 1) show there is no significant difference in tooth decay rates in unfluoridated versus fluoridated areas worldwide. These statistics are consistent with recent American studies. Results from the Yiamouyiannis study show there is little to no difference in tooth decay rates between fluoridated and unfluoridated areas throughout America. [National Survey of U.S. schoolchildren, Yiamouyiannis JA. *Water Fluoridation and Tooth Decay : Fluoride* 23 55-67 1990]. The Arizona Steelink study found "when we plotted the incidence of tooth decay versus fluoride content in a child's neighborhood drinking water, a positive correlation was revealed. In other words, the more fluoride a child drank, the more cavities appeared in the teeth" [Jones T. Steelink C, Sierka J. *Analysis of the causes of tooth decay in children in Tucson, Arizona. Paper presented at Annual Meeting of the American Association for the Advancement of Science, San Francisco, Feb 1994. Abstract in Fluoride* 27 (4) 238 1994 and Steelink C. *Letter. Chemical and Engineering News* July 1992 2-3]. These trends are consistent with New Zealand statistics where there are many areas where tooth decay is lower in unfluoridated compared to fluoridated towns.

John Colquhoun, former Principal Dental Officer for Auckland City Council and former pro-fluoridationist, discovered there was virtually no difference in tooth decay rates between the fluoridated and non-fluoridated areas of the Greater Auckland Area. [Colquhoun J. *Child dental health differences in New Zealand. Community Health Studies* 11 85-90 1987]. In fact, teeth were slightly better in the unfluoridated areas.

There is a consistent trend in these studies clearly showing no significant difference in decay rates between fluoridated and unfluoridated areas, which raises the question, why do we still fluoridate? In the words of a pro-fluoridationist who reversed his view, John Colquhoun, "The history of science shows what all professionals do when their pet theory is confronted by disconcerting new evidence: they bend over backwards to explain away the new evidence. They try very hard to keep their theory in tact – especially so if their own professional reputations depend on maintaining that theory." Appendix 2 "Why I changed my mind about Water Fluoridation, John Colquhoun 1997 University of Chicago Press. The report also shows how and why the original studies on fluoridation are seriously flawed and in some cases were rigged to report the desired data.

## 2. Fluoridation creates more health problems than it is alleged to fix

As early as 1983, studies have been emerging that link fluoridation with a number of other health issues ranging from dental fluorosis to bone cancer in young men. For the single questionable benefit fluoridation is purported to have, the number of health issues it can cause renders fluoridation an ineffective narrowly focused health policy.

Dental Fluorosis Over exposure to fluoride has been proven to cause dental fluorosis. Pro-fluoridation lobbyists have long reported that there is no possibility of harm from fluoridated water. At worst dental fluorosis can occur, but this is a mild cosmetic change and no threat to public health, they would propose.

Dental fluorosis is a serious issue in New Zealand. "The Southland Study" [New Zealand Dental Journal 35 June 2005 Timothy D. MacKay, W. Murray Tompson, 2005 *Enamel defects and dental caries among Southland children 2005*] showed 29% of children in fluoridated areas had some form of dental fluorosis compared to 15% in non-fluoridated areas. The 2008 Auckland Study confirmed the same trend. According to recent American statistics 32% of American children have dental fluorosis, a significant increase from 23% since the 1980s.

Common sense would tell us that if a substance circulating in a child's body can damage tooth enamel, then other harm is most likely. New evidence has emerged that shows dental fluorosis is not just a cosmetic problem. [Chlebna-Sokol D, Czerwinski E. Bone structure assessment on radiographs of distal radial metaphysis in children with dental fluorosis. *Fluoride* 26 37-44, 1993]. Polish researchers reported that boys with dental fluorosis also exhibit bone structure disturbances. In China children with dental fluorosis have on average lower intelligence scores. [Li XS, Zhi JL, Gao RO. Effect of fluoride exposure on intelligence of children. *Fluoride* 28 189-192, 1995]. A Mexico study shows children with dental fluorosis have increased rates of bone fractures. [Alarcon-Herrera MT, et al. (2001). Well Water Fluoride, Dental fluorosis, Bone Fractures in the Guadiana Valley of Mexico. *Fluoride* 34(2): 139-149].

**Hip Fractures** In 1990 the first study reporting an association between fluoridated water and hip fractures in the elderly was published in the *Journal of the American Medical Association* [264 500-502, Jacobsen SJ, Goldberg J, Miles TP et al]. *Regional variation in the incidence of hip fracture among white women aged 65 years and older*. There have been several other studies linking water fluoride levels to hip fractures confirming that when fluoride accumulates in bones it weakens them. [Riggs BL, Hodgson SF, O'Fallon WM et al. Effect of fluoride treatment on the fracture rate in postmenopausal women with osteoporosis. *New England Journal of Medicine* 322 802-809 1990] and Hedlund LR, Gallagher JC. Increased incidence of hip fracture in osteoporotic women treated with sodium fluoride. *Journal of Bone and Mineral Research* 4 223-225 1989].

**Bone Cancer** In 1983 the *IRCS Medical Science Journal* [11 813-814 reported Kanwar KC< Parminderjit SV, Kalla NR] studied in vitro inhibition of testosterone synthesis in the presence of fluoride ions. The study found the incidence of a rare bone cancer, Osteosarcoma, in young male rats. This finding was dismissed by the pro-fluoridation lobby as unlikely to be important for humans. Yet this same rare bone cancer has increased dramatically in teenage boys aged 9-19 in the fluoridated areas of America but not in the non-fluoridated areas. The New Jersey Department of Health reported Osteosarcoma rates were three to seven times higher in fluoridated than unfluoridated areas. [Hoover RN, Devesa S, Cantor K, Fraumeni Jr JF. Time trends for bone and joint cancers and osteosarcomas in the Surveillance, Epidemiology and End Results (SEER) Program, National Cancer Institute].

Elise Bassin's study, published in *Cancer Causes and Controls* 2006, showed boys exposed to fluoride between the ages of six to ten were 500-700% more likely to develop osteosarcoma in their late teens than boys that hadn't been exposed to fluoride. While other studies in the past have shown no relationship between fluoride and bone cancer, Bassin discovered the missing link. The age that boys are exposed to fluoride is the determining factor. This research has not been disproven.

**Adverse Thyroid Function** The recent National Academy of Sciences report [NA: *Toxicological Risk of fluoride in Drinking Water, 2006*] also outlines the detrimental effect that fluoride has on the endocrine system, especially the thyroid. Total endocrine function has never been adequately studied in relation to total fluoride intake.

### 3. Fluoridated water is particularly harmful to infants

A glass of fluoridated water (1ppm) has 250 times more fluoride than occurs naturally in human breast milk (0.004ppm). Using fluoridated water in preparing infant formula or foods dramatically overexposes infants to fluoride putting them at risk of causing dental fluorosis.

In November 2006 the American Dental Association (ADA) joined the US Government's Centre for Disease Control (CDC) in advising that fluoridated water not be used in infant formula or foods. The New Zealand Food Safety Standard report for infant formula specifies unfluoridated water for mixing with the formula powder, and warns of the health risk to infants from fluoridated water. [FSANZ report P93, on Australia-NZ infant formula standard 2.9.1]. In the same month The Lancet (a respected medical journal) described fluoride as an "emerging neurotoxic substance" due to evidence linking fluoride to lower IQ in children and brain damage in animals. The continuation of current fluoridation policy is placing our most vulnerable at risk.

### 4. Fluoridation is not cost effective when you consider the total cost to benefit

When measuring the real cost of fluoridation the current policy sees a small return on investment of public funds.

The Whangarei District Council chose not to introduce fluoridation to the district citing the expense as one reason. It would have cost them approximately \$250,000 to install the fluoridation station. There were also costs of maintaining the pipes as they corrode more rapidly and require replacing more often than unfluoridated water stations. When you add up these costs across every council, plus the actual ongoing cost of purchasing the fluoride (which is mostly imported), the costs to the health care system in treating fluoride overexposure issues from dental fluorosis to bone issues and thyroid dysfunction, this is a tremendous amount of public funding with no significant difference in decay rates.

There are more cost effective ways of dealing with tooth decay. The successful "lift the lip program" in Canterbury proved that public health officials can implement other measures to improve dental health in the community.

#### **5. Fluoridation is the unethical practice of enforced medication breaching individual civil liberties**

Fluoride is the only chemical added to drinking water for the purpose of medication (to prevent tooth decay). Most of Europe has rejected fluoridation because of the issue of civil liberties and it is now being questioned by professionals in the United States.

Dr. Charles Gordon Heyd, former President of the American Medical Association said "I am appalled at the prospect of using water as a vehicle for drugs. Fluoride is a corrosive poison that will produce serious effects on a long range basis. Any attempt to use water this way is deplorable."

Fluoridation contravenes our own Medicines Act of 1981. Medsafe's website states "The Medicines Act 1981 permits a registered medical practitioner, dentist and midwife to prescribe, administer or arrange for the administration of medicines for the treatment of a patient in his or her care". Over one million people are currently being medicated with fluoride without being in the direct care of a medical practitioner or dentist. They are also being medicated against their permission. We do not know how much medication each individual is ingesting. We do not know how much fluoride each individual is getting through food, tea, or fluoridated commercial drinks. Doses are uncontrollable and unmonitored.

The Medicines Act defines medicine to mean "any substance or article, other than a medical device, that is manufactured, imported, sold, or supplied wholly or principally: (a) For administering to one or more human beings for a therapeutic purpose; or..."

Section 4 of the Act describes therapeutic purpose in (a) and (f):

"(a) Treating or preventing disease; or..... (f) Otherwise preventing or interfering with the normal operation of a physiological function, whether permanently or temporarily, and whether by way of terminating or reducing or postponing, or increasing or accelerating, the operation of that function, or in any other way"

If fluoridation "prevents tooth decay" it is therefore an unregistered medicine. It is illegal for Doctors to prescribe medicine without a license or private consultation. Should Councillors, Dentists and Politicians be in the position of prescribing mass medication without a license, a private consultation or a case history of the patient to determine if there is fluoride sensitivity or danger of over exposure?

#### **6. Fluoridation impacts negatively on the environment**

In New Zealand there has been no comprehensive environmental impact study on how fluoridated water may pollute our ecosystem. We do not know how it is affecting our fisheries, soils, animals or fauna.

The fertiliser company Ravensdown was sued in the High Court of Napier 2008 because of acid and fluoride emissions into the environment affecting local orchardist Paddy Donovan. The company had paid compensation for damage to other local orchards in the area but withheld compensation to the former Olympic and Empire games boxer come orchard owner. While the 12 day trial ended on the first day with a settlement out of court, admission

of cause was implicit in the fact that the company offered settlement before the trial got under way. There have been no studies researching the reasons why fluoride is safe and medicinal when collected, packaged and sold to regional councils to add to public drinking water, but dangerous and illegal when released through smoke stacks of the type of companies who supply it to councils.

In 1989 it was revealed that the Columbia River at John Day Dam was delaying migration of the Chinook salmon by as much as three times as long as other areas of Canada, as well as causing loss of adult salmon. [*The North American Journal of Fisheries Management in 1989, 9:154-162*]. Fluoride emissions into the river from the local aluminum plant was the cause of this problem. When there was a drop in fluoride discharges from the plant there was a corresponding decrease in interdam losses of adult salmon and time of fish passage. The true impact of fluoridation on our environment is neither fully known or appreciated, for no significant decrease in tooth decay rates.

## Conclusion

Given that world statistics show no significant difference between tooth decay rates of unfluoridated and fluoridated areas, there is a more cost effective way to prevent tooth decay. The high cost of fluoridation in terms of outlay, maintenance and health impacts dictates we must investigate alternative approaches.

Most of the world has rejected fluoridation. Only the United States, where fluoridation originated, and countries strongly influenced by the United States persist in what most of Europe calls an unethical practice. Over 2,400 health care professionals worldwide are now saying "recent events make action to end water fluoridation urgent". See their full statement and list of signatures in Appendix 3 (attached).

Currently in New Zealand approximately twenty nine councils have some fluoridation scheme and forty-six do not. It is time that New Zealand re-examines and ceases this unethical, ineffective, costly and harmful enforced medication policy.

*Note: References quoted in this submission are available on request.*

**Nicola Old**

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**From:** Sharon Bennett on behalf of BUS: Policy Submission  
**Sent:** Wednesday, 5 May 2010 8:21 a.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Fluoride Submission  
**Attachments:** Submission by Health Freedom Fluoride.doc

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**From:** Aaron Pinga **On Behalf Of** Info at WCC  
**Sent:** Wednesday, 5 May 2010 3:20 a.m.  
**To:** BUS: Policy Submission  
**Subject:** FW: Fluoride Submission

Hello,

Are you able to assist with the customer's enquiry below? If you are able to help, and reply to their email directly, would you please CC the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

Kind Regards,

Aaron Pinga

Online Channel Administrator  
Customer Contact Centre  
Wellington City Council

---

**From:** Sarah Fox [<mailto:sarah.fox@paradise.net.nz>]  
**Sent:** Tuesday, 4 May 2010 10:03 p.m.  
**To:** Info at WCC  
**Subject:** Fluoride Submission

To whom it may concern

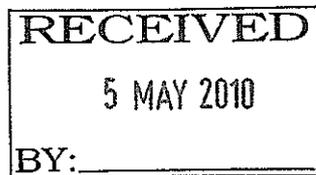
Attached is the Health Freedom Trust New Zealand's, Fluoride Submission. I would like the opportunity to speak to my submission.

Kind Regards

Sarah Fox

\_\_\_\_\_ Information from ESET NOD32 Antivirus, version of virus signature database 5051  
(20100422) \_\_\_\_\_

The message was checked by ESET NOD32 Antivirus.



## Submission to Annual Plan

From: Kurt Shanly

Address: 101B Austin Street  
Mt Victoria  
Wellington

Date: 5 May 2010

I wish to speak to this submission.

Subject: Water fluoridation.

Fluoridation is a violation of human rights. I do not want fluoride in my water, and do not want Council rates spent on this outdated practice.

I am not happy to have my health (and the health of my family) put at risk by the continued addition of fluoride to the water supply.

If people want fluoride they can get it from brushing with fluoride toothpaste.

I ask the Council to include the discontinuation of fluoridation of water in the Wellington Region in its 2010 Annual Plan.

Signed

A handwritten signature in black ink, appearing to read "Kurt Shanly", with a long horizontal flourish extending to the right.

## Nicola Old

---

**From:** Adrian Rogers on behalf of Info at WCC  
**Sent:** Wednesday, 5 May 2010 2:10 p.m.  
**To:** BUS: Annual Plan  
**Subject:** FW: Submission

**Attachments:** Submission to Wellington Council Kurt Shanly.doc; ATT00001.txt



Submission to Wellington Council... ATT00001.txt (66 B)

Hello,

Are you able to assist with the customers enquiry below? If you are able to help, and reply to their email directly, would you please CC the [info@wcc.govt.nz](mailto:info@wcc.govt.nz) email address as well. We will reply to their original email advising them that they will be contacted in due course.

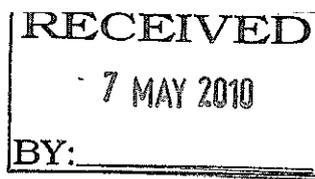
Kind regards,

Adrian Rogers  
Online Channel Administrator  
Customer Contact and Service Centre

-----Original Message-----

**From:** Kurt Shanly [<mailto:kurt.shanly@gmail.com>]  
**Sent:** Wednesday, 5 May 2010 12:15  
**To:** Info at WCC  
**Subject:** Submission

please find my submission attached.  
Kind regards  
Kurt Shanly



**Submission from:**  
Paula Warren  
2/1 Wesley Road  
Kelburn  
Wellington 6012

471 3118  
[Pwarren58@yahoo.co.nz](mailto:Pwarren58@yahoo.co.nz)

I would like to be heard in support of my submission.

### **Rates**

I am very happy to pay my rates, and believe that I get good value for them. There are facilities I virtually never use, but I am willing to pay for them because they are an essential part of the mix of facilities that a great city needs – a basic road network, the stadium, sports fields. There are all those boring essential services I need – water, sewerage, rubbish collection, footpaths, bus stops. And of course there are facilities I love and spend a lot of time in (e.g. the central library, the waterfront, the botanic and Otari gardens, the Town Hall, St James Theatre). Ignore idiots like Rodney Hide who seem to think that councils should stick to a tiny number of core functions, and then privatise those. That way does urban blight lie. And ignore the carping of those residents and ratepayers groups who think we can have everything without paying for it.

That said, I obviously want to see the Council making wise choices about what to spend money on. And I want to see the council working to improve the efficiency of its businesses and the efficiency of the city infrastructure. On that front I would particularly encourage the following as key activities for the next year:

1. Fix the public transport spine through the city. It is time to stop being tentative about this, and make the big changes. That essentially means getting all the cars out of the spine, and making it a well-designed PT/pedestrian space. And then support Greater Wellington to sort out the bus congestion/service inefficiency problem by developing an integrated PT network plan that makes better use of the service capacity in the system (buses, drivers, etc).
2. Continue to encourage volunteer involvement in city improvements. I coordinate one of the council-supported community restoration projects. Community restoration projects not only provide additional capacity to achieve amenity and environmental improvements, but also connect residents to their city and neighbours. I believe the council needs to be actively encouraging residents and workers to “adopt a spot” near their homes or workplaces. The central city is full of small spaces that need some love. Even a tiny bit of attention would make all the difference – cleaning up the rubbish, removing the weeds, watering plants in summer. Collectively, those tiny spaces probably have more influence on whether the city looks ugly or attractive than the major council urban design projects or public artworks. The latter are important, but let’s also address the matrix that they sit in.
3. Make sure council businesses are well run. I don’t agree with the idea of privatisation. That just means that you have to add an additional private business profit on top of the cost of running the business. There is absolutely

no reason why council staff cannot run efficient operations, and they are more likely to take account of the long term effect of their work on the city than a private sector operation. All that is needed are the sorts of good operating standards and audit arrangements that would be needed to manage a private contract anyway.

4. Improve the integration across the council in public space management. I have raised this issue in my annual plan submissions over the last few years, and the problem is still there. I still believe that what is needed is a data base that contains basic material for each bit of land – what volunteers are working there, what standards have been set for particular operations like weeding, whether there are restrictions on operations (e.g. spray free zones, agreements with adjacent landowners), inspection information for structures, etc. I work for DoC, and we have developed those sorts of data bases for visitor facilities (VAMS) and historic places (HAMS). They have greatly improved the ability to coordinate work and ensure that essential things happen.
5. Adopt cheaper ways to provide information to pedestrians. In particular, I want to see stencilled routes to key destinations such as the Botanic Gardens. It would be a rare weekend when I don't have to provide directions to lost tourists who get as far as Clifton Terrace and then become confused. To be able to take them to the nearest stencilled route, and say "just follow the trees" would be the perfect answer. And it would cost very little compared to traditional street signs.

### **Town centres**

I strongly support the various initiatives the council has and is planning to take to strengthen town centres – locating facilities there, slowing traffic and improving town centre design.

The next step that is needed is to ensure that the PT network is also designed around that approach. I have provided detailed comments to GW on their proposed integrated PT network framework. We need a network that places the inevitable interchanges in the key town centres. We also need a network framework that provides good PT to all the town centres – in my view too many suburban centres are outside the QTN part of the proposed network. PT network planning and town planning must mesh.

And of course there need to be progressive improvements to pedestrian access to the centres. In many cases the way roads are designed to help cars makes it very difficult for pedestrians (e.g. I raised the problem of Onepu Rd in my submission on speed limits in Kilbirnie).

An additional activity I would like to see include in the plan is to provide more maps to help people find their way around. In Santiago de Chile, every metro station has three large maps on the wall

- one showing the immediate surroundings of the station – streets and buildings – including showing where public agencies are located
- one showing the streets in a wider area
- one showing the public transport routes through the city

I would like to see the same sort of approach taken at major PT interchanges in the city – the bus terminal, Johnsonville, Kilbirnie, Newtown, Courtenay Place, etc.

### **Waste collection**

I would like to see the performance measures for this changed. I don't think it matters if residents don't use the system as long as they aren't using another one. I virtually never put out a rubbish bag, because most of my waste is composted or given to a colleague's pigs or recycled. What little I produce (about a handful most weeks) will easily fit in my neighbours' bags. What we should be discouraging is people using alternative systems. There are a number in my street, and that has some significant effects:

- it means we have rubbish trucks twice a week (their rubbish is collected on a different day)
- the bins encourage more waste. There is a lot of garden waste in their bins, despite their having large sections.
- this reduces the affordability of the council system.

So I'd like to see a performance measure which instead says "Less than 5% of residents use alternative waste collection systems for their normal household waste."

### **Library**

I have been regularly donating books in Spanish to the library. I make periodic trips to Latin America for work/voluntary work purposes, and make a point of buying books while there. I started donating them to the library rather than keeping them, because that way more people could use them. The Spanish collection is dominated by worthy tomes, with a shortage of picture books, cartoons, light novels and other things that we learners want to read. So I was surprised when my latest box of books was declined because they don't accept donations any more.

### **Dogs and cycles on buses**

I'm not personally a dog lover – I was brought up to see dogs as working animals rather than pets. But I do support providing those who do want pet dogs with places to exercise them. And ways to get there. I believe that there is a need to have some designated bus services that can be used by well behaved dogs (with their owners), to allow people to get to some of the further out parks without needing to take a car.

There is also a need to provide for cycle carriage on buses. That will allow more people to cycle to work, knowing that if the weather changes, or they unexpectedly work late, they can get their bike home on the bus. It will also expand opportunities for recreational cycling, by allowing people to access places like the mountain bike park, the south coast, regional parks, etc, without needing to cycle long distances along difficult routes (or take a car) I would like to see the city encourage GW to give up the idea that "there is no demand" and look instead at how we can progressively bring in bike racks.

### **Walking and cycling**

The annual plan does not appear to include commitments to implementing the walking and cycling plans. There should be a section on this, identifying the top priority activities to implement the plans.

### **Transport performance measures**

As set out above, I believe that a top priority for WCC this year must be getting the PT system to work efficiently. We cannot continue to allow the system to deteriorate. I am confident that poor reliability is a major reason for the recent drop in bus patronage.

So I would like to see a performance measure for this. For example “average transit time for buses travelling between Lambton and Courtenay Place is improved by 50%”

On page 179, there should be an additional monitoring activity - monitoring transit delays for buses.

In relation to walking, I would like to see a measure for implementation of the walking plan – “the distance that can be walked from the CBD in 20 minutes has been lengthened on at least one key commuter route”.

### **Bus shelters**

I would like to see seats added to the project. While shelters are important on those wet miserable days, for some users seats are important on all days. It is particularly important at stops that have infrequent buses, where the wait may be long. I have an arthritis-related condition that means that standing for long periods is simply not feasible, and I am certainly not the only user with that sort of problem. Just a very basic seat makes all the difference.

### **Car parks**

I have made submissions on this in the past. I continue to strongly disagree with the council’s general approach to carparking. Attached is the way I would like to see this issue addressed.

In addition, I do not believe there should be free parking at the weekends. I understand that the loss of revenue is budgeted at \$400,000. This should instead be used to provide reduced bus fares. I would particularly like to see a “day tripper” arrangement that could be used on any bus in central Wellington (e.g. between Ngauranga and Newtown), at a low price. This would encourage people to spend more time in the city, enjoying the museums, galleries, shops, etc. It would enhance business far more than supporting car parking.

### **Cable Car**

I am a periodic user of the Cable Car. It provides an excellent service.

## **Parking**

### **Principles**

There are three key principles that need to be considered in any parking decision:

- The road corridor is for the movement of goods and people. Any parking that interferes with that movement is undesirable.
- Parking provision and charging is a useful TDM tool. That applies to not only public parking provision, but also requirements/restrictions/charges on private parking provision.
- Public land should not generally be used for the long term storage of private goods, including cars. Parking spaces should therefore be for short term use as part of a transport event (i.e. for a temporary stop as part of a journey on that road).

### **How councils influence parking**

- Providing parking spaces.
- Enforcing illegal parking.
- RMA district plan provisions/consent conditions that require or restrict parking provision in developments.
- The GW LTCCP stated that putting a levy on parking provision was an option for funding of transport, as an alternative to transport rates. How this would have been done was not explained.

### **Park and ride**

- Park and ride is an important part of the PT system, and provision of park and ride is an important incentive for PT use. Some park and ride should be available at railway stations and major PT nodes.
- But park and ride is less desirable than walking, cycling or using a bus to get to the railway station/bus service (from an overall societal perspective). It is therefore important that the use of alternatives is more attractive than the use of park and ride. For example it does not make sense to charge for the bus to the station, and make park and ride free. It would be better to charge for park and ride spaces and use that money to make buses free. The same applies to cycle lockers versus car parks.
- There is a limit to how much park and ride we can afford to provide. Parking areas are expensive to provide, and can have significant impacts on urbanscape, pedestrian access, safety, etc. Use will need to be rationed to those who most need it – disabled users, people from areas without bus services, etc. Often those who most need it (e.g. people using trains off-peak when there are no feeder buses) will be excluded by the parking area already being filled. Practical rationing tools need to be developed for those situations.

### **Parking effects on the road corridor**

- Parking spaces should be removed where they are impeding reasonable vehicle movements. In particular, there should be no impediment to bus movements. Councils need to make clear decisions about whether to allow parking and make the street one-way, or have a two way street and remove the parking.
- Parking spaces should be removed where they are affecting cycle safety. Left lanes of roads need to be wide enough to allow cars to safely pass cyclists. Car

- parking should not be located or designed so that the risk of collision with cyclists (car doors or backing cars) is high.
- Parking spaces should not be provided where that adversely affects pedestrian movements. There needs to be a choice between having streets with footpaths and shared road spaces. Where there are shared road spaces, parking spaces must be located/designed so they do not impede the quality of those spaces. Where footpaths are to be provided, these should not be below the normal standard simply because space is being provided instead to car parking, nor should they prevent the installation of desirable pedestrian crossing assistance (e.g. kerb extensions).

### **Priorities for use of available parking space within road corridors and on public lands adjacent to the road corridor**

- As stated in the principles, long term storage of cars should generally not be on public land. There are rare exceptions to that – where off-street parking in suburbs is impractical for historic design reasons, and where there is public land available to provide for parking. In those cases, the residents should be paying for the parking spaces at the same rate as they would pay for parking provision on private land. There should be no subsidy. Parking design for those purposes should minimise impacts on priority parking needs (see below) and on urbanscapes (e.g. by getting cars into off-street parking buildings)
- The first priority for parking space should be for very short term pick up and drop off activities, i.e. loading zones. Effort should be made to ensure that adequate loading zones are available in areas where such activities are not easily carried out on private land, with strong enforcement of illegal parking in areas around the loading zones.
- The second priority for parking spaces should be short term parking (less than 2 hours) to allow people to carry out temporary activities (e.g. visiting relatives, having lunch in a café).
- The third priority for parking spaces in residential areas is for bookable spaces that can be used for tradespeople and temporary residents/visitors who cannot park on the residential property and reasonably need to be at the property (i.e. cannot simply store their car in a CBD commercial carparking building).
- Commuter parking should generally not be provided on public land, except for park and ride/park and walk provision. It should never be provided where that would prevent adequate provision of the priority parking spaces.

Note that this would imply a very different arrangement, particularly in residential areas. Residential parking zones and coupon parking would mostly be replaced by loading zones, short term parking zones (regularly checked) and bookable zones. New software allowing efficient booking of parking spaces should be employed to make that new category of parking zone feasible.

### **Enforcement**

- There should be strict enforcement of parking rules, paid for from fines.
- The parking bylaws should not treat effects on pedestrians as less important than effects on road traffic. (e.g. at present WCC bylaws do not allow towing for cars on footpaths, but do for cars in carriageways). If anything, impacts of the less desirable (car) mode on more desirable (active) mode should be more actively prevented and carry higher penalties.

**Zach Rissel**

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**From:** pwarren58@yahoo.co.nz  
**Sent:** Friday, 7 May 2010 6:18 p.m.  
**To:** BUS: Climate Plan  
**Subject:** Draft 2010 Climate Change Action Plan

The following details have been submitted from the Draft 2010 Climate Change Action Plan form on the [www.Wellington.govt.nz](http://www.Wellington.govt.nz) website:

**First Name:** Paula  
**Last Name:** Warren  
**Street Address:** 2/1 Wesley Road  
**Suburb:** Kelburn  
**City:** Wellington  
**Phone:** 471 3118  
**Email:** pwarren58@yahoo.co.nz

I would like to make an oral submission in mid May: Yes

I am making this submission: as an individual

In general, what is the highest climate change priority for you: Making our transport system more efficient and therefore less impacting. This is important because it will generate a wide range of other benefits.

How strongly do you support or oppose the approach of the draft 2010 Climate Change Action Plan: 4

Do you think the Council is focusing on the right areas and projects in its response to climate change: Yes

I you think the Council's proposed response to climate change is: Not enough

Vulnerability assessment - preparing for climate change impacts: 4

Electric vehicle pilot project: 2

Council energy-management programme: 5

Business energy-saver programme: 5

Home energy-saver programme: 4

Do you agree with the emissions reduction targets in the Action Plan: No

Why: Lower than it should be.

Do you disagree with any of the actions proposed in the Action Plan: I don't generally support a focus on electric private vehicles. Instead we should be focusing on converting the public transport fleet, as far greater gains can be made by changing those vehicles first.

How would you like to get involved in assisting the Council to respond to climate change issues: I already carry out ecological restoration work with the council, and will continue that project. I will also continue to work with the council to assist the shift to more efficient transport modes, particularly active modes and PT.

Any other comments: The project that needs to be added is making the PT system work well (and discourage car commuting) by making the golden mile a car free PT corridor.

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**Your details**

Mr / Mrs / Ms / Miss / Dr (circle which applies)

First name(s)

Kelly

Last name

Newbold

RECEIVED  
10 MAY 2010  
BY: \_\_\_\_\_

SUBMISSION NUMBER  
221

Street address

2/113 Adelaide Road

Phone

04 389 0213

Email

Kellyn@sportwellington.org.nz

I am writing this submission as:

an individual

on behalf of an organisation

If an organisation, which one?

Sport Wellington

Type of organisation

business

community

other

Do you wish to speak to a panel of Councillors in support of your submission?

yes

no

*Please note:* All submissions (including name and contact details) are published and made available to elected members and the public. Personal information will be used for the administration of the consultation process. All information collected will be held by Wellington City Council, 101 Wakefield Street, Wellington, and submitters have the right to access and correct personal information.

**Your comments**

(use more pages if needed)

Please see attached 3 pages on behalf of Sport Wellington

Paul Cameron (CEO) will present to council, please contact Kelly Newbold, Administration manager, on (04) 389 0213 to confirm date & time.



**Draft Annual Plan Submission Form**

We need to receive your submission by 5pm on **Monday 10 May 2010**.  
 Fold and staple this page and post it to the Council (Freepost).

Second fold here



Draft Annual Plan 2010/11 (COP003)  
 Wellington City Council  
 PO Box 2199  
 Wellington

First fold here

**Who we are reaching**

You don't have to complete this section but *this information helps us to know who we are reaching. We use this for statistical purposes only. It will not be made publicly available.*

I am  male  female

My age is  under 18 years  18-29 years  30-39 years  40-49 years  50-59 years  60 years or older

Have you ever made a submission on a Draft Annual Plan or Long-Term Plan before?  yes  no

Which of the following best describes you?  residential ratepayer  commercial ratepayer  
 residential and commercial ratepayer  I rent  other

How did you hear about this consultation? (You can tick more than one box)

direct correspondence from the Council  word of mouth  newspaper advertisement  
 on the Council's website  radio talkback  newspaper articles  
 through an organisation I am a member of  Our Wellington page  
 other

Please state: \_\_\_\_\_

Which ethnic groups do you belong to? (You can tick more than one box)

New Zealand European  Maori  Samoan  Cook Island  Tongan  Niuean  
 Chinese  Indian  Other (such as Dutch, Japanese, Tokelauan, Somali).

Please state: \_\_\_\_\_

## Submission to Wellington City Council Draft Annual Plan 2010/11

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**SPORT WELLINGTON** Sport Wellington is the independent organisation for sport and physical recreation covering the Greater Wellington Regional Council area – working alongside the eight local authorities.

**SPORT WELLINGTON PURPOSE** To provide professional leadership, support and opportunities for the sport and physical activity sector, enabling greater participation and achievement

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**GENERAL ACKNOWLEDGEMENT** Congratulations – Indoor Community Sports Centre  
The Council is to be congratulated with the construction progress made for what will become one of Wellington's most significant assets. The 12 court facility, with much of the budget to be spent during the coming year, with an opening around August 2010 will be accessed by many thousands of Wellingtonians.

Although the centre measures 10,500sqm it is anticipated full capacity will be achieved very quickly indicating the extra ground available maybe required for an extension to the facility sooner than was anticipated.

**EVENT SUPPORT** Thank you:  
Sport Wellington appreciates the support received towards the iconic Wellington community event, Round the Bays, and the annual Wellington Sports Awards this year to be held at the Wellington Town Hall, June 3<sup>rd</sup>.

**A PARTNER** The WCC is a valuable partner to the Wellington Region Recreation Initiative Group (WRRIG) alongside Porirua City Council, Hutt City Council, Upper Hutt City Council, Greater Wellington Council, Capital & Coast District Health Board, Hutt Valley District Health Board, Regional Public Health and Sport Wellington. The group works collaboratively endeavouring to facilitate initiatives to increase participation in sport and physical recreation in the region.

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**SUPPORT FOR KEY ANNUAL PLAN PROPOSALS** Pool and Facility Upgrades  
Support is provided for the bringing forward of several already budgeted pool upgrades. Including:

- \* Development of a teaching pool at Karori Pool
- \* Development of a hydrotherapy pool at the Wellington Regional Aquatic Centre
- \* Planning for the redevelopment of the Keith Spry pool in Johnsonville to

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incorporated a new teaching pool, a leisure and water play area and plans to develop a joint administration area with the proposed new library

There continues to be a significant need for learn to swim facilities to assist, particularly young people, in the development of basic water skills as part of life skill development.

The proposed increase to recreation grants by \$500,000 (over two years) to help upgrade existing school pools in order to improve public access for learn-to-swim programmes is innovative and worthy.

Studies have shown that current school pools have deficiencies that have a negative influence on the ability to teach children to swim competently. These deficiencies have range from water temperature to pool depth. Of course, many schools do not have pools and will travel to other pools (predominately community facilities) but then cost and travel become negative influencing factors.

This proposal will have a positive impact on these negative influences and should see an increase in the quality of existing school pool facilities therefore increasing access.

Alongside the development of council facilities and the proposed increase in recreation grants the concept of carrying out further work to indentify options on how best to meet the future demand for aquatics activities will be an investment well spent - \$60,000 (page 25). The \$1.5m funding allocation for 2013/14 from the findings is supported.

Additionally, the above mentioned development of a stand-alone hydrotherapy pool at Wellington Regional Aquatic Centre will free up further learn to swim space at this facility.

Capital works: Roof replacement (Tawa) and installation of a retractable roof (Thorndon) in the coming years - \$12.5m will add significant value to these core community recreation assets.

## GRANTS

The current economic climate makes it difficult for many community organisations to maintain community facilities. The proposed additional \$55k to support partnerships that increase public access to community spaces in endorsed (page 26).

## SUPPORT FOR NEW ANNUAL PLAN PROPOSALS

### Rugby World Cup (page 14-15):

Sport Wellington agrees the 2011 Rugby World Cup provides a unique opportunity to showcase Wellington to a global audience. This is probably going to be the biggest sporting event Wellington will be part of in the context of New Zealand Sport.

The event will not only provide significant opportunity for Wellington residents but thousands of visitors from new Zealand and overseas will transcend on the Capital.

The five parts to this new proposal will all assist 'in adding value' to the city.

\* Rugby World Village on the waterfront - \$150k over the next two years.

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- 
- \* Rugby World Cup sculpture was a centrepiece of the city's connection with the Rugby World Cup 2011 - \$361k
  - \* Maori Heritage Trail – the enhancement of this trail will educate Wellingtonians and international visitors about tribal stories and legends that make Wellington unique - \$37k
  - \* CBD street cleaning – The additional work required to keep the CBD up to the required tidiness standard is imperative if the area is going to continue to provide the visitor investment expected. The proposed additional spend for the World Cup - \$350k is supported.
  - \* Newtown Park Sports Field upgrade – The obligations of meeting the World Cup agreement will provide added value beyond the Cup to the now nearly completed artificial surface - \$37k

Recreation – Promotion, Access and Services (Page 76 - 81)

**ANNUAL PLAN**

**ACKNOWLEDGMENT**

Sport Wellington acknowledges and supports the councils aim to provide access to sport and recreation opportunities for all Wellingtonians.

The seven swimming pools, 45 sports grounds, 5 recreation centres, in excess of 100 playgrounds, and 2 marinas provide the opportunity for thousands of Wellingtonians to participate in sport and recreation activities. It is noted over \$20m of net operating expenditure will be incurred in 2010/11 plus \$32.7m spending on capital expenditure.

The asset management plan currently being carried out is important so the Basin Reserve can be maintained as a leading world cricket test venue; this historic Wellington venue plays an important role in the culture of sport in the city.

The extremely high usage of the new synthetic surface at Nairnville Park is an indication there is an urgent need for the installation of the five synthetic surfaces sooner than the 2013 start time (page 80).

Funding support for the Lyall Bay surf club is endorsed as the club plays a significant role in patrolling one of Wellington's busiest beaches.

It is noted with some concern the proposed increases in user charges and fees for recreation facilities. While it is acknowledged some cost increases need to be recovered, a fit and healthy Wellington community incurring moderate changes but achieving higher participation levels will help council achieve its community goals.

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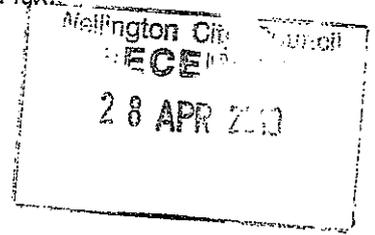
Paul Cameron  
Chief Executive Officer  
Sport Wellington

May 2010

### Draft 2010 Community Facilities Policy and Implementation Plan submission form

We want to know your views. You can make a submission by mail, email, internet and fax.

**Post:** Freepost 2199, Community Facilities Policy Review, Wellington City Council, Wellington  
**Email:** community.facilities@wcc.govt.nz  
**Online:** www.Wellington.govt.nz  
**Fax:** 04 801 3124



Submissions close at 5pm Monday 10 May 2010.

**Privacy statement:**

All submissions (including name and contact details) are published and made available to elected members of the Council and the public. Personal information supplied will be used for the administration of the consultation process. All information collected will be held by the Wellington City Council, 101 Wakefield Street, Wellington. Submitters have the right to access and correct personal information.

#### About you

Are you making a submission as:  An individual  Representing a group or organisation

If you are representing a group or organisation, how many people do you represent? \_\_\_\_\_

Name BERNARD O'SHAUGHNESSY

Address APT 239, 320 Mansfield St, Newmarket

Organisation (if applicable) —

Organisation role (if applicable) —

Phone Day — Evening —

Email Bernardboss@yahoo.co.uk

Age  Under 18  18-30  31-50  51-65  65+

How often do you (or your organisation) use our:

Libraries	<input checked="" type="checkbox"/> More than once a week	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____
Swimming pools	<input type="checkbox"/> More than once a week	<input checked="" type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____
Recreation centres	<input checked="" type="checkbox"/> More than once a week	<input checked="" type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____
Community centre or hall	<input checked="" type="checkbox"/> More than once a week	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____

If you would like to make an oral submission to the Hearings Subcommittee, please tick this box.

If you wish to make an oral submission, we will arrange a time for you to come and talk to Councillors some time in mid-May 2010.

#### Tell us what you think about the overall approach we are planning to take in the draft Community Facilities Policy.

TOTALLY WRONG.

What do you think about the areas of focus in our strategic priorities? Are these the right ones?

WRONG FOCUS -

NO - NOT THE

RIGHT ONES

Do you agree with the investment proposals we have identified in our plan?  
Are there any others you think we should consider?

NO.

YES.

What do you think of the timing of these investment proposals?

TERRIBLE

ABSOLUTELY WRONG

Tell us what you think about limiting public access to some parts of our pools at peak times so we can provide more learn-to-swim classes until the new learners' pools are built.

No - leave public access  
during school classes

Just at all times  
reduce the water pool  
usage to all rec  
swim clubs - that is  
reduce their times and make them  
pay more.

Do you have any other comments?

(Feel free to attach additional information.)

The Mayor Kerry & Gary Poole  
should Resign!

YES HEAPS -

But will be  
making full submissions.

This draft policy shows once  
again how you need to  
engage more with communities  
even before you put out  
"drafts" like this that push  
your ratepayers into corner lobby  
groups that have to "fight city hall".

YOUR CUSTOMERS  
YOU ARE SUPPOSE TO  
WORK FOR US.

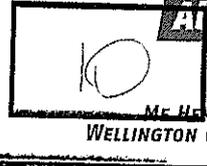
RATEPAYERS  
AND PAY YOUR  
SHARES.

Fold here



Freepost 2199  
Community Facilities Policy Review (COCY01)  
Wellington City Council  
PO Box 2199  
Wellington 6140

SUBMISSION  
NUMBER



Absolutely

POSITIVELY

ME HEKE KI PŌNEKE  
WELLINGTON CITY COUNCIL

Wellington

## Draft 2010 Climate Change Action Plan – submission form

Please use this form to give us your views about Wellington City Council's draft 2010 Climate Change Action Plan.

You can have your say:

- Online at [www.Wellington.govt.nz](http://www.Wellington.govt.nz)
- By sending an email to: [climate.plan@wcc.govt.nz](mailto:climate.plan@wcc.govt.nz)
- By making a submission on this form and sending it to:
  - Freepost 2199, Draft Climate Change Action Plan, Wellington City Council, Wellington 6140
  - Fax 801 3231

Submissions close 5pm, Monday 10 May 2010. Please use extra pages if you need to.

### Am making a submission

- As an individual       On behalf of an organisation (name organisation) CAR, HART, CAT, RATES, BAG. CCN.
- I would like to make an oral submission

### Enter your name and contact details

Mr/Mrs/Ms/Miss/Dr (circle which applies)

First name\* Bernard Last name\* O'SHAUGHNESSY

Street address\* 320 Mansfield St Newtown Apt 239

Phone Home - Mobile -

Email Bernardboss@yahoo.co.uk

Note \*Mandatory fields (please use block capitals). All submissions (including name and contact details) are published and made available to elected members of the Council and the public. Personal information supplied will be used for the administration of the consultation process. All information collected will be held by Wellington City Council, 101 Wakefield Street, Wellington. Submitters have the right to access and correct personal information.

### In general, what is the highest climate change priority for you?

- Reduce Motor cars – NO CARS IN THE "GOLDEN MILE" IN PEAK BUS TIMES.
- RECYCLE THE HOT AIR FROM COUNCIL

### How strongly do you support or oppose the approach of the draft 2010 Climate Change Action Plan?

- Strongly support       Support       Neutral       Oppose       Strongly oppose

### Do you think the Council is focusing on the right areas and projects in its response to climate change?

- Yes       No

### Do you think the Council's proposed response to climate change is ...

- Not enough       About right       Too much

**How strongly do you support or oppose the new initiatives recommended in the action plan?**

	Strongly support	Support	Neutral	Oppose	Strongly oppose
Vulnerability assessment – preparing for climate change impacts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric vehicle pilot project <i>- idots</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Council energy-management programme <i>Reduce Council Management</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business energy-saver programme – eMission <i>But they pay!</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home energy-saver programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*give workers a prize*

**Do you agree with the emissions reduction targets in the action plan?**

Yes  No

Why? *Too small, too late*

**Do you disagree with any of the actions proposed in the action plan?**

*YES*

**What information would be valuable or assist you to take action on reducing emissions and adapting to climate change?**

*STOP PUSHING THROUGH MAJOR POLICY CHANGES AND NOT GIVING TIME FOR RATEPAYERS TO RESPOND*

**How would you like to get involved in assisting the Council to respond to climate change issues?**

*I, AND MY TEAM, CAT, WILL BE TAKING A MAJORITY OF THE SEATS OF THE CHAMBER*

**Please add any other comments**

*Will be making a full submission.*

Fold here



Freepost 2199  
 Draft Climate Change Action Plan (COP001)  
 Wellington City Council  
 PO Box 2199  
 Wellington 6140

PDWCC8051

## Your details

Mr / Mrs / Ms / Miss / Dr (circle which applies)

First name(s)

Bernard O'Shaughnessy

Last name

Street address

320 Mansfield St Newtown

Phone

—

Email

Bernardboss@yahoo.co.uk

I am writing this submission as:

an individual

on behalf of an organisation

If an organisation, which one?

CAT, RATEs, BAG, BAB, HART(4), NPMETA, Reform Party

Type of organisation

business

community

other

Do you wish to speak to a panel of Councillors in support of your submission?

yes

no

**Please note:** All submissions (including name and contact details) are published and made available to elected members and the public. Personal information will be used for the administration of the consultation process. All information collected will be held by Wellington City Council, 101 Wakefield Street, Wellington, and submitters have the right to access and correct personal information.

SUBMISSION  
NUMBER

051

29 APR 2010

## Your comments

(use more pages if needed)

- ① This is a major document.  
give more time for your  
paymasters (us rate payers to respond).
  - ② This report is full of errors  
& wrongful directions & suggestions
  - ③ This report is misleading
  - ④ This shows again how the council  
spends hundreds of thousands of  
dollars on flashy high funded public  
relation firms and policy analysts  
who talk to each other, but do  
no talk ("engage") with real ratepayers  
who pay the wage bills of council staff.
- I will be making a full submission on this  
drawn upon the professional expertise  
of the organisations I represent.

**SUBMISSION  
NUMBER**

56

**Zach Rissel**

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**From:** loren.parker@foodstuffs-wgtn.co.nz  
**Sent:** Monday, 10 May 2010 3:07 p.m.  
**To:** BUS: Climate Plan  
**Subject:** Draft 2010 Climate Change Action Plan

The following details have been submitted from the Draft 2010 Climate Change Action Plan form on the [www.Wellington.govt.nz](http://www.Wellington.govt.nz) website:

First Name: Loren

Last Name: Parker

Street Address: 279 Wakefield Street

Suburb: Wellington

City: Wellington

Phone: 04 384-8054

Email: loren.parker@foodstuffs-wgtn.co.nz

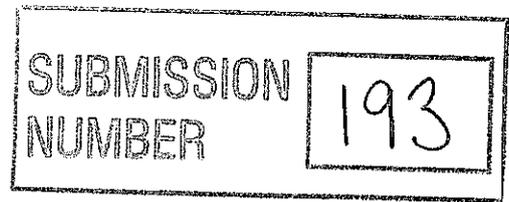
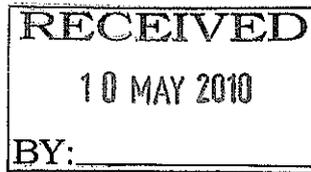
I would like to make an oral submission in mid May: Yes

I am making this submission: on behalf of an organisation

Organisation Name: Wellington City New World

Business energy-saver programme: 5

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**Nicola Old**

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**From:** avril@laurensen.co.nz  
**Sent:** Monday, 10 May 2010 1:21 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100510012048

First Name: Avril  
Last Name: Hillind  
Street Address: 65 Satara Cres  
Suburb: Khandallah  
City: Wellington  
Phone: 04 4771801  
Email: avril@laurensen.co.nz

I would like to make an oral submission: Yes

I am making this submission: organisation

Organisation Name: Khandallah Cornerstone Resource Centre Trust Board

Type of organisation: Community

Social & Recreation: Our organisation known as Cornerstone Community Centre would like to support the proposal for increased funding support for community centres of \$204,000 per year.

We are pleased to see this increase in funding which will enhance the work we do at a local level with the very young, elderly and those in need. The increased funding will enable our co-ordinators to open the centre for longer hours which will have a direct impact on those we work with.

This additional funding will be well used to increase the outcomes and numbers of those served by community centres - an extremely valuable service to residents.

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**SUBMISSION  
NUMBER**

22

**Zach Rissel**

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**From:** steve@loganbrown.co.nz  
**Sent:** Friday, 7 May 2010 1:49 p.m.  
**To:** BUS: Climate Plan  
**Subject:** Draft 2010 Climate Change Action Plan\*

The following details have been submitted from the Draft 2010 Climate Change Action Plan form on the [www.Wellington.govt.nz](http://www.Wellington.govt.nz) website:

**First Name:** Steve  
**Last Name:** Logan  
**Street Address:** 348 The Esplanade  
**Suburb:** Island Bay  
**City:** Wellington  
**Phone:** 021 485039  
**Email:** steve@loganbrown.co.nz

I would like to make an oral submission in mid May: Yes

I am making this submission: on behalf of an organisation

**Organisation Name:** Logan Brown Restaurant

In general, what is the highest climate change priority for you: Make changes now before our climate is changed enough to affect us negatively. eg before the city is flooded

How strongly do you support or oppose the approach of the draft 2010 Climate Change Action Plan: 3

Do you think the Council is focusing on the right areas and projects in its response to climate change: No

I you think the Council's proposed response to climate change is: Not enough

**SUBMISSION  
NUMBER**

25

**Zach Rissel**

**From:** johnrob@paradise.net.nz  
**Sent:** Friday, 7 May 2010 3:56 p.m.  
**To:** BUS: Climate Plan  
**Subject:** Draft 2010 Climate Change Action Plan

The following details have been submitted from the Draft 2010 Climate Change Action Plan form on the [www.Wellington.govt.nz](http://www.Wellington.govt.nz) website:

First Name: John  
Last Name: Robinson  
Street Address: 131 Eden St  
Suburb: Island Bay  
City: Wellington  
Phone: 9345936  
Email: johnrob@paradise.net.nz

I would like to make an oral submission in mid May: Yes

I am making this submission: as an individual

In general, what is the highest climate change priority for you: Understanding the issue and planning realistically. This involves far more from Council, including leadership.

How strongly do you support or oppose the approach of the draft 2010 Climate Change Action Plan: 1

Do you think the Council is focusing on the right areas and projects in its response to climate change: No

I you think the Council's proposed response to climate change is: Not enough

Vulnerability assessment - preparing for climate change impacts: 1

Electric vehicle pilot project: 1

Council energy-management programme: 3

Business energy-saver programme: 3

Home energy-saver programme: 3

Do you disagree with any of the actions proposed in the Action Plan: Electric cars, see comment below.

Any other comments: The approach is mostly spin, far from an appreciation of the extent of the challenge. I comment on 5 points.

1. Electric cars cannot handle hills and the electric vehicle pilot idea (p 25) is foolhardy.
  2. Planting trees where there is already some plant growth does nothing. Planting (p 36) is just spin.
  3. Your Mayor flies frequently. Leadership, and a recognition that such travel contributes considerably to greenhouse gases demand an end to such travel. I have said this before and you are not listening.
  4. Tourism and travel to the Rugby World Cup (p 33) similarly add hugely to greenhouse gases. There is no such thing as a sustainable Rugby World Cup and efforts to attract more overseas attendants is totally negative.
  5. The section on aviation (p 38) is an insult with its call for "carbon neutral growth by 2020".
-

**SUBMISSION  
NUMBER**

19

**Zach Rissel**

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**From:** jake.roos@gmail.com  
**Sent:** Thursday, 6 May 2010 10:11 p.m.  
**To:** BUS: Climate Plan  
**Subject:** Draft 2010 Climate Change Action Plan\*

The following details have been submitted from the Draft 2010 Climate Change Action Plan form on the [www.Wellington.govt.nz](http://www.Wellington.govt.nz) website:

**First Name:** Jake  
**Last Name:** Roos  
**Street Address:** 23 Silverbirch Grove  
**Suburb:** Churton Park  
**City:** Wellington  
**Phone:** 022 687 1980  
**Email:** jake.roos@gmail.com

I would like to make an oral submission in mid May: Yes

I am making this submission: as an individual

In general, what is the highest climate change priority for you: Mitigation, with a particular emphasis and urgency on transport due to the lack of resilience of this sector to the threat of Peak Oil/shortages of petrol and diesel.

How strongly do you support or oppose the approach of the draft 2010 Climate Change Action Plan: 5

Do you think the Council is focusing on the right areas and projects in its response to climate change: Yes

I you think the Council's proposed response to climate change is: Not enough

Vulnerability assessment - preparing for climate change impacts: 5

Electric vehicle pilot project: 5

Council energy-management programme: 5

Business energy-saver programme: 5

Home energy-saver programme: 5

Do you agree with the emissions reduction targets in the Action Plan: Yes

Why: I agree with the overall target of 30% by 2020, although this could be stronger. However the target of 3% by 2013 seems unambitious. Also you fail to state in the document whether emissions have increased or decreased relative to your 2001 baseline. There is also no target stated for reducing WCC's carbon footprint for council operations, which is especially odd as this is the area you have the best hope of influencing.

Do you disagree with any of the actions proposed in the Action Plan: No, but more could be done.

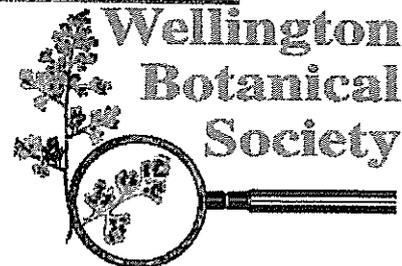
What information would be valuable or assist you to take action on reducing emissions and adapting to climate change: Details of probable climate impacts specific to this region.

How would you like to get involved in assisting the Council to respond to climate change issues: I have written climate change strategies for a local authority in Britain and have extensive experience in CC mitigation in local government. I would be interested in employment at WCC to bring my skills directly to bear directly on the issues. See [www.uttlesford.gov.uk/climate+change](http://www.uttlesford.gov.uk/climate+change) for details of some of my work.

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PO Box 10-412  
Wellington 6143  
New Zealand



7 May 2010

Charities Commission Registration CC10518

## SUBMISSION ON WELLINGTON CITY COUNCIL'S DRAFT ANNUAL PLAN 2010 (INCLUDING DRAFT CLIMATE CHANGE ACTION PLAN)

**Submitter: Wellington Botanical Society**

**Contact details** Bev Abbott

40 Pembroke Rd, Northland, Wellington 6012

[bevabbott@xtra.co.nz](mailto:bevabbott@xtra.co.nz)

Phone 475 8468 (H). 496 6152 (W)

We would like to speak to our submission.

### INTRODUCTION

1. The Wellington Botanical Society welcomes the opportunity to comment on Wellington City Council's draft Annual Plan 2010/11. Our submission includes 13 recommendations and we would like to speak to some of these at any hearings.
2. The Society's submission is made in accordance with four of its objectives:
  - *To make, or to join or to cooperate with any other group in making representations on any existing, draft or proposed legislation, regulation or planning document having any repercussions on the preservation or protection of the flora of New Zealand.*
  - *To create an interest in, and foster an appreciation of, the native plants in the field*
  - *To collect and disseminate knowledge of, and encourage the cultivation of native plants*
  - *To advocate (for) the preservation of lands and waters under protected area statutes in their natural state.*

3. These objectives mean that our primary interest is in the following sections of the plan:
  - 2.1 Gardens and Beaches
  - 2.2 Green Open Spaces

*Draft Climate Change Action Plan*

4. Paragraphs 25-35 of this submission provide some comments and recommendations on the Draft Climate Change Action Plan. Please pass these on to the relevant staff.

## **GARDENS AND BEACHES**

5. The budget for this group of activities is \$13.018 million opex and \$2.157 capex. Text on page 44 records that this will be spent on:
  - ensuring the beaches and coastline remain healthy
  - caring for the city's parks and gardens and many other reserve areas
  - mowing 30 hectares of lawns at over 300 sites
  - growing approximately 80,000 native plants at the Berhampore nursery for use in parks, gardens and open spaces.

***Recommendation 1: Promote awareness of Council's specific intentions for advancing developments at Otari-Wilton's Bush (OWB) in 2010/11 and 2011/12 by including an outline in the final Annual Plan***

6. The current LTCCP includes a commitment to three initiatives at Otari-Wilton's Bush (OWB) over the next three years:
  - upgrading the visitor centre to provide a better visitor experience and education services
  - reconfiguring Otari House so that the house is integrated into the garden and adapted to support research
  - upgrading the main collections path through the forest.
7. We were delighted to learn in a letter from David Sole that funding is available for developments at Otari-Wilton's Bush. This came in a letter acknowledging our submission on the Draft Landscape Development Plan.
8. We suggest Council give more prominence to this funding and the associated deliverables in the final Annual Plan. Many residents and ratepayers will be

pleased to learn that Council is committed to providing more memorable visitor experiences at Otari-Wilton's Bush, particularly as all socio-economic groups can access this conservation attraction free of charge.

***Recommendation 2: Support for improvements at Te Raekaihau Point***

9. We support Council's intention to make improvements to Te Raekaihau Point with funding from the Plimmer Trust. The improvements will help protect the remaining indigenous shrubs, ferns and herbaceous plants growing among the gravels and rocks on the sea-ward side of the road. It will also make a contribution to restoring the natural character of the site.

***Recommendation 3: Increase the diversity of eco-sourced plants available from Berhampore Nursery***

10. We were pleased to see that the Berhampore Nursery will be funded to produce another 80,000 native plants in 2010/11. In our LTCCP submission we asked Council to increase the diversity of eco-sourced plants available from the Berhampore Nursery. If Council has acted on that submission, we suggest a short addition to the wording on page 46. If not, please consider doing so.
11. Council may also like to give some publicity to its own planting activities on this page, – i.e. where and how the other 60,000 native plants produced by the nursery are put into the ground, and the expected success rate (e.g. X% are flourishing two years later).

***Recommendation 4: Investigate the costs and benefits of replacing grass with indigenous alternatives to reduce expenditure on lawn mowing***

12. Under the LTCCP, Council signaled its intent to reprioritise maintenance programmes for gardens and beaches. One opportunity for reducing the costs of mowing lawns is to replace grass with indigenous alternatives such as species of *Leptinella* and *Dichondra* at or within some sites. We would be interested to know if this opportunity is being trialed at any sites. If not, we suggest appropriate opportunities and trials are introduced.

**GREEN OPEN SPACES**

13. We strongly support Council's long term vision of substantially improving natural biodiversity on the Town Belt, Output Green Belt and other reserve land, while also maintaining these areas to support recreation and keep the city attractive for residents and visitors.

***Recommendation 5: Develop outcome-focused performance measures for environmental activities***

14. We'd like to see Council introduce more outcome-focused performance measures to complement the existing set of measures, many of which are perceptual. As an example, we believe that Council gets very good value for

money from the \$448,000 it invests in environmental initiatives because we often see the results of those initiatives when visiting parks, reserves and streambanks around Wellington. Council's current performance measures for these initiatives, however, are limited to the numbers of numbers of plants put into the ground. We'd like additional measures introduced that show the ecological condition of these places. We encourage Council to continue to work with Greater Wellington, DOC and other councils to develop and implement a standard set of measures.

***Recommendation 6: Improve the value for money of pest management funding***

15. Expenditure by councils, GW, DOC, trusts and community groups over the last decade has made a noticeable difference to the resilience of the habitats and ecosystems that make Wellington unique and to the viability of some naturally occurring local species. The increasing presence of indigenous birds in many suburbs is one indicator of this.
16. We'd like Council to identify in the plan at least two initiatives that it will take in 2010/11 to get even better long- term benefits from the current \$942,000 spent on pest plant and animal management. Accordingly we remind Council of the following points from our LTCCP submission:
  - This budget enables Council to protect native ecosystems by controlling weeds at 23 sites.
  - We welcome the commitment on page 60 to increase the number from a baseline of 15 in 2008 to 33 over the ten-year period.
  - Given the number of new naturalized weeds identified during the BioBlitz at Otari Wilton's Bush (OWB) in March 2007, we recommend Council review its approach to weed management at OWB and support this with increased funding.
  - We also believe Council needs to develop the capacity to design weed management strategies and plans to control a number of weeds that have the potential to become major and expensive problems if they are not dealt with in the near future.
  - Controlling weeds at some sites, e.g. the Makara Foreshore Reserve, requires specialist knowledge, skills, and commitment.
  - Council should assess the threat posed by weeds on the many hundreds of kilometres of road reserve throughout the city, and prioritise their control in terms of risks to indigenous biodiversity

***Recommendation 6: Transfer the budget for CBD street cleaning to Waste Reduction and Energy Conservation or Public Spaces Development***

17. \$8.6 million of the total budget of \$15.532 million for green open spaces is for "road open spaces". This is described as including "maintaining roadside verges and clean city and residential streets, keeping them safe and attractive, through litter collection, planning, mowing and controlling pest plants and other weeds". It may also include cleaning up the increasing number of roadside slips after heavy rain events.
18. Council proposes to spend an additional \$450,000 per annum on street cleaning from 2011/12 because "more people live in and use the CBD". We

question the rationale of placing funding for CBD street cleaning under the "Green Open Spaces" budget line. We also think there is something very misleading about including funding allocated to clean up Wellington's CBD streets during the Rugby World Cup as funding for "Green Open Spaces" (one-off expenditure of \$350,000).

19. We recommend that Council transfer CBD street cleaning to either Public Spaces Development under Urban Development which has as its goal that *Wellington is visually appealing and livable*, - an obvious benefit of street cleaning. Another option would be to include it in the waste reduction part of budget and plan for Waste Reduction and Energy Conservation.
20. We have not proposed shifting the whole "road open spaces" budget line because we believe Wellington's roadside verges will play an increasingly important role in contributing to "Green Open Spaces" and the objectives of Council's Biodiversity Action Plan. In our LTCCP submission we suggested that expenditure on managing roadside vegetation could be reduced by replacing "weeds" with indigenous species that are suitable for roadside situations.

***Recommendation 7: Support Enviroschools and other educational initiatives***

21. We applaud Council's decision to allocate \$10,000 to support the Enviroschools initiative in 2010/11. We note that this is a one-off commitment to support a facilitator while Council works with Enviroschools on funding options for the next three years.
22. We support on-going funding for Enviroschools. We also recommend that this funding become part of the Climate Change Action Plan. Increasing the awareness of Wellington's young people about the challenges of climate change facing the city, and the implications for their lifestyles may help Council achieve the goals of the Action Plan and its targets for waste reduction and energy conservation.
23. We also propose funding a range of initiatives to increase young people's awareness of climate change by canceling the \$350,000 that Council proposes to spend on the Rugby World Cup sculpture. Future citizens shouldn't need a sculpture to remind them that Wellington once hosted some Rugby World Cup matches.

***Recommendation 8: Replace the Rugby World Cup sculpture with a living reminder that Wellington hosted this event***

24. A more meaningful and long-lasting way of remembering the Rugby World Cup would be to use the \$350,000 to create a new planting at a suitable Town Belt site and arrange a series of opportunities for young people to work alongside visiting rugby players and visitors to plant trees to celebrate visitors' time in Wellington and to help offset the carbon emissions associated with their visit.

## **SOME GENERIC POINTS ABOUT THE DRAFT ANNUAL PLAN**

### ***Recommendation 9: Provide more detail about key projects***

25. We would like to see more detail in the final Annual Plan for 2010/11 about key projects that will be completed or initiated during 2010/11, any key changes from the 10-year LTCCP, and activity-based short-term targets. Greater Wellington presented a very informative picture of their plans for the year ahead by using these headings in its draft annual plan.

### ***Recommendation 10: Reduce costs by developing a more cost-effective page lay-out***

26. We also recommend that you adopt a more cost-effective page lay-out in future plans. The heading banner (height 7 cm) in the draft takes up almost 25% of each page. This contrasts with the page lay-out in the Draft Climate Change Action Plan where the headings/text on some pages started within 2-3 cm of the top of the page. By reducing the Annual Plan heading banner to 3 or 4 cm, some sections of the plan could have been completed in fewer pages, leading to savings in total costs.

## **DRAFT CLIMATE CHANGE ACTION PLAN**

### ***Recommendation 11: Develop a target for increasing the percentage of the city's emissions that are offset by "forestry"***

27. As a Botanical Society, we have neither the mandate nor the expertise to comment on all aspects of the Draft Climate Change Action Plan. We were pleased, however, to see that some of the links between biodiversity and climate change had been recognised, for example:
- identifying whether carbon sequestration would be increased if efforts were bolstered to control introduced pests such as goats
  - planting 100,000 trees and shrubs annually in reserves and green-belt areas, on stream banks coastal areas and alongside roads
  - developing resilient areas such as Waitangi Park and coastal dunes which will help protect surrounding areas from some of the impacts of climate change.
28. One gap, however, stood out. Council has not proposed a target for increasing the percentage of emissions that are offset by "forestry". It's currently only 4%. We wonder why this strategy has not been included and hope that staff may be able to provide advice to Council on questions such as: how many more indigenous trees would have to be planted each year between now and 2020 if Wellington wanted to increase the percentage of its emissions offset from 4% to 8%? Our assumption is that offsetting emissions by planting trees is

important in its own right as a way of reducing emissions and achieving other goals, and that it may also be cheaper than having to purchase carbon credits to offset the emissions associated with the projected increase in Wellington's population.

**Recommendation 12: Confirm the role of restoration plantings in offsetting emissions**

- 29. We would also like Council to confirm through the final Climate Change Action Plan that it intends to continue planting and assisting volunteers to plant (at least) 100,000 trees and shrubs annually in reserves and green-belt areas, on stream banks, coastal areas and alongside roads. The uncertainty was created by the use of the phrase "natural regeneration" in the list of actions under the objective for "forestry" (page 12). Natural regeneration will be important (supported by pest control and fire risk reduction). So too is supported restoration given its contribution to biodiversity and other outcomes.
- 30. Other planting-related strategies could include encouraging private and commercial property owners to use plantings of Wellington's indigenous plants to increase the resilience of their own properties to storm damage and slope erosion.

**Recommendation 13: Personalise the Climate Change Action Plan**

- 31. One of the ways that Council could assist individuals and households to understand what the action plan may mean for them would be to convert the city-wide data into a series of targets for individuals and households over a 10-year period. It may be necessary to give some targets as ranges to allow for other variables such as variations in size of households, increases in population, numbers of visitor nights, and anticipated benefits from uptake of energy-efficient technologies. Some examples follow.

Factor	Current rate per person	Target	2020 rate per person
Emissions	6.2 tonnes	Reduce by 30% by 2020	4.3 tonnes
Electricity	8.1 MWH	?	?
Waste to landfill	0.4 tonnes	?	?

432

**Josie Askin**

**From:** Fiona Johnson on behalf of BUS: Community Facilities  
**Sent:** Monday, 10 May 2010 2:20 p.m.  
**To:** Josie Askin  
**Subject:** FW: Submission from Cashmere Avenue School for Community Facilities Policy Review  
**Attachments:** Submission from Cashmere Avenue School on Communities Facilities Policy Review.pdf

wants to be heard

---

**From:** James Painter [mailto:jamespostbox@gmail.com]  
**Sent:** Friday, 7 May 2010 9:07 a.m.  
**To:** BUS: Community Facilities  
**Cc:** Mike Forrest; Debby Hunt  
**Subject:** Submission from Cashmere Avenue School for Community Facilities Policy Review

A submission from Cashmere Avenue School, Khandallah is attached and, together with Principal Mike Forrest, I look forward to discussing this with you at a hearing.

Kind regards,  
James Painter

11/05/2010

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**Draft 2010 Community Facilities Policy and Implementation Plan submission form**

We want to know your views. You can make a submission by mail, email, internet and fax.

**Post:** Freepost 2199, Community Facilities Policy Review, Wellington City Council, Wellington  
**Email:** community.facilities@wcc.govt.nz  
**Online:** www.Wellington.govt.nz  
**Fax:** 04 801 3124

**Submissions close at 5pm Monday 10 May 2010.**

**Privacy statement:**

All submissions (including name and contact details) are published and made available to elected members of the Council and the public. Personal information supplied will be used for the administration of the consultation process. All information collected will be held by the Wellington City Council, 101 Wakefield Street, Wellington. Submitters have the right to access and correct personal information.

**About you**

Are you making a submission as:     An individual                       Representing a group or organisation

If you are representing a group or organisation, how many people do you represent? 31 staff, 342 students, 512 caregivers

Name James Painter & Mike Forrest

Address 110 Cashmore Avenue Khondallah Wellington

Organisation (if applicable) Cashmore Avenue School

Organisation role (if applicable) School

Phone Day (04) 9394700 Evening \_\_\_\_\_

Email office@cashmore-ave.school.nz

Age     Under 18     18-30     31-50     51-65     65+

How often do you (or your organisation) use our:

Libraries	<input type="checkbox"/> More than once a week	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____
Swimming pools	<input type="checkbox"/> More than once a week	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____
Recreation centres	<input type="checkbox"/> More than once a week	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____
Community centre or hall	<input type="checkbox"/> More than once a week	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> other (please specify) _____

If you would like to make an oral submission to the Hearings Subcommittee, please tick this box.  
 If you wish to make an oral submission, we will arrange a time for you to come and talk to Councillors some time in mid-May 2010.

**Tell us what you think about the overall approach we are planning to take in the draft Community Facilities Policy.**

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\* PLEASE REFER TO ATTACHED SUBMISSION



**Wellington City Council 2010 Draft Communities Facilities Policy and Implementation Plan**

**Submission by Cashmere Avenue School, Khandallah, Wellington : May 2010.**

This submission is made on behalf of Cashmere Avenue School in Khandallah and relates specifically to future investment in community swimming pools. We fully support the Council's earlier proposal to spend \$2.065 million over two years in partnership with schools to retain and upgrade school pools for learn-to-swim aquatic sport use and we would like to see this proposal reinstated in the finalised plan.

We have an open-air pool on our school grounds built by the Ministry of Education around 1970 and maintained and run over the years by the school community. In recent years a qualified school caretaker had been managing the pool, including carrying out the statutory water tests 3 times a day and our own teaching staff had been providing swimming lessons to their respective classes. The resignation of the caretaker in 2008 and the need to find alternative qualified resources to manage the pool prompted us to review the provision of swimming lessons. Our review considered two options:

- (1) contracting professional swimming instructors to provide lessons using our own pool or
- (2) taking students to a Council-run pool for lessons.

Based on a cost comparison between the two options, we decided to contract professional instructors to provide swimming lessons in our own pool. When considered solely in dollar terms, costs for transporting students to the local Johnsonville pool were a significant factor. There is also a significant cost in terms of lost classroom time by taking children off-site for lessons. Due to high demand on the council facilities we also experienced considerable difficulty in obtaining bookings for the school at suitable times. We therefore operated our own pool for lessons during the recent summer using professional swimming instructors and recouping some of the costs by passing on part charges to parents and allowing school families to purchase keys and use the pool outside school hours.

The outcome of our swimming programme for the 2010 summer term was:

- Each student received 10 twenty minute lessons from professional swimming instructors
- The pool was made available to school families outside of school hours for an 8 week period.

We followed up the swimming lessons with a review amongst students and parents to gain feedback as well as a discussion amongst the Board of Trustees. The outcomes from this follow-up include general consensus that on-site swimming lessons, using the school pool, are the preferred option and agreement in principle to continue the same arrangements next year.

Routine issues we have noted for future planning include:

- The vulnerability of pool usage to bad weather and equipment breakdown (some lessons were postponed due to both causes and made up at the end).

- The pool vacuum head is not adequate and should be replaced for a cost of approximately \$500.
- The water quality testing unit currently used by the school should be replaced for an approximate cost of \$900.
- Some ongoing pool maintenance is required during the winter months although the pool is not in use
- Testing regimes may be increased to 5 times a day under proposed new legislation next year and if this materialises, costs will increase significantly.
- The school will need to continue employing a part time pool caretaker, who is trained at a cost to the school, to run the pool and undertake pool testing.

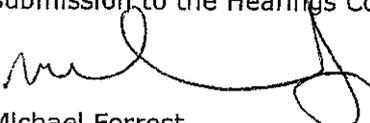
More significant issues of pool management for the school include:

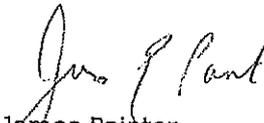
- Based on current funding, our ability to continue to use the pool in future is uncertain. Issues that could force the closure of the pool include unexpected costs that we cannot meet or decide not to meet because of other priorities from available funds. Such unexpected costs could include a general increase in maintenance and running costs or significant one-off maintenance costs.
- Ideally we would enclose the pool so that its usage during the summer is not weather dependant and to potentially increase its availability for the school and wider community. This is not an option the school can realistically contemplate on its own.

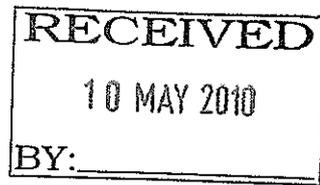
Based on this situation, the main points we would like the Council to note are:

- (1) We have considered the options of taking children off-site for swimming lessons and utilising our on-site pool and our preference is very definitely for the latter.
- (2) The future of our pool is vulnerable because of funding and any commitment from the Council to help fund the pool will help.
- (3) A defined plan and specific commitment of funds for our swimming pool from the Council would be ideal.
- (4) We are open to sharing our swimming pool facility with the wider community. We already have such an approach with our school hall which is funded and used jointly by the school and by the wider community and this approach works well.

Thank you for considering this submission and we would like to make an oral submission to the Hearings Committee.

  
Michael Forrest  
Principal

  
James Painter  
Parent Representative, Board of Trustees



**Nicola Old**

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**From:** ndpriest@xtra.co.nz  
**Sent:** Sunday, 9 May 2010 9:10 p.m.  
**To:** BUS: Annual Plan  
**Subject:** Draft Annual Plan 2010/11-20100509090943

First Name: Nora  
Last Name: priest  
Street Address: 7 upland road  
Suburb: kelburn  
City: wellington  
Phone: 04 4757319  
Email: ndpriest@xtra.co.nz

I would like to make an oral submission: ~~No~~

I am making this submission: individual

Urban Development: Re Skylinr restaurant building  
I refer to the Wellington City Council long term plan 2006-2015 Page 18 states 'We are working with the Carter Observatory, Botanical gardens, Cable Car museum and the Skyline restaurant on proposals to improve marketing and enhance the visitor experience in the area at the top of the Cable Car'  
I have seen improvements to most of the above with the exception of the Skyline building and reataurant.  
The exterior of the skyline building is a disgrace and does nothing to enhance the area mentioned.  
Who has the rsponsibility for the upkeep of this building? At present the trellis is falling apart the colour is an eyesore and the cafe is second rate .Wellington prides itself on it's excellent cafes. The council needs address both these issues. If the current owners cannot maintain the upkeep of the building they need to be removed.  
Visitors and locals deserve better

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