IN THE HIGH COURT OF NEW ZEALAND
WELLINGTON REGISTRY **CIV-2014-485-4138**

UNDER THE	**Judicature Amendment Act 1972 and the Declaratory Judgments Act 1908**
IN THE MATTER OF	**An application for judicial review and an application for a declaration**
BETWEEN	**NEW HEALTH NEW ZEALAND INC**
	Plaintiff
AND	**ATTORNEY-GENERAL FOR AND ON BEHALF OF THE MINISTER OF HEALTH**
	Defendant

AFFIDAVIT OF STEWART SINCLAIR JESSAMINE ON BEHALF OF THE DEFENDANT

7 July 2014

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I, Stewart Sinclair Jessamine, of Wellington, Group Manager, solemnly and sincerely affirm:

Introduction

1. I am a registered medical practitioner, New Zealand Medical Council registration number 14997. I live in Wellington and in March 1993 was employed as a Medical Advisor with responsibility for assessing the safety, quality and efficacy of medicines. In 2007 I was promoted to become the Group Manager of Medsafe (New Zealand Medicines and Medical Devices Safety Authority), the regulatory authority responsible for administering most aspects of the New Zealand Medicines Act 1981 and its associated Regulations.

2. I graduated MB ChB from Glasgow University in 1981. Following graduation I underwent training in General Medicine for a period of four years before entering a two year training programme for General Practice. I emigrated to New Zealand in 1987 and worked as a General Practitioner in rural New Zealand until accepting a position with the Department of Health in 1993. I am a Fellow of the Royal Australasian College of Medical Administrators (RACMA) and am registered with the Medical Council as a specialist in that field. I also hold post-graduate qualifications including a Diploma in Obstetrics and Gynaecology from the University of Auckland and a Masters in Public Health from the University of Otago.

3. My various duties include evaluation of clinical information supplied as part of an application seeking Ministerial consent to market a medicine in New Zealand under the Medicines Act 1981. I have been a member of several Ministerial advisory committees including the Medicines Adverse Reaction Committee which monitors the safety of medicines. I chair the New Zealand Medicines Classification Committee which makes assessments and recommendations in respect of classification of any medicines as prescription medicines, restricted medicines or pharmacy-only medicines and those which can be made available for over-the-counter sales.

4. I also give specialist advice on clinical issues relating to the safety, and efficacy of medicines to the Ministry of Health and have provided expert opinion on the Medicines Act in a number of legal proceedings.

5. I am familiar with the matters at issue in this proceeding. I am knowledgeable about fluoride, which is a prescription medicine under Schedule 1 of the Medicines Regulations 1984, and chemical substances associated with the making of medicines.

6. I have read, and agree to comply with, the Code of Conduct for Expert Witnesses set out in Schedule 4 of the High Court Rules.

7. I am authorised to attest to these matters on the Ministry's behalf.

General information on chemical substances

8. The importation, exportation, distribution and use of chemical substances, including those used for the making of medicines, are covered by several layers of legislation. The aim of this legislative framework is to ensure that substances which pose risks of harm to the community are subject to controls designed to minimise that risk.

9. At the highest, broadest level are Acts such as the Hazardous Substances and New Organisms Act 1996, the Health Act 1956 and the Misuse of Drugs Act 1975. Legislation such as the Medicines Act 1981 and its Regulations 1984, the Food Act 1981 and its Dietary Supplements Regulations 1984, and the Agricultural Compounds and Veterinary Medicines Act 1997 provide specific controls over products manufactured for use by professionals and the community in specific situations.

10. Where a product or chemical poses a health risk and it is not covered by this framework, further legislation has been developed. For example, the Smoke-free Environments Act 1990 in relation to tobacco, the Sale and Supply of Alcohol Act 2012 for alcohol and the Psychoactive Substances Act 2013 for psychoactive substances.

11. In applying this legislative framework the risks associated with a specific chemical can be considered and managed across different legislation depending on the characteristics of the chemical and the setting in which it is being stored, handled or used. For example, in practice, if we consider paracetamol (a chemical which is the active ingredient of some medicines), when it is imported in bulk powder form in a large volume container, such as a 44 gallon drum, it is regulated under the Hazardous Substances and New Organisms Act for the purposes of controlling its importation and conditions of its use (such as labelling, storage and safe handling). The same active ingredient once manufactured into a dose form (for example, a tablet or capsule) suitable for ingestion is regulated under the human or veterinary medicines legislative framework depending on the eventual product consumer.

12. With respect to fluoride, in *New Health v New Zealand Inc v South Taranaki District Council* [2014] NZHC 395 the High Court found the Health Act confirms that fluoride may be added to drinking water in accordance with Drinking Water Standards issued under the Act.

Fluoridation of water

13. The Ministry of Health recommends water fluoridation as a safe, effective and affordable way to prevent and reduce tooth decay. Other public health authorities and medical science bodies and international organisations, including the New Zealand Medical Association, the New Zealand Dental Association, the World Health Organisation and the World Dental Federation, share the view that fluoridation of drinking water supplies is a an effective way of preventing and reducing tooth decay. The levels of fluoride used in community water fluoridation in New Zealand are carefully monitored and within the guidelines of the World Health Organisation and other international public health agencies.

14. The Ministry's view that fluoridation of drinking water is of public health benefit is underpinned by sixty years of scientific research and the findings of those numerous scientific studies, reviews and meta-analyses. The Ministry recently, following a request from the plaintiff, prepared a

list comprising major international reviews and meta-analyses on water fluoridation published between 1951 and 2011 and this is attached as exhibit **A**.

15. In addition, the Ministry has been advised that the Royal Society of New Zealand and the Prime Minister's Chief Science Advisor have commissioned an expert panel to review water fluoridation. The aim of this Water Fluoridation Review is to provide local body decision makers and the general public with a comprehensive and up-to-date understanding of the available scientific evidence on the benefits and risks of fluoridation of the municipal water supply. Publication of this independent expert report in expected to occur in August 2014.

Medicines legislation

16. The Medicines Act defines and controls medicines, medical devices, related products and to some extent cosmetics. The purpose of all these controls is the protection of public safety from the use of such products. The Act therefore defines what is a medicine and places controls on the distribution of medicines, the places where medicines may be manufactured, the importation and distribution of medicines (through a licensing system), as well as quality standards for medicines and for packaging.

17. The three elements of safety, quality and efficacy of medicines must all be assured if the public is to be adequately protected from products which have the potential to harm if they do not meet the standards claimed for them, or if they are used inappropriately.

18. The definition of medicine in the Medicines Act is broad and a degree of practicality is required in determining whether a substance is medicinal. In order to reflect the intention of Parliament one is required to apply a pragmatic filter to the legislation. As discussed below a rigid interpretation would be impractical as it would potentially make many things, including water in any form (treated or untreated), to be a medicine.

Ministry of Health view on the status of concentrated fluoride compounds and fluoridated water

19. In order to determine the regulatory status of elemental fluoride, or fluoride salts, you first have to consider: the presentation (form and packaging) of the chemical, the concentration of the product, its claimed use and how it is consumed or utilised; in order to determine the most appropriate legislative control. Fluoride clearly fits into a range of legislation depending on its dose form and its proposed use. When in a dose form intended for direct human consumption for a therapeutic purpose, it can be considered to be a medicine under the Act. Indeed, fluoride is listed in the First Schedule of the Medicines Regulations 1984 and depending on its concentration it may be classified as either a prescription, restricted, or pharmacy-only medicine.

20. The Ministry of Health position on the status of fluoride, either as a concentrated compound used in water treatment plants, or within the public water supply at a concentration of 0.7 to 1.5 parts per million (ppm) (the range of acceptable fluoridation levels in New Zealand), is that neither presentation constitutes a medicine as defined in ss 3 to 4 of the Medicines Act.

21. In order to come to this conclusion you must consider the definition of medicine as described in section 3 of the Medicines Act:

> (1) Subject to subsection (2) of this section, in this Act, unless the context otherwise requires, the term **medicine** means 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
>
> (b) For use as an ingredient in the preparation of any substance or article that is to be administered to one or more human beings for a therapeutic purpose, where it is so used—
>
> (i) In a pharmacy or a hospital; or
>
> (ii) By a practitioner, or registered midwife, or designated prescriber, or in accordance with a standing order; or

(iii) In the course of any business that consists of or includes the retail sale, or the supply in circumstances corresponding to retail sale, of herbal remedies; or

(c) For use as a pregnancy test.

(2) In this Act, unless the context otherwise requires, the term **medicine** does not include—

(a) substances used in dental surgery for filling dental cavities; or

(b) bandages and other surgical dressings, except medicated dressings where the medication has a curative function that is not limited to sterilising the dressing; or

(c) any radioactive material within the meaning of section 2(1) of the Radiation Protection Act 1965; or

(d) any animal food in which a medicine is incorporated; or

(e) any animal remedy; or

(f) any other substance or article of a kind or belonging to a class that is declared by regulations made under this Act to be a kind or class of substance or article that is not a medicine for the purposes of this Act.

22. Section 4 defines the term "therapeutic purpose":

In this Act, unless the context otherwise requires, the term **therapeutic purpose** means—

(a) Treating or preventing disease; or

(b) Diagnosing disease or ascertaining the existence, degree, or extent of a physiological condition; or

(c) Effecting contraception; or

(d) Inducing anaesthesia; or

(e) Altering the shape, structure, size, or weight of the human body; 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; or

(g) Cleaning, soaking, or lubricating contact lenses.

23. The first stage in the process is to consider whether fluoride or any of the other chemicals used in water treatment are medicines.

24. If we examine water itself and two chemicals used in water treatment, namely concentrated fluoride and chlorine solutions, we can see in a narrow interpretation of the legislation that ss 4(a), 4(e) and 4(f) could apply to all three agents: water, fluoride and chlorine. Water is consumed to prevent dehydration, withdrawal of water will cause the physiological function of thirst to increase, chlorine is administered to water to kill pathogenic organisms and prevent the transmission of water borne infections, and fluoride is added to contribute to dental health through reduction in caries.

25. Extension of this reductionist approach to interpretation, however, potentially leads to the conclusion that close to everything can be construed to meet the definition of medicine, for example pure oxygen is regulated as a medicinal gas so oxygen in air, or air itself could be considered to meets the definition of a "therapeutic purpose" through s 4(f). The intent of the legislation however, allows the regulatory authority to apply a more pragmatic filter to these considerations through examination of the context in which the chemical or product is supplied, its dose form, its concentration and its intended use before determining if the product may be considered to be a medicine.

26. To my knowledge obtained during my 22 years of service to the Ministry of Health, the Ministry has never had cause to consider the argument that fluoridated water, or the fluoride concentrate used at water treatment plants could potentially be medicines. The Ministry has always considered the fact that concentrated fluoride compounds and other additives, such as chlorine, used in water treatment are chemicals to be self-evident.

27. The Ministry of Health has never considered fluoridation of water, to the levels prescribed in New Zealand, to lead to the manufacture or creation of a medicine. The Ministry would not consider the water in a public water supply to constitute a medicine, nor the water from a tap to be in a medicinal dose form, nor consumption of water to constitute administration of a medicine. Unlike medicines, water, including fluoridated water, from the public supply does not come with labels or

with recommended dosing instructions or other advice on how it should be consumed. While access to a safe water system is essential to public health, in lay terms water is simply not recognised as a medicine.

28. In addition, when ss 3 and 4 of the Medicines Act are taken into consideration, a substance is not a medicine unless it is supplied wholly or principally for a therapeutic purpose. Drinking water, even if the water is enhanced with levels of fluoride, is not principally supplied for a therapeutic purpose as defined by the Medicines Act. The principal purpose of water treatment is to deliver a safe water supply which is free from the risk of transmission of disease for use by the community. From the perspective of the volume of water utilised, the principal use of domestic water supply is to wash household items, bathing, sewage disposal and finally to provide fluids for ingestion to prevent dehydration in a manner analogous to ingestion of food to prevent hunger. In these day-to-day circumstances water and food are not administered to, or by, an individual, rather they are consumed as part of a normal diet. In the Ministry of Health's opinion, the safety and quality of water supplies required to deliver the public health outcomes expected by the community are effectively and efficiently regulated by the Health Act and its associated water quality standards.

29. In addition, the concentrations of fluoride in drinking water meeting the New Zealand standard are well below the minimum default threshold of 10mg/kg (equivalent to 10ppm) required for a substance to be considered a medicine under the First Schedule of the Medicines Regulations 1984. Furthermore, regulation 58A(1)(a) of those Regulations makes it clear that fluoride is not considered to be a medicine, or even a related product, when it is included in toothpastes or dentifrices for the prevention of dental caries at concentrations of 15 milligrams or less per litre or per kilogram of fluoride; that is, at concentrations 10 times higher than that found in treated drinking water.

30. In a pragmatic interpretation of the Medicines Act and Regulations the presence of a chemical that is scheduled as a medicine under the Medicines legislation in a product is not sufficient to lead to the

conclusion that the product itself has medicinal qualities or that it is a medicine. For example, fluoride is also found naturally in water at varying concentrations. However, the presence of fluoride or any other scheduled element or mineral in natural untreated water would not itself make this water a medicine. The presence of lithium in a product is a further example of this principle. Lithium can be used as a medicine, and is included in the First Schedule of the Medicines Regulations. However, the presence of lithium in a lithium battery or in paint does not make that product a medicine.

31. Similarly, the presence of an unscheduled chemical with known, or claimed, therapeutic qualities in a product, is not sufficient in itself to lead to the product being considered to be a medicine. For instance, notwithstanding the therapeutic claims made for margarine substitutes containing plant sterols of lowering cholesterol, margarines are still foodstuffs, not medicines.

32. In its consideration of the status of concentrated fluoride compounds the Ministry has reached the same opinion as that of fluoridated water, namely that such products are not, and cannot be, considered to be medicines.

33. Concentrated fluoride compounds used in water treatment are sold or supplied in industrial size containers. Such containers are not recognisable medicinal dose forms. Rather these products are packaged and presented in containers analogous to the bulk supply of chemicals used in industrial and manufacturing processes. Just as the bulk supply of chemical products (liquids or solids) which are the active ingredients producing the therapeutic effect of medicines are regulated as hazardous substances for importation purposes, concentrated fluoride compounds are also subject to control by the Hazardous Substances and New Organisms Act.

34. Finally, as these concentrated fluoride compounds are never directly consumed in an undiluted form by human beings they are not supplied wholly or principally for administration to a human being for a

therapeutic purpose. As described above, in normal day-to-day life food and water are not administered but consumed. So, just as the finished fluoridated water supply is not a medicine, the concentrated fluoride compounds added during water treatment cannot be considered to be a medicine either.

AFFIRMED

at Wellington this 7th day of July 2014)

before me:)

Stewart Sinclair Jessamine

A Solicitor of the High Court of New Zealand

Robert Francis Metcalf
Solicitor
Wellington

This list comprises major international reviews and meta-analyses on water fluoridation published between 1951 and 2011. Also included are more recent, peer reviewed original studies, appropriate to the New Zealand context, the majority of which are from 2011 onwards. We have not thought it necessary to include or separately list the numerous additional studies and reviews that are referenced in the reviews and meta-analyses as we have provided copies or links to each of these.

Original Studies 1986-2014		
Author / Year	**Title**	**Journal**
Blakey, K, Feltbower RG, Parslow RC, James PW, Pozo BG, Stiller C, Vincent TJ, Norman P, McKinney PA, Murphy MF, Craft AW, McNally RJQ (2014)	Is fluoride a risk factor for bone cancer? Small area analysis of osteosarcoma and Ewing sarcoma diagnosed among 0-49-year-olds in Great Britain, 1980-2005	Int J Epidemiol. 2014. Feb;43(1):224-34
Comber H., Deady S., Montgomery E. And Gavin A. (2011)	Drinking water fluoridation and osteaosarcoma incidence on the island of Ireland	Cancer Causes and Control. 2011.June 22:919-924
Levy, F. M., LeClerc BS (2011)	Fluoride in drinking water and osteosarcoma incidence rates in the continental United States among children and adolescents	Cancer Epidemiology (386)
Broadbent, JM, Thomson WM, Ramrakha S, Moffitt TE, Zeng J, Foster Page LA, Poulton R. (2014)	Community Water Fluoridation and Intelligence: A Prospective Cohort Study in New Zealand	Am J Public Health 2014 May 15. [Epub ahead of print]
Shannon FT, Fergusson DM, Horwood LJ (1986)	Exposure to fluoridated public water supplies and child health and behaviour	New Zealand Medical Journal 1986 Jun 11;99(803):416-8
Nasman P, Ekstrand J, Granath F, Ekborn A, Fored CM (2013)	Estimated Drinking Water Fluoride Exposure and Risk of Hip Fracture: A Cohort Study	J Dent Res 2013 Nov;92(11):1029-34.
Wiener, R. C. and U. Sambamoorthi (2013)	Dental Fluorosis and Lumbar Spine Bone Mineral Density in Adults, ages 20 to 49 years: Results from the 2003 to 2004 National Health and Nutrition Examination Survey.	J Dent Hyg 87(6): 370-377.
Levy, S M, Warren JJ, Phipps k, Letuchy E, Broffitt B, Eichenberger-Gilmore J, Burns TL, Kavand G, Janz KF, Torner JC, Pauley CA (2014)	Effects of Life-long Fluoride Intake on Bone Measures of Adolescents: A Prospective Cohort Study.	J Dent Res. 2014 Apr;93(4):353-9.
Jolaoso IA, Kumar J, Moss ME (2014)	Does fluoride in drinking water delay tooth eruption?	J Public Health Dent. 2014 Mar 17. doi: 10.1111/jphd.12053. [Epub ahead of print]

Original Studies 1986-2014		
Author / Year	**Title**	**Journal**
Buchel K., Gerwig P., Weber C., Minnig P., Wiehl P., Schild S. and Meyer J (2011)	Prevalence of enamel fluorosis in 12-year-olds in two Swiss cantons	Schweizer Monatsschrift fur Zahnmedizin = Revue mensuelle suisse d'odonto-stomatologie = Rivista mensile svizzera di odontologia e stomatologia / SSO 121: 652-6. Schweiz Monatsschr Zahnmed. 2011;121(7-8):647-56.
Do LG, Levy SM, Spencer AJ (2011)	Association between infant formula feeding and dental fluorosis and caries in Australian children.	Journal of Public Health Dentistry. 2012 Spring;72(2):112-21.
Arrow, P (2013)	Child oral health-related quality of life (COHQoL), enamel defects of the first permanent molars and caries experience among children in Western Australia.	Community Dental Health 2013. Sep; 30(3): 183-188
Yévenes I, Zillmann G, Munoz A, Aranda W, Echeverria S, Hassi J, Maass P, Salazar M, (2011)	Caries and fluorosis in the Santiago metropolitan region in Chile: The impact of the fluoridation of the water.	Revista Odonto Ciencia 26(2): 109-115.
Narvai P C, J. L. F. Antunes, Frias AC, Soares Mda C, Marques RA, Teixeira DS, Frazao P (2013)	Dental fluorosis in children from Sao Paulo, southeastern Brazil, 1998-2010.	Revista de Saude Publica 47(SUPPL.3): 148-153.
McGrady MG, Ellwood RP, Maguuire A, Goodwin M, Boothman N, Pretty IA (2012)	The association between social deprivation and the prevalence and severity of dental caries and fluorosis in populations with and without water fluoridation.	BMC Public Health 12(1): 1122.
Ministry of Health (2010)	Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey	Ministry of Health Wellington: http://www.health.govt.nz/publication/our-oral-health-key-findings-2009-new-zealand-oral-health-survey
Public Health England (2014)	Water fluoridation: Health Monitoring report for England 2014	Four yearly monitoring report https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300202/Water_fluoridation_health_monitoring_for_england__full_report_1Apr2014.pdf
Gelberg KH, Fitzgerald EF, Hwang SA, Dubrow R. (1995)	Fluoride Exposure and Childhood Osteosarcoma: A Case-Control Study.	American Journal of Public Health,1995 Dec;85(12):1678-83. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615731/

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Author / Year	**Title**	**Journal**
Marya CM, Achokukumar BR, S Dhingra, V Dahiya, A Gupta (2012)	Exposure to High-Fluoride Drinking Water and Risk of Dental Caries and Dental Fluorosis in Haryana, India	Asia-Pacific Journal of Public Health Oct 15;26(3):295-303.
Schluter PJ, Karanagaratnam S, Durwood CS, Mahood R (2008)	Prevalence of enamel defects and dental caries among 9-year-old Auckland children	New Zealand Dental Journal 104, No.4: 145-152; December 2008
Mackay TD, Thomson WM (2005)	Enamel defects and dental caries among Southland children	New Zealand Dental Journal 101: 35-43

Reports, Reviews and Meta-Analysis		
Author / Year	**Title**	**Publisher**
National Academy of Sciences (1951) USA	NRC Fluoridation Report 1951	Centre for Disease Control (CDC): http://www.cdc.gov/fluoridation/safety/nas.htm
National Academy of Sciences (1977) USA	NRC Report on drinking water and health 1977	Centre for Disease Control (CDC): http://www.cdc.gov/fluoridation/safety/nas.htm http://www.nap.edu/catalog.php?record_id=1780
National Academy of Sciences (1993) USA	Report on Health Effects of Ingesting Fluoride 1993	Centre for Disease Control (CDC): http://www.cdc.gov/fluoridation/safety/nas.htm http://books.nap.edu/openbook.php?isbn=030904975X&page=R1
National Academy of Sciences (2006) USA	Fluoride in Drinking Water: A Scientific Review of EPA's Standards	The National Academies Press, Washington, DC http://www.nap.edu/catalog.php?record_id=11571
World Health Organization Technical Report Series No. 146. Expert Committee on Water Fluoridation 1958	First Report	World Health Organization, Geneva: whqlibdoc.who.int/trs/WHO_TRS_146.pdf
Royal College of Physicians 1976	Fluoride Teeth and Health	Pitman Medical. London. ISBN O 272 79373 6. Summary available at : http://www.bfsweb.org/documents/summary%20of%20rcp.pdf
National Academy of Sciences (1977) USA	NRC Report on drinking water and health 1977	Centre for Disease Control (CDC): http://www.cdc.gov/fluoridation/safety/nas.htm; http://www.nap.edu/catalog.php?record_id=1780
R McKechnie (1985)	The Strathclyde Fluoridation Case	Community Dental Health (1985) 2, 63-68
Knox EG (1985)	Fluoridation of water and cancer: a review of the evidence	Her Majesty's Stationery Office, London. ISBN 0 11 321027 2 http://www.dentalwatch.org/fl/knox.pdf

Reports, Reviews and Meta-Analysis		
Author / Year	**Title**	**Publisher**
National Health and Medical Research Council (1991) Australia	The effectiveness of water fluoridation Review for NHMRC	National Health and Medical Research Council (NHMRC) :http://www.ada.org.au/app_cmslib/media/lib/0703/m50958_v1_nhmrc%20fluoride.pdf
United States Public Health Service (1991) USA	Review of Fluoride: Benefits and Risks 1991	United States Public Health Service Department of Health and Human Services http://www.health.gov/environment/ReviewofFluoride/default.htm
National Health Council, Subcommittee on Health Effects of Ingested Fluoride (1993)	Health effects of ingested fluoride.	Washington DC, National Academy Press, 1993
Public Health Commission (1994)	An analysis and monitoring report: Water fluoridation in New Zealand	Public Health Commission (Wellington, New Zealand) http://www.moh.govt.nz/notebook/nbbooks.nsf/0/98320464F4537BD04C2565D70018DBB0/$file/Water%20fluoridation.pdf
World Health Organization (1994)	Fluorides and Oral Health. Report of a WHO Expert Committee on Oral Health Status and Fluoride Use. WHO Technical Report Series, no. 846	World Health Organization, Geneva 1994 : http://whqlibdoc.who.int/trs/WHO_TRS_846.pdf
US Centres for Disease Control and Prevention (1999)	Ten great public health achievements, United States 1900-1999.	US Department of Health and Human Services. http://www.cdc.gov/mmwr/PDF/wk/mm4812.pdf
US Centres for Disease Control and Prevention (1999)	Achievement in public health 1900-1999" Fluoridation of Drinking Water to Prevent Dental Caries	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4841a1.htm
Ahokas J, Demos L, Donohue D, Killalea S, McNeil J, Rix C (1999)	Review of Water Fluoridation and Fluoride Intake from Discretionary Fluoride Supplements: review for NHMRC	Melbourne: Royal Melbourne Institute of Technology and Monash University http://www.ada.org.au/app_cmslib/media/lib/0703/m50958_v1_nhmrc%20fluoride.pdf
Bates M (2000)	Fluoridation of water supplies- an evaluation of the recent epidemiological evidence. Prepared as part of a Ministry of Health contract for scientific services.	Institute of Environmental Science and Research Limited (ESR):http://www.health.govt.nz/system/files/documents/publications/fluoridereport__bates.pdf
McDonagh M, Whiting P, Bradley M, Cooper J, Sutton A, Chestnutt I, Misso K, Wilson P, Treasure E, Kleijnen J (2000)	A Systematic Review of Public Water Fluoridation 2000	NHS Centre for Reviews and Dissemination, University of York, UK

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David Satcher, US Surgeon General (September 2000)	Oral Health in America: A Report of the Surgeon General	US Public Health Service http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/sgr/home.htm
Medical Research Council working group report 2002	Water fluoridation and health	Medical Research Council September 2002. http://www.nofluoride.com/reports/MRC_Fluoridation_Report.pdf
Jackson PJ, Harvey PW, Young WF (2002)	Chemistry and bioavailability aspects of fluoride in drinking-water. Report No. CO5037.	WRc-NSF Ltd, Henley Road, Medenham, Marlow, Bucks, SL7 2HD. http://www.bfsweb.org/documents/wrcreport.pdf
Forum on Fluoridation May 2002	Forum on Fluoridation	Government of Ireland http://www.dohc.ie/publications/fluoridation_forum.html
Maguire A, Moynihan PJ, Zohouri V (2004)	Bioavailability of fluoride in drinking-water- a human experimental study. REPORT for the UK Department of Health	University of Newcastle (2004) http://www.ncl.ac.uk/cohr/research/translational/fluoride/documents/Bioavailability%20of%20fluoride%20in%20drinking%20water%20REPORT.pdf
Fawell J, Bailey K, Chilton J, Dahi E, Fewtrell L and Magara Y (2006)	Fluoride in Drinking Water 2006	World Health Organisation, Geneva, Switzerland, http://www.who.int/water_sanitation_health/publications/fluoride_drinking_water_full.pdf?ua=1
National Health and Medical Research Council (NHMRC) Australia (2007)	A Systematic Review of the Efficiency and Safety of Fluoridation	Australian Government: http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/eh41_1.pdf
Food Standards Australia New Zealand (FSANZ) 2009	Final Assessment Report Application A588 Voluntary Addition of Fluoride to Packaged Water	New Zealand and Australian Governments:http://www.foodstandards.govt.nz/consumer/chemicals/fluoride/documents/FAR_A588.pdf
Scientific Committee on Health and Environmental Risks (SCHER) 2011	Critical review of any new evidence on the hazard profile, health effects, and human exposure to fluoride and the fluoridating agents in drinking water.	European Commission:http://ec.europa.eu/health/scientific_committees/environmental_risks/docs/scher_o_139.pdf

National Fluoridation Information Service

Reviews of the Scientific Literature

National Fluoridation Information Service (2011). *Review of Scientific Reviews Relating to Water Fluoridation Published between January 2000 and July 2010.* National Fluoridation Information Service Advisory May 2011, Wellington, New Zealand. Available from: www.nfis.org.nz

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Advisories

Neurological Development. May 2013. A review of recent literature on potential side effects of CWF programmes on neurological development and IQ attainment. Available from: www.nfis.org.nz

Community Water Fluoridation and Osteosarcoma May 2013. Community Water Fluoridation and Osteosarcoma- Evidence from the Cancer Registries. Available from: www.nfis.org.nz

US EPA Guidelines Plain English Summary. October 2011. Plain English Summary of the review of the US EPA Guidelines Value for fluoride and drinking water. Available from: www.nfis.org.nz

Newly Proposed US EPA Guidelines 2011. May 2011. Review of Newly Proposed US EPA Guidelines Value for Fluoride and Drinking Water.

Fluoride Neurotoxicity. June 2011. Review of Evidence from drinking water studies.

Delayed Tooth Eruption. October 2011. Review of the evidence- Does Delayed Tooth Eruption Negate the Effect of Water Fluoridation.

Centre for Human Statistics Data Brief No. 53. March 2011. Review of the Centre for Human Statistcs Data Brief No. 53.

This is the exhibit marked "A" referred to in the annexed affidavit of Stewart Sinclair Jessamine sworn before me at Wellington this 7th day of July 2014

A Solicitor of the High Court of New Zealand

Robert Francis Metcalf
Solicitor
Wellington