

**From:** [Bill Osmunson](#)  
**To:** [DOH WSBOH](#)  
**Cc:** [audrey55](#)  
**Subject:** Artificial Fluoridation  
**Date:** Tuesday, June 16, 2015 5:30:32 PM  
**Attachments:** [clip0001.jpg](#)

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Dear Board Members:

RE: Board Agenda 6/18/2015, Artificial Fluoridation of Public Water

Ten years ago a great deal of scientific evidence was presented to WSBOH that 1 ppm fluoride in water was causing harm, you will have records on file. USPHS has recommended reducing 1 ppm to 0.7 ppm, which is too little too late and a tacit admission many have been ingesting too much fluoride. Many under the WSBOH's continued treatment recommendations have been harmed and are being harmed.

The FDA (11/21/2014) Principal Deputy Assistant Secretary for Health, Wanda Jones) has taken the position the EPA has jurisdiction and the EPA (2/14/2013 EPA Associate General Counsel, Steven Neugeboren) has taken the position that FDA has jurisdiction (Letters from both can be forwarded to you). In other words, no Federal Agency accepts jurisdiction to determine the safety and efficacy of artificial fluoridation. Jurisdiction is in the hands of local authorities, such as the Washington State Board of Health. It is your job to determine safety and efficacy of artificial fluoridation.

The PHS (2015) recommendation which you should consider, has serious material flaws. PHS (2015) has a double standard demanding high quality studies demonstrating harm, yet accepting low quality studies for efficacy.

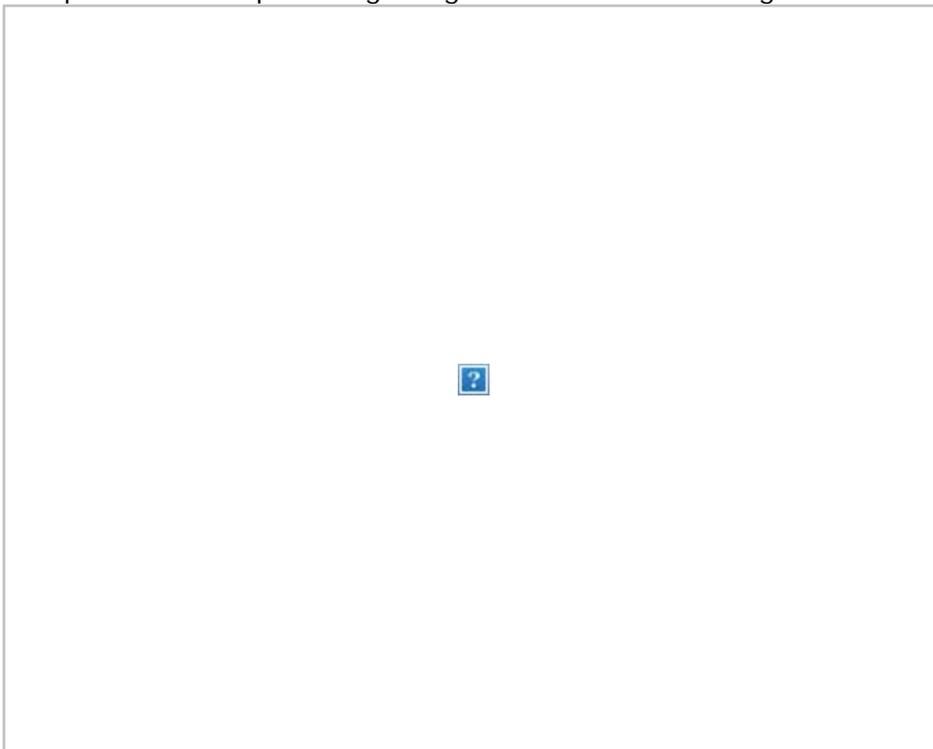
For example, the Neurotoxic, cancer, efficacy and other risks of fluoride are not correctly reported, in part because the US Public Health Service does not evaluate the safety and efficacy of substances used with the intent to prevent disease. Congress gave that job to the FDA. Both EPA and FDA say, "not me," and to preserve policy rather than people, the USPHS stepped in and did what they don't know how to do.

The PHS (2015) report ignores over one hundred studies reporting harm from fluoride, in part because they limited studies published over a short period of time and only human studies. It would be unethical to intentionally harm children with research; however, we harm many because it would be unethical to harm a few. In other words, until the patients and public publish high quality studies proving people are being harmed (which would be unethical), fluoridation will continue.

1. PHS (2015) claimed IQ studies were from areas with "several times higher" concentrations of fluoride than fluoridated water. PHS (2015) failed to grasp they are not treating water, they are treating people and should measure fluoride in people and their teeth, not just water fluoride concentrations. PHS (2015) does not compare blood serum, urine fluoride or tooth fluoride concentrations. Remember, these IQ studies were from rural areas which do not have fluoridated toothpaste, pesticides, dental and medical products. Some studies such as Lin (1991) reported lower IQ with just 0.88 ppm fluoride in the water. Zhang (2015) reported lower IQ with 1.4 ppm, Xu (1994) with 1.8 ppm fluoride and Xiang (2003), twice reported lower IQ with fluoride at 1.9 ppm. Consider that not everyone drinks the same amount of water. No margin of safety or margin for error or for sub populations or people sensitive to fluoride are considered. The 90th percentile is

drinking twice the amount of water, 2 L/day which is double the dosage of 0.7 ppm of the "average" or "mean" person. Note: top 5% of people have over 3 mg/L of fluoride in their urine. 26 of the human studies finding lower IQ had a mean urine fluoride concentration of 1.64 mg/L, about half of what 5% of the population has.

2. PHS (2015) ignored 10% of the population drinking the most water.
3. PHS (2015) ignored infants on formula who will receive about 175 times more fluoride as mothers milk with water at 0.7 ppm.
4. PHS (2015) assumed no uncertainty factor or margin of safety.
5. Instead, PHS (2015) gave greater weight to a study by Broadbent (2014) which used a survey rather than measured urine or serum fluoride concentrations. PHS (2015) ranked it as stronger, but they did not understand what they were reading. Broadbent (2014) had several flaws. Only 99 of the 990 cohorts were not on fluoridated water and 139 of the 990 were on fluoride supplements. Broadbent does not specify what percentage of the 139 on supplements were not on fluoridated water, but double dosing with both fluoridated water and fluoride supplements would be contraindicated. Therefore, we can reasonably assume all or almost all of the 990 were receiving fluoride either with supplements or water. Broadbent (2015) crudely compared fluoride supplements with fluoridated water and without surprise found no difference in IQ. Broadbent (2015) by study design could not detect IQ differences between low and high fluoride exposure. PHS (2015) did not grasp what they were reading.
6. PHS (2015) to a great degree was based on two EPA reports from 2010. These two studies can be summarized with the following EPA graph, 8-1 from the Dose Response Analysis. The percentage of children above the black line are ingesting too much fluoride. Note infants are ignored and only water intake to the 90th percentile is charted. The top ten percent of the public ingesting the most fluoride are ignored.



You, the WSBOH Board Members, have the jurisdiction to determine the safety and efficacy

of fluoride exposure. For the protection of the people of Washington State, my request is for the Washington State Board of Health to set up a committee of stake holders from both sides of the controversy to evaluate the science and laws regarding artificial fluoridation.

Sincerely,

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Please email or call me for more references and research.