
From: Bill Osmunson
Sent: 5/21/2023 9:27:31 AM
To: DOH WSBOH
Cc:
Subject: Health Promotion Committee

External Email

Dear Washington State Board of Health Bill Osmunson DDS MPH bill@teachingsmiles.com
<mailto:bill@teachingsmiles.com>
Health Promotion Committee

I and other researchers would like to make a presentation (in the future) to the Committee regarding excess fluoride exposure and new research on risks.

Increasing fluoride exposure by adding fluoride to public water was started with good intentions and based on the best evidence we had. The evidence and science has grown over the last 70+ years, more rapidly over the last 20 and exploded over the last 8 years. We must re-evaluate policy in light of the new research. Risk assessment is clear, excess fluoride is harming the public far more than benefit. A risk management goal will never find a safe threshold for everyone. We have the empirical evidence and we must stop the paralysis of analysis.

This request for researchers and clinicians to provide evidence to the Washington Board of Health is intended to protect our most vulnerable from harm, especially the fetus and infants who are currently being harmed. The estimated harm far exceeds the estimated benefit of increased fluoride exposure.

It is my understanding the Board did look at some of the evidence a few years ago; however, it appears the Board did not focus on the fetus and infants and considered endorsements and reviews of believers rather than the latest empirical evidence. Judgment should be made on the highest quality of empirical evidence and focus on the fetus and infants who are most sensitive to toxins.

In very brief:

1. The Washington Department of Health indicates the Board of Health has jurisdiction over fluoridation.
2. The Washington Board of Pharmacy (and FDA CDER) determined fluoride for ingestion is a drug. Topical fluoride in toothpaste is approved by the FDA CDER with an NDA and label which says "Do Not Swallow" the equivalent of a quarter milligram the same as the Board recommends for each glass of fluoridated water.
3. Although a significant body of evidence suggests fluoridation has benefit of between a quarter to half a cavity reduction per child, the research is mostly historic, observational

studies of lower quality lacking control for many confounding factors. Only one published randomized controlled trial is available and it reported no significant caries reduction. Dosage, Safety, Mechanism, Label, Jurisdiction and ethics have not been adequately reviewed.

4. Topical fluoride can get to the tooth surface where caries are forming and is FDA CDER approved, not ingested fluoride. Ingested fluoride can't get from inside the tooth to the outside of the tooth where caries are developing. The tooth is highly resistant to the transfer of fluoride.

5. About 2 out of 3 children are ingesting too much fluoride as reported by NHANES and have dental fluorosis, a biomarker of too much fluoride. Concentration of fluoride in water is not dosage. Some drink 10 times more water than the mean. 30% to 70% of fluoride comes from other sources such as foods, medicines, pesticides, etc. Dosage is not controlled and of most concern for the developing fetus and infant and child.

6. In 2006 the National Research Council reported potential harms such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity, more recently potential low birth weight. Fluoride is a highly reactive element and potential to affect all cells. Each of those risks have a great deal of research and continually growing in concern.

7. The contaminant fluoride chemical added to water is contaminated with small but often significant amounts of pollutants such as arsenic and much comes from other countries which do not fluoridate or provide assays of purity, such as China.

8. Of most concern are infants on formula made with fluoridated water. Mother's milk protects the infant and usually has no detectible fluoride mean of 0.004 mg/L and as high as 0.01 mg/L. Fluoride at 0.7 mg/L gives the infant many times more fluoride than mother's milk. Mother's milk is the normative value for infants. The EPA and most reviews of fluoride exposure do not include infants or fetuses in their evaluations.

9. Unfortunately the mother's body does not protect the fetus from fluoride as it readily passes through to the infant. Mothers drink more water and their dosage is more than the mean adult intake placing the developing fetus at significant risk.

10. I treat dental fluorosis both cosmetic and functional damage. We dentists make money from fluoride and we in dentistry are not the best sources of unbiased information, our intent is good, yet biased. The Board has been relying on endorsements and reviews by believers rather than empirical evidence.

11. The National Toxicology Program under HHS has spent 8 years evaluating fluoride's developmental neurotoxicity reporting lower IQ. It is over 700 pages and 8 years in the making. The quality of the report is excellent, the best to date, and has had multiple peer reviews. The NTP draft review included 159 human studies, 339 non-human studies, 60 in vitro, and many other publications, over 90% of the studies reporting lower IQ, brain damage, from ingested fluoride and the Meta-Analysis does not report a safe threshold. The draft monogram was reviewed and blocked by the Department of Health and Human Services from release until the court (a law suite against the EPA) ordered release. After

several peer reviews, the NTP Board of Scientific Counselors was asked to adjudicate the draft and approved it May 2023. The report states: "The consistency of the data supports an inverse association between fluoride exposure and children's IQ." The meta-analysis reports no threshold of safety.

Lower IQ is just one of several risks from fluoride.

12. An example of the research, Till: "An increase of 0.5 mg/L in water fluoride concentration (approximately equaling the difference between fluoridated and non-fluoridated regions) corresponded to a 9.3- and 6.2-point decrement in Performance IQ among formula-fed." Till C, Green R, Flora D, Hornung R, Martinez-Mier EA, Blazer M, Farmus L, Ayotte P, Muckle G, Lanphear B. Fluoride exposure from infant formula and child IQ in a Canadian birth cohort. *Environ Int.* 2020 Jan;134:105315. doi: 10.1016/j.envint.2019.105315. Epub 2019 Nov 16. PMID: 31743803; PMCID: PMC6913880. [PubMed]

Remember, a 5 IQ loss doubles the intellectually disabled (special education) and halves the number of gifted.

13. Most developed countries have never fluoridated their water or have stopped fluoridation.

14. When understood with the lack of significant benefit and serious risks, the ethics of fluoridation without consent with an unapproved drug violates every code of ethics.

Of most concern are the fetus and infants. To save you time, I would recommend the committee permit a zoom with some of the researchers to present their findings. I am confident a presentation on the above 13 items will provide an overview which would save considerable time.

Sincerely,

Bill Osmunson DDS MPH

From: Bill Osmunson
Sent: 6/8/2023 7:20:20 AM
To: DOH WSBOH,Ramos, Bill
Cc:
Subject: Osmunson Public Comment for June 2023

External Email

Washington State Board of Health, Public Comment, June 2023
Bill Osmunson DDS MPH

Dear Washington State Board of Health and Department of Health,

When it comes to fluoride exposure, the Board and Department must reconsider their recommendations, advice.

The Board responded June 1, 2023 in a response email to my request to protect the developing brains of infants, responded the Board does not issue health advisories, which is the responsibility of the Department.

However, the Board's website, "Recommended Strategies to Improve the Oral Health of Washington Residents" is where the Board of Health Addresses Oral Health. The word advisory and recommendation are often interchangeable and considered synonyms.

The Board's Oral Health Project strategic recommendations, included the advisory or "recommendation" (without empirical evidence) to expand and maintain water fluoridation. Clearly the Board has power to write rules and also make "recommendations." The myth that fluoridation saves money is supported only if some costs are included, no risks and harm are considered, jurisdiction is ignored and no quality research is demanded.

My intent for the past nearly two decades contacting the Board and requesting rule changes, is to protect the developing brains and bodies of our most vulnerable. Whether that is through advice, recommendation, strategy or rule change is up to the Board and Department.

The Board's recommendation to fluoridate public water is not based on current empirical scientific researched evidence, but rather endorsements.

The Board has ignored the Washington State Board of Pharmacy, the US Food and Drug Administration Center For Drug Evaluation and Research, Washington State laws on poisons drugs and toxins, the US National Toxicology Program, primary research and empirical evidence and most countries public health position on fluoride ingestion. Instead, the Board has gone to promoters for further endorsements.

For example, if we wanted to find out what is the best truck and surveyed all the Ford dealers, we would expect a forgone conclusion. The Board has likewise cherry picked reviewers and sources to protect policy rather than protect the public from harm.

Some wise scientific educators have reminded us that "We don't know what we don't know," and that "50% of what we teach you is wrong, and to always humbly remember we don't know which 50%." Sometimes authorities have been wrong and the public has been harmed.

Science is the testing of theories against evidence obtained and is not a constant but is a constantly evolving, growing, learning process of discovery. Sometimes we discover a miracle and sometimes discover the miracle is seriously flawed. Putting a moving target into law is problematic.

Public health is a very scary profession where our unknowns are placed for all to see, experience, benefit and sometimes, belatedly we find we have harmed many.

I was taught in my public health masters program that our professional job is not to review, analyze and draw conclusions from the empirical scientific evidence. Leave that to the experts. I disagree. If not public health, then what profession pulls all streams of evidence together from all research specialists for judgment? Each specialist has a narrow niche, knows what they know, but are not specialists in all aspects. In the end, judgment is required to weigh all streams of evidence. Public Health requires judgment, and judgment can be painful and needs a balanced jury pool.

Fluoridation is a poignant reminder of when our well intended policies lack all the evidence and new evidence requires renewed evaluation judgment to protect the health of the public.

For judgment, the Board of Health must reserve final judgment until all the following have been considered and answered: (Acknowledgement: A significant contribution to the following is by Paul Connett PhD. If current references are desired, please contact me.)

1. The Board must consider that the fetus and infants are most vulnerable to toxins, drugs, and/or poisons. Dosage on a small body can have a severe reaction which might not happen for the "average" adult. Ask any anesthesiologist, pharmacist or pediatric physician.

2. The Board must consider a public health flaw has been perpetuated that controlling the concentration of fluoride in water controls the individual dosage. 30% to 70% of fluoride exposure is from other sources than water and an infant on formula made with fluoridated water receives about 175 times more fluoride than the mean concentration of fluoride in mother's milk, 0.004 ppm. Not everyone metabolizes fluoride the same or has the same health or same exposure of other toxins. To protect individuals, a margin of error and/or intraspecific factor of at least 10 is essential.

3. Relying on a "specialist" to be an expert in all fields is a flawed assumption. For example, toxicologists do not carefully evaluate benefit. Dentists are not experts for evaluating brain development and systemic harm. And each expert has their bias. The American Dental Association (ADA) testified in court they owe no duty to protect the public. When push comes to shove, the ADA first and foremost protects dentists and the CDC Oral Health Division follows the ADA.

4. Patients ask me to treat dental fluorosis, an undisputed risk of excess fluoride exposure prior to the eruption of teeth. The ADA suggests dental fluorosis is just a cosmetic effect because they do not admit fluoride can cause functional damage, chipped, broken and fractured enamel. Damage is damage regardless of whether the person gets the damage repaired or not.

5. The EPA did a study which reported more cost to repair "functional" damage than "cosmetic damage."

6. The Food and Drug Administration Center for Drug Evaluation and Research (FDA CDER) has never approved the ingestion of fluoride with intent to prevent or mitigate dental caries. Topical is approved with the warning "do not swallow" the equivalent of a quarter milligram of fluoride, the same as about one glass of fluoridated water. The Washington Board of Pharmacy confirmed fluoride is a drug. Therefore, fluoride is an unapproved illegal drug. Fluoride is not regulated by the DEA.

7. Fluoridation lacks individual informed consent, a standard practice of all medications. A key reason most of Western Europe has rejected fluoridation, forcing people to take a medication irrespective of their consent.

8. Fluoridation lacks the patient's doctor's prescription, as required for all legend drugs.

9. Fluoridation is usually dispensed on the authority of neighbors voting the drug on each other. Voters are swayed by marketing and those in authority.

10. Dr. Arvid Carlsson, the 2000 Nobel Laureate in Medicine and Physiology and one of the scientists who helped keep fluoridation out of Sweden:

"Water fluoridation goes against leading principles of pharmacotherapy, which is progressing from a stereotyped medication — of the type 1 tablet 3 times a day — to a much more individualized therapy as regards both dosage and selection of drugs. The addition of drugs to the drinking water means exactly the opposite of an individualized therapy" (Carlsson 1978).

11. Fluoride in water is just one source of fluoride. Food and beverages processed with fluoridated water (Kiritsy 1996; Heilman 1999), fluoridated dental products (Bentley 1999; Levy 1999), mechanically deboned meat (Fein 2001), tea (Levy 1999), and pesticide residues (e.g., from cryolite) on food (Stannard 1991; Burgstahler 1997). It is now widely acknowledged that exposure to non-water sources of fluoride has significantly increased since the water fluoridation program first began (NRC 2006).

12. Fluoride is not an essential nutrient. No disease, not even tooth decay, is caused by a "fluoride deficiency." (NRC 1993; Institute of Medicine 1997, NRC 2006). Not a single biological process has been shown to require fluoride. On the contrary there is extensive evidence that fluoride can interfere with many important biological processes. Fluoride interferes with numerous enzymes (Waldbott 1978). In combination with aluminum, fluoride interferes with G-proteins (Bigay 1985, 1987). Such interactions give aluminum-fluoride complexes the potential to interfere with signals from growth factors, hormones and neurotransmitters (Strunecka & Patocka 1999; Li 2003). More and more studies indicate that fluoride can interfere with biochemistry in fundamental ways (Barbier

2010).

13. Fluoride accumulates in the body. Healthy adult kidneys excrete 50 to 60% of the fluoride ingested each day (Marier & Rose 1971). The remainder accumulates in the body, largely in calcifying tissues such as the bones and pineal gland (Luke 1997, 2001). Infants and children excrete less fluoride due to kidney function and take up to 80% of ingested fluoride into their bones (Ekstrand 1994). The fluoride concentration in bone steadily increases over a lifetime (NRC 2006).

14. No health agency in fluoridated countries is monitoring fluoride exposure or side effects. No regular measurements are being made of the levels of fluoride in urine, blood, bones, hair, or nails of either the general population or sensitive subparts of the population (e.g., individuals with kidney disease).

15. There has never been a single randomized controlled trial to demonstrate fluoridation's effectiveness or safety. Despite the fact that fluoride has been added to community water supplies for over 60 years, "there have been no randomized trials of water fluoridation" (Cheng 2007). Randomized trials are the standard method for determining the safety and effectiveness of any purportedly beneficial medical treatment. In 2000, the British Government's "York Review" could not give a single fluoridation trial a Grade A classification – despite 50 years of research (McDonagh 2000). The U.S. Food and Drug Administration (FDA) continues to classify fluoride as an "unapproved new drug."

Swallowing fluoride provides no (or very little) benefit

16. Benefit is topical not systemic. The Centers for Disease Control and Prevention (CDC, 1999, 2001) has now acknowledged that the mechanism of fluoride's benefits are mainly topical, not systemic. There is no need whatsoever, therefore, to swallow fluoride to protect teeth. Since the purported benefit of fluoride is topical, and the risks are systemic, it makes more sense to deliver the fluoride directly to the tooth in the form of toothpaste. Since swallowing fluoride is unnecessary, and potentially dangerous, there is no justification for forcing people (against their will) to ingest fluoride through their water supply.

17. Fluoridation is not necessary. Most western, industrialized countries have rejected water fluoridation, but have nevertheless experienced the same decline in childhood dental decay as fluoridated countries. (See data from World Health Organization presented graphically in Figure).

18. Fluoridation's role in the decline of tooth decay is in serious doubt. The largest survey ever conducted in the US (over 39,000 children from 84 communities) by the National Institute of Dental Research showed little difference in tooth decay among children in fluoridated and non-fluoridated communities (Hileman 1989). According to NIDR researchers, the study found an average difference of only 0.6 DMFS (Decayed, Missing, and Filled Surfaces) in the permanent teeth of children aged 5-17 residing their entire lives in either fluoridated or unfluoridated areas (Brunelle & Carlos, 1990). This difference is less than one tooth surface, and less than 1% of the 100+ tooth surfaces available in a child's mouth. Large surveys from three Australian states have found even less of a benefit, with decay reductions ranging from 0 to 0.3 of one permanent tooth surface (Spencer 1996; Armfield & Spencer 2004). None of these studies have allowed for the possible delayed eruption of the teeth that may be caused by exposure to fluoride, for which there is some evidence (Komarek 2005). A one-year delay in eruption of the

permanent teeth would eliminate the very small benefit recorded in these modern studies.

19. NIH-funded study on individual fluoride ingestion and tooth decay found no significant correlation. A multi-million dollar, U.S. National Institutes of Health (NIH)-funded study found no significant relationship between tooth decay and fluoride intake among children. (Warren 2009) This is the first time tooth decay has been investigated as a function of individual exposure (as opposed to mere residence in a fluoridated community).

20. Tooth decay is high in low-income communities that have been fluoridated for years. Despite some claims to the contrary, water fluoridation cannot prevent the oral health crises that result from rampant poverty, inadequate nutrition, and lack of access to dental care. There have been numerous reports of severe dental crises in low-income neighborhoods of US cities that have been fluoridated for over 20 years (e.g., Boston, Cincinnati, New York City, and Pittsburgh). In addition, research has repeatedly found fluoridation to be ineffective at preventing the most serious oral health problem facing poor children, namely "baby bottle tooth decay," otherwise known as early childhood caries (Barnes 1992; Shiboski 2003).

21. Tooth decay does not go up when fluoridation is stopped. Where fluoridation has been discontinued in communities from Canada, the former East Germany, Cuba and Finland, dental decay has not increased but has generally continued to decrease (Maupomé 2001; Kunzel & Fischer, 1997, 2000; Kunzel 2000; Seppa 2000).

22. Tooth decay was coming down before fluoridation started. Modern research shows that decay rates were coming down before fluoridation was introduced in Australia and New Zealand and have continued to decline even after its benefits would have been maximized. (Colquhoun 1997; Diesendorf 1986). As the following figure indicates, many other factors are responsible for the decline of tooth decay that has been universally reported throughout the western world.

23. The studies that launched fluoridation were methodologically flawed. The early trials conducted between 1945 and 1955 in North America that helped to launch fluoridation, have been heavily criticized for their poor methodology and poor choice of control communities (De Stefano 1954; Sutton 1959, 1960, 1996; Ziegelbecker 1970). According to Dr. Hubert Arnold, a statistician from the University of California at Davis, the early fluoridation trials "are especially rich in fallacies, improper design, invalid use of statistical methods, omissions of contrary data, and just plain muddleheadedness and hebetude." Serious questions have also been raised about Trendley Dean's (the father of fluoridation) famous 21-city study from 1942 (Ziegelbecker 1981).

Children are being over-exposed to fluoride

24. Children are being over-exposed to fluoride. The fluoridation program has massively failed to achieve one of its key objectives, i.e., to lower dental decay rates while limiting the occurrence of dental fluorosis (a discoloring of tooth enamel caused by too much fluoride. The goal of the early promoters of fluoridation was to limit dental fluorosis (in its very mild form) to 10% of children (NRC 1993, pp. 6-7). In 2010, however, the Centers for Disease Control and Prevention (CDC) reported that 41% of American adolescents had dental fluorosis, with 8.6% having mild fluorosis and 3.6% having either moderate

or severe dental fluorosis (Beltran-Aguilar 2010). As the 41% prevalence figure is a national average and includes children living in fluoridated and unfluoridated areas, the fluorosis rate in fluoridated communities will obviously be higher. The British Government's York Review estimated that up to 48% of children in fluoridated areas worldwide have dental fluorosis in all forms, with 12.5% having fluorosis of aesthetic concern (McDonagh, 2000).

25. The highest doses of fluoride are going to bottle-fed babies. Because of their sole reliance on liquids for their food intake, infants consuming formula made with fluoridated water have the highest exposure to fluoride, by bodyweight, in the population. Because infant exposure to fluoridated water has been repeatedly found to be a major risk factor for developing dental fluorosis later in life (Marshall 2004; Hong 2006; Levy 2010), a number of dental researchers have recommended that parents of newborns not use fluoridated water when reconstituting formula (Ekstrand 1996; Pendrys 1998; Fomon 2000; Brothwell 2003; Marshall 2004). Even the American Dental Association (ADA), the most ardent institutional proponent of fluoridation, distributed a November 6, 2006 email alert to its members recommending that parents be advised that formula should be made with "low or no-fluoride water." Unfortunately, the ADA has done little to get this information into the hands of parents. As a result, many parents remain unaware of the fluorosis risk from infant exposure to fluoridated water.
Evidence of harm to other tissues.

26. Dental fluorosis may be an indicator of wider systemic damage. There have been many suggestions as to the possible biochemical mechanisms underlying the development of dental fluorosis (Matsuo 1998; Den Besten 1999; Sharma 2008; Duan 2011; Tye 2011) and they are complicated for a lay reader. While promoters of fluoridation are content to dismiss dental fluorosis (in its milder forms) as merely a cosmetic effect, it is rash to assume that fluoride is not impacting other developing tissues when it is visibly damaging the teeth by some biochemical mechanism (Groth 1973; Colquhoun 1997). Moreover, ingested fluoride can only cause dental fluorosis during the period before the permanent teeth have erupted (6-8 years), other tissues are potentially susceptible to damage throughout life. For example, in areas of naturally high levels of fluoride the first indicator of harm is dental fluorosis in children. In the same communities many older people develop skeletal fluorosis.

27. Fluoride may damage the brain. According to the National Research Council (2006), "it is apparent that fluorides have the ability to interfere with the functions of the brain." In a review of the literature commissioned by the US Environmental Protection Agency (EPA), fluoride has been listed among about 100 chemicals for which there is "substantial evidence of developmental neurotoxicity." Animal experiments show that fluoride accumulates in the brain and alters mental behavior in a manner consistent with a neurotoxic agent (Mullenix 1995). In total, there have now been over 100 animal experiments showing that fluoride can damage the brain and impact learning and behavior. According to fluoridation proponents, these animal studies can be ignored because high doses were used. However, it is important to note that rats generally require five times more fluoride to reach the same plasma levels in humans (Sawan 2010). Further, one animal experiment found effects at remarkably low doses (Varner 1998). In this study, rats fed for one year with 1 ppm fluoride in their water (the same level used in fluoridation programs), using either sodium fluoride or aluminum fluoride, had morphological changes to their kidneys and brains, an increased uptake of aluminum in the brain, and the formation of beta-amyloid deposits which are associated with Alzheimer's disease. Other animal studies have found effects on the brain at water fluoride levels as low as 5 ppm (Liu 2010).

28. Fluoride may lower IQ. There have now been 33 studies from China, Iran, India and Mexico that have reported an association between fluoride exposure and reduced IQ. One of these studies (Lin 1991) indicates that even just moderate levels of fluoride exposure (e.g., 0.9 ppm in the water) can exacerbate the neurological defects of iodine deficiency. Other studies have found IQ reductions at 1.9 ppm (Xiang 2003a,b); 0.3-3.0 ppm (Ding 2011); 1.8-3.9 ppm (Xu 1994); 2.0 ppm (Yao 1996, 1997); 2.1-3.2 ppm (An 1992); 2.38 ppm (Poureslami 2011); 2.45 ppm (Eswar 2011); 2.5 ppm (Seraj 2006); 2.85 ppm (Hong 2001); 2.97 ppm (Wang 2001, Yang 1994); 3.15 ppm (Lu 2000); 4.12 ppm (Zhao 1996). In the Ding study, each 1 ppm increase of fluoride in urine was associated with a loss of 0.59 IQ points. None of these studies indicate an adequate margin of safety to protect all children drinking artificially fluoridated water from this affect. According to the National Research Council (2006), "the consistency of the results [in fluoride/IQ studies] appears significant enough to warrant additional research on the effects of fluoride on intelligence." The NRC's conclusion has recently been amplified by a team of Harvard scientists whose fluoride/IQ meta-review concludes that fluoride's impact on the developing brain should be a "high research priority." (Choi et al., 2012). Except for one small IQ study from New Zealand (Spittle 1998) no fluoridating country has yet investigated the matter.

29. Fluoride may cause non-IQ neurotoxic effects. Reduced IQ is not the only neurotoxic effect that may result from fluoride exposure. At least three human studies have reported an association between fluoride exposure and impaired visual-spatial organization (Calderon 2000; Li 2004; Rocha-Amador 2009); while four other studies have found an association between prenatal fluoride exposure and fetal brain damage (Han 1989; Du 1992; Dong 1993; Yu 1996).

30. Fluoride affects the pineal gland. Studies by Jennifer Luke (2001) show that fluoride accumulates in the human pineal gland to very high levels. In her Ph.D. thesis, Luke has also shown in animal studies that fluoride reduces melatonin production and leads to an earlier onset of puberty (Luke 1997). Consistent with Luke's findings, one of the earliest fluoridation trials in the U.S. (Schlesinger 1956) reported that on average young girls in the fluoridated community reached menstruation 5 months earlier than girls in the non-fluoridated community. Inexplicably, no fluoridating country has attempted to reproduce either Luke's or Schlesinger's findings or examine the issue any further.

31. Fluoride affects thyroid function. According to the U.S. National Research Council (2006), "several lines of information indicate an effect of fluoride exposure on thyroid function." In the Ukraine, Bachinskii (1985) found a lowering of thyroid function, among otherwise healthy people, at 2.3 ppm fluoride in water. In the middle of the 20th century, fluoride was prescribed by a number of European doctors to reduce the activity of the thyroid gland for those suffering from hyperthyroidism (overactive thyroid) (Stecher 1960; Waldbott 1978). According to a clinical study by Galletti and Joyet (1958), the thyroid function of hyperthyroid patients was effectively reduced at just 2.3 to 4.5 mg/day of fluoride ion. To put this finding in perspective, the Department of Health and Human Services (DHHS, 1991) has estimated that total fluoride exposure in fluoridated communities ranges from 1.6 to 6.6 mg/day. This is a remarkable fact, particularly considering the rampant and increasing problem of hypothyroidism (underactive thyroid) in the United States and other fluoridated countries. Symptoms of hypothyroidism include depression, fatigue, weight gain, muscle and joint pains, increased cholesterol levels, and heart disease. In 2010, the second most prescribed drug of the year was Synthroid (sodium levothyroxine) which is a hormone replacement drug used to treat an underactive thyroid.

32. Fluoride causes arthritic symptoms. Some of the early symptoms of skeletal fluorosis

(a fluoride-induced bone and joint disease that impacts millions of people in India, China, and Africa), mimic the symptoms of arthritis (Singh 1963; Franke 1975; Teotia 1976; Carnow 1981; Czerwinski 1988; DHHS 1991). According to a review on fluoridation published in *Chemical & Engineering News*, "Because some of the clinical symptoms mimic arthritis, the first two clinical phases of skeletal fluorosis could be easily misdiagnosed" (Hileman 1988). Few, if any, studies have been done to determine the extent of this misdiagnosis, and whether the high prevalence of arthritis in America (1 in 3 Americans have some form of arthritis – CDC, 2002) and other fluoridated countries is related to growing fluoride exposure, which is highly plausible. Even when individuals in the U.S. suffer advanced forms of skeletal fluorosis (from drinking large amounts of tea), it has taken years of misdiagnoses before doctors finally correctly diagnosed the condition as fluorosis.

33. Fluoride damages bone. An early fluoridation trial (Newburgh-Kingston 1945-55) found a significant two-fold increase in cortical bone defects among children in the fluoridated community (Schlesinger 1956). The cortical bone is the outside layer of the bone and is important to protect against fracture. While this result was not considered important at the time with respect to bone fractures, it did prompt questions about a possible link to osteosarcoma (Caffey, 1955; NAS, 1977). In 2001, Alarcon-Herrera and co-workers reported a linear correlation between the severity of dental fluorosis and the frequency of bone fractures in both children and adults in a high fluoride area in Mexico.

34. Fluoride may increase hip fractures in the elderly. When high doses of fluoride (average 26 mg per day) were used in trials to treat patients with osteoporosis in an effort to harden their bones and reduce fracture rates, it actually led to a higher number of fractures, particularly hip fractures (Inkovaara 1975; Gerster 1983; Dambacher 1986; O'Duffy 1986; Hedlund 1989; Bayley 1990; Gutteridge 1990. 2002; Orcel 1990; Riggs 1990 and Schnitzler 1990). Hip fracture is a very serious issue for the elderly, often leading to a loss of independence or a shortened life. There have been over a dozen studies published since 1990 that have investigated a possible relationship between hip fractures and long term consumption of artificially fluoridated water or water with high natural levels. The results have been mixed – some have found an association and others have not. Some have even claimed a protective effect. One very important study in China, which examined hip fractures in six Chinese villages, found what appears to be a dose-related increase in hip fracture as the concentration of fluoride rose from 1 ppm to 8 ppm (Li 2001) offering little comfort to those who drink a lot of fluoridated water. Moreover, in the only human epidemiological study to assess bone strength as a function of bone fluoride concentration, researchers from the University of Toronto found that (as with animal studies) the strength of bone declined with increasing fluoride content (Chachra 2010). Finally, a recent study from Iowa (Levy 2009), published data suggesting that low-level fluoride exposure may have a detrimental effect on cortical bone density in girls (an effect that has been repeatedly documented in clinical trials and which has been posited as an important mechanism by which fluoride may increase bone fracture rates).

35. People with impaired kidney function are particularly vulnerable to bone damage. Because of their inability to effectively excrete fluoride, people with kidney disease are prone to accumulating high levels of fluoride in their bone and blood. As a result of this high fluoride body burden, kidney patients have an elevated risk for developing skeletal fluorosis. In one of the few U.S. studies investigating the matter, crippling skeletal fluorosis was documented among patients with severe kidney disease drinking water with just 1.7 ppm fluoride (Johnson 1979). Since severe skeletal fluorosis in kidney patients has been detected in small case studies, it is likely that larger, systematic studies would detect skeletal fluorosis at even lower fluoride levels.

36. Fluoride may cause bone cancer (osteosarcoma). A U.S. government-funded animal study found a dose-dependent increase in bone cancer (osteosarcoma) in fluoride-treated, male rats (NTP 1990). Following the results of this study, the National Cancer Institute (NCI) reviewed national cancer data in the U.S. and found a significantly higher rate of osteosarcoma (a bone cancer) in young men in fluoridated versus unfluoridated areas (Hoover et al 1991a). While the NCI concluded (based on an analysis lacking statistical power) that fluoridation was not the cause (Hoover et al 1991b), no explanation was provided to explain the higher rates in the fluoridated areas. A smaller study from New Jersey (Cohn 1992) found osteosarcoma rates to be up to 6 times higher in young men living in fluoridated versus unfluoridated areas. Other epidemiological studies of varying size and quality have failed to find this relationship (a summary of these can be found in Bassin, 2001 and Connitt & Neurath, 2005). There are three reasons why a fluoride-osteosarcoma connection is plausible: First, fluoride accumulates to a high level in bone. Second, fluoride stimulates bone growth. And, third, fluoride can interfere with the genetic apparatus of bone cells in several ways; it has been shown to be mutagenic, cause chromosome damage, and interfere with the enzymes involved with DNA repair in both cell and tissue studies (Tsutsui 1984; Caspary 1987; Kishi 1993; Mihashi 1996; Zhang 2009). In addition to cell and tissue studies, a correlation between fluoride exposure and chromosome damage in humans has also been reported (Sheth 1994; Wu 1995; Meng 1997; Joseph 2000).

37. Proponents have failed to refute the Bassin-Osteosarcoma study. In 2001, Elise Bassin, a dentist, successfully defended her doctoral thesis at Harvard in which she found that young boys had a five-to-seven fold increased risk of getting osteosarcoma by the age of 20 if they drank fluoridated water during their mid-childhood growth spurt (age 6 to 8). The study was published in 2006 (Bassin 2006) but has been largely discounted by fluoridating countries because her thesis adviser Professor Chester Douglass (a promoter of fluoridation and a consultant for Colgate) promised a larger study that he claimed would discount her thesis (Douglass and Joshipura, 2006). Now, after 5 years of waiting the Douglass study has finally been published (Kim 2011) but in no way does this study discount Bassin's findings. The study, which used far fewer controls than Bassin's analysis, did not even attempt to assess the age-specific window of risk that Bassin identified. Indeed, by the authors' own admission, the study had no capacity to assess the risk of osteosarcoma among children and adolescents (the precise population of concern). For a critique of the Douglass study, [click here](#).

38. Fluoride may cause reproductive problems. Fluoride administered to animals at high doses wreaks havoc on the male reproductive system – it damages sperm and increases the rate of infertility in a number of different species (Kour 1980; Chinoy 1989; Chinoy 1991; Susheela 1991; Chinoy 1994; Kumar 1994; Narayana 1994a,b; Zhao 1995; Elbetieha 2000; Ghosh 2002; Zakrzewska 2002). In addition, an epidemiological study from the US found increased rates of infertility among couples living in areas with 3 ppm or more fluoride in the water (Freni 1994), two studies have found increased fertility among men living in high-fluoride areas of China and India (Liu 1988; Neelam 1987); four studies have found reduced level of circulating testosterone in males living in high fluoride areas (Hao 2010; Chen P 1997; Susheela 1996; Barot 1998), and a study of fluoride-exposed workers reported a "subclinical reproductive effect" (Ortiz-Perez 2003). While animal studies by FDA researchers have failed to find evidence of reproductive toxicity in fluoride-exposed rats (Sprando 1996, 1997, 1998), the National Research Council (2006) has recommended that, "the relationship between fluoride and fertility requires additional study."

39. Some individuals are highly sensitive to low levels of fluoride as shown by case studies and double blind studies. In one study, which lasted 13 years, Feltman and Kosel

(1961) showed that about 1% of patients given 1 mg of fluoride each day developed negative reactions. Many individuals have reported suffering from symptoms such as fatigue, headaches, rashes and stomach and gastro intestinal tract problems, which disappear when they avoid fluoride in their water and diet. (Shea 1967; Waldbott 1978; Moolenburgh 1987) Frequently the symptoms reappear when they are unwittingly exposed to fluoride again (Spittle, 2008). No fluoridating government has conducted scientific studies to take this issue beyond these anecdotal reports. Without the willingness of governments to investigate these reports scientifically, should we as a society be forcing these people to ingest fluoride?

40. Other subsets of population are more vulnerable to fluoride's toxicity. In addition to people suffering from impaired kidney function discussed in reason #30 other subsets of the population are more vulnerable to fluoride's toxic effects. According to the Agency for Toxic Substances and Disease Registry (ATSDR 1993) these include: infants, the elderly, and those with diabetes mellitus. Also vulnerable are those who suffer from malnutrition (e.g., calcium, magnesium, vitamin C, vitamin D and iodine deficiencies and protein-poor diets) and those who have diabetes insipidus. See: Greenberg 1974; Klein 1975; Massler & Schour 1952; Marier & Rose 1977; Lin 1991; Chen 1997; Seow 1994; Teotia 1998.

No Margin of Safety

41. There is no margin of safety for several health effects. No one can deny that high natural levels of fluoride damage health. Millions of people in India and China have had their health compromised by fluoride. The real question is whether there is an adequate margin of safety between the doses shown to cause harm in published studies and the total dose people receive consuming uncontrolled amounts of fluoridated water and non-water sources of fluoride. This margin of safety has to take into account the wide range of individual sensitivity expected in a large population (a safety factor of 10 is usually applied to the lowest level causing harm). Another safety factor is also needed to take into account the wide range of doses to which people are exposed. There is clearly no margin of safety for dental fluorosis (CDC, 2010) and based on the following studies nowhere near an adequate margin of safety for lowered IQ (Xiang 2003a,b; Ding 2011; Choi 2012); lowered thyroid function (Galletti & Joyet 1958; Bachinskii 1985; Lin 1991); bone fractures in children (Alarcon-Herrera 2001) or hip fractures in the elderly (Kurtti 1999; Li 2001). All of these harmful effects are discussed in the NRC (2006) review. Environmental Justice

42. Low-income families penalized by fluoridation. Those most likely to suffer from poor nutrition, and thus more likely to be more vulnerable to fluoride's toxic effects, are the poor, who unfortunately, are the very people being targeted by new fluoridation programs. While at heightened risk, poor families are least able to afford avoiding fluoride once it is added to the water supply. No financial support is being offered to these families to help them get alternative water supplies or to help pay the costs of treating unsightly cases of dental fluorosis.

43. Black and Hispanic children are more vulnerable to fluoride's toxicity. According to the CDC's national survey of dental fluorosis, black and Mexican-American children have significantly higher rates of dental fluorosis than white children (Beltran-Aguilar 2005, Table 23). The recognition that minority children appear to be more vulnerable to toxic effects of fluoride, combined with the fact that low-income families are less able to avoid drinking fluoridated water, has prompted prominent leaders in the environmental-justice movement to oppose mandatory fluoridation in Georgia. In a statement issued in May 2011, Andrew Young, a colleague of Martin Luther King, Jr., and former Mayor of Atlanta

and former US Ambassador to the United Nations, stated:

"I am most deeply concerned for poor families who have babies: if they cannot afford unfluoridated water for their babies' milk formula, do their babies not count? Of course they do. This is an issue of fairness, civil rights, and compassion. We must find better ways to prevent cavities, such as helping those most at risk for cavities obtain access to the services of a dentist...My father was a dentist. I formerly was a strong believer in the benefits of water fluoridation for preventing cavities. But many things that we began to do 50 or more years ago we now no longer do, because we have learned further information that changes our practices and policies. So it is with fluoridation."

44. Minorities are not being warned about their vulnerabilities to fluoride. The CDC is not warning black and Mexican-American children that they have higher rates of dental fluorosis than Caucasian children (see #38). This extra vulnerability may extend to other toxic effects of fluoride. Black Americans have higher rates of lactose intolerance, kidney problems and diabetes, all of which may exacerbate fluoride's toxicity.

45. Tooth decay reflects low-income not low-fluoride intake. Since dental decay is most concentrated in poor communities, we should be spending our efforts trying to increase the access to dental care for low-income families. The highest rates of tooth decay today can be found in low-income areas that have been fluoridated for many years. The real "Oral Health Crisis" that exists today in the United States, is not a lack of fluoride but poverty and lack of dental insurance. The Surgeon General has estimated that 80% of dentists in the US do not treat children on Medicaid.

The largely untested chemicals used in fluoridation programs

46. The chemicals used to fluoridate water are not pharmaceutical grade. Instead, they largely come from the wet scrubbing systems of the phosphate fertilizer industry. These chemicals (90% of which are sodium fluorosilicate and fluorosilicic acid), are classified hazardous wastes contaminated with various impurities. Recent testing by the National Sanitation Foundation suggest that the levels of arsenic in these silicon fluorides are relatively high (up to 1.6 ppb after dilution into public water) and of potential concern (NSF 2000 and Wang 2000). Arsenic is a known human carcinogen for which there is no safe level. This one contaminant alone could be increasing cancer rates – and unnecessarily so.

47. The silicon fluorides have not been tested comprehensively. The chemical usually tested in animal studies is pharmaceutical grade sodium fluoride, not industrial grade fluorosilicic acid. Proponents claim that once the silicon fluorides have been diluted at the public water works they are completely dissociated to free fluoride ions and hydrated silica and thus there is no need to examine the toxicology of these compounds. However, while a study from the University of Michigan (Finney et al., 2006) showed complete dissociation at neutral pH, in acidic conditions (pH 3) there was a stable complex containing five fluoride ions. Thus the possibility arises that such a complex may be regenerated in the stomach where the pH lies between 1 and 2.

48. The silicon fluorides may increase lead uptake into children's blood. Studies by Masters and Coplan (1999, 2000, 2007), and to a lesser extent Macek (2006), show an association between the use of fluorosilicic acid (and its sodium salt) to fluoridate water and an increased uptake of lead into children's blood. Because of lead's acknowledged ability to damage the developing brain, this is a very serious finding. Nevertheless, it is being largely ignored by fluoridating countries. This association received some strong

biochemical support from an animal study by Sawan et al. (2010) who found that exposure of rats to a combination of fluorosilicic acid and lead in their drinking water increased the uptake of lead into blood some threefold over exposure to lead alone.

49. Fluoride may leach lead from pipes, brass fittings and soldered joints. In tightly controlled laboratory experiments, Maas et al (2007) have shown that fluoridating agents in combination with chlorinating agents such as chloroamine increase the leaching of lead from brass fittings used in plumbing. While proponents may argue about the neurotoxic effects of low levels of fluoride there is no argument that lead at very low levels lowers IQ in children.

Continued promotion of fluoridation is unscientific

50. Key health studies have not been done. In the January 2008 issue of *Scientific American*, Professor John Doull, the chairman of the important 2006 National Research Council review, *Fluoride in Drinking Water: A Review of EPA's Standards*, is quoted as saying:

"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 top 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."

The absence of studies is being used by promoters as meaning the absence of harm. This is an irresponsible position.

51. Endorsements do not represent scientific evidence. Many of those promoting fluoridation rely heavily on a list of endorsements. However, the U.S. PHS first endorsed fluoridation in 1950, before one single trial had been completed and before any significant health studies had been published (see chapters 9 and 10 in *The Case Against Fluoride* for the significance of this PHS endorsement for the future promotion of fluoridation). Many other endorsements swiftly followed with little evidence of any scientific rationale for doing so. The continued use of these endorsements has more to do with political science than medical science.

52. Review panels hand-picked to deliver a pro-fluoridation result. Every so often, particularly when their fluoridation program is under threat, governments of fluoridating countries hand-pick panels to deliver reports that provide the necessary re-endorsement of the practice. In their recent book *Fluoride Wars* (2009), which is otherwise slanted toward fluoridation, Alan Freeze and Jay Lehr concede this point when they write:

There is one anti-fluoridationist charge that does have some truth to it. Anti-fluoride forces have always claimed that the many government-sponsored review panels set up over the years to assess the costs and benefits of fluoridation were stacked in favor of fluoridation. A review of the membership of the various panels confirms this charge. The expert committees that put together reports by the American Association for the Advancement of Science in 1941, 1944 and 1954; the National Academy of Sciences in 1951, 1971, 1977 and 1993; the World Health Organization in 1958 and 1970; and the U.S. Public Health Service in 1991 are rife with the names of well-known medical and

dental researchers who actively campaigned on behalf of fluoridation or whose research was held in high regard in the pro-fluoridation movement. Membership was interlocking and incestuous.

The most recent examples of these self-fulfilling prophecies have come from the Irish Fluoridation Forum (2002); the National Health and Medical Research Council (NHMRC, 2007) and Health Canada (2008, 2010). The latter used a panel of six experts to review the health literature. Four of the six were pro-fluoridation dentists and the other two had no demonstrated expertise on fluoride. A notable exception to this trend was the appointment by the U.S. National Research Council of the first balanced panel of experts ever selected to look at fluoride's toxicity in the U.S. This panel of twelve reviewed the US EPA's safe drinking water standards for fluoride. After three and half years the panel concluded in a 507- page report that the safe drinking water standard was not protective of health and a new maximum contaminant level goal (MCLG) should be determined (NRC, 2006). If normal toxicological procedures and appropriate margins of safety were applied to their findings this report should spell an end to water fluoridation. Unfortunately in January of 2011 the US EPA Office of Water made it clear that they would not determine a value for the MCLG that would jeopardize the water fluoridation program (EPA press release, Jan 7, 2011. Once again politics was allowed to trump science.

More and more independent scientists oppose fluoridation

53. Many scientists oppose fluoridation. Proponents of fluoridation have maintained for many years— despite the fact that the earliest opponents of fluoridation were biochemists—that the only people opposed to fluoridation are not bona fide scientists. Today, as more and more scientists, doctors, dentists and other professionals, read the primary literature for themselves, rather than relying on self-serving statements from the ADA and the CDC, they are realizing that they and the general public have not been diligently informed by their professional bodies on this subject. As of January 2012, over 4,000 professionals have signed a statement calling for an end to water fluoridation worldwide. This statement and a list of signatories can be found on the website of the Fluoride Action Network. A glimpse of the caliber of those opposing fluoridation can be gleaned by watching the 28-minute video "Professional Perspectives on Water fluoridation" which can be viewed online at the same FAN site.

Proponents' dubious tactics

54. Proponents usually refuse to defend fluoridation in open debate. While pro-fluoridation officials continue to promote fluoridation with undiminished fervor, they usually refuse to defend the practice in open public debate – even when challenged to do so by organizations such as the Association for Science in the Public Interest, the American College of Toxicology, or the U.S. EPA (Bryson 2004). According to Dr. Michael Easley, a prominent lobbyist for fluoridation in the US, "Debates give the illusion that a scientific controversy exists when no credible people support the fluorophobics' view" (Easley, 1999). In light of proponents' refusal to debate this issue, Dr. Edward Groth, a Senior Scientist at Consumers Union, observed that, "the political profluoridation stance has evolved into a dogmatic, authoritarian, essentially antiscientific posture, one that discourages open debate of scientific issues" (Martin 1991).

55. Proponents use very dubious tactics to promote fluoridation. Many scientists, doctors and dentists who have spoken out publicly on this issue have been subjected to censorship and intimidation (Martin 1991). Dr. Phyllis Mullenix was fired from her position as Chair of Toxicology at Forsythe Dental Center for publishing her findings on

fluoride and the brain (Mullenix 1995); and Dr. William Marcus was fired from the EPA for questioning the government's handling of the NTP's fluoride-cancer study (Bryson 2004). Many dentists and even doctors tell opponents in private that they are opposed to this practice but dare not speak out in public because of peer pressure and the fear of recriminations. Tactics like this would not be necessary if those promoting fluoridation were on secure scientific and ethical grounds.

Conclusion

When it comes to controversies surrounding toxic chemicals, vested interests traditionally do their very best to discount animal studies and quibble with epidemiological findings. In the past, political pressures have led government agencies to drag their feet on regulating asbestos, benzene, DDT, PCBs, tetraethyl lead, tobacco and dioxins. With fluoridation we have had a sixty-year delay. Unfortunately, because government officials and dental leaders have put so much of their credibility on the line defending fluoridation, and because of the huge liabilities waiting in the wings if they admit that fluoridation has caused an increase in hip fracture, arthritis, bone cancer, brain disorders or thyroid problems, it will be very difficult for them to speak honestly and openly about the issue. But they must, not only to protect millions of people from unnecessary harm, but to protect the notion that, at its core, public health policy must be based on sound science, not political expediency. They have a tool with which to do this: it's called the Precautionary Principle. Simply put, this says: if in doubt leave it out. This is what most European countries have done and their children's teeth have not suffered, while their public's trust has been strengthened.

Just how much doubt is needed on just one of the health concerns identified above, to override a benefit, which when quantified in the largest survey ever conducted in the US, amounts to less than one tooth surface (out of 128) in a child's mouth?

While fluoridation may not be the greatest environmental health threat, it is one of the easiest to end. It is as easy as turning off a spigot in the public water works. But to turn off that spigot takes political will and to get that we need masses more people informed and organized. Please get these 50 reasons to all your friends and encourage them to get fluoride out of their community and to help ban this practice worldwide.

Further arguments against fluoridation, can be viewed at <http://www.fluoridealert.org> <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2F&data=0>> and in the book *The Case Against Fluoridation* (Chelsea Green, 2010). Arguments for fluoridation can be found at <http://www.ada.org> <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.ada.org%2F&data=05%7C01>>

Publication history of the 50 Reasons (Expanded for the Washington State Board of Health)

The 50 Reasons were first compiled by Paul Connett and presented in person to the Irish Fluoridation Forum in October 2000. The document was refined in 2004 and published in *Medical Veritas*. In the introduction to the 2004 version it was explained that after over four years the Irish authorities had not been able to muster a response to the 50 Reasons, despite agreeing to do so in 2000. Eventually, an anonymous, incomplete and superficial response was posted on the Irish Department of Health and Children's website (see this response and addendum

at:http://www.dohc.ie/other_health_issues/dental_research <https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.dohc.ie%2Fother_health_issu /. Paul Connett's comprehensive response to this response can be accessed at

<http://www.fluoridealert.org/50reasons.ireland.pdf>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.fluoridealert.org%2F50reasons.ireland.pdf>>. We learned on August 7, 2011 that this governmental response was prepared by an external contractor at a cost to the Irish taxpayers' of over 30,000 Euros.

Since 2004, there have been many major scientific developments including the publication of the U.S. National Research Council report (NRC, 2006); the publication of Bassin's study on Osteosarcoma (Bassin 2006), and many more studies of fluoride's interaction with the brain, that necessitated a major update of the 50 Reasons in August 2011. This update was made with the generous assistance of James Beck, MD, PhD, Michael Connett, JD, Hardy Limeback, DDS, PhD, David McRae and Spedding Micklem, D.Phil. Additional developments in 2012, including FAN's translation of over 20 Chinese studies on fluoride toxicity and publication of the Harvard team's meta-review of fluoride and IQ (Choi 2012), warranted a further update in August 2012, with the extremely helpful assistance of my son, Michael Connett.

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From: Elizabeth Hovde
Sent: 4/12/2023 11:13:37 AM
To: DOH WSBOH
Cc:
Subject: Comments — I pre-registered but was not called on

External Email

SBOH members,

Here are public comments I prepared for today. I pre-registered but was not called on. Please let me know if I did something wrong. I used the "join" button I was provided in my confirmation email.

Thanks for your time today, Chair Grellner and board members. I'm Elizabeth Hovde with the Washington Policy Center.

I am here to ask for your intervention and influence on the governor's permanent vaccine mandate as a condition for employment.

The governor directed the Office of Financial Management to write rules that are now in place for a permanent vaccine mandate for state employees in executive and small cabinet agencies. The governor has also included the mandate, along with bonuses for voluntarily chosen boosters, in contract negotiations with labor. The two policies together send a confusing health message that is not based on science.

COVID-19 mask and emergency orders have ended or are winding down; the CDC removed its policy distinctions between the vaccinated and the unvaccinated months ago; we know that those most in health danger from COVID are the elderly, not working-age people; and we know that both vaccinated and unvaccinated people can spread and contract COVID-19.

A vaccinated state worker who is still employed by the state can contract and spread and get sick from COVID-19, while an unvaccinated worker might not.

It's past time for the state to stop punishing and limiting the working options of the COVID-unvaccinated, and I hope you can help. Vaccines appear to help some with hospitalization and death, but a vaccine mandate on working-age people does not. Further, there are other health behaviors that impact workers in our state workforce, but those behaviors don't get them fired.

The mandate has caused state staffing problems, for no demonstrable public health benefit. More than 2,000

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fofm.wa.gov%2Fsites%2Fdefault%2Fstate-workers-careers-ended-because-of-the-vaccine-mandate>> Instead of following the science, a permanent vaccine mandate
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.washingtonpolicy.org%2Fpublic-policy-is-final-but-authority-to-require-a-vaccine-still-unclear&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C8f8ce4f5e7849785d7608db3b818cd6%7C11d0e>>

From: Bill Osmunson
Sent: 5/23/2023 4:16:10 PM
To: DOH WSBOH
Cc:
Subject: RE: Health Promotion Committee

External Email

Dear Health Promotions Committee members,

I'm sure you are swamped with stuff to read, this is top priority urgent. A condensed one page on one of fluoride's streams of harm.

FLUORIDATION'S NEUROTOXICITY There is no question that fluoride is neurotoxic - it damages the brain, as documented by hundreds of recent human and animal studies. It can not be declared safe.

2006: The National Research Council published *Fluoride in Drinking Water*,¹ the most authoritative review of fluoride's toxicity. It stated unequivocally that "fluorides have the ability to interfere with the functions of the brain and the body."

2012: A Harvard-funded meta-analysis² found that children ingesting higher levels of fluoride tested an average 7 IQ points lower in 26 out of 27 studies. Most had higher fluoride concentrations than in U.S. water, but many had total exposures to fluoride no more than what millions of Americans receive. "Fluoride seems to fit in with lead, mercury, and other poisons that cause chemical brain drain." Philippe Grandjean, MD, PhD, Harvard study co-author, Danish National Board of Health consultant, coeditor of *Environmental Health*, author of over 500 scientific papers

2017: A National Institutes of Health (NIH) - funded study³ found that every milligram per liter (1 mg/L) increase in fluoride in pregnant women's urine – about the difference caused by ingestion of fluoridated water⁴ - was linked to a reduction of their children's IQ by an average 5-6 points. Leonardo Trasande, MD, a leading physician unaffiliated with the study, said it "raises serious concerns about fluoride supplementation in water."⁵

2018: A Canadian study⁶ found iodine-deficient adults (nearly 18% of the population) with higher fluoride levels had a greater risk of hypothyroidism (known to be linked to lower IQs). Author Ashley Malin, PhD, said "I have grave concerns about the health effects of fluoride exposure."⁷

2019: Another NIH-funded study⁸ in the *Journal of the American Medical Association Pediatrics* found every 1 mg/ L increase in fluoride in pregnant women's urine linked to a 4.5 decrease in IQ in their male children. *JAMA Pediatrics'* physician editor said "I would not have my wife drink fluoridated water"⁹ if she was pregnant.

2019: A Canadian study¹⁰ found a nearly 300% higher risk of ADHD for children living in fluoridated areas. This reinforced earlier studies linking fluoride to ADHD in Mexico (2018)¹¹ and the U.S. (2015).¹²

2019: Another NIH-funded study¹³ in Canada found that babies fed formula mixed with fluoridated water averaged 6 IQ points less than those mixed with non-fluoridated water. Losses of non-verbal IQ were even more serious, an average of 13 points.

2023: The National Toxicology Program's draft scientific review¹⁴ documented 52 out of 55 studies linked higher fluoride levels with lower IQs. Of the highest quality studies, 18 out of 19 found this link. "Several of the highest quality studies showing lower IQs in

children were done in optimally fluoridated (0.7 mg/L) areas.

Bill Osmunson DDS MPH"

References at fluoridealert.org/references3

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ffluoridealert.org%2Freferences3&>

----- Original Message -----
Subject: Health Promotion Committee
From: "Bill Osmunson" <bill@teachingsmiles.com>
<<mailto:bill@teachingsmiles.com>> >
Date: Sun, May 21, 2023 9:27 am
To: "DOH WSBOH" <WSBOH@SBOH.WA.GOV> <<mailto:WSBOH@SBOH.WA.GOV>>
>

Dear Washington State Board of Health Bill Osmunson DDS MPH
bill@teachingsmiles.com <<mailto:bill@teachingsmiles.com>>
Health Promotion Committee

I and other researchers would like to make a presentation (in the future) to the Committee regarding excess fluoride exposure and new research on risks.

Increasing fluoride exposure by adding fluoride to public water was started with good intentions and based on the best evidence we had. The evidence and science has grown over the last 70+ years, more rapidly over the last 20 and exploded over the last 8 years. We must re-evaluate policy in light of the new research. Risk assessment is clear, excess fluoride is harming the public far more than benefit. A risk management goal will never find a safe threshold for everyone. We have the empirical evidence and we must stop the paralysis of analysis.

This request for researchers and clinicians to provide evidence to the Washington Board of Health is intended to protect our most vulnerable from harm, especially the fetus and infants who are currently being harmed. The estimated harm far exceeds the estimated benefit of increased fluoride exposure.

It is my understanding the Board did look at some of the evidence a few years

ago; however, it appears the Board did not focus on the fetus and infants and considered endorsements and reviews of believers rather than the latest empirical evidence. Judgment should be made on the highest quality of empirical evidence and focus on the fetus and infants who are most sensitive to toxins.

In very brief:

1. The Washington Department of Health indicates the Board of Health has jurisdiction over fluoridation.

2. The Washington Board of Pharmacy (and FDA CDER) determined fluoride for ingestion is a drug. Topical fluoride in toothpaste is approved by the FDA CDER with an NDA and label which says "Do Not Swallow" the equivalent of a quarter milligram the same as the Board recommends for each glass of fluoridated water.

3. Although a significant body of evidence suggests fluoridation has benefit of between a quarter to half a cavity reduction per child, the research is mostly historic, observational studies of lower quality lacking control for many confounding factors. Only one published randomized controlled trial is available and it reported no significant caries reduction. Dosage, Safety, Mechanism, Label, Jurisdiction and ethics have not been adequately reviewed.

4. Topical fluoride can get to the tooth surface where caries are forming and is FDA CDER approved, not ingested fluoride. Ingested fluoride can't get from inside the tooth to the outside of the tooth where caries are developing. The tooth is highly resistant to the transfer of fluoride.

5. About 2 out of 3 children are ingesting too much fluoride as reported by NHANES and have dental fluorosis, a biomarker of too much fluoride. Concentration of fluoride in water is not dosage. Some drink 10 times more water than the mean. 30% to 70% of fluoride comes from other sources such as foods, medicines, pesticides, etc. Dosage is not controlled and of most concern for the developing fetus and infant and child.

6. In 2006 the National Research Council reported potential harms such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system,

gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity, more recently potential low birth weight. Fluoride is a highly reactive element and potential to affect all cells. Each of those risks have a great deal of research and continually growing in concern.

7. The contaminant fluoride chemical added to water is contaminated with small but often significant amounts of pollutants such as arsenic and much comes from other countries which do not fluoridate or provide assays of purity, such as China.

8. Of most concern are infants on formula made with fluoridated water. Mother's milk protects the infant and usually has no detectible fluoride mean of 0.004 mg/L and as high as 0.01 mg/L. Fluoride at 0.7 mg/L gives the infant many times more fluoride than mother's milk. Mother's milk is the normative value for infants. The EPA and most reviews of fluoride exposure do not include infants or fetuses in their evaluations.

9. Unfortunately the mother's body does not protect the fetus from fluoride as it readily passes through to the infant. Mothers drink more water and their dosage is more than the mean adult intake placing the developing fetus at significant risk.

10. I treat dental fluorosis both cosmetic and functional damage. We dentists make money from fluoride and we in dentistry are not the best sources of unbiased information, our intent is good, yet biased. The Board has been relying on endorsements and reviews by believers rather than empirical evidence.

11. The National Toxicology Program under HHS has spent 8 years evaluating fluoride's developmental neurotoxicity reporting lower IQ. It is over 700 pages and 8 years in the making. The quality of the report is excellent, the best to date, and has had multiple peer reviews. The NTP draft review included 159 human studies, 339 non-human studies, 60 in vitro, and many other publications, over 90% of the studies reporting lower IQ, brain damage, from ingested fluoride and the Meta-Analysis does not report a safe threshold. The draft monogram was reviewed and blocked by the Department of Health and Human Services from release until the court (a law suite against the EPA) ordered release. After several peer reviews, the NTP Board of Scientific Counselors was asked to adjudicate the draft and approved it May 2023. The report states: "The consistency of the data supports an inverse association between fluoride exposure and children's IQ." The meta-analysis reports no threshold of safety.

Lower IQ is just one of several risks from fluoride.

12. An example of the research, Till: "An increase of 0.5 mg/L in water fluoride concentration (approximately equaling the difference between fluoridated and non-fluoridated regions) corresponded to a 9.3- and 6.2-point decrement in Performance IQ among formula-fed." Till C, Green R, Flora D, Hornung R, Martinez-Mier EA, Blazer M, Farmus L, Ayotte P, Muckle G, Lanphear B. Fluoride exposure from infant formula and child IQ in a Canadian birth cohort. *Environ Int.* 2020 Jan;134:105315. doi: 10.1016/j.envint.2019.105315. Epub 2019 Nov 16. PMID: 31743803; PMCID: PMC6913880. [PubMed]

Remember, a 5 IQ loss doubles the intellectually disabled (special education) and halves the number of gifted.

13. Most developed countries have never fluoridated their water or have stopped fluoridation.

14. When understood with the lack of significant benefit and serious risks, the ethics of fluoridation without consent with an unapproved drug violates every code of ethics.

Of most concern are the fetus and infants. To save you time, I would recommend the committee permit a zoom with some of the researchers to present their findings. I am confident a presentation on the above 13 items will provide an overview which would save considerable time.

Sincerely,

Bill Osmunson DDS MPH

From: allcomm1@protonmail.com
Sent: 4/26/2023 8:28:44 PM
To:
Cc:
Subject: #2 REESE REPORT // FEAR IS THE MIND KILLER

External Email

I was talking to a fearful neighbor the other day. I couldn't break through but I used humor and chipped at the edges. I used my own fearlessness and promised to show him more evidence of it. I pointed out that the existence planned for us is worse than death, so what do we have to lose?

[Prepping won't stop a high tech physical control system based on nano-devices floating in our bloodstreams, and staffed by mind-controlled law enforcement professionals or military programmed or mind controlled to value their jobs over the lives of their fellow citizens. We have to detox the metals and re-claim our law enforcement professionals and military.]

SO, never forget:

The Law of Attraction - what we think about, we bring about - applies to the evil ones too. Thoughts are a fire of energy and emotion is the gasoline we pour on that fire.

Fear is one of the most powerful emotions - BUT - it is a MUCH lower frequency than LOVE. If you feel fear or a lack of personal confidence about ANYTHING:

#1 The ASK - Ask for benevolent protection from God, Jesus Christ, angels, spirit guides, star races, your soul tribe, anyone protecting or assisting you from anyplace in the multi-verse. JUST ASK. You are not begging. You are asking for their assistance in that moment and in the future as needed.

#2 The TRANSFORMATION - Speak to the source of your fear - even if you have no idea where it is coming from. Project the most massive LOVE you can - straight into it with no detours. This will do two things. It will help your protectors to protect you, and it will transform the source of the fear into a source of love. You will remove, or disable, that source of fear from ever projecting again.

Fear is the Mind Killer

https://gregreese.substack.com/p/fear-is-the-mind-killer-681?utm_source=substack&utm_medium=email#play
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgregreese.substack.com%2Fp%2Ffear-is-the-mind-killer-681%3Futm_source%3Dsubstack%26utm_medium%3Demail%23play&data=05%7C01%7Cwsboh%40sbo>

Listen to what the initial speaker says about who we are up against.

----- Forwarded Message -----

From: Greg Reese from The Reese Report <gregreese@substack.com>
Date: On Wednesday, April 26th, 2023 at 7:36 AM
Subject: FEAR IS THE MIND KILLER
To: ALLCOMM1

<<https://mailgun.substack.com/api/v1/email/open?token=eyJtIjoiPDlwMjMwNDI2MTEzNjU3LjMuYzhjNGY0>>

Watch now (4 min) | The path to victory is achieved with an open heart [REDACTED]

[REDACTED]

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FEAR IS THE MIND KILLER

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The path to victory is achieved with an open heart

Greg Reese

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Apr 26
2023

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Share

The main character in Frank Herbert's Dune uses a mantra to overcome his fears:

"Fear is the mind-killer. Fear is the little-death that brings total obliteration. I will face my fear. I will permit it to pass over me and through me. And when it has gone past me I will turn to see fear's path. Where the fear has gone there will be nothing. Only I will

remain."

And from the book of Psalms;

"Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me."

Fear is natural, but to dwell there only breeds despair. The power of our free will is most pertinent in the mind where we have sway over our thoughts, focus, and decisions.

Staying positive isn't just for restorative retreats on the beach. It's the solution to every problem we face.

Even under the highest stress, the military is trained to maintain Esprit de Corps at all levels. A common spirit of a group inspiring enthusiasm, devotion, and honor for that group.

Positive feelings prevail in every endeavor. Even in battle.

Artificial Intelligence seems to understand this as well. In Clif High's recent Shadow Wars...

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fopen.substack.com%2Fpub%2Fclif-high%2Fshadow-wars%3Fr%3Djjvh4%26utm_campaign%3Dpost%26utm_medium%3Dweb&data=05%7C01%7Cwsboh%40sboh.wa., A.I. program, Chat GPT, was prompted to help develop a story about a world that has been ruled for thousands of years by a non-human species that hides in the shadows and uses media, government, and education to brainwash the masses and control them with fear.

Chat GPT was asked:

What strategies and tactics could the awake humans employ to defeat the enemy and awaken humanity?

The A.I. program said that;

Ultimately, the key to unlocking the trapped minds of the normal humans will be to appeal to their innate desires for freedom, autonomy, truth, and transparency.

It recommended that the awake humans should expose the truth, mobilize the masses, and build alternative institutions that serve these values of individual freedom.

Like

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Comment

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From: Bill Osmunson
Sent: 4/12/2023 10:51:41 AM
To: DOH WSBOH
Cc:
Subject: Public Comment for April 12, 2023

External Email

WSBH April 12, 2023

Dear Washington State Board of Health Members Keith Grellner, Chair; Kelly Oshiro, JD, Vice Chair; Socia Love-Thurman, MD; Stephen Kutz, BSN, MPH; Dimyana Abdelmalek, MD, MPH; Patty Hayes, RN, MN; Melinda Flores, Elisabeth Crawford, and Umair Shah Umair Shah, MD, MPH, wsboh@sboh.wa.gov <<mailto:wsboh@sboh.wa.gov>> .
Public comment for April 12, 2023

The Board has been presented evidence over the last decade and a half that fluoride ingestion is harming the public, provides little or no benefit, many are over dosed, many are being harmed and the WSBOH has jurisdiction and responsibility for the harm.

RCW 43.20.050 "(1) The state board of health shall provide a forum for the development of public health policy in Washington state. . . . It is further empowered to hold hearings and explore ways to improve the health status of the citizenry. In fulfilling its responsibilities under this subsection, the state board may create ad hoc committees or other such committees of limited duration as necessary."

A 2 or 3 minute public comment is not a forum, hearing, exploring ways to improve the health status of the citizenry or committee. In light of current research on the toxicity of fluoride, our request is for a forum, hearing and committee on fluoridation's safety, efficacy, dosage of fluoride exposure as mandated by RCW 43.20.050.
Some supporting evidence. The Department of Health presents that the Board of Health has regulator y authority over fluoridation.

FDA: The Board has been presented evidence you are in violation of the Federal Food, Drug and Cosmetic Act, Title 21, that your product is misbranded within the meaning of section 403(r)(1)(B) of the Act [21 U.S.C. 343(r)(1)(B) because it is known to the public to bear an unauthorized health claim. The FDA defines health claim not only as the authority making a health claim but a substance well known to the public to have a health effect. The FDA has toothpaste labeled as a drug with the warning not to swallow.

Washington State Board of Pharmacy: The WSBP determined fluoride when used with intent to prevent disease is a prescription drug and is not a poison.

The Board is in violation of RCW 69.50.101 (nn) "Prescription" means an order for controlled substances issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe controlled substances within the scope of his or her professional practice for a legitimate medical purpose.

The Board of Pharmacy determined fluoride is not a poison because it is to be regulated as a drug. If the Board does not regulate as a drug, then it is a poison. RCW 69.38.010 <<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>>
"poison" means: "(4) Any other substance designated by the pharmacy quality assurance commission which, when introduced into the human body in quantities of sixty grains or

less, causes violent sickness or death." Sixty grains is 3,887.93 milligrams. Estimates of a minimum lethal dose of fluoride (PTD) is 5 mg/kg body weight. (Whitford 1987)
RCW 57.08.012 Permits fluoridation based on the majority vote of the commissioners or voters and at first glance would appear to exempt the Board from responsibility. No other prescription drug is prescribed by vote of the majority of commissioners or voters. Voters do not evaluate the scientific empirical evidence of safety or efficacy as science progresses. The Board of Health has jurisdiction and responsibility to eval

RCW 69.40.030

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Placing poison or other harmful object or substance in food, drinks, medicine, or water—Penalty.

(1) Every person who willfully mingles poison or places any harmful object or substance, including but not limited to pins, tacks, needles, nails, razor blades, wire, or glass in any food, drink, medicine, or other edible substance intended or prepared for the use of a human being or who shall knowingly furnish, with intent to harm another person, any food, drink, medicine, or other edible substance containing such poison or harmful object or substance to another human being, and every person who willfully poisons any spring, well, or reservoir of water, is guilty of a class B felony and shall be punished by imprisonment in a state correctional facility for not less than five years or by a fine of not less than one thousand dollars.

Dose, Dosage, Concentration: The Board relies on endorsements which rely on the concentration of fluoride in water as safe for everyone. However, not everyone drinks the same amount of water and the dose and dosage are highly variable. In addition, subsets of the population are more sensitive to chemicals, such as the fetus and infants.

TOO MUCH FLUORIDE: Pediatric dosage

There are "scientific experts" who will testify to court in support of most anything as safe. Judgment is required and if money and reputation are involved, judgment should be suspect.

For example, the American Dental Association (ADA) still recommends mercury amalgam fillings (about 50% mercury) as safe and effective filling material. On the other hand, Dentists can't dispose of the product in the sewer or trash because it is too toxic. Suppliers cannot ship through the US Postal Service because it is too hazardous for postal workers and the product is no longer manufactured by major dental supply companies in the USA. Nothing about the human physiology, mouth of children or adults makes the mercury amalgam filling material safe. The ADA when pulled into court regarding the mercury fillings testified in court, the ADA has "no duty to protect the public." The ADA protects dentists and financial sponsors, not the public. The WSBH is charged with protecting the public.

The FDA cautions

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risks include the release of low levels of mercury vapor and very limited to no clinical data is available regarding long term health outcomes for pregnant women and their developing fetuses, and children.

The ingestion of fluoride has even more research evidence of harm. The WSBOH appears to rely on vested interests of industry for endorsements of support for the mass medication of fluoride rather than the clear empirical evidence of harm. Many millions of dollars and reputations are at stake and protected by those promoting fluoridation.

The fetus and infant are ingesting too much fluoride with fluoridation.

A. The fetus is very small and the placenta does not appear to protect the fetus from the mother's fluoride exposure. Mothers drinking fluoridated water over-dose their fetus with fluoride, harming their brains.

B. Mother's milk is the ideal nutrient for infants and appears to protect the baby from excess fluoride. Mother's milk (in one study) had about 0.004 mg/L fluoride in samples which detected fluoride and Sener (2007)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F11111111>> [1]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftn1> reported 0.006 ppm (mg/L). I could find no quality studies of efficacy for the Board's

approved 0.7 mg/L fluoride in water, many times higher than the concentration of fluoride in mother's milk. However, harm from the fluoride has been published. The Board should warn care givers to avoid using fluoridated water to make infant formula.

C. The EPA does not include infants under six months in their Dose Response Analysis or Relative Source Contribution. The EPA graph below Figure 8-1 (13 years ago presented to the WSBH) starts at 0.5 years of age. The National Research Council said the EPA was not protective and instead of reducing fluoride exposure, decreased fluoride protection, increasing their RfD.

Their graph below was based on a proposed increase of 25% in their so called "safe" dosage. And 10% of the public drinking the most water were also ignored, yet 1/3 of children were expected to still INGEST TOO MUCH FLUORIDE. (EPA ERSCA 2010) The percentage above the black line ingest too much fluoride.

Infants under 0.5 years are not included.

C. The infant on formula reconstituted with fluoridated water will ingest too much fluoride. Dental fluorosis, a biomarker of excess fluoride intake, confirms infants are ingesting too much fluoride. Lower IQ confirms infants are ingesting too much fluoride. When fluoridation started, the public was assured dental fluorosis would not exceed 15% with fluoridation. The Board has been presented with scientific evidence dental fluorosis is now about 70% of the public.[2]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftn2>

See also Iida, below, data graphed from their published research. Note, redlines of caries have little change with increased fluoride concentration in water, but blue lines of dental fluorosis significantly increases with increased fluoride exposure.

D. Why is too much fluoride a concern? After all, I make money treating dental fluorosis and my pocket book is pleased with the profit I make from the harm caused by too much fluoride. My heart hurts for the harm being caused by those in authority of which I am one.

In 2006 the National Research Council reported[3]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftn3>

, potential harms are reported by the National Research Council in 2006 such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity, more recently potential low birth weight.

Farmus (2021)

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<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftn4>

looked at critical windows of fluoride neurotoxicity, reporting:

"The association between fluoride and performance IQ (performance IQ) significantly

differed across exposure windows.

"The strongest association between fluoride and PIQ was during the prenatal window.

"Within sex, the association between fluoride and PIQ significantly differed across exposure windows. Among boys, the prenatal window appeared critical, while for girls, infancy was critical.

"Full-scale IQ estimates were weaker than PIQ estimates for every window.

"Fluoride was not significantly associated with Verbal IQ across any exposure window."

Till (2020)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2F30931722>>
[5]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftn5>

"An increase of 0.5 mg/L in water fluoride concentration (approximately equaling the difference between fluoridated and non-fluoridated regions) corresponded to a 9.3- and 6.2-point decrement in Performance IQ among formula-fed (95% CI: -13.77, -4.76) and breast-fed children (95% CI: -10.45, -1.94)."

E. Although fluoride harms most cells, neurotoxicity is of serious concern. Why? The two graphs below illustrate the effect of 5 IQ point decrease. About a 50% increase in "mentally retarded" and more than half of "gifted" are lost. Remember, those of us in the middle are also harmed, just harder to measure what could and should have been. Brains are important.

Note, lower IQ numbers go up about 50%. And less than half as many "gifted." As a former school board trustee, educators were overwhelmed with the numbers of special education children, most lower IQ. Measuring, defining and comparing the number of gifted seems to be less precise. I can find no US Federal agency or organization which collects gifted student statistics or has a consistent definition.

Weigh the risks and benefits of prenatal and infant fluoride exposure.

What benefit will the fetus lose with less fluoride? None. No teeth

What benefit will the infant lose with less fluoride? None, no erupted teeth or significant developing adult teeth.

How can anyone not have sleepless nights knowing authorities are causing this damage and the solution is to simply turn off the fluoride pumps. . . or at least warn those most adversely affected.

My request to the WSBH is to caution/warn mothers and care givers to avoid fluoride when pregnant and infants not to get formula made with fluoridated water. A simple warning would be ethical. A warning not cost the WSBH any money and could save millions of dollars.

The only road-block is for the Board to follow the science rather than the money, vested interests, tradition and endorsements.

[1]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftnref1>
Sener Y, Tosun G, Kahvecioglu F, Gökalp A, Koç H. Fluoride levels of human plasma and breast milk. Eur J Dent. 2007 Jan;1(1):21-4. PMID: 19212493; PMCID: PMC2612944.

[2]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftnref2>
Neurath C, Limeback H, Osmunson B, Connett M, Kanter V, Wells CR. Dental Fluorosis Trends in US Oral Health Surveys: 1986 to 2012. JDR Clin Trans Res. 2019 Oct;4(4):298-308. doi: 10.1177/2380084419830957. Epub 2019 Mar 6. PMID: 30931722. [PubMed

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F30931722>>
]

[3]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftnref3>
Fluoride in Drinking Water A scientific Review of EPA's Standards, Committee on Fluoride
in Drinking Water, Board on Environmental Studies and Toxicology, Division on Earth and
Life Studies. National Research Council of the National Academies, The National
Academies Press, Washington DC. www.nap.edu
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nap.edu%2F&data=05%7C01>
<https://nap.nationalacademies.org/read/11571/chapter/1>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnap.nationalacademies.org%2F>

[4]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftnref4>
Farmus L, Till C, Green R, Hornung R, Martinez Mier EA, Ayotte P, Muckle G, Lanphear
BP, Flora DB. Critical windows of fluoride neurotoxicity in Canadian children. *Environ Res.*
2021 Sep;200:111315. doi: 10.1016/j.envres.2021.111315. Epub 2021 May 27. PMID:
34051202; PMCID: PMC9884092.

[5]

<file:///C:/Users/Bill%20Osmuson/Desktop/WSBOH%202023/WSBOH%20April%202023.docx#_ftnref5>
Till C, Green R, Flora D, Hornung R, Martinez-Mier EA, Blazer M, Farmus L, Ayotte P,
Muckle G, Lanphear B. Fluoride exposure from infant formula and child IQ in a Canadian
birth cohort. *Environ Int.* 2020 Jan;134:105315. doi: 10.1016/j.envint.2019.105315.
Epub 2019 Nov 16. PMID: 31743803; PMCID: PMC6913880.

From: Lan-Chen Pao
Sent: 4/25/2023 1:21:35 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members from March EH Committee Special Meeting

External Email

To whom it may concern,

Thank you for the chance to voice my concern as responsible and concerned citizen of the state of Washington. This is an email to respectfully ask you to allow medical and religious exemptions for responsible citizens who have concerns about the COVID-19 vaccines.

As background, I am the parent of four and 25-year resident of Washington state. As responsible citizens of this state, who love living in Washington state and we actively do our part to contribute to our community. My children and I have volunteered on and off and North Helpline foodbank for the last 16 years. Feel free to contact the foodbank to ask about our family's service. We also volunteered as a family for two years at New Horizons teen shelter in downtown Seattle, cooking breakfast once a month for homeless teens of the city. We have fed fellow citizens in downtown subsidized housing during Thanksgiving, provided food with our church under Seattle freeways, and regularly donate to tent cities throughout our city.

We found out at the end of 2021 that as of January 2022, we would no longer be welcome at North Helpline unless we showed a proof of vaccination card. While we understand the city's responsibility to keep the public safe, we implore you to balance that need with the importance of not infringing on the privacy and first amendment rights of your citizens.

Before the availability of vaccines, North Helpline implemented within one week of the March 2020 shutdowns new measures to make it safer for the public to receive food. This plan has been in place for the last 20 months without any danger to the public for the following reasons:

1. Only one foodbank volunteer comes in contact with the client during their time receiving food.
2. The foodbank doors metal doors are completely open during food distribution. The whole operation is practically outdoors. During the winter, all volunteers are asked to dress warmly because the distribution center is not climate controlled.
3. The rest of the volunteers are packing food, with gloves and masks on all the time.
4. Volunteers have to have their temperature checked, hands washed and new disposable gloves put on as soon as they come into the foodbank. Masks are on at all times.
5. Those showing any symptoms of illness are asked to not come in and my family

From: Bob Runnells
Sent: 6/9/2023 11:59:42 AM
To: DOH WSBOH
Cc:
Subject: Public Comments for WSBOH Members



*attachments\031597A9FC544557_Misinformation by Public Health -
_PRDTOOL_NAMETOOLONG.pdf*



attachments\2E38C90B894F42D5_image001.png

External Email

Please accept these public comments (also attached) for the upcoming Board of Health.

Dear Members of the WA State Board of Health,

These comments provide key reasons why increasingly large swaths of people do not trust public health when it comes to infectious disease pronouncements and policies.

The coronavirus pandemic is the most recent example of the kinds of messaging that many people distrusted from other outbreak reactions by public health agencies. Here in Washington, many families saw how the Department of Health and certain legislators spread their own kind of misinformation while attempting to institutionalize civil rights restrictions in 2015 and 2019 campaigns. There were numerous claims made during the COVID-19 pandemic that are now debunked or clearly call into question the effectiveness of measures declared as "the best way to stop the spread" with little-to-no consideration for the wider societal effects. Our experience should make it clear that Public Health should cease and desist using a one size fits all, single pharmaceutical approach strategies, or you will continue to lose the public's trust.

To list the misinformation spread by Department of Health, I borrow sections from a nationally-published article by Dr. Marty Makary, from the Johns Hopkins University School of Medicine.

Claims promoted by state and county Public Health that should be considered
Misinformation

1. Natural immunity offers little protection compared to vaccinated immunity
2. Masks prevent COVID transmission
3. School closures reduce COVID transmission
4. Myocarditis from the vaccine is less common than from the infection
5. Young people benefit from a vaccine booster
6. Vaccine mandates increased vaccination rates
7. COVID originating from the Wuhan lab is a conspiracy theory
8. It was important to get the second vaccine dose three or four weeks after the first

didn't believe the virus came from a lab.

Ultimately, overwhelming circumstantial evidence points to a lab leak origin — the same origin suggested to Dr. Anthony Fauci by two very prominent virologists in a January 2020 meeting he assembled at the beginning of the pandemic.

According to documents obtained by Bret Baier of Fox News, they told Fauci and Collins that the virus may have been manipulated

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and originated in the lab, but then suddenly changed their tune in public comments days after meeting with the NIH officials.

The virologists were later awarded nearly \$9 million from Fauci's agency.

Misinformation #8: It was important to get the second vaccine dose three or four weeks after the first dose

Data were clear in the spring of 2021, just months after the vaccine rollout, that spacing the vaccine out by three months

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reduces complication rates and increases immunity.

Spacing out vaccines would have also saved more lives when Americans were rationing a limited vaccine supply at the height of the epidemic.

Misinformation #9: Data on the bivalent vaccine is 'crystal clear'

Dr. Ashish Jha famously said this, despite the bivalent vaccine being approved using data from eight mice.

To date, there has never been a randomized controlled trial of the bivalent vaccine.

In my opinion, the data are crystal clear that young people should not get the bivalent vaccine.

It would have also spared many children myocarditis.

Misinformation #10: One in five people get long COVID

The Centers for Disease Control and Prevention claims that 20% of COVID infections can result in long COVID.

But a UK study found that only 3% of COVID patients had residual symptoms lasting 12 weeks.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnypost.com%2F2023%2F01%2F2023-01-01%2Fgirl-needs-feeding-tube-as-she-battles-long-covid%2F&data=05%7C01%7Cwsboh%40sboh.wa.gov%7C96daf3c5b4a24e1d410408db691b8b75%7C11c>

What explains the disparity?

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- 4. Myocarditis from the vaccine is less common than from the infection**
- 5. Young people benefit from a vaccine booster**
- 6. Vaccine mandates increased vaccination rates**
- 7. COVID originating from the Wuhan lab is a conspiracy theory**
- 8. It was important to get the second vaccine dose three or four weeks after the first dose**
- 9. Data on the bivalent vaccine is ‘crystal clear’**
- 10. One in five people get long COVID**
- 11. Get the shot to avoid overwhelming hospitals**
 - Never happened
 - Hospitals first de-staffed while stopping elective procedures
 - Then Hospitals fired huge numbers of workers (1,000+ in Legacy)
 - Therefore, we have little sympathy for your claims of the unvaccinated filling up your hospitals. Further, other countries and jurisdictions report the opposite, that vaccinated are filling up hospitals – with *idiopathic* cancers and cardiovascular issues. More on that later when we can actually investigate WA mortality statistics for 2021-2022. Where’s that data? Being scrubbed?

Misinformation #1: Natural immunity offers little protection compared to vaccinated immunity

A recent Lancet study looked at 65 major studies in 19 countries on natural immunity. The researchers concluded that [natural immunity was at least as effective](#) as the primary COVID vaccine series.

This board was notified on November 5th 2021 of the 106 studies that supported natural immunity as a way through the pandemic. Natural immunity is now proven stronger by 160 studies collected by the Brownstone Institute. Despite the findings of these studies, natural immunity protection still violates Google and Facebook's "misinformation" policy.

Since the Athenian plague of 430 BC, it has been observed that those who recovered after infection [were protected against severe disease](#) if reinfected.

That was also the observation of nearly every practicing physician during the first 18 months of the COVID pandemic.

Most Americans who were fired for not having the COVID vaccine already had antibodies that effectively neutralized the virus, but they were antibodies that the government did not recognize.

Misinformation #2: Masks prevent COVID transmission

Cochran Reviews are considered the most authoritative and independent assessment of the evidence in medicine.

And one published last month by a highly respected Oxford research team found that [masks had no significant impact](#) on COVID transmission.

When asked about this definitive review, CDC Director Dr. Rochelle Walensky downplayed it, arguing that it was flawed because it focused on randomized controlled studies.

But that was the greatest strength of the review! Randomized studies are considered the gold standard of medical evidence.

If all the energy used by [public health officials to mask toddlers](#) could have been channeled to reduce child obesity by encouraging outdoor activities, we would be better off.

Misinformation #3: School closures reduce COVID transmission

The CDC ignored the European experience [of keeping schools open, most without mask mandates](#).

Transmission rates were no different, evidenced by studies conducted in Spain and Sweden.

Misinformation #4: Myocarditis from the vaccine is less common than from the infection

Public health officials [downplayed concerns about vaccine-induced myocarditis](#) — or inflammation of the heart muscle.

They cited poorly designed studies that under-captured complication rates.

A flurry of well-designed studies said the opposite.

We now know that myocarditis is six to 28 times more common after the COVID vaccine than after the infection among 16- to 24-year-old males.

Tens of thousands of children [likely got myocarditis, mostly subclinical](#), from a COVID vaccine they did not need because they were entirely healthy or because they already had COVID.

Misinformation #5: Young people benefit from a vaccine booster

Boosters reduced hospitalizations in older, high-risk Americans.

But the evidence was never there that they [lower COVID mortality in young, healthy people](#).

That's probably why the CDC chose not to publish its data on hospitalization rates among boosted Americans under 50, when it published the same rates for those over 50.

Ultimately, White House [pressure to recommend boosters for all was so intense](#) that the FDA's two top vaccine experts left the agency in protest, writing scathing articles on how the data did not support boosters for young people.

Misinformation #6: Vaccine mandates increased vaccination rates

President Biden and other officials demanded that unvaccinated workers, regardless of their risk or natural immunity, be fired.

They demanded that soldiers be dishonorably discharged and nurses be laid off in the middle of a staffing crisis.

[The mandate was based on the theory](#) that vaccination reduced transmission rates — a notion later proven to be false.

But after the broad recognition that vaccination does not reduce transmission, the mandates persisted, and still do to this day.

A recent study from George Mason University details how vaccine mandates in nine major US cities had no impact on vaccination rates.

They also had no impact on COVID transmission rates.

Misinformation #7: COVID originating from the Wuhan lab is a conspiracy theory

Google admitted to [suppressing searches of “lab leak”](#) during the pandemic.

Dr. Francis Collins, head of the National Institutes of Health, claimed (and still does) he didn't believe the virus came from a lab.

Ultimately, overwhelming circumstantial evidence points to a lab leak origin — the same origin suggested to Dr. Anthony Fauci by two very prominent virologists in a January 2020 meeting he assembled at the beginning of the pandemic.

According to documents obtained by Bret Baier of Fox News, they told [Fauci and Collins that the virus may have been manipulated](#) and originated in the lab, but then suddenly changed their tune in public comments days after meeting with the NIH officials.

The virologists were later awarded nearly \$9 million from Fauci's agency.

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Data were clear in the spring of 2021, just months after the vaccine rollout, [that spacing the vaccine out by three months](#) reduces complication rates and increases immunity.

Spacing out vaccines would have also saved more lives when Americans were rationing a limited vaccine supply at the height of the epidemic.

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Misinformation #10: One in five people get long COVID

The Centers for Disease Control and Prevention claims that 20% of COVID infections can result in long COVID.

But a UK study found that only 3% of COVID patients [had residual symptoms lasting 12 weeks](#). What explains the disparity?

It's often normal [to experience mild fatigue or weakness for weeks](#) after being sick and inactive and not eating well.

Calling these cases long COVID is the medicalization of ordinary life.

What's most amazing about all the misinformation conveyed by CDC and public health officials is that there have been no apologies for holding on [to their recommendations for so long after the data](#) became apparent that they were dead wrong.

Public health officials said “you must” when the correct answer should have been “we’re not sure.”

Early on, in the absence of good data, public health officials chose a path of stern paternalism.

Today, they are in denial of a mountain of strong studies showing that they were wrong.

At minimum, the CDC should come clean and the FDA should add a warning label to COVID vaccines, clearly stating what is now known.

The above article by Dr. Makary is now old, and additional science is being published to further refute claims made, and continue to be made, by public health officials.

To summarize and conclude: Just tell the truth, admit when you don't know, and don't let political situations drive a need for policy where none is needed.

From: Brian Harris

Sent: 4/18/2023 1:06:14 AM

To: Ronald Anderson, Kevin Veenhuizen, jenersen@king5.com, icabod@kmps.com, Kenneth Price, Eric Metaxas, mimswede@gmail.com, Mark Jones, Gun Owners of America, pmcgrath1@comcast.net, Fox News, dariusvincenthughes@gmail.com, dave scott, Mike Glaze, max@gmail.com, mailer@email.theblaze.com, Mike Leven & Hadara Ishak - Jewish Future Pledge, The_Gray_Iron_Fitness_Newsletter@senior-exercise-central.com, John.H.Teske, Turning Point, Transit Labor Relations, Rep.Vos@legis.wisconsin.gov, Harold Franklin, Bruce Harris, Bill O'Reilly, Norma Appel, Adina Harris, bob loyd, Gary & Joanne Quinlan, WA Civil Rights Council, DOH WSBOH

Cc:
Subject: 2EFA64D1-E1C5-405A-AA89-002720F53524

External Email

<https://www.facebook.com/groups/5993185000755688/permalink/9042719945802163/?mibextid=rS40aB>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.facebook.com%2Fgroups%2>

From: Nancie Stein
Sent: 4/18/2023 9:31:11 AM
To: DOH WSBOH
Cc:
Subject: Fwd: Ongoing City Sewer Pipe Problem



attachments\97EB89809BE54878_IMG_0102.jpeg

External Email

Nancie Stein

15913 SE 29th Street
Vancouver, WA 98683

April 18, 2023

Lon Pluckhahn
Interim Director of Public Works
P. O. Box 1995
Vancouver, WA 98668-1995

Dear Mr. Pluckhahn:

I am reaching out to you and the various Directors of Health regarding my ongoing sewage issues. I understand that currently the position of Director of Public Works/Sewer & Water is vacant and that you are the Interim Director of Public Works so I'm directing this letter to you - as well as copying:

Dr. Alan Melnick, Director
Clark County Public Health
P.O. Box 9825 Bldg 17, A338
Vancouver, WA 98666

Dr. Umair Shah, Director/Secretary of Health
State Department of Health
P.O. Box 47890
Olympia, WA 98504-7890

State Board of Health
wsboh@sboh.wa.gov <<mailto:wsboh@sboh.wa.gov>>

Mayor Anne McEnery-Ogle
City of Vancouver
P. O. Box 1995
Vancouver, WA 98668-1995

Mr. Eric Holmes, City Manager
City of Vancouver

P. O. Box 1995
Vancouver, WA 98668-1995

Mr. Brent Waddle, Supervisor
Risk & Safety Management

I have been living with a long-term sewer back-up problem which has left me to live in a number of unsanitary conditions since December of 2021. These sewer back-up incidents have been much too frequent although recently, when the Preventative Maintenance happens on time, they stay under some control.

However, it's still not a solution because as an 85 year old widow, living alone, the uncertainty of expectation when the next incident will occur has been incredibly stressful, as I hope you can understand. The chaotic mess, the physical requirements on me to clean it up, and the worry that I may be living with bacterial or possibly other illness-causing pathogens has been overwhelming.

In addition, these sewage back-ups have occurred during family visits and ruined what was supposed to be an enjoyable time.

After repeated calls to your offices and repeated attempts at correcting the problem, I was promised the Department of Public Works/Operations would dispatch engineers in six months time, to solve the problem. That deadline has passed with no permanent solution in sight.

I moved into my home in mid-November 2021. On Friday, December 17th, 2021, the toilet in the Master Bathroom overflowed. Raw sewage backed up in the shower. I hired a contractor to purge the line, all the way to the street. The contractor reported the blockage appeared to be cleared.

Three days later, on Tuesday, December 20th, my Master Bath shower again backed up with sewage. My plumbing bill, costing \$162.75, states "Camera from house to sewer manhole - no issues. Sewer is in good working order." The plumber was unable to discern the reason for the back up.

On Friday, Christmas Eve, again sewage came up in my shower. Brown effluent bubbled up filling the floor of my shower and spilling over onto my bathroom floor. I scrambled to gather towels to prevent the effluent from spreading into my newly carpeted bedroom and master closet, and the heater vent in the bathroom floor. Again I called the plumber. The line was purged again. The note on the invoice, costing \$922.25 stated "Existing blockage in City Line"

I called the City who jetted their pipe in the center of the street and was left with instructions to flush my toilets twice with each use, a schedule I have diligently followed.

On Monday, June 27th, another sewage backup occurred. I had contracted with Design Doctors Construction Company for a remodel in February 2022 that continued through October 2022. Design Doctors were aware of this ongoing sewer problem and brought in their plumber to investigate the June 27th sewer back-up. After his inspection, he agreed with the plumber I had hired in November of 2021 and confirmed the blockage was not in my lines but was in the City's lines. At the time of this inspection, pictures were taken of the City's pipe which revealed a blockage at the manhole in front of my house. The plumber explained a dip in the City pipe causes debris to build up and is repeatedly causing the blockages. A copy of that picture is attached. That visit cost me \$554.00.

On that same day in an attempt to clear the blockage your technician Chris jetted your line. Chris explained the City would perform Preventative Maintenance and jet the

line once a month to prevent another back up. As part of this PM the line was jetted in July and August. However, the City missed this PM in September and October.

On Sunday, October 23rd, which happened to be my birthday with houseguests and visits from my family, there was yet another back up. My brand new, gorgeous, (and costly) bathroom had brown effluent spreading to every corner. I was frantic. I called the City's Emergency Line for hours and the line was out of order. Because I couldn't reach that emergency line I called the Health Department. They assigned me Case No. CO0028964. The Health Department took it from there.

At 7:30 that night John Morgan from the Department of Public Works came to my door then purged the line. While Mr. Morgan was performing this procedure, my nephew who was one of my house guests, observed the shower to find the drain was still not clear and he asked Mr. Morgan to repeat the procedure, to make sure the line drained before he left. On this second purge, Mr. Morgan (or his tech) reported he could actually feel or hear "a release." I was so glad my nephew was there and caught the fact that this first purge was unsuccessful and asked Mr. Morgan to perform a second purge. I hope you agree with me that the fact it took two purges indicates how serious this issue has become.

After that incident a follow up letter was sent to Kyle Peters, your Wastewater Lead, requesting PM always include a second purge. Again, I was not informed if they followed through on that request.

After this latest event, Kyle Peters informed me the City would now be jetting the line every month between the 28th and the 1st and that your technicians would post a notice on my door. Since then I have received those notices.

As I was told previously, I have again been required to participate in Preventative Maintenance. Mr. Peters asked me to fill my tub twice weekly, and to continue to flush the toilets twice with each use. Again I have diligently followed those instructions.

Mr. Peters promised that after six months City Engineers would make a site visit to address the problem. Believe me, I have been counting the days.

On Friday, March 10th, as no one had jetted the line as promised, and fearing another back up, I called Mr. Peters who said he'd been on vacation. I was surprised to learn that no one else in the Department was supervising this important procedure in his absence. Mr. Peters then scheduled a purge of the line for that day. During our conversation I reminded him of his six month promise to have the City Engineers resolve this issue - and that April was coming.

It was then that he informed me that the City had now decided against a site visit and instead would only deal with my issue via continued Preventative Maintenance. (Curiously, he also informed me I could reduce the ritual of filling my tub from twice weekly to once weekly.) This is not acceptable. It is past time to eliminate this problem.

I have been more than patient and want this corrected once and for all.

This sewage back up has affected my property value and the salability of my property, as this continuing issue requires disclosure to any prospective buyer. I cannot imagine any prospective buyer would be willing to put up with this. Nor am I.

More upsetting than how this sewage problem has affected my property value, this unsolved health issue has been and continues to be exceedingly stressful.

Regarding the \$1639.00 I have been forced to outlay in attempts to diagnose and remedy this problem, I have been given a Claim For Damages Form to submit, however,

I am waiting to submit this reimbursement form until this matter is completely resolved.

In view of the fact I have been dealing with this sewage issue since December 2021 - without a successful resolution - I do not think it unreasonable to expect a response from you with a permanent solution within the first week of May 2023.

Respectfully,

Nancie Stein
15913 SE 29th Street
Vancouver, WA 98683

(760) 213-1810

cc: Dr. Alan Melnick, Director

Dr. Umair Shah, Director/Secretary of Health

State Board of Health

Mayor Anne McEnery-Ogle

Mr. Eric Holmes, City Manager

Mr. Brent Waddle, Supervisor

From: Melissa Leady
Sent: 6/7/2023 3:29:34 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments



attachments\8BAEEAABFDFA4E7A_Inline image.png

External Email

State Board of Health members and Department of Health,

I am providing summaries of two recent studies on the COVID-19 vaccines. I am also following up to inquire why the Department of Health (DOH) has not made public the all-cause mortality data during the COVID-19 vaccine era (2021, 2022, and 2023). This data, broken down by vaccination status, would shed light on the safety of the COVID-19 vaccine. I raised the question about the missing data during the April 2023 Vaccine Advisory Committee meeting. At that time, a DOH official expressed concern about vaccine misinformation from those of us providing public comment on vaccine safety. I found this odd because the antidote to misinformation is information and DOH has not reported on vaccine safety. I hope this means that DOH will be forthcoming with the 2021-2023 all-cause mortality data broken down by vaccination status. This information will help inform the public and end speculation on the long-term safety of the COVID-19 vaccines.

COVID-19 Vaccine Studies of interest:

1. Uversky, V.N.; Redwan, E.M.; Makis, W.; Rubio-Cassias, A. IgG4 Antibodies Induced by Repeated Vaccination May Generate Immune Tolerance to the SARS-CoV-2 Spike Protein. *Vaccines* 2023, 11, 991. <https://doi.org/10.3390/vaccines11050991>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.3390%2Fvaccines11050991>>

Abstract: "As immunity provided by these vaccines [COVID-19] rapidly wanes, their ability to prevent hospitalization and severe disease in individuals with comorbidities has recently been questioned, and increasing evidence has shown that, as with many other vaccines, they do not produce sterilizing immunity, allowing people to suffer frequent reinfections. Additionally, recent investigations have found abnormally high levels of IgG4 in people who were administered two or more injections of the mRNA vaccines...Emerging evidence suggests that the reported increase in IgG4 levels detected after repeated vaccination with the mRNA vaccines may not be a protective mechanism; rather, it constitutes an immune tolerance mechanism to the spike protein that could promote unopposed SARS-CoV2 infection and replication by suppressing natural antiviral responses. Increased IgG4 synthesis due to repeated mRNA vaccination with high antigen concentrations may also cause autoimmune diseases, and promote cancer growth and autoimmune myocarditis in susceptible individuals."

2. Shrestha, N.K.; Burke, P.C.; Nowacki, A.S.; Simon, J.f.; Hagen, A.; Gordon, S.M. Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine. *Open Forum Infectious Diseases*. Volume 10, Issue 6, June 2023, ofad209. <https://doi.org/10.1093/ofid/ofad209>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1093%2Fofid%2Fofad209>>

Study of over 50,000 Cleveland Clinic employees evaluating protection from the bivalent COVID-19 vaccines.

Conclusions: "The bivalent COVID-19 vaccine given to working-aged adults afforded modest protection overall against COVID-19 while the BA.4/5 lineages were the dominant circulating strains [estimated 29% effective], afforded less protection [estimated 20%] when the BQ lineages were dominant, and effectiveness was not demonstrated [estimated 4%] when the XBB lineages were dominant."

Of note: the section titled "Risk of COVID-19 Based on Prior Infection and Vaccination History," stating, "The risk of COVID-19 also varied by the number of COVID-19 vaccine doses previously received. The higher the number of vaccines previously received, the higher the risk of contracting COVID-19. (Figure 2)." Please find Figure 2 attached below.

Sincerely,

Melissa Leady

Clark County Resident

From: sue coffman
Sent: 6/8/2023 10:31:52 AM
To: DOH WSBOH
Cc:
Subject: June 14 Public Comment

External Email

To the Board of Health:

I am Sue Coffman, resident of Clallam County, and I am submitting this email as Public Comment for the June 14 Board of Health meeting.

It has been repeatedly demanded that our "health" agencies appropriately attribute deaths from COVID versus deaths with COVID. To that end, attorneys recently have asked the CDC for all data reflecting the number of people hospitalized due to COVID-19 and the number admitted to a hospital for reasons other than COVID-19 (but who tested positive after being admitted).

The goal of this request was to uncover the number of "incidental" hospitalizations, meaning individuals who were admitted to the hospital for some reason other than COVID who happened to test positive for COVID at admission, and as a result are incorrectly labeled a "COVID hospitalization."

This has been an ongoing problem as Dr. Fauci himself finally acknowledged toward the end of the pandemic, noting that "[s]ince all hospital admissions are tested for COVID-19, many [people] are hospitalized with COVID, as opposed to because of COVID," where "[t]he real reason for hospitalization might be a broken leg, or appendicitis, or something like that."

The issue with this method of counting cases, which has been in place since the beginning of the pandemic is that it falsely increases the number COVID-19 hospitalizations, giving the impression that the hospitalization rate due to COVID is much higher than it actually is.

The CDC's response to the request was incredible. It admitted in no uncertain terms that it has no way of telling the difference between the two, stating, "The way that our data guidance defines COVID admission does not enable us to make a distinction between hospital admissions due to COVID-19 vs hospital admissions for reasons other than COVID-19."

This response is significant because it shows, once again, that the CDC is making no effort to provide accurate and important data to the public despite knowing that its inaccurate data continues to be used to impose restrictions, including mask requirements on children. Our Boards of Health continue to bow down to this corrupt organization (along with the NIH, the NIAID, and the WHO), ensuring that their lies and "misinformation" continue to spread and be used in making policy decisions that effect the health and safety of all people.

And then we get into the media debacle. During his closing remarks for the state Board of Health meeting in April, Washington's Secretary of Health Dr. Umair A. Shah thanked the media for their partnership throughout the pandemic. "We continue to be in this together," he said. This is important enough to repeat. Shah thanked the media for their partnership!

When did media become a partner to government agencies and elected officials? In a free society, isn't the media considered the "Fourth Estate?" Aren't they supposed to be free from government partnerships in order to have journalistic integrity, question the government, and have the ability to criticize and dig deep, in order to help preserve freedom and prevent tyranny?

I ask you, as parents and a free people, how can you continue to support these organizations that are trying to ruin our society, our families, our very humanity?

Sue Coffman

714-337-4331

ICWA Team Leader

Legislative District #24

<https://informedchoicewa.org/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finformedchoicewa.org%2F&data=>

From: Jodi Dotson
Sent: 5/25/2023 2:24:51 PM
To: DOH WSBOH
Cc:
Subject: Covid Shots for kids

External Email

To the Board:

I plead with you to stop the push on covid 19 gene therapy for children. There is plenty of research now that these shots are deadly for anyone to get. The real sad issue here is giving them to children who are unable to stand up for themselves. Many woman are aborting babies in third trimester naturally due to these shots. The mortality rate is down globally becuse you people say they are SAFE AND EFFEVTIVE which is a lie. How many of you on the board have acturally been vacinated with the Covid jab? Do you force your children to take this deadly jab? It is noted that millions will die from this jab. How many will die that come in contact with shedding? My dtr had heart issues from one dose ot this deadly compound. I do not know what they pay you people but it is not nearly enough for a human life in my opinion. You are suppose to be Public Health officials not regulators and you are suppose to PROTECT the public not put them in harms way. I hope non of you have to face loss of a loved one from this deadly jab and if you have has it changed your outlook for society?

May God keep you safe and may you find it in your heart do the right thing and take these shots of the list for children.

Sincerely,
Jodi Dotson (Mother, Daughter and grandmother)

From: Arne Christensen
Sent: 6/6/2023 4:16:32 PM
To: DOH WSBOH
Cc:
Subject: South Korea Covid vaccination and myocarditis study

External Email

Hello:

I'm writing to refer the health department to a study in South Korea that attributed 21 deaths in 2021 among adults, 45 or younger, to vaccination-related myocarditis following administration of Covid mRNA vaccines to the 21 adults. The study was published in European Heart Journal a few days ago, here:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Facademic.oup.com%2Feurheartj%2Farticle%2Fdoi%2F10.1093%2Feurheartj%2Feha&data=05%7C01%7Cwsboh%40sboh.wa.gov%7Cbbab44c>

d339/7188747

In the study, the researchers provide a table detailing 8 cases of sudden cardiac death in South Korea happening within 1 week of an individual's vaccination. This study was funded, not by Robert F. Kennedy Jr.'s group or some other "anti-vax" entity, but by the Korea Disease Control and Prevention Agency.

Presumably the board does not believe that it's appropriate to force individuals to consume a product that's killed people. So, why doesn't it apologize for its extraordinary zealotry, including resorting to forceful measures, in pressuring people to take these mRNA vaccines?

Arne Christensen

From: Bill Osmunson
Sent: 5/28/2023 9:02:17 AM
To: DOH WSBOH
Cc:
Subject: Fluoridation is toxic

External Email

Dear Washington State Board of Health,

The United States National Toxicology Program
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fntp.niehs.nih.gov%2Fwhoweare%2F>
mission to protect and promote human health, under the US Health and Human Services,
released their draft of fluoride's toxicity over 700 pages which had been held up by HHS
and forced out by court order. Here are some very important statements:

#1. NTP states: "Our meta-analysis confirms results of previous meta-analyses and extends them by including newer, more precise studies...The data support a consistent inverse association between fluoride exposure and children's IQ."

#2. NTP's meta-analysis puts the harm into perspective:
"[R]esearch on other neurotoxicants has shown that subtle shifts in IQ at the population level can have a profound impact...a 5-point decrease in a population's IQ would nearly double the number of people classified as intellectually disabled."

#3. NTP's experts confirmed their conclusion applies to fluoridation. When a government employee commenter (name redacted) claimed:
"The data do not support the assertion of an effect below 1.5 mg/L...all conclusory statements in this document should be explicit that any findings from the included studies only apply to water fluoride concentrations above 1.5 mg/L."

The NTP responded:

"We do not agree with this comment...our assessment considers fluoride exposures from all sources, not just water...because fluoride is also found in certain foods, dental products, some pharmaceuticals, and other sources... Even in the optimally fluoridated cities...individual exposure levels...suggest widely varying total exposures from water combined with fluoride from other sources."

#4. NTP stated:

"We have no basis on which to state that our findings are not relevant to some children or pregnant people in the United States."
"Several of the highest quality studies showing lower IQs in children were done in optimally fluoridated (0.7 mg/L) areas...many urinary fluoride measurements exceed those that would be expected from consuming water that contains fluoride at 1.5 mg/L."

Asked whether its meta-analysis had identified any safe dose of fluoride, NTP responded that they found "no obvious threshold" for total fluoride exposure or water fluoride exposure. NTP cited their report's graph showing a steep drop in IQ of about 7 points over a fluoride range from 0.2 to 1.5 mg/L. A peer-reviewer commented on the size of the effect: "...that's substantial...That's a big deal."

Promoters of fluoridation, mostly American Dental Association, have attempted to

discredit the NTP report by recommending further study, delay, delay, delay. However, the empirical evidence is robust, highly consistent, the fluoride added to public water is harming many and as I have provided to the Board previously, fluoridation is not significantly effective, if at all, in mitigating dental caries.

Sincerely,

Bill Osmunson DDS MPH

From: Arne Christensen
Sent: 5/24/2023 10:59:31 AM
To: DOH WSBOH
Cc:
Subject: in-person meetings

External Email

The members of the Board of Health should be meeting with each other regularly, in public facilities, with attendance open to the public. We should have the chance to do more than monitor and communicate with the Board the remotely, whether by watching Zoom meetings or emails like this one. Only in-person meetings give the public the chance to fully interact with the Board.

Arne Christensen

From: Lisa Templeton
Sent: 6/9/2023 11:43:33 AM
To: DOH WSBOH
Cc:
Subject: written public comment for inclusion in materials for June 14 BOH meeting

External Email

Dear Board Members,

I am writing to share a Newsweek
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Fits-time-scientific-community-admit-we-were-wrong-about-coivd-it-cost-lives-opinion-1776630&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0>>
op-ed written by a medical student earlier this year. It will interest you as public health officials, given that it reflects the sentiments of increasingly large sectors of society--as well as other members of the public health field--who are realizing the public has been misled. As Secretary Shah has indicated, the loss of trust in our institutions is a concern. Attempts to regain trust must be founded in complete truth, and policies must be noncoercive in nature.

Thanks in advance for reading.

It's Time for the Scientific Community to Admit We Were Wrong About COVID and It Cost Lives | Opinion
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Fits-time-scientific-community-admit-we-were-wrong-about-coivd-it-cost-lives-opinion-1776630&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0>>

By Kevin Bass, MS MD/PhD Student

As a medical student and researcher, I staunchly supported the efforts of the public health authorities when it came to COVID-19. I believed that the authorities responded to the largest public health crisis of our lives with compassion, diligence, and scientific expertise. I was with them when they called for lockdowns, vaccines, and boosters.

I was wrong. We in the scientific community were wrong. And it cost lives.

I can see now that the scientific community from the CDC
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to the WHO
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to the FDA

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and their representatives, repeatedly overstated the evidence and misled the public
about its own views and policies, including on natural
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vs. artificial immunity
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sars-cov-2-once-confers-much-greater-immunity-vaccine-vaccination-remains-
vital&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0e21...
, school closures
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disease-experts-call-nationwide-closure-us-schools-and-business-
slow&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0e21...
and disease transmission
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, mask mandates
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, and vaccine effectiveness and
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, especially among the young. All of these were scientific mistakes at the time, not in
hindsight. Amazingly, some of these obfuscations continue to the present day.

But perhaps more important than any individual error was how inherently flawed the overall approach of the scientific community was, and continues to be. It was flawed in a way that undermined its efficacy and resulted in thousands if not millions of preventable deaths.

What we did not properly appreciate is that preferences determine how scientific expertise is used, and that our preferences might be—indeed, our preferences were—very different from many of the people that we serve. We created policy based on our preferences, then justified it using data. And then we portrayed those opposing our efforts as misguided, ignorant, selfish, and evil.

We made science a team sport, and in so doing, we made it no longer science. It became us versus them, and "they" responded the only way anyone might expect them to: by resisting.

We excluded important parts of the population from policy development and castigated critics, which meant that we deployed a monolithic response across an exceptionally diverse nation, forged a society more fractured than ever, and exacerbated longstanding health and economic disparities.

Our emotional response and ingrained partisanship prevented us from seeing the full impact of our actions on the people we are supposed to serve. We systematically minimized the downsides of the interventions we imposed—imposed without the input, consent, and recognition of those forced to live with them. In so doing, we violated the autonomy of those who would be most negatively impacted by our policies: the poor, the working class, small business owners, Blacks and Latinos, and children. These populations were overlooked because they were made invisible to us by their systematic exclusion from the dominant, corporatized media machine that presumed omniscience.

Most of us did not speak up in support of alternative views, and many of us tried to suppress them. When strong scientific voices like world-renowned Stanford professors John Ioannidis, Jay Bhattacharya, and Scott Atlas

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Ftopic%2Fscott-atlas&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0e21>, or University of California

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Ftopic%2Fcalifornia&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0e21> San Francisco professors Vinay Prasad and Monica Gandhi, sounded the alarm on behalf of vulnerable communities, they faced severe censure by relentless mobs of critics and detractors in the scientific community—often not on the basis of fact but solely on the basis of differences in scientific opinion.

When former President Trump pointed out the downsides of intervention, he was dismissed publicly as a buffoon. And when Dr. Antony Fauci opposed Trump and became the hero of the public health community, we gave him our support to do and say what he wanted, even when he was wrong.

Trump was not remotely perfect, nor were the academic critics of consensus policy. But the scorn that we laid on them was a disaster for public trust in the pandemic response. Our approach alienated large segments of the population from what should have been a national, collaborative project.

And we paid the price. The rage of the those marginalized by the expert class exploded onto and dominated social media. Lacking the scientific lexicon to express their disagreement, many dissidents turned to conspiracy theories and a cottage industry of scientific contortionists to make their case against the expert class consensus that dominated the pandemic mainstream. Labeling this speech "misinformation" and blaming it on "scientific illiteracy" and "ignorance," the government conspired with Big Tech to aggressively suppress it, erasing the valid political concerns of the government's opponents.

And this despite the fact that pandemic policy was created by a razor-thin sliver of American society who anointed themselves to preside over the working class—members of academia, government, medicine, journalism, tech, and public health, who are highly educated and privileged. From the comfort of their privilege, this elite prizes paternalism, as opposed to average Americans who laud self-reliance and whose daily lives routinely demand that they reckon with risk. That many of our leaders neglected to consider the lived experience of those across the class divide is unconscionable.

Incomprehensible to us due to this class divide, we severely judged lockdown critics as lazy, backwards, even evil. We dismissed as "grifters" those who represented their interests. We believed "misinformation" energized the ignorant, and we refused to accept that such people simply had a different, valid point of view.

We crafted policy for the people without consulting them. If our public health officials had led with less hubris, the course of the pandemic in the United States might have had a very different outcome, with far fewer lost lives.

Instead, we have witnessed a massive and ongoing loss of life in America due to distrust of vaccines

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; a massive concentration in wealth by already wealthy elites
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; a rise in suicides and gun violence
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especially among the poor; a near-doubling of the rate of depression and anxiety disorders especially among the young
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; a catastrophic loss of educational attainment among already disadvantaged children
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; and among those most vulnerable, a massive loss of trust in healthcare
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, science, scientific authorities
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fbuildingtrust.org%2Fwp-content%2Fuploads%2F2021%2F05%2F20210520_NORC_ABIM_Foundation_Trust-in-Healthcare_Part-1.pdf&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0e21726>
, and political leaders more broadly.

My motivation for writing this is simple: It's clear to me that for public trust to be restored in science, scientists should publicly discuss what went right and what went wrong during the pandemic, and where we could have done better.

It's OK to be wrong and admit where one was wrong and what one learned. That's a central part of the way science works. Yet I fear that many are too entrenched in groupthink—and too afraid to publicly take responsibility—to do this.

Solving these problems in the long term requires a greater commitment to pluralism and tolerance in our institutions, including the inclusion of critical if unpopular voices.

Intellectual elitism, credentialism, and classism must end. Restoring trust in public health—and our democracy—depends on it.

From <https://www.newsweek.com/its-time-scientific-community-admit-we-were-wrong-about-coivd-it-cost-lives-opinion-1776630>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newsweek.com%2Fits-time-scientific-community-admit-we-were-wrong-about-coivd-it-cost-lives-opinion-1776630&data=05%7C01%7CWsboh%40sboh.wa.gov%7C9f350f232ce54e655e7208db691916a8%7C11d0e21726>>

Thank you,

Lisa Templeton

From: Bill Osmunson
Sent: 5/17/2023 6:39:19 PM
To: DOH WSBOH
Cc:
Subject: Public Comments for the Environmental Health Committee

External Email

Dear Environmental Health Committee Members,

Our request is for the Committee to review the science on fluoride administration to the public at large, without individual consent, without FDA CDER NDA, as determined to be a prescription drug by the Washington State Board of Pharmacy and 2 out of 3 children showing a biomarker of over exposure and lower IQ as confirmed by the US National Toxicology Program.

The Board of Scientific Counselors Working Group voted, May 16, 2023, to accept the Report on the State of the Science and the Draft Meta-Analysis Manuscript on Fluoride April 2023, attached. It is over 700 pages and instead of the expected 2 years has taken 8 years. Link

<http://https://ntp.niehs.nih.gov/ntp/about_ntp/bsc/2023/may16/meeting_materials/wgrptbsc20230400>
NTP Working Group Report: Draft State of the Science Monograph and the Draft Meta-Analysis Manuscript on Fluoride; BSC; April 2023 (nih.gov)
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fntp.niehs.nih.gov%2Fntp%2Fabout>>

The NTP draft review included 159 human studies, 339 non-human studies, 60 in vitro, and many other publications. The original draft by the Division of Translational Toxicology proposed a "hazard classification" for fluoride which was later removed under pressure from proponents of fluoridation.

The draft monogram was reviewed and blocked by the Department of Health and Human Services from release until the court (Civ. No. 17-CV-02162-EMC, Documents 312 Link) ordered release and the draft has been divided into two chapters, one called the "state of the science" (SoS) and the second the "meta-analysis." (MA)

The SoS supports a hazard conclusion, yet indicates fluoride is a developmental neurotoxin above 1.5 mg/L fluoride in water. The BSC advised the NTP to reassess that concept in part because there are several sources of fluoride and some drink over 10 times the mean quantity of water. Concentration of fluoride in water assumes everyone is "average" drinking the "average" amount of water, "average health," "average" exposure from other sources.

For illustration of "average" and "mean concentration", a person drowns trying to wade across a lake. He first asked the fisherman nearby, "how deep is the lake?" The fisherman responded, "averages 3 feet deep." Evaluating fluoride should be done on dosage rather than concentration. In addition, an uncertainty factor and margin of error of at least 10 should be used. And the most vulnerable must be protected and the Board is not protecting the developing brain.

The MA chapter reported a decrease of 1.81 points per 1-mg/L increase in urinary fluoride and is more consistent using total fluoride exposure than fluoride concentration in water. The report states: "The consistency of the data supports an inverse association between fluoride exposure and children's IQ."

The MA of 55 studies showed mean IQ scores decreased by 6 to 7 IQ points

(standardized mean difference -0.45). The report does not show a no effect lower level. Although approved by the BSC, the NTP Director will make a final decision on publication.

Subsequent to the NTP report cut off date, research is reasonably consistent reporting harm,

"A 0.5 mg increase in fluoride intake from infant formula corresponded to an 8.8-point decrement in Performance IQ (95% CI: -14.18, -3.34) and this association remained significant after controlling for fetal fluoride exposure (B = -7.62, 95% CI: -13.64, -1.60)." Till C, Green R, Flora D, Hornung R, Martinez-Mier EA, Blazer M, Farmus L, Ayotte P, Muckle G, Lanphear B. Fluoride exposure from infant formula and child IQ in a Canadian birth cohort. *Environ Int.* 2020 Jan;134:105315. doi: 10.1016/j.envint.2019.105315. Epub 2019 Nov 16. PMID: 31743803; PMCID: PMC6913880.

"A 1-mg higher daily intake of fluoride among pregnant women was associated with a 3.66 lower IQ score (95% CI, -7.16 to -0.14) in boys and girls." Green R, Lanphear B, Hornung R, Flora D, Martinez-Mier EA, Neufeld R, Ayotte P, Muckle G, Till C. Association Between Maternal Fluoride Exposure During Pregnancy and IQ Scores in Offspring in Canada. *JAMA Pediatr.* 2019 Oct 1;173(10):940-948. doi: 10.1001/jamapediatrics.2019.1729. PMID: 31424532; PMCID: PMC6704756.

"An increase of 0.5 mg/L in water fluoride concentration (approximately equaling the difference between fluoridated and non-fluoridated regions) corresponded to a 9.3- and 6.2-point decrement in Performance IQ among formula-fed." Till C, Green R, Flora D, Hornung R, Martinez-Mier EA, Blazer M, Farmus L, Ayotte P, Muckle G, Lanphear B. Fluoride exposure from infant formula and child IQ in a Canadian birth cohort. *Environ Int.* 2020 Jan;134:105315. doi: 10.1016/j.envint.2019.105315. Epub 2019 Nov 16. PMID: 31743803; PMCID: PMC6913880.

As you have previously been told, a 5 IQ loss would double the intellectually disabled and halve the number of gifted.'

See BSC NTP Draft II-69 and eFigure 17 at II-84 (Page 45 meta-analysis)Link <http://https://ntp.niehs.nih.gov/ntp/about_ntp/bsc/2023/may16/meeting_materials/wgrptbsc20230400_i again.

A recent meta-analysis was published by the California Dental Public Health, Kumar, reporting no adverse effect for 8 studies at fluoride concentrations <1.5 mg/L. However, two of the studies used have significant limitations and conflicting data as published and presented to the NTP. The Broadbent study in New Zealand had a small number of controls and many of those not on fluoridated water were taking fluoride supplements. In addition, the Kumar study included a study by Ibarluzea which is an outlier, reporting no significance for girls or boys at age 1. However, at age 4 where the fluoride in the water was <0.1 mg/L the study reported an implausible 28 IQ point IQ increase for boys, not girls when evaluated with mg/g-creatinine maternal urine. These two studies affected the Kumar study conclusion.

Ibarluzea J, Gallastegi M, Santa-Marina L, et al. Prenatal exposure to fluoride and neuropsychological development in early childhood: 1-to 4 years old children. *Environ Res.* Oct 8 2021:112181. doi:<https://dx.doi.org/10.1016/j.envres.2021.112181> <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdx.doi.org%2F10.1016%2Fj.envres.2021.112181>

The authority (WSBH jurisdiction) administered excess fluoride exposure must be evaluated to protect developing brains. The National Toxicology Report on fluoride and

developmental neurotoxicity has gone through repeated peer reviews including HHS CDC and the American Dental Association along with adjudication by their Board of Scientific Counselors.

There is no dispute that fluoride causes brain damage, the dispute is over the dosage and those claiming it is safe do not consider all sources and exposures and hide behind the "average." Judgment needs to be made on whether possible cavities are prevented and IQ loss.

It is decades past time for the WSBH to protect the developing brains of our most vulnerable.

Other sources of fluoride are available should a person want to swallow fluoride. The research on benefit of swallowing fluoride is weak.

Lowering exposure is as simple as turning off the fluoride pump.

Most of the world never started or has turned off the pumps. What is Washington State Board of Health waiting for?

Sincerely,

Bill Osmunson DDS MPH
Washington Action for Safe Water
King County Citizens Against Fluoridation

From: Melissa Leady
Sent: 6/7/2023 2:17:03 PM
To: DOH WSBOH
Cc:
Subject: COVID-19 Vaccine Studies and Sata



attachments\2663A43ABAF24E49_Inline image.png

External Email

State Board of Health members and Department of Health,

I am providing summaries of two recent studies on the COVID-19 vaccines. I am also following up to inquire why the Department of Health (DOH) has not made public the all-cause mortality data during the COVID-19 vaccine era (2021, 2022, and 2023). This data, broken down by vaccination status, would shed light on the safety of the COVID-19 vaccine. I raised the question about the missing data during the April 2023 Vaccine Advisory Committee meeting. At that time, a DOH official expressed concern about vaccine misinformation from those of us providing public comment on vaccine safety. I found this odd because the antidote to misinformation is information and DOH has not reported on vaccine safety. I hope this means that DOH will be forthcoming with the 2021-2023 all-cause mortality data broken down by vaccination status. This information will help inform the public and end speculation on the long-term safety of the COVID-19 vaccines.

COVID-19 Vaccine Studies of interest:

1. Uversky, V.N.; Redwan, E.M.; Makis, W.; Rubio-Cassias, A. IgG4 Antibodies Induced by Repeated Vaccination May Generate Immune Tolerance to the SARS-CoV-2 Spike Protein. *Vaccines* 2023, 11, 991. <https://doi.org/10.3390/vaccines11050991>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.3390%2Fvaccines11050991>>

Abstract: "As immunity provided by these vaccines [COVID-19] rapidly wanes, their ability to prevent hospitalization and severe disease in individuals with comorbidities has recently been questioned, and increasing evidence has shown that, as with many other vaccines, they do not produce sterilizing immunity, allowing people to suffer frequent reinfections. Additionally, recent investigations have found abnormally high levels of IgG4 in people who were administered two or more injections of the mRNA vaccines...Emerging evidence suggests that the reported increase in IgG4 levels detected after repeated vaccination with the mRNA vaccines may not be a protective mechanism; rather, it constitutes an immune tolerance mechanism to the spike protein that could promote unopposed SARS-CoV2 infection and replication by suppressing natural antiviral responses. Increased IgG4 synthesis due to repeated mRNA vaccination with high antigen concentrations may also cause autoimmune diseases, and promote cancer growth and autoimmune myocarditis in susceptible individuals."

2. Shrestha, N.K.; Burke, P.C.; Nowacki, A.S.; Simon, J.f.; Hagen, A.; Gordon, S.M. Effectiveness of the Coronavirus Disease 2019 Bivalent Vaccine. *Open Forum Infectious Diseases*. Volume 10, Issue 6, June 2023, ofad209. <https://doi.org/10.1093/ofid/ofad209>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1093%2Fofid%2Fofad209>>

Study of over 50,000 Cleveland Clinic employees evaluating protection from the bivalent COVID-19 vaccines.

Conclusions: "The bivalent COVID-19 vaccine given to working-aged adults afforded modest protection overall against COVID-19 while the BA.4/5 lineages were the dominant circulating strains [estimated 29% effective], afforded less protection [estimated 20%] when the BQ lineages were dominant, and effectiveness was not demonstrated [estimated 4%] when the XBB lineages were dominant."

Of note: the section titled "Risk of COVID-19 Based on Prior Infection and Vaccination History," stating, "The risk of COVID-19 also varied by the number of COVID-19 vaccine doses previously received. The higher the number of vaccines previously received, the higher the risk of contracting COVID-19. (Figure 2)." Please find Figure 2 attached below.

Sincerely,

Melissa Leady

Clark County Resident

From: Janet Lee
Sent: 4/23/2023 12:36:17 AM
To: DOH WSBOH
Cc:
Subject: Commit to no COVID vaccine mandates on children

External Email

Dear Washington State Board of Health,

I urge you to accept the TAGs recommendation and choose to NOT mandate covid vaccines on our children. Our state government should NOT be mandating Covid vaccines on our children. They are at extremely low risk for Covid and these medical decisions should be left in the hands of parents and their family doctors.

Sincerely,

The Citizens of Washington State

From: Michelle Anderson
Sent: 5/31/2023 3:10:25 PM
To: DOH WSBOH
Cc:
Subject: Public comments

External Email

I feel like if the legislation has put this off for the last 13 years in a ROW, that it should be withdrawn!
We don't need MORE rules!
They are just for people who DONT have common sense! We KNOW not to put lead paint in schools.
Please WITHDRAW this CR-103.
Thank you!

From: Bill Osmunson
Sent: 5/18/2023 7:27:55 AM
To: DOH WSBOH
Cc:
Subject: May 19 Meeting Request

External Email

Dear Environmental Health Committee Members,

I lost sleep last night thinking about you. Not in a good way.

OK, this entire idea of medicating everyone without their consent and then expecting the patient to provide the research to authorities to convince authorities they are ingesting too much, doesn't work, and being harmed is backwards. That's authorities job, not the public's

Authorities, the WSBOH, who recommend, have jurisdiction, promote, advertise, market, administer the drug and health care providers, including me, have the legal and ethical responsibility to provide the empirical evidence on efficacy, dosage, safety and label to the FDA CDER and gain an NDA and provide the evidence to the patient and public.

APPROVAL AND RESEARCH IS NOT THE PATIENT'S RESPONSIBILITY.

You and I, the WSBOH we authorities, have had over 70 years to provide the randomized controlled trials. We have failed. Well, there is one by Leverett, a quarter of a century ago, prenatal, reporting no significant benefit. No wonder the FDA CDER reported the evidence of efficacy is incomplete. Leverett, DH, Adair SM, Vaughan BW, Proskin HM, Moss ME. Randomized Clinical Trial of the Effect of Prenatal Fluoride Supplements in Preventing Dental Caries. Caries Res 1997;31:174-179.

<https://doi.org/10.1159/000262394>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1159%2F000262394>>
Karger

We have had over 70 years to determine a dosage of benefit and have failed. Dispensing as a concentration is crazy and not science.

We have had over 70 years to determine a mechanism of effect, and failed. Fluoride cannot move from inside the tooth to the outside where the caries are developing.

We have had over 70 years to provide studies on safety and have failed. Marketing and endorsements are not empirical evidence. Medical history is replete with examples of authorities slow response to science, claiming "safe and effective" without evidence.

We have had over 70 years to provide a label and failed.

We have turned the complex scientific evaluation over to the voters because we as

authorities have miserably failed to do the research, publish the research, and do our duty to protect the public.

It is the Board's job to provide the empirical randomized controlled trials on efficacy at a specific dosage with safety studies and label, not the public. Until such evidence is on the Board's web site with FDA CDER NDA, fluoridation must stop.

Many claim for every dollar spent on fluoridation saves \$38, but those numbers are not real world which are closer to \$8 PPPY. Ko L, Thiessen KM. A critique of recent economic evaluations of community water fluoridation. Int J Occup Environ Health. 2015;21(2):91-120. [PubMed]

I treat dental fluorosis both cosmetic and functional damage, and yes, I profit from fluoridation. The estimated damage to teeth is \$242 per person per year. Most does not get treated, but it is considered damage by the patient.

If just 3 IQ are lost and just the lower wages estimated at \$500 per year per IQ loss, the loss of earnings is \$438 per person per year.

And we must add the other costs to society with lower IQ, and the NRC report in 2006 listed potential harm such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity. Fluoride is a highly reactive element and can affect all cells.

The Board must consider and evaluate all streams of evidence and I'm convinced you will stop harming the public.

A clinician's error may harm a patient and result in compensation for the patient. Public health policy error may harm millions.

Authorities rely on endorsements rather than empirical evidence, resulting in harm to the public.

A careful review of the empirical evidence is critical.

Sincerely,

Bill Osmunson DDS MPH
Washington Action for Safe Water
King County Citizens Against Fluoridation

From: Bill Osmunson
Sent: 4/12/2023 2:45:48 PM
To: DOH WSBOH
Cc:
Subject: Additional Public Comment April 2023



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attachments\0FA8A6A4319744F2_WSBOH April 2023.pdf

External Email

Dear WSBH,

I'm not sure why my request for public comment did not get to you for today's Board Meeting. So I want to thank you for taking my hand up and letting me speak.

I have attached two items. A pdf which is additional comment for the Board today and the original word document which I sent about a week ago and you should have received to distribute to the Board.

Thank you for this extra effort on your part.

Sincerely,

Bill Osmunson DDS MPH

Dear Washington State Board of Health Members Keith Grellner, Chair; Kelly Oshiro, JD, Vice Chair; Socia Love-Thurman, MD; Stephen Kutz, BSN, MPH; Dimyana Abdelmalek, MD, MPH; Patty Hayes, RN, MN; Melinda Flores, Elisabeth Crawford, and Umair Shah Umair Shah, MD, MPH, wsboh@sboh.wa.gov.

Additional Public comment for April Board Meeting, 2023

The Court granted our request and required HHS to release the May 2023, National Toxicology Draft Report, “*Association between fluoride exposure and children’s intelligence: A systematic review and meta-analysis.*” https://ntp.niehs.nih.gov/ntp/about_ntp/bsc/2023/may/wgrptbsc20230400.pdf

Why did we have to go to court to get HHS to release the report? FOI documents help explain the political cause.

The report’s meta-analysis includes:

“RESULTS *The meta-analysis of 55 studies (N = 18,845 children) with group-level exposures found that, when compared to children exposed to lower fluoride levels, children exposed to higher fluoride levels had lower mean IQ scores (pooled SMD: -0.46; 95% CI: -0.55, -0.37; p-value < 0.001). There was a dose-response relationship between group-level fluoride exposure measures and mean children’s IQ. The meta-analysis of studies that reported individual-level measures of fluoride and children’s IQ scores found a decrease of 1.81 points (95% CI: -2.80, -0.81; p-value < 0.001) per 1-mg/L increase in urinary output. Overall, the direction of the association was robust to stratification by study quality (high vs. low risk of bias), sex, age group, outcome assessment, study location, exposure timing, and exposure metric.*

CONCLUSIONS AND RELEVANCE *This meta-analysis confirms results of previous meta-analyses and extends them by including newer, more precise studies with individual-level exposure measures. The consistency of the data supports an inverse association between fluoride exposure and children’s IQ.”*

The more fluoride a child is exposed to, the more brain damage they get.

Two previous met-analysis of studies on neurodevelopmental toxicity reported greater IQ loss. The previous two mostly used fluoride exposure rather than NTP urinary fluoride concentration which does not fully represent fluoride intake as some fluoride remains in the body.

The Board’s silence and refusal to protect the public from brain damage tells me the Board does not agree with the science, or they expect new studies to refute the three meta-analyses reports confirming loss of IQ, or?

And the Board disagrees with the Washington Board of Pharmacy determining fluoride is not a poison when regulated as a legend drug.

And the Board disagrees with the US Food and Drug Administration determining fluoride is a drug and the water with fluoride added not to be given to children under two years of age.

And the Board disagrees with the FDA warning on fluoride toothpaste labels not to swallow a pea size of toothpaste containing 0.25 mg of fluoride about the same dosage as the Board requires in each glass of fluoridated water. The Board says do not swallow and the Board gives no option but to swallow.
(Topical fluoride is FDA approved)

And the Board disagrees that unapproved drugs are illegal drugs and have not been determined effective or safe at any dosage or to be dispense to everyone without consent as long as it is pumped into the water and voted on by the public.

And the Board disagrees the EPA scientists reporting fluoridation is an unreasonable risk and without current benefit and the EPA 2010 Dose Response Analysis and Relative Source Contribution avoiding pre-natal and infant inclusion of risks and raising their RfD and a third of children ingesting too much fluoride.

And the Board disagrees the National Academies of Science National Research Council's 2006 report that fluoride causes concern for damage to cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity, more recently potential low birth weight.

And the Board disagrees with the concentration of fluoride in mother's milk, 175 times lower concentration than formula made with Seattle water.

And the Board disagrees with freedom of choice for people to choose their own medications.

And the Board disagrees with the National Health Evaluation and Nutrition Survey reporting about two out of three children have dental fluorosis, a biomarker of too much fluoride.

And the Board considers concentration is the same as dosage. Sorry, not everyone drinks the same amount of water or swallows the same amount of fluoride from toothpaste, medications, foods, etc.

And the Board has no regard for those in poor health, intraspecific variation in humans, who do not excrete the fluoride well or differences in racial or socioeconomic disparities.

And the Board does not think lower birth weight from mom's fluoride ingestion is a concern.

And the Board disagrees that fluoride cannot migrate/transfer/move from the tooth pulp through the tooth to the surface where the caries are developing. Ingested fluoride can't get to the dental caries to be a benefit. And fluoride in saliva is too dilute to have benefit.

Apparently, the Board refuses to review research and just trusts dentists who profit from fluoridation and the Board trusts public health authorities, most who do not read and evaluate the research.

Please, the health of the public is more important than protecting historical policy. The sooner the Board can provide caution for pregnant mothers and infants, the sooner my professions can start to gain scientific credibility.

The Board needs to trust the science rather than tradition.

Remember, evidence of efficacy must be proven with randomized controlled trials (FDA requires) and only one exists for fluoride ingestion and was done prenatal and reported no statistical benefit.

However, determination of safety cannot intentionally cause harm, so lower quality of evidence is all that we have. Thus, a margin of error and margin of uncertainties must be applied. A factor of 10 would help protect the fetus and infants.

So much more, but that is enough for now.

Two requests:

1. A warning for pregnant mothers not to drink fluoridated water or swallow fluoride toothpaste, and care-givers to not make infant formula with fluoridated water.
2. The Board "shall provide a forum . . . hold hearings. . . may create ad hoc committees" for public input, committee to carefully consider all streams of evidence regarding fluoride ingestion.

Seriously, the Board likes to sit quietly and not talk for fear of who knows what. Providing a forum for various sides to present the science is good science and no skin off the Board's silence. Maybe the Department could provide their best evidence or get fluoride promoters. A forum enhances the public's knowledge.

Sincerely,

Bill Osmunson DDS MPH

Members of the WA State Board of Health,

These comments provide key reasons why increasingly large swaths of people do not trust public health when it comes to infectious disease pronouncements and policies.

The coronavirus pandemic is the most recent example of the kinds of messaging that many people distrusted from other outbreak reactions by public health agencies. Here in Washington, many families saw how the Department of Health and certain legislators spread their own kind of misinformation while attempting to institutionalize civil rights restrictions in 2015 and 2019 campaigns. There were numerous claims made during the COVID-19 pandemic that are now debunked or clearly call into question the effectiveness of measures declared as “the best way to stop the spread” with little-to-no consideration for the wider societal effects. Our experience should make it clear that Public Health should cease and desist using a one size fits all, single pharmaceutical approach strategies, or you will continue to lose the public’s trust.

To list the misinformation spread by Department of Health, I borrow sections from a nationally-published article by Dr. Marty Makary, from the Johns Hopkins University School of Medicine.

Claims promoted by state and county Public Health that should be considered Misinformation

- 1. Natural immunity offers little protection compared to vaccinated immunity**
- 2. Masks prevent COVID transmission**
- 3. School closures reduce COVID transmission**
- 4. Myocarditis from the vaccine is less common than from the infection**
- 5. Young people benefit from a vaccine booster**
- 6. Vaccine mandates increased vaccination rates**
- 7. COVID originating from the Wuhan lab is a conspiracy theory**
- 8. It was important to get the second vaccine dose three or four weeks after the first dose**
- 9. Data on the bivalent vaccine is ‘crystal clear’**
- 10. One in five people get long COVID**
- 11. Get the shot to avoid overwhelming hospitals**
 - Never happened
 - Hospitals first de-staffed while stopping elective procedures
 - Then Hospitals fired huge numbers of workers (1,000+ in Legacy)
 - Therefore, we have little sympathy for your claims of the unvaccinated filling up your hospitals. Further, other countries and jurisdictions report the opposite, that vaccinated are filling up hospitals – with *idiopathic* cancers and cardiovascular issues. More on that later when we can actually investigate WA mortality statistics for 2021-2022. Where’s that data? Being scrubbed?

Misinformation #1: Natural immunity offers little protection compared to vaccinated immunity

A recent Lancet study looked at 65 major studies in 19 countries on natural immunity. The researchers concluded that [natural immunity was at least as effective](#) as the primary COVID vaccine series.

This board was notified on November 5th 2021 of the 106 studies that supported natural immunity as a way through the pandemic. Natural immunity is now proven stronger by 160 studies collected by the Brownstone Institute. Despite the findings of these studies, natural immunity protection still violates Google and Facebook's "misinformation" policy.

Since the Athenian plague of 430 BC, it has been observed that those who recovered after infection [were protected against severe disease](#) if reinfected.

That was also the observation of nearly every practicing physician during the first 18 months of the COVID pandemic.

Most Americans who were fired for not having the COVID vaccine already had antibodies that effectively neutralized the virus, but they were antibodies that the government did not recognize.

Misinformation #2: Masks prevent COVID transmission

Cochran Reviews are considered the most authoritative and independent assessment of the evidence in medicine.

And one published last month by a highly respected Oxford research team found that [masks had no significant impact](#) on COVID transmission.

When asked about this definitive review, CDC Director Dr. Rochelle Walensky downplayed it, arguing that it was flawed because it focused on randomized controlled studies.

But that was the greatest strength of the review! Randomized studies are considered the gold standard of medical evidence.

If all the energy used by [public health officials to mask toddlers](#) could have been channeled to reduce child obesity by encouraging outdoor activities, we would be better off.

Misinformation #3: School closures reduce COVID transmission

The CDC ignored the European experience [of keeping schools open, most without mask mandates](#).

Transmission rates were no different, evidenced by studies conducted in Spain and Sweden.

Misinformation #4: Myocarditis from the vaccine is less common than from the infection

Public health officials [downplayed concerns about vaccine-induced myocarditis](#) — or inflammation of the heart muscle.

They cited poorly designed studies that under-captured complication rates.

A flurry of well-designed studies said the opposite.

We now know that myocarditis is six to 28 times more common after the COVID vaccine than after the infection among 16- to 24-year-old males.

Tens of thousands of children [likely got myocarditis, mostly subclinical](#), from a COVID vaccine they did not need because they were entirely healthy or because they already had COVID.

Misinformation #5: Young people benefit from a vaccine booster

Boosters reduced hospitalizations in older, high-risk Americans.

But the evidence was never there that they [lower COVID mortality in young, healthy people](#).

That's probably why the CDC chose not to publish its data on hospitalization rates among boosted Americans under 50, when it published the same rates for those over 50.

Ultimately, White House [pressure to recommend boosters for all was so intense](#) that the FDA's two top vaccine experts left the agency in protest, writing scathing articles on how the data did not support boosters for young people.

Misinformation #6: Vaccine mandates increased vaccination rates

President Biden and other officials demanded that unvaccinated workers, regardless of their risk or natural immunity, be fired.

They demanded that soldiers be dishonorably discharged and nurses be laid off in the middle of a staffing crisis.

[The mandate was based on the theory](#) that vaccination reduced transmission rates — a notion later proven to be false.

But after the broad recognition that vaccination does not reduce transmission, the mandates persisted, and still do to this day.

A recent study from George Mason University details how vaccine mandates in nine major US cities had no impact on vaccination rates.

They also had no impact on COVID transmission rates.

Misinformation #7: COVID originating from the Wuhan lab is a conspiracy theory

Google admitted to [suppressing searches of “lab leak”](#) during the pandemic.

Dr. Francis Collins, head of the National Institutes of Health, claimed (and still does) he didn't believe the virus came from a lab.

Ultimately, overwhelming circumstantial evidence points to a lab leak origin — the same origin suggested to Dr. Anthony Fauci by two very prominent virologists in a January 2020 meeting he assembled at the beginning of the pandemic.

According to documents obtained by Bret Baier of Fox News, they told [Fauci and Collins that the virus may have been manipulated](#) and originated in the lab, but then suddenly changed their tune in public comments days after meeting with the NIH officials.

The virologists were later awarded nearly \$9 million from Fauci's agency.

Misinformation #8: It was important to get the second vaccine dose three or four weeks after the first dose

Data were clear in the spring of 2021, just months after the vaccine rollout, [that spacing the vaccine out by three months](#) reduces complication rates and increases immunity.

Spacing out vaccines would have also saved more lives when Americans were rationing a limited vaccine supply at the height of the epidemic.

Misinformation #9: Data on the bivalent vaccine is ‘crystal clear’

Dr. Ashish Jha famously said this, despite the bivalent vaccine being approved using data from eight mice.

To date, there has never been a randomized controlled trial of the bivalent vaccine.

In my opinion, the data are crystal clear that young people should not get the bivalent vaccine.

It would have also spared many children myocarditis.

Misinformation #10: One in five people get long COVID

The Centers for Disease Control and Prevention claims that 20% of COVID infections can result in long COVID.

But a UK study found that only 3% of COVID patients [had residual symptoms lasting 12 weeks](#). What explains the disparity?

It's often normal [to experience mild fatigue or weakness for weeks](#) after being sick and inactive and not eating well.

Calling these cases long COVID is the medicalization of ordinary life.

What's most amazing about all the misinformation conveyed by CDC and public health officials is that there have been no apologies for holding on [to their recommendations for so long after the data](#) became apparent that they were dead wrong.

Public health officials said “you must” when the correct answer should have been “we’re not sure.”

Early on, in the absence of good data, public health officials chose a path of stern paternalism.

Today, they are in denial of a mountain of strong studies showing that they were wrong.

At minimum, the CDC should come clean and the FDA should add a warning label to COVID vaccines, clearly stating what is now known.

The above article by Dr. Makary is now old, and additional science is being published to further refute claims made, and continue to be made, by public health officials.

To summarize and conclude: Just tell the truth, admit when you don't know, and don't let political situations drive a need for policy where none is needed.

WSBH April 12, 2023

Dear Washington State Board of Health Members Keith Grellner, Chair; Kelly Oshiro, JD, Vice Chair; Socia Love-Thurman, MD; Stephen Kutz, BSN, MPH; Dimyana Abdelmalek, MD, MPH; Patty Hayes, RN, MN; Melinda Flores, Elisabeth Crawford, and Umair Shah Umair Shah, MD, MPH, wsboh@sboh.wa.gov.

Public comment for April 12, 2023

The Board has been presented evidence over the last decade and a half that fluoride ingestion is harming the public, provides little or no benefit, many are over dosed, many are being harmed and the WSBOH has jurisdiction and responsibility for the harm.

RCW 43.20.050 *“(1) The state board of health **shall** provide a forum for the development of public health policy in Washington state. . . . It is further empowered to hold hearings and explore ways to improve the health status of the citizenry. In fulfilling its responsibilities under this subsection, the state board may create ad hoc committees or other such committees of limited duration as necessary.”*

A 2 or 3 minute public comment is not a forum, hearing, exploring ways to improve the health status of the citizenry or committee. In light of current research on the toxicity of fluoride, our request is for a forum, hearing and committee on fluoridation's safety, efficacy, dosage of fluoride exposure as mandated by RCW 43.20.050.

Some supporting evidence. The Department of Health presents that the Board of Health has regulatorType equation here.y authority over fluoridation.

FDA: The Board has been presented evidence you are in violation of the Federal Food, Drug and Cosmetic Act, Title 21, that your product is misbranded within the meaning of section 403(r)(1)(B) of the Act [21 U.S.C. 343(r)(1)(B) because it is known to the public to bear an unauthorized health claim. The FDA defines health claim not only as the authority making a health claim but a substance well known to the public to have a health effect. The FDA has toothpaste labeled as a drug with the warning not to swallow.

Washington State Board of Pharmacy: The WSBP determined fluoride when used with intent to prevent disease is a prescription drug and is not a poison.

The Board is in violation of RCW 69.50.101 (nn) *"Prescription" means an order for controlled substances issued by a practitioner duly authorized by law or rule in the state of Washington to prescribe controlled substances within the scope of his or her professional practice for a legitimate medical purpose.*

The Board of Pharmacy determined fluoride is not a poison because it is to be regulated as a drug. If the Board does not regulate as a drug, then it is a poison. RCW 69.38.010 "poison" means: *"(4) Any other substance designated by the pharmacy quality assurance commission which, when introduced into the human body in quantities of sixty grains or less, causes violent sickness or death."* Sixty grains is 3,887.93 milligrams. Estimates of a minimum lethal dose of fluoride (PTD) is 5 mg/kg body weight. (Whitford 1987)

RCW 57.08.012 Permits fluoridation based on the majority vote of the commissioners or voters and at first glance would appear to exempt the Board from responsibility. No other prescription drug is prescribed by vote of the majority of commissioners or voters. Voters do not evaluate the scientific empirical evidence of safety or efficacy as science progresses. The Board of Health has jurisdiction and responsibility to eval

RCW 69.40.030

Placing poison or other harmful object or substance in food, drinks, medicine, or water—Penalty.

(1) Every person who willfully mingles poison or places any harmful object or substance, including but not limited to pins, tacks, needles, nails, razor blades, wire, or glass in any food, drink, medicine, or other edible substance intended or prepared for the use of a human being or who shall knowingly furnish, with intent to harm another person, any food, drink, medicine, or other edible substance containing such poison or harmful object or substance to another human being, and every person who willfully poisons any spring, well, or reservoir of water, is guilty of a class B felony and shall be punished by imprisonment in a state correctional facility for not less than five years or by a fine of not less than one thousand dollars.

Dose, Dosage, Concentration: The Board relies on endorsements which rely on the concentration of fluoride in water as safe for everyone. However, not everyone drinks the same amount of water and the dose and dosage are highly variable. In addition, subsets of the population are more sensitive to chemicals, such as the fetus and infants.

TOO MUCH FLUORIDE: Pediatric dosage

There are "scientific experts" who will testify to court in support of most anything as safe. Judgment is required and if money and reputation are involved, judgment should be suspect.

For example, the American Dental Association (ADA) still recommends mercury amalgam fillings (about 50% mercury) as safe and effective filling material. On the other hand, Dentists

can't dispose of the product in the sewer or trash because it is too toxic. Suppliers cannot ship through the US Postal Service because it is too hazardous for postal workers and the product is no longer manufactured by major dental supply companies in the USA. Nothing about the human physiology, mouth of children or adults makes the mercury amalgam filling material safe. The ADA when pulled into court regarding the mercury fillings testified in court, the ADA has "no duty to protect the public." The ADA protects dentists and financial sponsors, not the public. The WSBH is charged with protecting the public.

The FDA cautions risks include the release of low levels of mercury vapor and very limited to no clinical data is available regarding long term health outcomes for pregnant women and their developing fetuses, and children.

The ingestion of fluoride has even more research evidence of harm. The WSBOH appears to rely on vested interests of industry for endorsements of support for the mass medication of fluoride rather than the clear empirical evidence of harm. Many millions of dollars and reputations are at stake and protected by those promoting fluoridation.

The fetus and infant are ingesting too much fluoride with fluoridation.

A. The fetus is very small and the placenta does not appear to protect the fetus from the mother's fluoride exposure. Mothers drinking fluoridated water over-dose their fetus with fluoride, harming their brains.

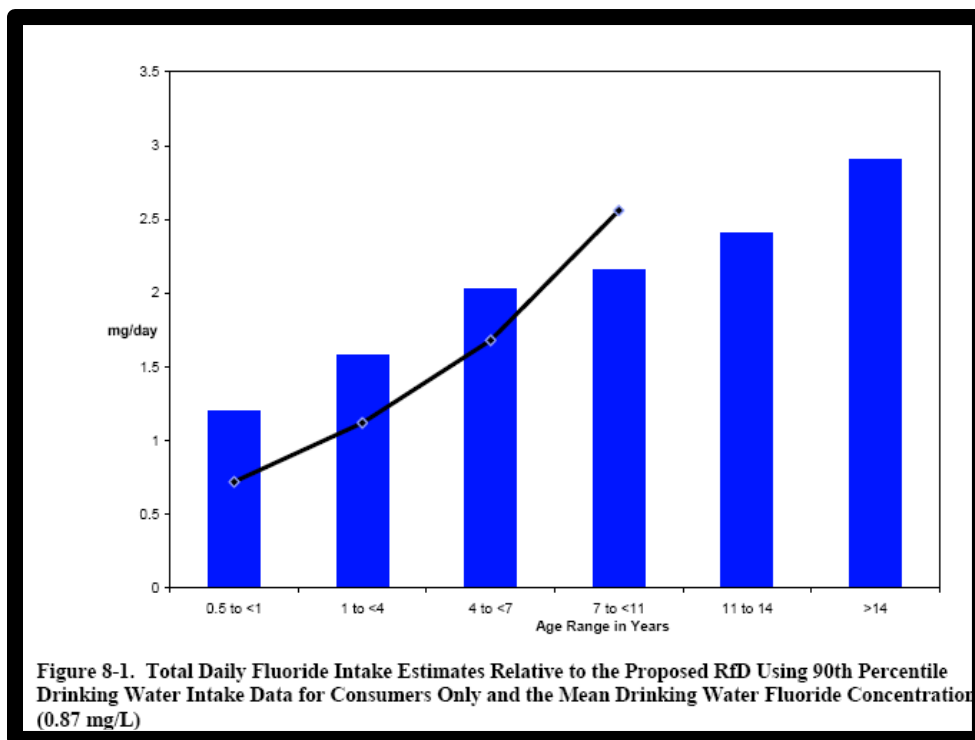
B. Mother's milk is the ideal nutrient for infants and appears to protect the baby from excess fluoride. Mother's milk (in one study) had about 0.004 mg/L fluoride in samples which detected fluoride and Sener (2007)¹ reported 0.006 ppm (mg/L). I could find no quality studies of efficacy for the Board's approved 0.7 mg/L fluoride in water, many times higher than the concentration of fluoride in mother's milk. However, harm from the fluoride has been published. The Board should warn care givers to avoid using fluoridated water to make infant formula.

C. The EPA does not include infants under six months in their Dose Response Analysis or Relative Source Contribution. The EPA graph below Figure 8-1 (13 years ago presented to the WSBH) starts at 0.5 years of age. The National Research Council said the EPA was not protective and instead of reducing fluoride exposure, decreased fluoride protection, increasing their RfD.

Their graph below was based on a proposed increase of 25% in their so called "safe" dosage. And 10% of the public drinking the most water were also ignored, yet 1/3 of children were expected to still INGEST TOO MUCH FLUORIDE. (EPA ERSCA 2010) The percentage above the black line ingest too much fluoride.

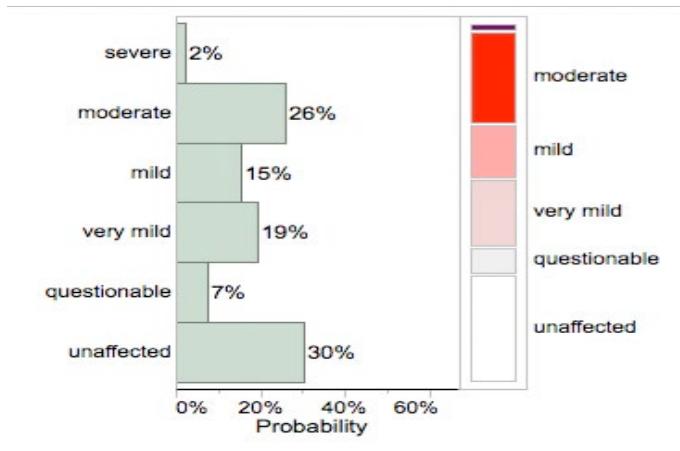
Infants under 0.5 years are not included.

¹ Sener Y, Tosun G, Kahvecioglu F, Gökalp A, Koç H. Fluoride levels of human plasma and breast milk. Eur J Dent. 2007 Jan;1(1):21-4. PMID: 19212493; PMCID: PMC2612944.



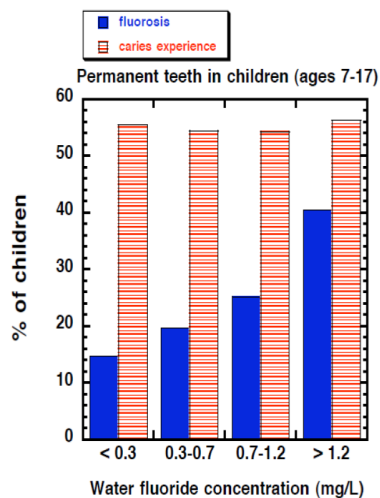
C. The infant on formula reconstituted with fluoridated water will ingest too much fluoride. Dental fluorosis, a biomarker of excess fluoride intake, confirms infants are ingesting too much fluoride. Lower IQ confirms infants are ingesting too much fluoride. When fluoridation started, the public was assured dental fluorosis would not exceed 15% with fluoridation. The Board has been presented with scientific evidence dental fluorosis is now about 70% of the public.²

² Neurath C, Limeback H, Osmunson B, Connett M, Kanter V, Wells CR. Dental Fluorosis Trends in US Oral Health Surveys: 1986 to 2012. JDR Clin Trans Res. 2019 Oct;4(4):298-308. doi: 10.1177/2380084419830957. Epub 2019 Mar 6. PMID: 30931722. [[PubMed](#)]



See also Iida, below, data graphed from their published research. Note, redlines of caries have little change with increased fluoride concentration in water, but blue lines of dental fluorosis significantly increases with increased fluoride exposure.

Iida, H., and Kumar, J.V. 2009. The association between enamel fluorosis and dental caries in U.S. schoolchildren. JADA 140:855-862.



D. Why is too much fluoride a concern? After all, I make money treating dental fluorosis and my pocket book is pleased with the profit I make from the harm caused by too much fluoride. My heart hurts for the harm being caused by those in authority of which I am one.

In 2006 the National Research Council reported³, potential harms are reported by the National Research Council in 2006 such as cell function, teeth, skeleton, chondrocyte

³ Fluoride in Drinking Water A scientific Review of EPA's Standards, Committee on Fluoride in Drinking Water, Board on Environmental Studies and Toxicology, Division on Earth and Life Studies. National Research Council of the

metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity, more recently potential low birth weight.

Farmus (2021)⁴ looked at critical windows of fluoride neurotoxicity, reporting:

“The association between fluoride and performance IQ (performance IQ) significantly differed across exposure windows.

“The strongest association between fluoride and PIQ was during the prenatal window.

“Within sex, the association between fluoride and PIQ significantly differed across exposure windows. Among boys, the prenatal window appeared critical, while for girls, infancy was critical.

“Full-scale IQ estimates were weaker than PIQ estimates for every window.

“Fluoride was not significantly associated with Verbal IQ across any exposure window.”

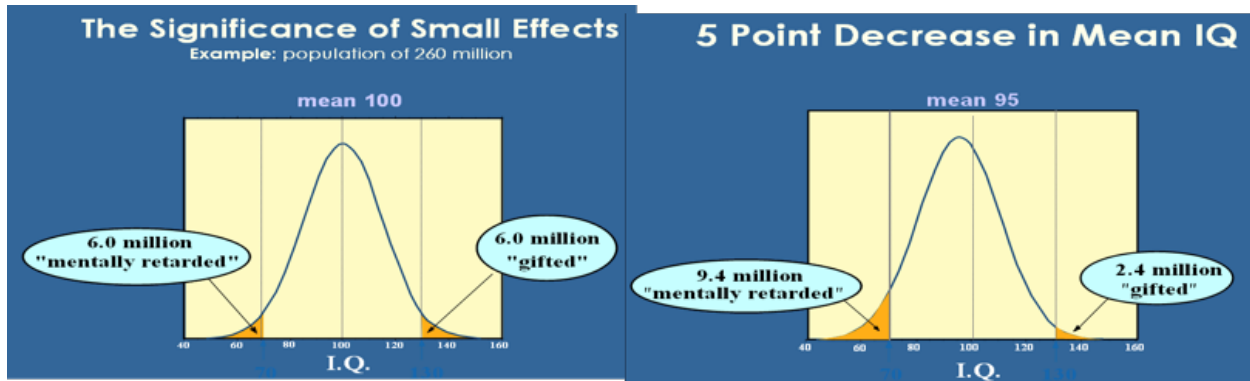
Till (2020)⁵ ***“An increase of 0.5 mg/L in water fluoride concentration (approximately equaling the difference between fluoridated and non-fluoridated regions) corresponded to a 9.3- and 6.2-point decrement in Performance IQ among formula-fed (95% CI: -13.77, -4.76) and breast-fed children (95% CI: -10.45, -1.94).”***

E. Although fluoride harms most cells, neurotoxicity is of serious concern. Why? The two graphs below illustrate the effect of 5 IQ point decrease. About a 50% increase in “mentally retarded” and more than half of “gifted” are lost. Remember, those of us in the middle are also harmed, just harder to measure what could and should have been. Brains are important.

National Academies, The National Academies Press, Washington DC. www.nap.edu
<https://nap.nationalacademies.org/read/11571/chapter/1>

⁴ Farmus L, Till C, Green R, Hornung R, Martinez Mier EA, Ayotte P, Muckle G, Lanphear BP, Flora DB. Critical windows of fluoride neurotoxicity in Canadian children. *Environ Res.* 2021 Sep;200:111315. doi: 10.1016/j.envres.2021.111315. Epub 2021 May 27. PMID: 34051202; PMCID: PMC9884092.

⁵ Till C, Green R, Flora D, Hornung R, Martinez-Mier EA, Blazer M, Farmus L, Ayotte P, Muckle G, Lanphear B. Fluoride exposure from infant formula and child IQ in a Canadian birth cohort. *Environ Int.* 2020 Jan;134:105315. doi: 10.1016/j.envint.2019.105315. Epub 2019 Nov 16. PMID: 31743803; PMCID: PMC6913880.



Note, lower IQ numbers go up about 50%. And less than half as many “gifted.” As a former school board trustee, educators were overwhelmed with the numbers of special education children, most lower IQ. Measuring, defining and comparing the number of gifted seems to be less precise. I can find no US Federal agency or organization which collects gifted student statistics or has a consistent definition.

Weigh the risks and benefits of prenatal and infant fluoride exposure.

What benefit will the fetus lose with less fluoride? None. No teeth

What benefit will the infant lose with less fluoride? None, no erupted teeth or significant developing adult teeth.

How can anyone not have sleepless nights knowing authorities are causing this damage and the solution is to simply turn off the fluoride pumps. . . or at least warn those most adversely affected.

My request to the WSBH is to caution/warn mothers and care givers to avoid fluoride when pregnant and infants not to get formula made with fluoridated water. A simple warning would be ethical. A warning not cost the WSBH any money and could save millions of dollars.

The only road-block is for the Board to follow the science rather than the money, vested interests, tradition and endorsements.

Dear Washington State Board of Health Members Keith Grellner, Chair; Kelly Oshiro, JD, Vice Chair; Socia Love-Thurman, MD; Stephen Kutz, BSN, MPH; Dimyana Abdelmalek, MD, MPH; Patty Hayes, RN, MN; Melinda Flores, Elisabeth Crawford, and Umair Shah Umair Shah, MD, MPH, wsboh@sboh.wa.gov.

Additional Public comment for April Board Meeting, 2023

The Court granted our request and required HHS to release the May 2023, National Toxicology Draft Report, “*Association between fluoride exposure and children’s intelligence: A systematic review and meta-analysis.*” https://ntp.niehs.nih.gov/ntp/about_ntp/bsc/2023/may/wgrptbsc20230400.pdf

Why did we have to go to court to get HHS to release the report? FOI documents help explain the political cause.

The report’s meta-analysis includes:

“RESULTS *The meta-analysis of 55 studies (N = 18,845 children) with group-level exposures found that, when compared to children exposed to lower fluoride levels, children exposed to higher fluoride levels had lower mean IQ scores (pooled SMD: -0.46; 95% CI: -0.55, -0.37; p-value < 0.001). There was a dose-response relationship between group-level fluoride exposure measures and mean children’s IQ. The meta-analysis of studies that reported individual-level measures of fluoride and children’s IQ scores found a decrease of 1.81 points (95% CI: -2.80, -0.81; p-value < 0.001) per 1-mg/L increase in urinary output. Overall, the direction of the association was robust to stratification by study quality (high vs. low risk of bias), sex, age group, outcome assessment, study location, exposure timing, and exposure metric.*

CONCLUSIONS AND RELEVANCE *This meta-analysis confirms results of previous meta-analyses and extends them by including newer, more precise studies with individual-level exposure measures. The consistency of the data supports an inverse association between fluoride exposure and children’s IQ.”*

The more fluoride a child is exposed to, the more brain damage they get.

Two previous met-analysis of studies on neurodevelopmental toxicity reported greater IQ loss. The previous two mostly used fluoride exposure rather than NTP urinary fluoride concentration which does not fully represent fluoride intake as some fluoride remains in the body.

The Board’s silence and refusal to protect the public from brain damage tells me the Board does not agree with the science, or they expect new studies to refute the three meta-analyses reports confirming loss of IQ, or?

And the Board disagrees with the Washington Board of Pharmacy determining fluoride is not a poison when regulated as a legend drug.

And the Board disagrees with the US Food and Drug Administration determining fluoride is a drug and the water with fluoride added not to be given to children under two years of age.

And the Board disagrees with the FDA warning on fluoride toothpaste labels not to swallow a pea size of toothpaste containing 0.25 mg of fluoride about the same dosage as the Board requires in each glass of fluoridated water. The Board says do not swallow and the Board gives no option but to swallow.
(Topical fluoride is FDA approved)

And the Board disagrees that unapproved drugs are illegal drugs and have not been determined effective or safe at any dosage or to be dispense to everyone without consent as long as it is pumped into the water and voted on by the public.

And the Board disagrees the EPA scientists reporting fluoridation is an unreasonable risk and without current benefit and the EPA 2010 Dose Response Analysis and Relative Source Contribution avoiding pre-natal and infant inclusion of risks and raising their RfD and a third of children ingesting too much fluoride.

And the Board disagrees the National Academies of Science National Research Council's 2006 report that fluoride causes concern for damage to cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity and carcinogenicity, more recently potential low birth weight.

And the Board disagrees with the concentration of fluoride in mother's milk, 175 times lower concentration than formula made with Seattle water.

And the Board disagrees with freedom of choice for people to choose their own medications.

And the Board disagrees with the National Health Evaluation and Nutrition Survey reporting about two out of three children have dental fluorosis, a biomarker of too much fluoride.

And the Board considers concentration is the same as dosage. Sorry, not everyone drinks the same amount of water or swallows the same amount of fluoride from toothpaste, medications, foods, etc.

And the Board has no regard for those in poor health, intraspecific variation in humans, who do not excrete the fluoride well or differences in racial or socioeconomic disparities.

And the Board does not think lower birth weight from mom's fluoride ingestion is a concern.

And the Board disagrees that fluoride cannot migrate/transfer/move from the tooth pulp through the tooth to the surface where the caries are developing. Ingested fluoride can't get to the dental caries to be a benefit. And fluoride in saliva is too dilute to have benefit.

Apparently, the Board refuses to review research and just trusts dentists who profit from fluoridation and the Board trusts public health authorities, most who do not read and evaluate the research.

Please, the health of the public is more important than protecting historical policy. The sooner the Board can provide caution for pregnant mothers and infants, the sooner my professions can start to gain scientific credibility.

The Board needs to trust the science rather than tradition.

Remember, evidence of efficacy must be proven with randomized controlled trials (FDA requires) and only one exists for fluoride ingestion and was done prenatal and reported no statistical benefit.

However, determination of safety cannot intentionally cause harm, so lower quality of evidence is all that we have. Thus, a margin of error and margin of uncertainties must be applied. A factor of 10 would help protect the fetus and infants.

So much more, but that is enough for now.

Two requests:

1. A warning for pregnant mothers not to drink fluoridated water or swallow fluoride toothpaste, and care-givers to not make infant formula with fluoridated water.
2. The Board "shall provide a forum . . . hold hearings. . . may create ad hoc committees" for public input, committee to carefully consider all streams of evidence regarding fluoride ingestion.

Seriously, the Board likes to sit quietly and not talk for fear of who knows what. Providing a forum for various sides to present the science is good science and no skin off the Board's silence. Maybe the Department could provide their best evidence or get fluoride promoters. A forum enhances the public's knowledge.

Sincerely,

Bill Osmunson DDS MPH