

Public comment, December 25, 2023. . . Happy Holidays.

To: The Washington State Board of Health

Presented by Bill Osmunson DDS MPH

The December 7, 2023 Board meeting provided a Department presentation to the Board regarding Oral Health, essentially public perception of fluoridation. Without surprise, the report found most in some areas do not trust the Board or Department. Trying to convince the public to harm themselves is not going to be easy. You will need lots of money to market the lies.

The Department defers to the Board, caving truth to power. Maybe the Department employees would end up like the Washington State Board of Pharmacy if they disagreed with the Board.

The Board appears complicit, an accomplice (certainly an accessory), aiding and abetting fluoridation of public water which is a violation of the Safe Drinking Water Act, Food Drug and Cosmetic Act, unethical and harming most of the public.

EPA - - Too Much Fluoride: The Board trusts the dental lobby rather than the EPA who provided the science (along with empirical evidence in 2010 DRA and RSC) that most children are ingesting too much fluoride during at least part of their lives. The Safe Drinking Water Act prohibits the the EPA from adding anything to the public water which is intended to treat humans. Like the Board, the EPA tries to claim others are responsible. Just like Donald Trump did not storm the Capital on January 6. However, many of us agree he, as an authority, was complicit in insurrection.

When authorities recommend an action, they cannot claim innocence when the action is found to be illegal. Especially when they have the science, laws, and ethics showing they are harming the public. We can give space for good intentions and ignorance, but dentistry, public health and the Board have the science and now have no excuse.

FDA - - Illegal Drug: The Department trusts endorsements and the dental lobby rather than Congress (FD&C Act), RCW (Washington State Law), the FDA CDER and/or Washington State Board of Pharmacy that fluoride with intent to prevent disease is a drug, prescription drug, unapproved and therefore illegal drug. Why has the FDA CDER not approved fluoride ingestion with intent to prevent dental caries? Why? Ask yourself why? One reason is the Board has never asked the FDA CDER for approval. And the FDA has determined the evidence of efficacy is incomplete (regardless of dosage). The Board would need to show science of efficacy and they cannot to the satisfaction of the FDA CDER.

FDA - - Fluoride Toothpaste A Legal Approved Drug: The Department failed to mention the toothpaste label says "Do Not Swallow" which refers to a quarter milligram of fluoride, the same as each glass of Seattle water.

The Board forces me to ingest in each glass of water the same amount as the FDA CDER warns “Do Not Swallow.” Processed foods, unlabeled often contain fluoridated water.

The Board does not provide a label for the fluoridation drug. How much is too much? If a person is swallowing toothpaste or exposed to more fluoride in other sources, how does the Board or patient know how much they are ingesting? The Board simply implies safe and effective at any and all doses.

Quality Research: The Department failed to mention no Phase II or Phase III trials have been published and arguably no Phase I trials showing efficacy. Only one randomized controlled trial has been published and it did not have statistical significance. Fluoridation has not even been approved by the FDA CDER as an experimental drug.

Mechanism of Action: The Department failed to mention research has not found a mechanism for ingested fluoride to get to the the surface of the tooth in therapeutic doses.

The Board’s evidence is attempting to tell the public, other than teeth with dental fluorosis, no other cells of the body are harmed. That is a preposterous implausibility. No reasonable scientist would accept such a wild claim. . . unless they were the dental lobby.

For example, the Board’s fluoridation is causing premature cell death (apoptosis).

[Mitochondria-Mediated Pathway Regulates C2C12 Cell Apoptosis Induced by Fluoride.](#)

[Fluoride Exposure Provokes Mitochondria-Mediated Apoptosis and Increases Mitophagy in Osteocytes via Increasing ROS Production.](#)

[Toxic effects of fluoride on organisms.](#)

There are hundreds of studies with similar results: fluoride ingested causes **cell death**.

Yet the Board blindly trusts the dental lobby and endorsements that ingesting fluoride is safe. Let me explain. Most people would not go to their dentist for brain surgery or to diagnose brain or cellular damage, but the Board goes to the dentists (dental lobby) to do precisely that.

HHS NTP: The Department trusts the Board and dental lobby rather than the National Toxicology Program who’s meta-analysis determined about 3 IQ loss for those in fluoridated communities. Of course some are harmed more and others less.

0.7 ppm vs 1.2 ppm: Most research on fluoridation is historic at 1.2 ppm. Neither the Department nor the Board has given scientific evidence, nor has the dental lobby given evidence that fluoridation at 0.7 ppm is actually reducing dental caries. Historical studies, although low quality, were at higher doses of fluoride than current fluoridation.

Neither the public nor the Board should trust the Department to provide a balanced scientific position on fluoridation. They cannot speak truth to power.

While the science is reporting fluoridation is not safe or even effective, the Board continues to declare fluoridation safe without exception. Anyone with horse sense or reads some science knows there is no highly toxic poison, prescription drug, unapproved FDA CDER drug, which is safe for everyone at any dosage. When the FDA CDER says “Do Not Swallow” fluoride, the same amount the Board recommends in each glass of water, the public has good reason not to trust the Board. The Board has and is harming the developing brain of millions.

Yet the Department has spent hard earned taxpayer money trying to find out what percentage of the public does not believe the Board. How stupid can we in public health be? The public does not believe us because the science does not support us and we fail to read the science. And when we are this anti-science with an unapproved toxic poison, why should the public trust us on anything else such as global warming, nutrition, vaccinations, or sanitation.

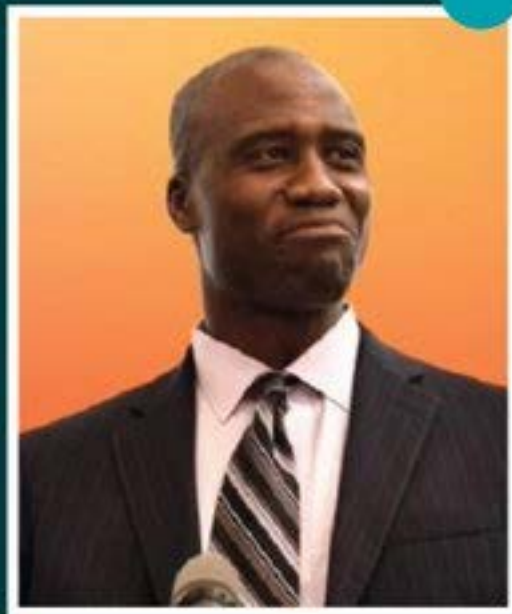
The Board must stop protecting policy and start protecting the public by reading the science, laws and ethics, rather than trying to figure out how we can fool the public with our lies.

Friends, you can't keep pushing an illegal drug on everyone without their consent and expect the public to believe and respect us. The ethics is barbaric. The attempt to keep the public away from the science is reminiscent of the dark ages.

When the mitochondria, the “power house of the cell” is harmed and cells are dying, we cannot continue to say fluoridation is either safe or effective.

Please change your web page or delete it.

Bill Osmunson DDS MPH



I am calling for a halt to the use of mRNA COVID-19 vaccines.

The U.S. Food and Drug Administration and the Centers for Disease Control and Prevention have always played it fast and loose with COVID-19 vaccine safety, but their failure to test for DNA integration with the human genome - as their own guidelines dictate - when the vaccines are known to be contaminated with foreign DNA is intolerable.

Is Water Fluoridation Effective?

According to most major sources, estimates of fluoridation effectiveness amount to at most a reduction of only one-half cavity per child. Low end estimates find **no significant reduction at all**. Children aged 6-17 average 2.1 cavities in their permanent teeth¹:

- Cochrane Collaboration² (2015): 26% (**0.5 cavity per child**)
- CDC³ (2018): 25% (**0.5 cavity per child**)
- Iowa Fluoride Study⁴ (2018): **No significant reduction**
- World Health Organization data⁵ (2005): **No evidence of fluoridation's effectiveness**



There is already a consensus including CDC, Cochrane Collaboration, the Iowa Fluoride Study and others that fluoride's effectiveness in preventing cavities is mainly topical (not swallowed).

The **Cochrane Collaboration** is considered the gold standard of evaluating effectiveness. It said the cavity reduction referenced above was **“based predominantly on old studies and may not be applicable today.”**

“Over 97% of the 155 studies were at a high risk of bias, which reduces the overall quality of the results... We did not identify any evidence... to determine the effectiveness of water fluoridation for preventing caries in adults... There is insufficient evidence to determine whether water fluoridation results in a change in disparities in caries levels across socio-economic status.”

The **Iowa Fluoride Study (IFS)**, funded by the National Institutes of Health, is the most comprehensive, ongoing research project in the U.S., the only one measuring all sources of fluoride ingestion. The 2018 study from IFS referenced above found no significant correlation between ingested fluoride and cavity reduction, further validating a 2009 study⁶ from IFS that stated:

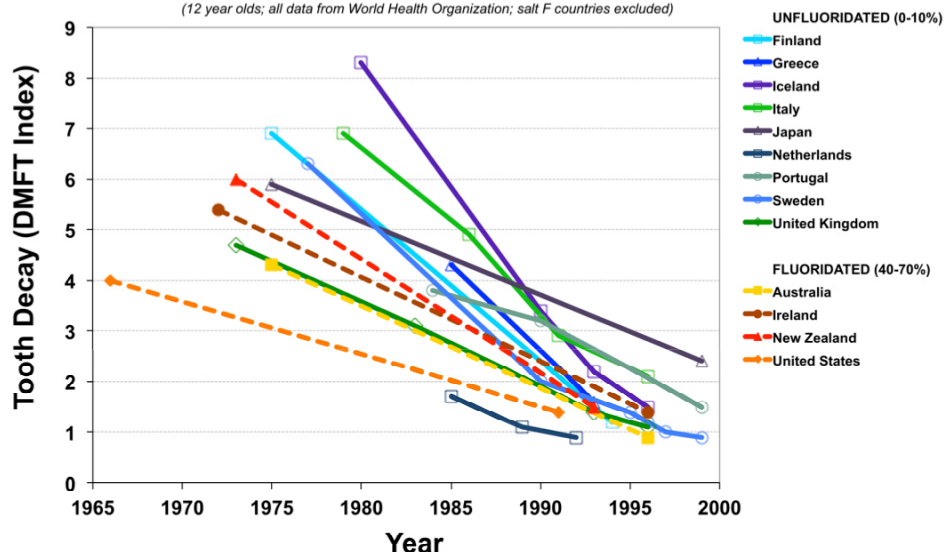
*“... achieving a caries-free status may have relatively little to do with fluoride **intake** (emphasis in the original) ... recommending an ‘optimal’ fluoride intake is problematic.”*

Finally, World Health Organization data show cavity rates in children (age 12) have dropped as much in nations that don't fluoridate (darker solid lines) as in nations that do (red/yellow dotted lines). (See graph)

1. Slade et al, 2018, Journal of Dental Research, <https://www.ncbi.nlm.nih.gov/pubmed/29900806>
2. Cochrane Collaboration, 2015, https://www.cochrane.org/CD010856/ORAL_water-fluoridation-prevent-tooth-decay
3. CDC, 2018, <https://www.cdc.gov/fluoridation/index.html>
4. Curtis et al, 2018, Journal of Public Health Dentistry, <https://www.ncbi.nlm.nih.gov/pubmed/29752831>
5. Neurath, 2005, Fluoride, <http://www.fluorideresearch.org/384/files/384324-325.pdf>
6. Warren et al, 2009, Journal of Public Health Dentistry, <https://www.ncbi.nlm.nih.gov/pubmed/19054310>

**Tooth Decay Trends:
Fluoridated vs. Unfluoridated Countries**

(12 year olds; all data from World Health Organization; salt F countries excluded)



Washington State Board of Health, Public Comment, December 2023

Dear Washington State Board of Health and Department of Health (Board),

December 2023 Public Comment

The [Board's website](#), in part, states: "**Access to community water fluoridation benefits the health of everyone: children, adults, and seniors. Recommendation: Expand and maintain access to community water fluoridation.**"

The Board's claim and recommendation lacks current scientific evidence and support, law or logic and for almost two decades the Board has known their claim is harming the public.

Hearing a Board member say, "but we are not supposed to have to review science" makes the term "Board of Health" at best a rubber stamp of industry.

Instead of reviewing the empirical evidence, science, facts, the Board is trusting industry and others. The Board is ignoring and evading the qualified experts with jurisdiction and knowledge on fluoridation, such as:

I. The Washington State Board of Pharmacy. . . . disbanded in part because they agreed with the law and science that fluoride ingested with intent to prevent disease is a prescription drug. Are the Board of Health doctors willing to put your license on the line prescribing the drug for everyone in Washington State without patient consent or being patients of record? That would be unethical. Pharmacists have more training and expertise with toxins, dosage, adverse reactions and inter reactions of toxins than any other licensed profession. You, the Board of Health, do not have publicly released empirical evidence which disagrees with the Board of Pharmacy? The Board of Health is violating science and laws of health.

II. The U.S. Congress which has authorized the Food and Drug Administration Center for Drug Evaluation and Research (FDA CDER) to evaluate substances used with intent to prevent disease and prohibit the EPA from adding anything for the treatment of humans.

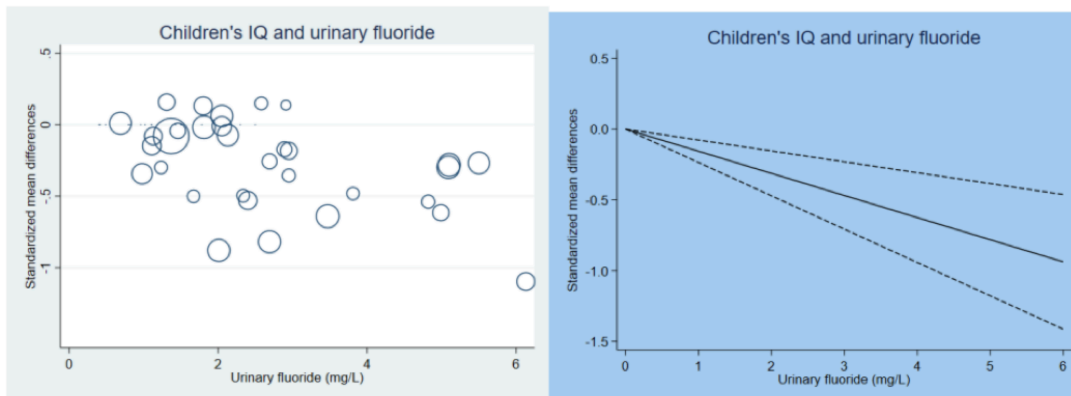
III. The FDA CDER has determined fluoride ingestion lacks evidence of efficacy. And the FDA has given warnings to bottled water manufacturers (not FDA CDER approved) the fluoridated water must not be marketed to those under two years of age. The Board of Health is harming the public by disagreeing with authorized regulatory agencies.

IV. The Environmental Protection Agency scientists finding over two decades ago that fluoridation borders on a criminal Act because of toxicity and lack of current benefit. And the EPA Dose Response Analysis and Relative Source Contribution of 2010 reporting that most or all infants and toddlers are ingesting too much fluoride.

V. The National Research Council 2006 report for the EPA that EPA's Maximum Contaminant Level for fluoride was not protective. That's right, fluoride is a contaminant the Board recommends adding to water.

VI. The National Toxicology Draft Report of 2023 report of 55 human studies, 52 reported IQ loss a 95% consistency. And their meta-analysis reports IQ loss. As urine fluoride concentration increases, IQ decreases.

Urinary Fluoride Exposure



eFigure 18. Pooled Dose-Response Association Between Fluoride in Urine and Standardized Mean Differences in Children's IQ

Left panel: Circles indicate standardized weighted mean differences in individual studies; size of bubbles is proportional to precision (inverse of variance) of the standardized mean differences. Right panel: Urinary fluoride levels were modeled with a linear random-effects model (solid line). Dashed lines represent the 95 % confidence intervals for the linear model. Please see eTable 2 for characteristics of the studies included in the *dose-response meta-analysis* (studies with urinary fluoride exposure and at least two exposure levels).

Not everyone has the same sensitivity to drugs/toxins or the same health or the same ability to handle drugs/toxins. Some individuals have much more IQ loss with fluoridation and some were probably unaffected. The mean is not protective or representative of each individual. The Board must protect everyone, not just the healthiest and wealthiest, or even like the EPA only consider up to the 90th percentile.

VII. Only one RCT (randomized controlled trial) and no meta-analysis of fluoride's alleged benefit from ingestion has been published. And the one published RCT reported no statistical benefit from ingesting the fluoride. That's right. NO, NONE, ZERO quality studies reporting dental benefit of fluoride ingestion. Ecological studies of fluoridation are problematic with many flaws. No wonder the FDA said the evidence of efficacy is incomplete.

VIII. The lack of mechanism of action. Fluoride cannot go from the blood to the tooth pulp chamber through the calcium rich dentin and enamel to the outside of the tooth where the dental caries are forming and active. Fluoride during swallowing of water is short term and little gets to the lower teeth. The slight increase of fluoride in saliva with water at 0.7 ppm is too dilute to have a caries mitigating effect. Research has not reported a benefit a significant therapeutic effect at 700 ppm let alone 0.7 ppm when drinking water.

IX. 97% of Europe does not fluoridate their water. And their dental caries are at a similar rate as fluoridated communities and those states which do not fluoridate their water or least fluoridated.

The Board appears to trust industry who profit from the sales of fluoride. We dentists make a great deal of money selling fluoride. . . topical which has good evidence of efficacy. Raising alarms of fluoride toxicity will reduce our income.

The Board appears to trust the CDC dental division who are in lockstep with industry and politics, not scientific facts. The CDC does not determine either the efficacy, dosage or safety of any drugs. Congress charged the FDA CDER with that job.

The Board appears to trust the US Public Health Service who are soldiers marching to the orders of politicians and industry. The USPHS has no Congressional authority to approve the safety, dosage or efficacy of any drugs and fails to review the scientific evidence.

The Board appears to trust public health reviews of fluoridation from like-minded believers rather than digging deep into the science and considering the empirical evidence of efficacy, dosage, safety and ethics of mass medication of fluoride to everyone regardless of health, age, or choice.

The Board must not wash their hands thinking that the voters approved fluoridation from now through eternity regardless of any new science.

Once again, I am calling for the Board to remove their false and knowing misrepresentation of the facts, fake science, lies, from their web page. If that is not immediately done to start protecting the public, Board members must resign.

Bill Osmunson DDS MPH

Dec 3

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TOMORROW 4TH DECEMBER

MP Andrew Bridgen is joined by Dr David E. Martin, Dr Robert Malone, Dr Ryan Cole, Dr Pierre Kory, Professor Angus Dalgleish & Steve Kirsch who will be giving expert testimony on the Pandemic & its consequences. With video addresses from Dr Peter McCullough AND Dr Mike Yeadon! Please continue to lobby MPs to attend, letter template can be found here

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for putting this video together.

Once I have a link to the testimony in the UK Parliament from tomorrow evening, I will get it posted.

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Washington State Board of Health Meeting regarding the Department of Health's Oral Health presentation by Shelley Guinn. Shelley.Guinn@doh.wa.gov
<mailto:Shelley.Guinn@doh.wa.gov>

Comments by Bill Osmunson DDS MPH

Omissions and Factual Errors of the Departments Presentation

But first an essential, a must watch short 6 minute video by Dr Birnboum
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.youtube.com%2Fwatch%3F>
Ph.D., D.A.B.T., A.T.S, a microbiologist and board-certified toxicologist. She was director
of the National Institute of Environmental Health Sciences (NIEHS) of the National
Institutes of Health (NIH), and director of the National Toxicology Program (NTP) from
2009 to 2019.

Prior to her appointment as NIEHS and NTP director in 2009, she spent 19 years at the
U.S. Environmental Protection Agency (EPA), where she directed the largest division
focusing on environmental health research. Birnbaum started her federal career with 10
years at NIEHS, first as a senior staff fellow in the National Toxicology Program, then as
a principal investigator and research microbiologist, and finally as a group leader for the
institute's Chemical Disposition Group.

She was an adjunct professor in the Gillings School of Global Public Health and the
Department of Environmental Sciences and Engineering at the University of North
Carolina at Chapel Hill, as well as in the Integrated Toxicology and Environmental Health
Program at Duke University. Dr. Birnbaum was vice president of the International Union
of Toxicology, the umbrella organization for toxicology societies in more than 50
countries; former president of the Society of Toxicology, the largest professional

organization of toxicologists in the world; and former chair of the Division of Toxicology at the American Society for Pharmacology and Experimental Therapeutics.

She is the author of more than 700 peer-reviewed publications, book chapters, and reports. Birnbaum's research focused on the pharmacokinetic behavior of environmental chemicals, mechanisms of action of toxicants including endocrine disruption, and linking of real-world exposures to health effects.

Dr. Birnbaum has won numerous awards for her work, including being elected to the Institute of Medicine of the National Academies, one of the highest honors in the fields of medicine and health. She was also elected to the Collegium Ramazzini, has two NIH Director's Award, a Women in Toxicology Elsevier Mentoring Award, an EPA Health Science Achievement Award, an American Public Health Association Homer N. Calver Award, a Children's Environmental Health Network Child Health Advocate Award, a Surgeon General's Medallion, and 14 Scientific and Technological Achievement Awards, which reflected the recommendations of EPA's external Science Advisory Board, for specific publications.

Birnbaum is now a Special Volunteer at NIEHS, and conducts research as part of the Mechanistic Toxicology Branch, and is a scholar in residence at Duke University's Nicholas School of the Environment.

During Dr. Birnbaum's tenure at NIEHS and NTP, the Fluoride Action Network was regularly submitting and communicating concerns about fluoride neurotoxicity with her agency and office. In 2020, Dr. Birnbaum joined award-winning researchers Christine Till, Ph.D., and Bruce Lanphear, M.D., MPH, in writing an OpEd

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highlighting mounting evidence showing that fluoride is likely impairing brain development and reducing kids' IQ. The video below was recorded during a public Zoom presentation that Dr. Birnbaum made to environmental advocates about her life and her work as part of a webinar series hosted by The Center for Health, Environment, and Justice.

Specifically to the Department's presentation at the Board meeting today.

#1. No science on efficacy or safety was presented or discussed. The “elephant in the room” is the silence, lack of science or even comment on efficacy and safety. No Board member asked any question on efficacy and safety. All assumed the rumor is correct or were too scared to speak up. All empirical evidence on efficacy and safety was omitted. The Department assumes fluoridation is safe and effective and the Board promotes the assumption. God forbid the Department would raise concerns on the Board’s position.

#2. Cherry-pick the members of a committee or presentation and the results are a foregone conclusion. The Board did not have any opposing voices or presentation of empirical evidence. The Board is listening to the Choir. Suppose, for example, we asked all the Chevy dealers which truck is the best. The answer is a forgone conclusion based on our sampling.

I am requesting equal time for Dr. Birnboum, myself, and/or other experts who have carefully evaluated the “other” side of CWF, to review for the Board some of the risks and lack of benefit of ingesting fluoride.

The Board loses credibility when they refuse to consider all sides of a controversy, especially forced mandated unapproved illegal prescription drug.

The Department provides 5 references to themselves.

#3. The Department has and is spending significant public resources on the public’s opinion of fluoridation. Those in the public who read research or critically listen to the Department’s presentation will lose trust in the Board and Department. When the FDA says, “Do Not Swallow” and the Board recommends the same amount of fluoride in each glass of CWF, the public simply must not trust the Board.

#4. The Department’s survey of public opinion has the intent of how to market policy and opinion rather than supporting policy with good empirical factual evidence, because there is little good research.

#5. Carefully presented conclusions were not presented with factual evidence.

#6. Regarding the Washington State Oral Health Equity Assessment.

The CDC Oral Health Division funded a Cochrane evaluation of the best fluoridation efficacy research at the time. They did not evaluate risks or harm. One pertinent conclusion included:

“There was insufficient information available to find out whether the introduction of a water fluoridation programme changed existing differences in tooth decay across socioeconomic groups.”

That is essentially an answer to the Department’s survey and the answer was published 7 years ago. Tax-payers could have saved money if the Department simply read the published literature.

Years ago, I plotted the USA states on percentage of their whole population fluoridated and ranked low and high income reported good to excellent teeth.

The rich have better oral health than the poor, but fluoridation has no common cause.

I then ranked all the Washington State Counties based on their reported percentage of the population fluoridated and ranked their rates of decayed, filled surfaces and caries. No matter the access to fluoridation, the caries prevalence is about the same. Having everyone fluoridated would not change the pink line or caries rates.

Is that evidence, “proof?” No, but it raises concern.

What about those countries not fluoridating? Remember, most developed countries do not fluoridate their water and 97% of Europe is without fluoridated water.

Plotting caries prevalence with WHO data over about 30 years, fluoride intake has not made a difference and all countries have reduced their caries prevalence to similar low levels. . . regardless of fluoride intake.

There is no quality published research suggesting increased access to fluoridation reduces oral health disparity. ESSB 5693 did not review safety or efficacy, rather assumed safety and efficacy based in part on claims made by the Department and Board.

I have requested a copy of the Department's report. The report recruited 122 participants in six counties, a sample size too small to have statistical significance. Dividing the counties into "three buckets."

The purpose was for marketing and promotion, not evaluation of safety or efficacy to see if those on fluoridated water had better oral health or fewer side effects. The Department just assumed and spent time and money on hierarchical evidence, which is considered a "house of cards."

Quantitatively: No good results.

Qualitatively: The Department uses words like "most believed" which is not factual. More than 50%? 99%?

And the Department uses a "good number had some degree of opposition." Again, what does a "good number" actually represent, 5% 95%? True, the study was too small to have significance, but the numbers could have been provided by the Department rather than having the Board "trust". And similar published research should have been provided for comparison. And the Department chalks up the public's concern of acceptability of the water to the water quality rather than the public's concern for the fluoride in the water.

The Department's study does not support a racial health equity problem but an income problem. Lack of income is not just an oral health problem but a health problem. The Board and Department should focus on income rather than CWF.

Lower income communities have both lower quality of health and less fluoridation. But no science is provided to show common cause. Just because two events happen is not proof they are related.

The second conclusion assumes increased fluoridation will in some way reduce inequity of lower income. More fluoridation will not reduce inequality of disease. The Department

does not look at benefit or risk, but how to promote policy, i.e. more CWF regardless of benefit or risk.

One of the Department's recommendations is "Community-based education should focus on the value of water fluoridation." Unless the Department and Board base their education on science, the public will only have less trust for authority. The value of CWF must include both efficacy, dosage, known/expected risks, and individual consent. For the Department and Board to repeat "safe and effective" trust us because we are authority, will convince some but harm many.

Over 4,800 medical and scientific professionals

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2F5242H3ZtIpcXripyvUa9IgaHBlkurqbW-2BF6LBig0ncHBINLbr23h4Fwbh2nnYt-2B60UNKjqGdMIsNGXpzE20pBXDp3YzFU-3Dddlc_UvgxF0qNGtJ5m5hAeMK8oSHzCA-2FJJxIJb5kf8jNRnlaN4Pm9WNAi3-2BDX40hv79B-2BQMT-2BJos9mWf0ECm9G7-2BMK5xrDXtV0dpj6TujUHXbsflMuK9WY2PaeI0Y-2FuP7vuzWWGbWqsanQk16rjc1NiA-2BbdqWTo-2Ba5k75ZJ7e0GoDZoDvVjMD4jdP0Lu23i7pwdABnMbiyTvnnAWx8ON6FxrPNzBRYUooF-2FflQuL0gXJyOAKSD-2B-2BQdyN22fZTRMw-2B1z-2FrTFzIggGnOpXePCwAzeWI7p6H28pXab5z12BbYGn4aZrUejxKOcCn4q9UqPc-2FZr8fPn46JXYKq7mx-2FoNeU-2FREI-2FuSxCwrzlfzCjl4pFrD1k-3D&data=05%7C01%7CWSBOH%40SBOH.WA.GOV%7C7596011d6d0d41199d1508dbf79729af%7C11d0e>
have signed a statement in opposition to fluoridation, including both dental (IAOMT.org and IABDM.org) and medical organizations (ICIMED.org). Has the Board invited any of those professionals to speak on the science and ethics?

The Department's waste of tax-payer money and Board time should receive a D- grade.

My request is to have those opposed to fluoridation provide evidence at a Board meeting. At a minimum, the Department and Board will better understand how to respond to the public's concerns.

Sincerely,

Bill Osmunson DDS MPH

December 7, 2023, Washington State Board of Health Meeting regarding the Department of Health's Oral Health presentation by Shelley Guinn. Shelley.Guinn@doh.wa.gov

Comments by Bill Osmunson DDS MPH

Omissions and Factual Errors of the Departments Presentation

But first an essential, a must watch short 6 minute [video by Dr Birnboum](#) Ph.D., D.A.B.T., A.T.S., a microbiologist and board-certified toxicologist. She was director of the National Institute of Environmental Health Sciences (NIEHS) of the National Institutes of Health (NIH), and director of the National Toxicology Program (NTP) from 2009 to 2019.

Prior to her appointment as NIEHS and NTP director in 2009, she spent 19 years at the U.S. Environmental Protection Agency (EPA), where she directed the largest division focusing on environmental health research. Birnbaum started her federal career with 10 years at NIEHS, first as a senior staff fellow in the National Toxicology Program, then as a principal investigator and research microbiologist, and finally as a group leader for the institute's Chemical Disposition Group.

She was an adjunct professor in the Gillings School of Global Public Health and the Department of Environmental Sciences and Engineering at the University of North Carolina at Chapel Hill, as well as in the Integrated Toxicology and Environmental Health Program at Duke University. Dr. Birnbaum was vice president of the International Union of Toxicology, the umbrella organization for toxicology societies in more than 50 countries; former president of the Society of Toxicology, the largest professional organization of toxicologists in the world; and former chair of the Division of Toxicology at the American Society for Pharmacology and Experimental Therapeutics.

She is the author of more than 700 peer-reviewed publications, book chapters, and reports. Birnbaum's research focused on the pharmacokinetic behavior of environmental chemicals, mechanisms of action of toxicants including endocrine disruption, and linking of real-world exposures to health effects.

Dr. Birnbaum has won numerous awards for her work, including being elected to the Institute of Medicine of the National Academies, one of the highest honors in the fields of medicine and health. She was also elected to the Collegium Ramazzini, has two NIH Director's Award, a Women in Toxicology Elsevier Mentoring Award, an EPA Health Science Achievement Award, an American Public Health Association Homer N. Calver Award, a Children's Environmental Health Network Child Health Advocate Award, a Surgeon General's Medallion, and 14 Scientific and Technological Achievement Awards, which reflected the recommendations of EPA's external Science Advisory Board, for specific publications.

Birnbaum is now a Special Volunteer at NIEHS, and conducts research as part of the Mechanistic Toxicology Branch, and is a scholar in residence at Duke University's Nicholas School of the Environment.

During Dr. Birnbaum's tenure at NIEHS and NTP, the Fluoride Action Network was regularly submitting and communicating concerns about fluoride neurotoxicity with her agency and office. In 2020, Dr. Birnbaum joined award-winning researchers Christine Till, Ph.D., and Bruce Lanphear, M.D., MPH, in writing [an OpEd](#) highlighting mounting evidence showing that fluoride is likely impairing brain development and reducing kids' IQ. The video below was recorded during a public Zoom presentation that Dr. Birnbaum made to environmental advocates about her life and her work as part of a webinar series hosted by *The Center for Health, Environment, and Justice*.

Specifically to the Department's presentation at the Board meeting today.

#1. No science on efficacy or safety was presented or discussed. The "elephant in the room" is the silence, lack of science or even comment on efficacy and safety. No Board member asked any question on efficacy and safety. All assumed the rumor is correct or were to scared to speak up. All empirical evidence on efficacy and safety was omitted. The Department assumes fluoridation is safe and effective and the Board promotes the assumption. God forbid the Department would raise concerns on the Board's position.

#2. Cherry-pick the members of a committee or presentation and the results are a foregone conclusion. The Board did not have any opposing voices or presentation of empirical evidence. The Board is listening to the Choir. Suppose, for example, we asked all the Chevy dealers which truck is the best. The answer is a forgone conclusion based on our sampling.

I am requesting equal time for Dr. Birnboum, myself, and/or other experts who have carefully evaluated the "other" side of CWF, to review for the Board some of the risks and lack of benefit of ingesting fluoride.

The Board loses credibility when they refuse to consider all sides of a controversy, especially forced mandated unapproved illegal prescription drug.

The Department provides 5 references to themselves.

#3. The Department has and is spending significant public resources on the public's opinion of fluoridation. Those in the public who read research or critically listen to the Department's presentation will lose trust in the Board and Department. When the FDA says, "Do Not Swallow" and the Board recommends the same amount of fluoride in each glass of CWF, the public simply must not trust the Board.

#4. The Department's survey of public opinion has the intent of how to market policy and opinion rather than supporting policy with good empirical factual evidence, because there is little good research.

#5. Carefully presented conclusions were not presented with factual evidence.

#6. Regarding the **Washington State Oral Health Equity Assessment**.

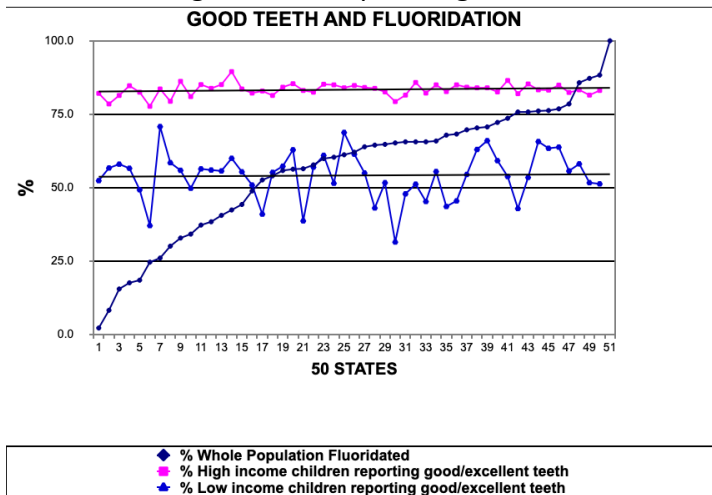
The CDC Oral Health Division funded a Cochrane evaluation¹ of the best fluoridation efficacy research at the time. They did not evaluate risks or harm. One pertinent conclusion included:

¹ heozor-Ejiofor Z, Worthington HV, Walsh T, O'Malley L, Clarkson JE, Macey R, Alam R, Tugwell P, Welch V, Glennly A, Water fluoridation to prevent tooth decay, Cochrane Review, June 18, 2015.

“There was insufficient information available to find out whether the introduction of a water fluoridation programme changed existing differences in tooth decay across socioeconomic groups.”

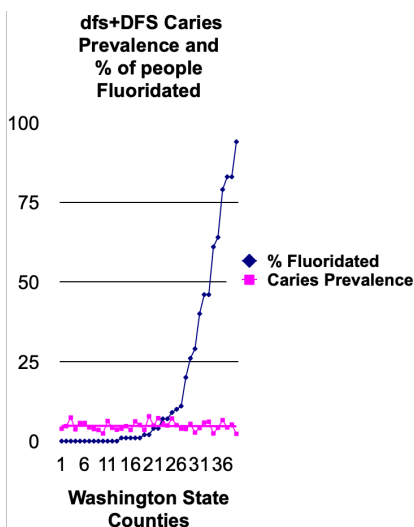
That is essentially an answer to the Department’s survey and the answer was published 7 years ago. Tax-payers could have saved money if the Department simply read the published literature.

Years ago, I plotted the USA states on percentage of their whole population fluoridated and ranked low and high income reported good to excellent teeth.



The rich have better oral health than the poor, but fluoridation has no common cause.

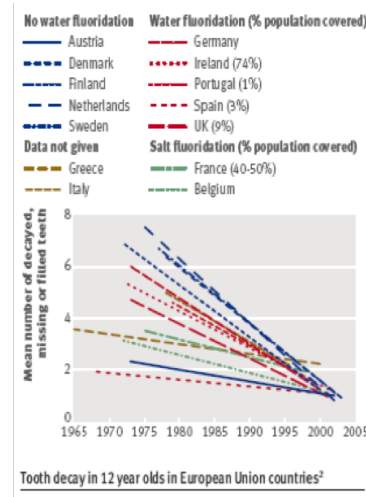
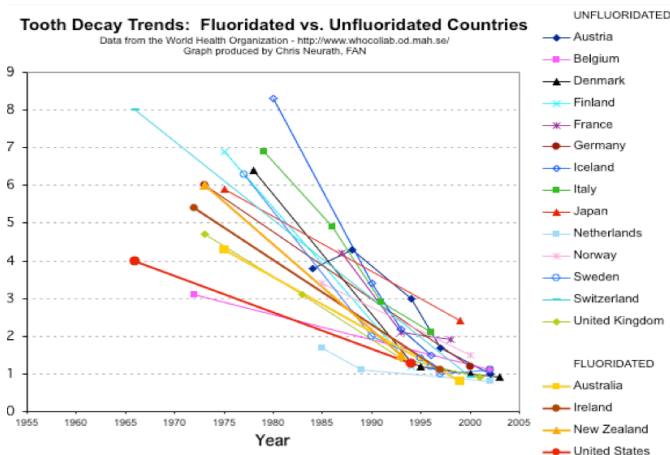
I then ranked all the Washington State Counties based on their reported percentage of the population fluoridated and ranked their rates of decayed, filled surfaces and caries. No matter the access to fluoridation, the caries prevalence is about the same. Having everyone fluoridated would not change the pink line or caries rates.



Is that evidence, “proof?” No, but it raises concern.

What about those countries not fluoridating? Remember, most developed countries do not fluoridate their water and 97% of Europe is without fluoridated water.

Plotting caries prevalence with WHO data over about 30 years, fluoride intake has not made a difference and all countries have reduced their caries prevalence to similar low levels. . . regardless of fluoride intake.



There is no quality published research suggesting increased access to fluoridation reduces oral health disparity. ESSB 5693 did not review safety or efficacy, rather assumed safety and efficacy based in part on claims made by the Department and Board.

I have requested a copy of the Department’s report. The report recruited 122 participants in six counties, a sample size too small to have statistical significance. Dividing the counties into “three buckets.”

The purpose was for marketing and promotion, not evaluation of safety or efficacy to see if those on fluoridated water had better oral health or fewer side effects. The Department just assumed and spent time and money on heirarchical evidence, which is considered a “house of cards.”

Quantitatively: No good results.

Qualitatively: The Department uses words like “most believed” which is not factual. More than 50%? 99%?

And the Department uses a “good number had some degree of opposition.” Again, what does a “good number” actually represent, 5% 95%? True, the study was too small to have significance, but the numbers could have been provided by the Department rather than having the Board “trust”. And similar published research should have been provided for comparison. And the Department chalks up the public’s concern of acceptability of the water to the water quality rather than the public’s concern for the fluoride in the water.

The Department's study does not support a racial health equity problem but an income problem. Lack of income is not just an oral health problem but a health problem. The Board and Department should focus on income rather than CWF.

Lower income communities have both lower quality of health and less fluoridation. But no science is provided to show common cause. Just because two events happen is not proof they are related.

The second conclusion assumes increased fluoridation will in some way reduce inequity of lower income. More fluoridation will not reduce inequality of disease. The Department does not look at benefit or risk, but how to promote policy, i.e. more CWF regardless of benefit or risk.

One of the Department's recommendations is "Community-based education should focus on the value of water fluoridation." Unless the Department and Board base their education on science, the public will only have less trust for authority. The value of CWF must include both efficacy, dosage, known/expected risks, and individual consent. For the Department and Board to repeat "safe and effective" trust us because we are authority, will convince some but harm many.

Over [4,800 medical and scientific professionals](#) have signed a statement in opposition to fluoridation, including both dental (IAOMT.org and IABDM.org) and medical organizations (ICIMED.org). Has the Board invited any of those professionals to speak on the science and ethics?

The Department's waste of tax-payer money and Board time should receive a D- grade.

My request is to have those opposed to fluoridation provide evidence at a Board meeting. At a minimum, the Department and Board will better understand how to respond to the public's concerns.

Sincerely,

Bill Osmunson DDS MPH

From: k mooers
Sent: 1/4/2024 4:20:28 PM
To: DOH WSBOH
Cc:
Subject: Public Comment - Dr Cole and Dr Turner are the BEST!!

External Email

To the board:

I am writing on behalf of Dr Ryan Cole and Dr Michael Turner - these two doctors are the BEST and at 72, and unvaxxed they kept me healthy and never did I get covid. They are brilliant and know medicine, unlike most out there that have been spouting anti-science on the plandemic. They treat patients and save lives. Do nothing to stop their practice. We NEED more like these two docs.

THank you,
Kathy Mooers
Vanc, WA

From: Arne Christensen
Sent: 12/13/2023 2:26:21 PM
To: DOH WSBOH
Cc:
Subject: people don't want what Pfizer is selling

External Email

The health department needs to stop acting as a supplemental marketing subsidiary for the covid products sold by Pfizer and Moderna and Novavax. When Pfizer has to keep reducing revenue expectations for both its vaccines and Paxlovid, that's a clear sign that its products don't work nearly as well as it, and public health officials, want us to believe.

Now, why can't the department leave covid to the history books and focus on preventing drug overdose deaths?

From: Jotform
Sent: 12/22/2023 10:36:45 AM
To: DOH WSBOH
Cc:
Subject: Re: Stop The Child Vaccine Mandate Petition - Theresa Smith

External Email

<<https://cdn.jotform.ms/assets/img/logo2021/jotform-logo.png>>

Stop The Child Vaccine Mandate Petition

Name

Theresa Smith

Email

tasmith55@yahoo.com

Zip

98550

You can edit this submission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fedit%2F579>

and view all your submissions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Ftables%2F2>

easily.

From: Rick North
Sent: 12/20/2023 10:49:36 AM
To: DOH WSBOH
Cc:
Subject: Response to Dept. of Health presentation on water fluoridation



attachments\82886B03ACE64E8B_FAN Fluoride Efficacy Flyer Print FINAL.pdf

External Email

TO: Washington State Board of Health

FROM: Rick North

RE: Response to Dec. 7, 2023 presentation by Department of Health

This statement is in response to the presentation by the Department of Health at your Dec. 7, 2023 meeting that advocated for expansion of water fluoridation.

My background is in non-profit health management. I worked for the American Cancer Society for 21 years, the last five as CEO of the Oregon chapter. Then, before I retired, I worked for seven years as the founder and director of the Oregon Physicians for Social Responsibility's safe food program. For most of my career, I collaborated closely with large groups of physicians, scientists and dentists. I still do, as a volunteer opposing fluoridation.

For most of my life, I supported fluoridation. I trusted without question the CDC and American Dental Association, its two main promoters, and the organizations that accepted their statements on fluoridation's safety. But after I looked at the science, I changed my position. I had misplaced my trust. The issue is so serious that I've worked nationwide on this subject for the past 11 years, putting in thousands of hours researching its science and history.

I found the Dept. of Health's presentation highly one-sided and inaccurate and wish to present information that emphatically contradicts it. I'll concentrate on health risks of fluoridation, responding to this statement from the Power Point:

"After 65 years in service and hundreds of studies it (fluoridation) continues to show its safety."

This is simply not true. Fluoridation has been vigorously contested by scientific and medical professionals – and many dentists – from its inception in the early 1950's. Here are just two examples:

The National Research Council's report Fluoride in Drinking Water

(<https://nap.nationalacademies.org/catalog/11571/fluoride-in-drinking-water-a-scientific-review-of-epas-standards>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnap.nationalacademies.org%2Fcatalog/11571/fluoride-in-drinking-water-a-scientific-review-of-epas-standards&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C9b1e5e0135444557471c08dc018c35a5%7C11d0e>

) is considered the most comprehensive, authoritative resource ever written on the toxicity of ingested fluoride. This 507-page volume, which took three years to complete, was researched and compiled by a blue-ribbon committee of 12 leading scientists. Here are just a few quotes from it:

“. . . it is apparent that fluorides have the ability to interfere with the functions of the brain and the body . . .” (p. 222)

“Fluoride is therefore an endocrine disruptor . . . The chief endocrine effects of fluoride include decreased thyroid function . . .” (pp. 266, 8) (NOTE: Decreased thyroid function – hypothyroidism – afflicts 4% of the population, according to the American Thyroid Association. That means that, if Washington becomes completely fluoridated, 308,000 residents would be in harm's way. Already, at 65% fluoridation, it's a threat to 200,000 Washington residents.)

“Portions of the renal system may therefore be at higher risk of fluoride toxicity than most soft tissues . . . The effect of low doses of fluoride on kidney functions in humans needs to be carefully documented . . .” (p. 303)

Here are just a few quotes from scientists who were on that committee:

Dr. Hardy Limeback, DDS, PhD: “In my opinion, the evidence that fluoridation is more harmful than beneficial is now overwhelming . . .”

(<http://www.offgridaustralia.com/articles/water-fluoridation/statement-water-fluoridation-dr-hardy-limeback-phd-dds>

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.offgridaustralia.com%2Farticles/water-fluoridation%2Fstatement-water-fluoridation-dr-hardy-limeback-phd-dds&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C9b1e5e0135444557471c08dc018c35a5%7C11d0e>

)

Dr. Robert Isaacson, PhD (dec.): “I had no fixed opinion on whether or not fluoride should be added to drinking water . . . The more I learned the more I became convinced that the addition of fluorides to drinking water was, and is, a mistake.”

(http://www.newmediaexplorer.org/chris/Isaacson_My_Fluoride_position2.pdf

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.newmediaexplorer.org%2Fchris/Isaacson_My_Fluoride_position2.pdf

)

Dr. Kathleen Thiessen, PhD: “. . . we’re dealing with uncontrolled and unmonitored exposures to an agent that is known to have adverse effects on humans . . . I think you can look at most chapters of this report and say ‘Whoa.’”

(<http://s4780.sites.pressdns.com/news/fluoride-foes-get-validation/>
<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fs4780.sites.pressdns.com%2Fnews%2Ffoes-get-validation%2F&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C9b1e5e0135444557471c08dc018c35a5>
)

Fluoride in Drinking Water was published in 2006. We’ve had convincing scientific evidence of fluoride’s toxicity for decades. Yet the government has placed no restrictions on it. Allow me to bring you up to date on just one harm – permanent brain damage, causing IQ loss in children:

The National Toxicology Program (NTP) has intensively reviewed the scientific literature on fluoridation’s neurotoxicity. The NTP is the highest-level, most knowledgeable group in the country studying the issue – taking six years to thoroughly analyze the scientific evidence. The latest version of its report documented that 52 out of 55 studies linked higher fluoride with lower IQs in children. Eighteen out of 19 of the highest quality studies found this link, with seven at levels equivalent to fluoridated water.

Quotes from the report

(https://ntp.niehs.nih.gov/sites/default/files/ntp/about_ntp/bsc/2023/fluoride/documents_provided_bsc_w

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fntp.niehs.nih.gov%2Fsites%2Fdef>
) : “The data support a consistent inverse relation between fluoride exposure and children’s IQ . . . Several of the highest quality studies showing lower IQs in children were done in optimally fluoridated (0.7 mg/L) areas in Canada.” (NOTE: This is the same level at which Washington cities fluoridate.)

Many of the latest studies have shown cognitive harm to unborn children through ingestion of fluoridated water by their mothers. Dr. Linda Birnbaum, retired director of the National Toxicology Program and former president of the national Society of Toxicology, said “new evidence suggests that fluoride is toxic to the developing brain at levels routinely found in the general population.” (<https://www.ehn.org/fluoride-and-childrens-health-2648120286.html>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ehn.org%2Ffluoride-and-childrens-health-2648120286.html&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C9b1e5e0135444557471c08dc018c3>
)

Dr. Dimitri Christakis, a Seattle physician and editor of the Journal of the American Medical Association Pediatrics, as quoted from the Washington Post, “I would not have my wife drink fluoridated water if she were pregnant.”

(<https://fluoridealert.org/news/canadian-mother-offspring-iq-study-national-post/>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fnews%2Fcanadian-mother-offspring-iq-study-national->

post%2F&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C9b1e5e0135444557471c08dc018c35a5%7C
)

This is just the tip of the iceberg on the peer-reviewed, published studies documenting health risks from fluoridated water, which has also been linked to diabetes, bone fractures, chemical hypersensitivity, fluorosis and other harmful conditions.

Regarding fluoridation's minimal (if any) effectiveness, I refer you to the Fluoride Action Network's attached one-pager, which is fully referenced. Even if you accepted the CDC's questionable estimate of a 25% cavity reduction, that only equates to half a cavity per child.

But let me be clear. Even if fluoridation was two or three times as effective, it could in no way justify the widespread health risks being inflicted upon us.

As the Washington State Board of Health, I would hope you would require that a substance should be proven safe for everyone before allowing it to be added to drinking water.

It is obvious fluoridation has not been proven safe for everyone. It has not been proven safe for anyone. Contrary to the presentation you heard from the Department of Health, there is compelling scientific evidence it can cause permanent brain damage to children, not to mention links to several other health risks.

Please act as soon as possible to oppose this outdated, dangerous practice.

Please feel free to contact me regarding any questions you may have. I'd also appreciate it if someone would e-mail me back, acknowledging that each member of the Board received this e-mail. Thank you.

Sincerely,

Rick North

Wellesley, MA

503-706-0352

Is Water Fluoridation Effective?

According to most major sources, estimates of fluoridation effectiveness amount to at most a reduction of only one-half cavity per child. Low end estimates find **no significant reduction at all**. Children aged 6-17 average 2.1 cavities in their permanent teeth¹:

- Cochrane Collaboration² (2015): 26% (**0.5 cavity per child**)
- CDC³ (2018): 25% (**0.5 cavity per child**)
- Iowa Fluoride Study⁴ (2018): **No significant reduction**
- World Health Organization data⁵ (2005): **No evidence of fluoridation's effectiveness**



There is already a consensus including CDC, Cochrane Collaboration, the Iowa Fluoride Study and others that fluoride's effectiveness in preventing cavities is mainly topical (not swallowed).

The **Cochrane Collaboration** is considered the gold standard of evaluating effectiveness. It said the cavity reduction referenced above was **“based predominantly on old studies and may not be applicable today.”**

“Over 97% of the 155 studies were at a high risk of bias, which reduces the overall quality of the results... We did not identify any evidence... to determine the effectiveness of water fluoridation for preventing caries in adults... There is insufficient evidence to determine whether water fluoridation results in a change in disparities in caries levels across socio-economic status.”

The **Iowa Fluoride Study (IFS)**, funded by the National Institutes of Health, is the most comprehensive, ongoing research project in the U.S., the only one measuring all sources of fluoride ingestion. The 2018 study from IFS referenced above found no significant correlation between ingested fluoride and cavity reduction, further validating a 2009 study⁶ from IFS that stated:

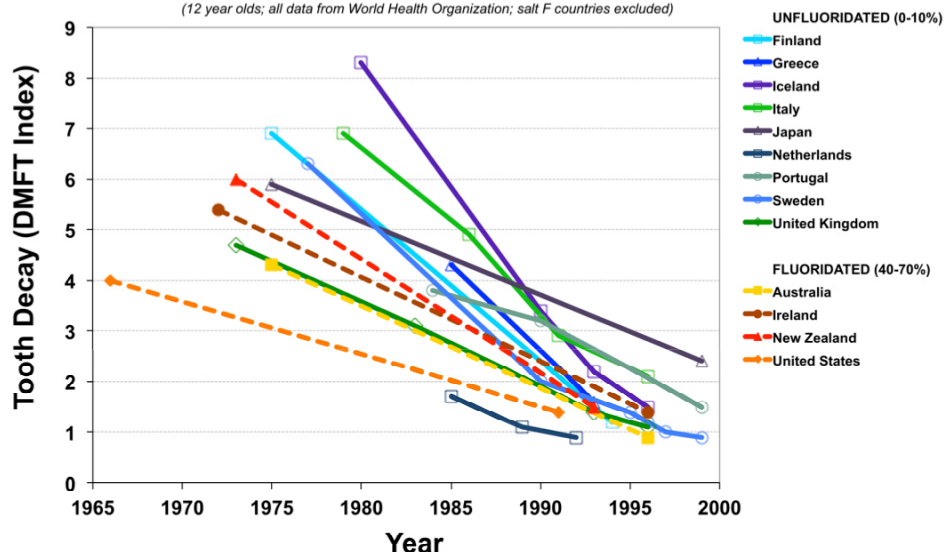
*“... achieving a caries-free status may have relatively little to do with fluoride **intake** (emphasis in the original) ... recommending an ‘optimal’ fluoride intake is problematic.”*

Finally, World Health Organization data show cavity rates in children (age 12) have dropped as much in nations that don't fluoridate (darker solid lines) as in nations that do (red/yellow dotted lines). (See graph)

1. Slade et al, 2018, Journal of Dental Research, <https://www.ncbi.nlm.nih.gov/pubmed/29900806>
2. Cochrane Collaboration, 2015, https://www.cochrane.org/CD010856/ORAL_water-fluoridation-prevent-tooth-decay
3. CDC, 2018, <https://www.cdc.gov/fluoridation/index.html>
4. Curtis et al, 2018, Journal of Public Health Dentistry, <https://www.ncbi.nlm.nih.gov/pubmed/29752831>
5. Neurath, 2005, Fluoride, <http://www.fluorideresearch.org/384/files/384324-325.pdf>
6. Warren et al, 2009, Journal of Public Health Dentistry, <https://www.ncbi.nlm.nih.gov/pubmed/19054310>

**Tooth Decay Trends:
Fluoridated vs. Unfluoridated Countries**

(12 year olds; all data from World Health Organization; salt F countries excluded)



From: Robyn Meenach
Sent: 11/20/2023 11:21:36 PM
To: DOH WSBOH
Cc:
Subject: Communicating With Board Members

External Email

Dr. Lutz,

Happy to give you a tour of the Latah creek watershed anytime. You will not find any CAFOs. With the next significant rain event take a flight over the Puget sound, you can make a difference there. Your position of power helped pass a rule destructive to the health and nutrition of Washington's people.

Hal Meenach

509 434 8472

Sent from Mail

<[https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fgo.microsoft.com%2Ffwlink%2F%2F)
for Windows

From: Kristina Sawyckyj
Sent: 11/21/2023 4:34:40 PM
To: DOH WSBOH,Shabica, Robin E (DOH)
Cc:
Subject: Long wait time for DOH complaints

External Email

Board Members,

I reached out to DOH the end of last year to request that DOH investigate the accommodations provided by a healthcare facility in the state of Washington. My case number is 2022-4785.

I do not hear and I have requested reasonable accommodations for effective communication under the ADA for the Virginia Mason HealthCare Facility 43 times now since 2018. I need captioning. Live real-time captioning for in person provider and groups appointments & captioning enabled online for remote appointments.

Virginia Mason has not provided this. I have pictures and emails requesting captioning.

I am writing the DOH Board because I am concerned about the amount of time a complaint around patient healthcare concerns takes within Washington. While I never expected instantaneous actions, it has been almost a year now.

Without captioning, I was surgically cut into without understanding what was going on in 2021, experienced several medication mistakes because of lack of effective communication. I can not read lips under masks and clear masks block muscle movement around mouths, so I still can not understand the full conversation. I can not participate in mental health services because I do not have captioning.

Please help support investigators so they can get to complaints & concerns in a timely manner. Our lives depend on this.

Slachxizax^ malgakux^

From: bill teachingsmiles.com
Sent: 11/25/2023 9:24:44 AM
To: DOH WSBOH
Cc:
Subject: Public Comment Fluoridation Osmunson 12 23 A



attachments\A1A07B5AE32A45C9_WSBH 12 23 A.pdf

External Email

Washington State Board of Health, Public Comment, December 2023

Please provide a copy of the attached to each Board Member

Thank you,

Bill Osmunson DDS MPH,

Washington State Board of Health, Public Comment, December 2023

Dear Washington State Board of Health and Department of Health (Board),

December 2023 Public Comment

The [Board's website](#), in part, states: "**Access to community water fluoridation benefits the health of everyone: children, adults, and seniors. Recommendation: Expand and maintain access to community water fluoridation.**"

The Board's claim and recommendation lacks current scientific evidence and support, law or logic and for almost two decades the Board has known their claim is harming the public.

Hearing a Board member say, "but we are not supposed to have to review science" makes the term "Board of Health" at best a rubber stamp of industry.

Instead of reviewing the empirical evidence, science, facts, the Board is trusting industry and others. The Board is ignoring and evading the qualified experts with jurisdiction and knowledge on fluoridation, such as:

I. The Washington State Board of Pharmacy. . . . disbanded in part because they agreed with the law and science that fluoride ingested with intent to prevent disease is a prescription drug. Are the Board of Health doctors willing to put your license on the line prescribing the drug for everyone in Washington State without patient consent or being patients of record? That would be unethical. Pharmacists have more training and expertise with toxins, dosage, adverse reactions and inter reactions of toxins than any other licensed profession. You, the Board of Health, do not have publicly released empirical evidence which disagrees with the Board of Pharmacy? The Board of Health is violating science and laws of health.

II. The U.S. Congress which has authorized the Food and Drug Administration Center for Drug Evaluation and Research (FDA CDER) to evaluate substances used with intent to prevent disease and prohibit the EPA from adding anything for the treatment of humans.

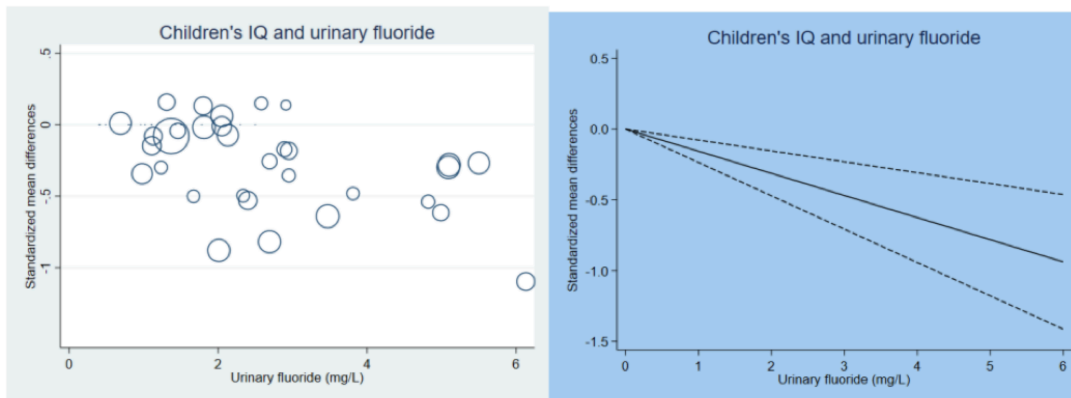
III. The FDA CDER has determined fluoride ingestion lacks evidence of efficacy. And the FDA has given warnings to bottled water manufacturers (not FDA CDER approved) the fluoridated water must not be marketed to those under two years of age. The Board of Health is harming the public by disagreeing with authorized regulatory agencies.

IV. The Environmental Protection Agency scientists finding over two decades ago that fluoridation borders on a criminal Act because of toxicity and lack of current benefit. And the EPA Dose Response Analysis and Relative Source Contribution of 2010 reporting that most or all infants and toddlers are ingesting too much fluoride.

V. The National Research Council 2006 report for the EPA that EPA's Maximum Contaminant Level for fluoride was not protective. That's right, fluoride is a contaminant the Board recommends adding to water.

VI. The National Toxicology Draft Report of 2023 report of 55 human studies, 52 reported IQ loss a 95% consistency. And their meta-analysis reports IQ loss. As urine fluoride concentration increases, IQ decreases.

Urinary Fluoride Exposure



eFigure 18. Pooled Dose-Response Association Between Fluoride in Urine and Standardized Mean Differences in Children's IQ

Left panel: Circles indicate standardized weighted mean differences in individual studies; size of bubbles is proportional to precision (inverse of variance) of the standardized mean differences. Right panel: Urinary fluoride levels were modeled with a linear random-effects model (solid line). Dashed lines represent the 95 % confidence intervals for the linear model. Please see eTable 2 for characteristics of the studies included in the *dose-response meta-analysis* (studies with urinary fluoride exposure and at least two exposure levels).

Not everyone has the same sensitivity to drugs/toxins or the same health or the same ability to handle drugs/toxins. Some individuals have much more IQ loss with fluoridation and some were probably unaffected. The mean is not protective or representative of each individual. The Board must protect everyone, not just the healthiest and wealthiest, or even like the EPA only consider up to the 90th percentile.

VII. Only one RCT (randomized controlled trial) and no meta-analysis of fluoride's alleged benefit from ingestion has been published. And the one published RCT reported no statistical benefit from ingesting the fluoride. That's right. NO, NONE, ZERO quality studies reporting dental benefit of fluoride ingestion. Ecological studies of fluoridation are problematic with many flaws. No wonder the FDA said the evidence of efficacy is incomplete.

VIII. The lack of mechanism of action. Fluoride cannot go from the blood to the tooth pulp chamber through the calcium rich dentin and enamel to the outside of the tooth where the dental caries are forming and active. Fluoride during swallowing of water is short term and little gets to the lower teeth. The slight increase of fluoride in saliva with water at 0.7 ppm is too dilute to have a caries mitigating effect. Research has not reported a benefit a significant therapeutic effect at 700 ppm let alone 0.7 ppm when drinking water.

IX. 97% of Europe does not fluoridate their water. And their dental caries are at a similar rate as fluoridated communities and those states which do not fluoridate their water or least fluoridated.

The Board appears to trust industry who profit from the sales of fluoride. We dentists make a great deal of money selling fluoride. . . topical which has good evidence of efficacy. Raising alarms of fluoride toxicity will reduce our income.

The Board appears to trust the CDC dental division who are in lockstep with industry and politics, not scientific facts. The CDC does not determine either the efficacy, dosage or safety of any drugs. Congress charged the FDA CDER with that job.

The Board appears to trust the US Public Health Service who are soldiers marching to the orders of politicians and industry. The USPHS has no Congressional authority to approve the safety, dosage or efficacy of any drugs and fails to review the scientific evidence.

The Board appears to trust public health reviews of fluoridation from like-minded believers rather than digging deep into the science and considering the empirical evidence of efficacy, dosage, safety and ethics of mass medication of fluoride to everyone regardless of health, age, or choice.

The Board must not wash their hands thinking that the voters approved fluoridation from now through eternity regardless of any new science.

Once again, I am calling for the Board to remove their false and knowing misrepresentation of the facts, fake science, lies, from their web page. If that is not immediately done to start protecting the public, Board members must resign.

Bill Osmunson DDS MPH

From: Jotform
Sent: 12/22/2023 10:39:30 AM
To: DOH WSBOH
Cc:
Subject: Re: Stop The Child Vaccine Mandate Petition - Theresa Smith

External Email

<<https://cdn.jotform.ms/assets/img/logo2021/jotform-logo.png>>

Stop The Child Vaccine Mandate Petition

Name

Theresa Smith

Email

tasmith55@yahoo.com

Zip

98550

You can edit this submission

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Fedit%2F579>

and view all your submissions

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jotform.com%2Ftables%2F2>

easily.

From: Arne Christensen
Sent: 11/21/2023 9:54:46 AM
To: DOH WSBOH
Cc:
Subject: science and credibility

External Email

I will not pay heed to what the Health Department says about covid until Chief Science Officer Tao Shen Kwan-Gett figures out that masks don't stop respiratory viruses, and stops talking about his personal opinions and "confidence" in regard to the covid vaccines and instead discusses precise data from studies of the vaccines. Also, until he stops referring to the non-existent "COVID-19 vaccine." It is not a single vaccine; they are multiple vaccines. Has he forgotten about Moderna and Novavax, and all the other covid vaccines that aren't made by Pfizer?

You people are supposedly experts who can guide us. When the Department can't even communicate intelligibly, it's asking to be ignored.

From: SCOTT SHOCK

Sent: 1/4/2024 1:12:28 AM

To: DOH Secretary's Office,DOH Office of the Chief of Staff,DOH Office of Innovation and Technology,DOH Office of Prevention Safety and Health,DOH Office of Strategic Partnerships,DOH Office of Health and Science,DOH Office of Public Affairs and Equity,DOH OS Executive Office of Policy Planning and Evaluation,DOH Office of Resilience and Health Security,DOH WSBOH,AGOOmbuds@atg.wa.gov,Ferguson, Bob (ATG)

Cc:

Subject: Florida State Surgeon General Calls for Halt to the Use of COVID-19 mRNA Vaccines



attachments\2E3938F0C603486B_image.png

External Email

Dear WSDOH and WSBOH Members, and Attorney General's Office,

The Florida State Surgeon General has been a leader in protecting the people of his state against the unsafe mRNA COVID vaccinations. What actions are the WSDOH, WSBOH, and WA AG taking to protect the people of Washington State against these unsafe products, and to gain justice for those injured by these products (including members of my family)? I look forward to your responses.

Scott Shock
Seattle

Joseph A. Ladapo, MD, PhD on X: "I am calling for a halt to the use of mRNA COVID-19 vaccines. <https://t.co/olg8VTh6gB>" / X (twitter.com)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftwitter.com%2FFLSurgeonGen%2>

Florida State Surgeon General

Calls for Halt in the Use of

COVID-19 mRNA Vaccines

Tallahassee, Fla. – On December 6, 2023, State Surgeon General Dr. Joseph A. Ladapo sent a letter

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.floridahealth.gov%2Fabout%2F06-2023-DOH-Letter-to-FDA-RFI-on-COVID-19-Vaccines.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40s

to the United States Food and Drug Administration (FDA) Commissioner Dr. Robert M. Califf and Center for Disease Control and Prevention (CDC) Director Dr. Mandy Cohen regarding questions pertaining to the safety assessments and the discovery

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fosf.io%2Fpreprints%2Fosf%2Fmjm>
of billions of DNA fragments per dose of the Pfizer and Moderna COVID-19 mRNA vaccines.

The Surgeon General outlined concerns regarding nucleic acid contaminants in the approved Pfizer and Moderna COVID-19 mRNA vaccines, particularly in the presence of lipid nanoparticle complexes, and Simian Virus 40 (SV40) promoter/enhancer DNA. Lipid nanoparticles are an efficient vehicle for delivery of the mRNA in the COVID-19 vaccines

into human cells and may therefore be an equally efficient vehicle for delivering contaminant DNA into human cells. The presence of SV40 promoter/enhancer DNA may also pose a unique and heightened risk of DNA integration into human cells.

In 2007, the FDA published guidance on regulatory limits for DNA vaccines in the Guidance for Industry: Considerations for Plasmid DNA Vaccines for Infectious Disease Indications (Guidance for Industry)

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667>
. In this Guidance for Industry, the FDA outlines important considerations for vaccines that use novel methods of delivery regarding DNA integration, specifically:

- * DNA integration could theoretically impact a human's oncogenes – the genes which can transform a healthy cell into a cancerous cell.
- * DNA integration may result in chromosomal instability.
- * The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site.

On December 14, 2023, the FDA provided a written response providing no evidence that DNA integration assessments have been conducted to address risks outlined by the FDA <<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F73667> themselves in 2007. Based on the FDA's recognition of unique risks posed by DNA integration, the efficacy of the COVID-19 mRNA vaccine's lipid nanoparticle delivery system, and the presence of DNA fragments in these vaccines, it is essential to human health to assess the risks of contaminant DNA integration into human DNA. The FDA has provided no evidence that these risks have been assessed to ensure safety. As such, Florida State Surgeon General Dr. Joseph A. Ladapo has released the following statement:

"The FDA's response does not provide data or evidence that the DNA integration assessments they recommended themselves have been performed. Instead, they pointed to genotoxicity studies – which are inadequate assessments for DNA integration risk. In addition, they obfuscated the difference between the SV40 promoter/enhancer and SV40 proteins, two elements that are distinct.

DNA integration poses a unique and elevated risk to human health and to the integrity of the human genome, including the risk that DNA integrated into sperm or egg gametes could be passed onto offspring of mRNA COVID-19 vaccine recipients. If the risks of DNA integration have not been assessed for mRNA COVID-19 vaccines, these vaccines are not appropriate for use in human beings.

Providers concerned about patient health risks associated with COVID-19 should prioritize patient access to non-mRNA COVID-19 vaccines and treatment. It is my hope that, in regard to COVID-19, the FDA will one day seriously consider its regulatory responsibility to protect human health, including the integrity of the human genome."

In the spirit of transparency and scientific integrity, State Surgeon General Dr. Joseph A. Ladapo will continue to assess research surrounding these risks and provide updates to Floridians.

On September 13, 2023, State Surgeon General Dr. Joseph A. Ladapo provided guidance <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffloridahealthcovid19.gov%2Fwp-content%2Fuploads%2F2023%2F09%2F20230913-booster-guidance-final.pdf%3Futm_medium%3Demail%26utm_source%3Dgovdelivery&data=05%7C02%7Cwsboh%40sbh

against COVID-19 boosters for individuals under 65 and younger. In addition to aforementioned concerns, providers and patients should be aware of outstanding safety and efficacy concerns outlined in the State Surgeon General's previous booster guidance released in September.

From: Tom Hickey
Sent: 1/4/2024 10:40:14 AM
To: DOH WSBOH
Cc:
Subject: Cowlitz County Board of Health



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External Email

Dear Washington State Board of Health members,

At the November meeting of the Cowlitz County Board of Health, State of Washington, the Chairman, Kelly Lane, reported VAERS Data indicating that over 220 people in Washington state have died from Covid vaccines they received the past 3 years.

I don't believe the statement Mr Lane made is true. But this is being reported by the Chair of the Board of Health. He did not indicate that VAERS reporting of adverse events (including death) associated with a vaccine should never be used as evidence that the vaccine caused the death (per the VAERS website and the attestation everyone who wishes to access the data , must view and acknowledge)

The Cowlitz County Board of Health meetings are recorded audiovisual. I have provided a link below to the recording of the November board meeting. I request that you view this recording, specifically during the time from 11:06-12:59 when Mr Lane states :

"as per statistics last night pulled from VAERS system, there are lots of parameters, two stuck out, over last 3 years , 318 people died from vaccine, 222 of them from Covid (67% of total deaths). There is a problem with the vaccine, we need to inform public."

This statement does not seem accurate. The VAERS website makes everyone attest that they understand that a report of an adverse event experienced after a vaccine (including death) does not indicate or prove causation.

Can you please answer the following questions:

-Have there been 222 reported deaths in Washington state that happened after a covid vaccine past 3 years?

-Is it true that CDC/FDA and /or Washington State Board of Health has verified that those deaths were due to the Covid vaccine?

-Have you investigated each case?

-How many of the deaths were actually determined to be due to the vaccine?

-I was able to find from CDC website that 9 people died nationally from covid vaccine (specifically Johnson and Johnson) and that because of those deaths (and other adverse events) the emergency use authorization for the Johnson and Johnson vaccine was removed and that vaccine is no longer being used. Is that correct?

-I was unclear from CDC website how dangerous Pfizer and Moderna vaccines are, but I think the CDC is stating that no one has been confirmed to have died from those vaccines. Is that correct?

I believe the citizens of Cowlitz County deserve to know the actual facts.

I believe the statements made by Mr. Lane, Chair of the Board of Health of Cowlitz County WA , if untrue, are unethical, and perhaps illegal.

It is my understanding that the County Boards of Health in Washington State are , by law-RCW, required to promote public health and work under the jurisdiction of the State Board of Health.

Please take action to insist that the Cowlitz County Board of Health follow the law, report data accurately and consistent with good public health and follow the line.

Mr. Lane should be forced to redact that inaccurate statement attributing all deaths reported to VAERS after Covid vaccines as being due to the vaccine.

Please take this matter seriously, listen to the recording particularly from minute 11:00-13:00 and let me know your conclusions.

Sincerely,

Tom Hickey
409 S. Dubois Rd
Ariel WA 98603

Phone 503 975-0286.

I have attached a link to the public audiovisual recording of the meeting of the Cowlitz County Board of Health below

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

cowlitzinfo.net

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

From: Trena Younce
Sent: 12/16/2023 4:50:57 PM
To: DOH WSBOH
Cc:
Subject: 970FA71F-23CA-4E01-9ACE-E331074B09BA

External Email

I have been set up by a healthcare professional in Washington state and not for the first time to look manually unstable. The first time while living in Delta Junction Alaska by the Younce family

Again in 2017 while living in Willamina Oregon
Mary Susan Howell also has been known to try it a million times in Wrangell Alaska

I used to carry a copy of my personal bill of rights and my most current successful fasfa application to prove to Sue Howell (Nikodym-Nelson) and Joseph Neil Smith that I am mentally stable and deserve to have personal rights intact.
Alice Rooney in Wrangell is the only social worker that I have ever dealt with and only as a juvenile

If anyone else claims me as a patient I would like to have them investigated and complaints lodged. The Molloy clinic in Willamina Oregon used to send annual photos to the office of the ombudsman in Oregon. The ankle monitor he gave me as his family member is not on my person.

0 1 15 76 24 47 6
Sent from my iPhone

From: bill teachingsmiles.com
Sent: 12/25/2023 12:50:22 PM
To: DOH WSBOH
Cc:
Subject: The Board appears complicit, violating laws



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External Email

Public comment, December 25, 2023. . . Happy Holidays.

To: The Washington State Board of Health

Presented by Bill Osmunson DDS MPH

The December 7, 2023 Board meeting provided a Department presentation to the Board regarding Oral Health, essentially public perception of fluoridation. Without surprise, the report found most in some areas do not trust the Board or Department. Trying to convince the public to harm themselves is not going to be easy. You will need lots of money to market the lies.

The Department defers to the Board, caving truth to power. Maybe the Department employees would end up like the Washington State Board of Pharmacy if they disagreed with the Board.

The Board appears complicit, an accomplice (certainly an accessory), aiding and abetting fluoridation of public water which is a violation of the Safe Drinking Water Act, Food Drug and Cosmetic Act, unethical and harming most of the public.

EPA - - Too Much Fluoride: The Board trusts the dental lobby rather than the EPA who provided the science (along with empirical evidence in 2010 DRA and RSC) that most children are ingesting too much fluoride during at least part of their lives. The Safe Drinking Water Act prohibits the the EPA from adding anything to the public water which is intended to treat humans. Like the Board, the EPA tries to claim others are

responsible. Just like Donald Trump did not storm the Capital on January 6. However, many of us agree he, as an authority, was complicit in insurrection.

When authorities recommend an action, they cannot claim innocence when the action is found to be illegal. Especially when they have the science, laws, and ethics showing they are harming the public. We can give space for good intentions and ignorance, but dentistry, public health and the Board have the science and now have no excuse.

FDA - - Illegal Drug: The Department trusts endorsements and the dental lobby rather than Congress (FD&C Act), RCW (Washington State Law), the FDA CDER and/or Washington State Board of Pharmacy that fluoride with intent to prevent disease is a drug, prescription drug, unapproved and therefore illegal drug. Why has the FDA CDER not approved fluoride ingestion with intent to prevent dental caries? Why? Ask yourself why? One reason is the Board has never asked the FDA CDER for approval. And the FDA has determined the evidence of efficacy is incomplete (regardless of dosage). The Board would need to show science of efficacy and they cannot to the satisfaction of the FDA CDER.

FDA - - Fluoride Toothpaste A Legal Approved Drug: The Department failed to mention the toothpaste label says "Do Not Swallow" which refers to a quarter milligram of fluoride, the same as each glass of Seattle water.

The Board forces me to ingest in each glass of water the same amount as the FDA CDER warns "Do Not Swallow." Processed foods, unlabeled often contain fluoridated water.

The Board does not provide a label for the fluoridation drug. How much is too much? If a person is swallowing toothpaste or exposed to more fluoride in other sources, how does the Board or patient know how much they are ingesting? The Board simply implies safe and effective at any and all doses.

Quality Research: The Department failed to mention no Phase II or Phase III trials have been published and arguably no Phase I trials showing efficacy. Only one randomized controlled trial has been published and it did not have statistical significance. Fluoridation has not even been approved by the FDA CDER as an experimental drug.

Mechanism of Action: The Department failed to mention research has not found a mechanism for ingested fluoride to get to the the surface of the tooth in therapeutic doses.

The Board's evidence is attempting to tell the public, other than teeth with dental fluorosis, no other cells of the body are harmed. That is a preposterous implausibility. No reasonable scientist would accept such a wild claim. . . unless they were the dental lobby.

For example, the Board's fluoridation is causing premature cell death (apoptosis).

Mitochondria

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F295>

-Mediated Pathway Regulates C2C12 Cell Apoptosis Induced by

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F295>

Fluoride

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<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F295>

Fluoride

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F362>

Exposure Provokes

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F362>

Mitochondria

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F362>

-Mediated Apoptosis and Increases Mitophagy in Osteocytes via Increasing ROS

Production.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F362>

Toxic effects of

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F294>

fluoride

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F294>

on organisms.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpubmed.ncbi.nlm.nih.gov%2F294>

There are hundreds of studies with similar results: fluoride ingested causes cell death.

Yet the Board blindly trusts the dental lobby and endorsements that ingesting fluoride is safe. Let me explain. Most people would not go to their dentist for brain surgery or to diagnose brain or cellular damage, but the Board goes to the dentists (dental lobby) to

do precisely that.

HHS NTP: The Department trusts the Board and dental lobby rather than the National Toxicology Program who's meta-analysis determined about 3 IQ loss for those in fluoridated communities. Of course some are harmed more and others less.

0.7 ppm vs 1.2 ppm: Most research on fluoridation is historic at 1.2 ppm. Neither the Department nor the Board has given scientific evidence, nor has the dental lobby given evidence that fluoridation at 0.7 ppm is actually reducing dental caries. Historical studies, although low quality, were at higher doses of fluoride than current fluoridation.

Neither the public nor the Board should trust the Department to provide a balanced scientific position on fluoridation. They cannot speak truth to power.

While the science is reporting fluoridation is not safe or even effective, the Board continues to declare fluoridation safe without exception. Anyone with horse sense or reads some science knows there is no highly toxic poison, prescription drug, unapproved FDA CDER drug, which is safe for everyone at any dosage. When the FDA CDER says "Do Not Swallow" fluoride, the same amount the Board recommends in each glass of water, the public has good reason not to trust the Board. The Board has and is harming the developing brain of millions.

Yet the Department has spent hard earned taxpayer money trying to find out what percentage of the public does not believe the Board. How stupid can we in public health be? The public does not believe us because the science does not support us and we fail to read the science. And when we are this anti-science with an unapproved toxic poison, why should the public trust us on anything else such as global warming, nutrition, vaccinations, or sanitation.

The Board must stop protecting policy and start protecting the public by reading the science, laws and ethics, rather than trying to figure out how we can fool the public with our lies.

Friends, you can't keep pushing an illegal drug on everyone without their consent and expect the public to believe and respect us. The ethics is barbaric. The attempt to keep the public away from the science is reminiscent of the dark ages.

When the mitochondria, the "power house of the cell" is harmed and cells are dying, we cannot continue to say fluoridation is either safe or effective.

Please change your web page or delete it.

Bill Osmunson DDS MPH

Public comment, December 25, 2023. . . Happy Holidays.

To: The Washington State Board of Health

Presented by Bill Osmunson DDS MPH

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[Toxic effects of fluoride on organisms.](#)

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0.7 ppm vs 1.2 ppm: Most research on fluoridation is historic at 1.2 ppm. Neither the Department nor the Board has given scientific evidence, nor has the dental lobby given evidence that fluoridation at 0.7 ppm is actually reducing dental caries. Historical studies, although low quality, were at higher doses of fluoride than current fluoridation.

Neither the public nor the Board should trust the Department to provide a balanced scientific position on fluoridation. They cannot speak truth to power.

While the science is reporting fluoridation is not safe or even effective, the Board continues to declare fluoridation safe without exception. Anyone with horse sense or reads some science knows there is no highly toxic poison, prescription drug, unapproved FDA CDER drug, which is safe for everyone at any dosage. When the FDA CDER says “Do Not Swallow” fluoride, the same amount the Board recommends in each glass of water, the public has good reason not to trust the Board. The Board has and is harming the developing brain of millions.

Yet the Department has spent hard earned taxpayer money trying to find out what percentage of the public does not believe the Board. How stupid can we in public health be? The public does not believe us because the science does not support us and we fail to read the science. And when we are this anti-science with an unapproved toxic poison, why should the public trust us on anything else such as global warming, nutrition, vaccinations, or sanitation.

The Board must stop protecting policy and start protecting the public by reading the science, laws and ethics, rather than trying to figure out how we can fool the public with our lies.

Friends, you can't keep pushing an illegal drug on everyone without their consent and expect the public to believe and respect us. The ethics is barbaric. The attempt to keep the public away from the science is reminiscent of the dark ages.

When the mitochondria, the “power house of the cell” is harmed and cells are dying, we cannot continue to say fluoridation is either safe or effective.

Please change your web page or delete it.

Bill Osmunson DDS MPH

From: bill teachingsmiles.com
Sent: 12/19/2023 1:00:52 PM
To: DOH WSBOH
Subject: Public Comment: Fluoride exposure

External Email

Dear Board of Health Director and Members:

What does the (Centers for Disease Control) and National Sanitation Foundation(NSF) really believe about the safety of fluoridation under sworn testimony in court?

CDC could not cite evidence of efficacy and NSF has done no testing on the developmental neurotoxicity of fluoride.

What does the National Toxicology Program say about fluoride exposure?:

“Our meta-analysis confirms results of previous meta-analyses and extends them by including newer, more precise studies with individual-level exposure measures. The data support a consistent inverse association between fluoride exposure and children’s IQ.”

AND

[R]esearch on other neurotoxicants has shown that subtle shifts in IQ at the population level can have a profound impact on the number of people who fall within the high and low ranges of the population’s IQ distribution. For example, a 5-point decrease in a population’s IQ would nearly double the number of people classified as intellectually disabled.”

When an unnamed reviewer of the NTP report said the results do not apply to water with fluoride concentrations below 1.5 mg/L, the NTP responded:

"We do not agree with this comment . . . our assessment considers fluoride 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."

A common attempt to confuse the listener is for promoters to attempt to talk only about the fluoride in water and rather than "TOTAL EXPOSURE". No one ingests fluoride from only water. Do not let promoters of fluoride confuse the Board.

The Board of Health is the ultimate authority of Health in Washington State. The Board claims fluoridation is safe and effective, regardless of total water consumed or other sources and provides no label for this legend drug.

CDC: Oral Health Director under oath said he was unable to cite studies showing fluoride is effective when swallowed.

There is only one randomized controlled trial on fluoride's alleged benefit and it did not have statistical significance. He could not cite the highest quality studies because no RCT study exist which reports benefit.

NIH: The National Institute of Health has funded 10 studies on fluoride's harm to the developing brain and all have reported harm.

NTP: The National Toxicology program included 55 human studies on fluoride's developmental neurotoxicity and 52 reported harm to the developing brain, a 95% consistency.

Ignoring science, the Board of Health continues to promote the legend drug at any dosage, without any label, to everyone regardless of their health or age.

My request is for the Board of Health to stop promoting fluoridation on your web site.

Sincerely,

Bill Osmunson DDS MPH

December 7, 2023, Washington State Board of Health Meeting regarding the Department of Health's Oral Health presentation by Shelley Guinn. Shelley.Guinn@doh.wa.gov

Comments by Bill Osmunson DDS MPH

Omissions and Factual Errors of the Departments Presentation

But first an essential, a must watch short 6 minute [video by Dr Birnboum](#) Ph.D., D.A.B.T., A.T.S., a microbiologist and board-certified toxicologist. She was director of the National Institute of Environmental Health Sciences (NIEHS) of the National Institutes of Health (NIH), and director of the National Toxicology Program (NTP) from 2009 to 2019.

Prior to her appointment as NIEHS and NTP director in 2009, she spent 19 years at the U.S. Environmental Protection Agency (EPA), where she directed the largest division focusing on environmental health research. Birnbaum started her federal career with 10 years at NIEHS, first as a senior staff fellow in the National Toxicology Program, then as a principal investigator and research microbiologist, and finally as a group leader for the institute's Chemical Disposition Group.

She was an adjunct professor in the Gillings School of Global Public Health and the Department of Environmental Sciences and Engineering at the University of North Carolina at Chapel Hill, as well as in the Integrated Toxicology and Environmental Health Program at Duke University. Dr. Birnbaum was vice president of the International Union of Toxicology, the umbrella organization for toxicology societies in more than 50 countries; former president of the Society of Toxicology, the largest professional organization of toxicologists in the world; and former chair of the Division of Toxicology at the American Society for Pharmacology and Experimental Therapeutics.

She is the author of more than 700 peer-reviewed publications, book chapters, and reports. Birnbaum's research focused on the pharmacokinetic behavior of environmental chemicals, mechanisms of action of toxicants including endocrine disruption, and linking of real-world exposures to health effects.

Dr. Birnbaum has won numerous awards for her work, including being elected to the Institute of Medicine of the National Academies, one of the highest honors in the fields of medicine and health. She was also elected to the Collegium Ramazzini, has two NIH Director's Award, a Women in Toxicology Elsevier Mentoring Award, an EPA Health Science Achievement Award, an American Public Health Association Homer N. Calver Award, a Children's Environmental Health Network Child Health Advocate Award, a Surgeon General's Medallion, and 14 Scientific and Technological Achievement Awards, which reflected the recommendations of EPA's external Science Advisory Board, for specific publications.

Birnbaum is now a Special Volunteer at NIEHS, and conducts research as part of the Mechanistic Toxicology Branch, and is a scholar in residence at Duke University's Nicholas School of the Environment.

During Dr. Birnbaum's tenure at NIEHS and NTP, the Fluoride Action Network was regularly submitting and communicating concerns about fluoride neurotoxicity with her agency and office. In 2020, Dr. Birnbaum joined award-winning researchers Christine Till, Ph.D., and Bruce Lanphear, M.D., MPH, in writing [an OpEd](#) highlighting mounting evidence showing that fluoride is likely impairing brain development and reducing kids' IQ. The video below was recorded during a public Zoom presentation that Dr. Birnbaum made to environmental advocates about her life and her work as part of a webinar series hosted by *The Center for Health, Environment, and Justice*.

Specifically to the Department's presentation at the Board meeting today.

#1. No science on efficacy or safety was presented or discussed. The "elephant in the room" is the silence, lack of science or even comment on efficacy and safety. No Board member asked any question on efficacy and safety. All assumed the rumor is correct or were to scared to speak up. All empirical evidence on efficacy and safety was omitted. The Department assumes fluoridation is safe and effective and the Board promotes the assumption. God forbid the Department would raise concerns on the Board's position.

#2. Cherry-pick the members of a committee or presentation and the results are a foregone conclusion. The Board did not have any opposing voices or presentation of empirical evidence. The Board is listening to the Choir. Suppose, for example, we asked all the Chevy dealers which truck is the best. The answer is a forgone conclusion based on our sampling.

I am requesting equal time for Dr. Birnboum, myself, and/or other experts who have carefully evaluated the "other" side of CWF, to review for the Board some of the risks and lack of benefit of ingesting fluoride.

The Board loses credibility when they refuse to consider all sides of a controversy, especially forced mandated unapproved illegal prescription drug.

The Department provides 5 references to themselves.

#3. The Department has and is spending significant public resources on the public's opinion of fluoridation. Those in the public who read research or critically listen to the Department's presentation will lose trust in the Board and Department. When the FDA says, "Do Not Swallow" and the Board recommends the same amount of fluoride in each glass of CWF, the public simply must not trust the Board.

#4. The Department's survey of public opinion has the intent of how to market policy and opinion rather than supporting policy with good empirical factual evidence, because there is little good research.

#5. Carefully presented conclusions were not presented with factual evidence.

#6. Regarding the **Washington State Oral Health Equity Assessment**.

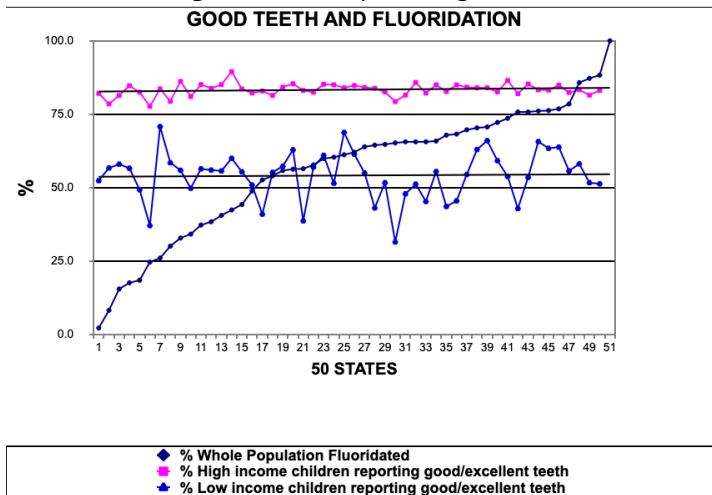
The CDC Oral Health Division funded a Cochrane evaluation¹ of the best fluoridation efficacy research at the time. They did not evaluate risks or harm. One pertinent conclusion included:

¹ heozor-Ejiofor Z, Worthington HV, Walsh T, O'Malley L, Clarkson JE, Macey R, Alam R, Tugwell P, Welch V, Glenny A, Water fluoridation to prevent tooth decay, Cochrane Review, June 18, 2015.

“There was insufficient information available to find out whether the introduction of a water fluoridation programme changed existing differences in tooth decay across socioeconomic groups.”

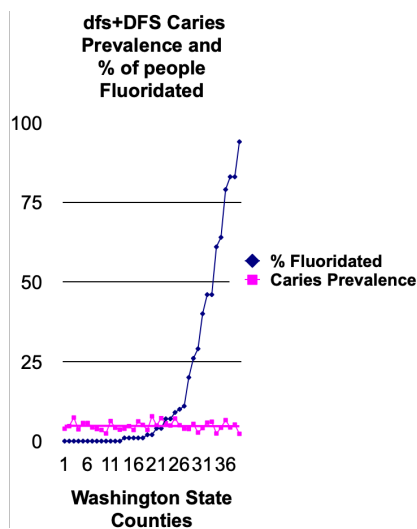
That is essentially an answer to the Department’s survey and the answer was published 7 years ago. Tax-payers could have saved money if the Department simply read the published literature.

Years ago, I plotted the USA states on percentage of their whole population fluoridated and ranked low and high income reported good to excellent teeth.



The rich have better oral health than the poor, but fluoridation has no common cause.

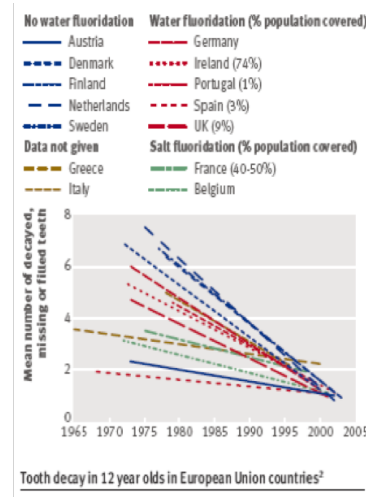
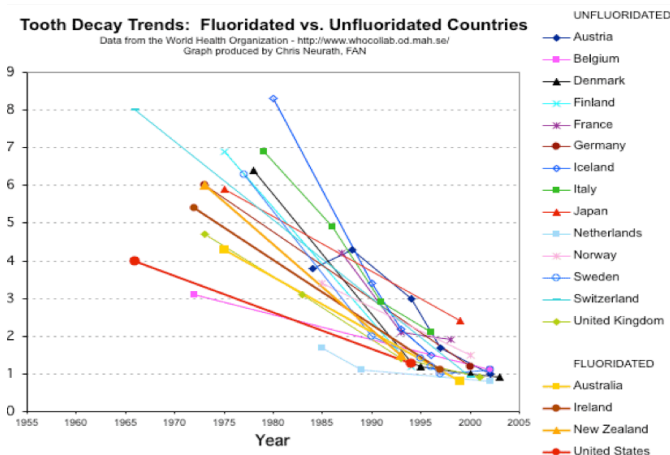
I then ranked all the Washington State Counties based on their reported percentage of the population fluoridated and ranked their rates of decayed, filled surfaces and caries. No matter the access to fluoridation, the caries prevalence is about the same. Having everyone fluoridated would not change the pink line or caries rates.



Is that evidence, “proof?” No, but it raises concern.

What about those countries not fluoridating? Remember, most developed countries do not fluoridate their water and 97% of Europe is without fluoridated water.

Plotting caries prevalence with WHO data over about 30 years, fluoride intake has not made a difference and all countries have reduced their caries prevalence to similar low levels. . . regardless of fluoride intake.



There is no quality published research suggesting increased access to fluoridation reduces oral health disparity. ESSB 5693 did not review safety or efficacy, rather assumed safety and efficacy based in part on claims made by the Department and Board.

I have requested a copy of the Department’s report. The report recruited 122 participants in six counties, a sample size too small to have statistical significance. Dividing the counties into “three buckets.”

The purpose was for marketing and promotion, not evaluation of safety or efficacy to see if those on fluoridated water had better oral health or fewer side effects. The Department just assumed and spent time and money on heirarchical evidence, which is considered a “house of cards.”

Quantitatively: No good results.

Qualitatively: The Department uses words like “most believed” which is not factual. More than 50%? 99%?

And the Department uses a “good number had some degree of opposition.” Again, what does a “good number” actually represent, 5% 95%? True, the study was too small to have significance, but the numbers could have been provided by the Department rather than having the Board “trust”. And similar published research should have been provided for comparison. And the Department chalks up the public’s concern of acceptability of the water to the water quality rather than the public’s concern for the fluoride in the water.

The Department's study does not support a racial health equity problem but an income problem. Lack of income is not just an oral health problem but a health problem. The Board and Department should focus on income rather than CWF.

Lower income communities have both lower quality of health and less fluoridation. But no science is provided to show common cause. Just because two events happen is not proof they are related.

The second conclusion assumes increased fluoridation will in some way reduce inequity of lower income. More fluoridation will not reduce inequality of disease. The Department does not look at benefit or risk, but how to promote policy, i.e. more CWF regardless of benefit or risk.

One of the Department's recommendations is "Community-based education should focus on the value of water fluoridation." Unless the Department and Board base their education on science, the public will only have less trust for authority. The value of CWF must include both efficacy, dosage, known/expected risks, and individual consent. For the Department and Board to repeat "safe and effective" trust us because we are authority, will convince some but harm many.

Over [4,800 medical and scientific professionals](#) have signed a statement in opposition to fluoridation, including both dental (IAOMT.org and IABDM.org) and medical organizations (ICIMED.org). Has the Board invited any of those professionals to speak on the science and ethics?

The Department's waste of tax-payer money and Board time should receive a D- grade.

My request is to have those opposed to fluoridation provide evidence at a Board meeting. At a minimum, the Department and Board will better understand how to respond to the public's concerns.

Sincerely,

Bill Osmunson DDS MPH