WSBH Petition #22. November 24, 2024

Washington State Board of Health

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Petitioners: Washington Action for Safe Water and Bill Osmunson DDS MPH

Dear Washington State Board of Health

Consistent with health and safety issues in Title 246, Title 173, Title 296, WAC 173-340, and WAC 296-62-07521; this petition is made in compliance with RCW 34.05.330 and WAC Chapter 82-05.

This petition is for amendment to WAC 246-290-220

"(8) In keeping with the Federal Safe Drinking Water Act S.433 and the Food Drug and Cosmetic Act, Title 21, the Board of Health does not recommend any substance be added to water with intent to treat humans, unrelated to treatment of water as defined in RCW 18.64.011(14)(15) or 21 U.S. Code § 321(g)(1), unless approved by the Food and Drug Administration in compliance with the U. S. Food, Drug and Cosmetic Act. This recommendation does not apply to substances added to water to make water safer as determined by the U.S. Environmental Protection Administration in compliance with the Safe Drinking Water Act."

With this 22nd petition for rule making which follows 21 others over 14 years, this current Board appears to be having a hard time understanding what previous Boards came to slowly realize, that water is different than humans. Water (H_2O) is what humans drink. Different agencies regulate water than regulate drugs intended to treat humans or animals.
Congress gave jurisdiction over the treatment of water to the EPA. (SDWA)
Congress gave jurisdiction over the treatment of humans to the FDA. (FD&C Act)

If the Board intends to treat water, consult the EPA, not the FDA. And if the Board intends to treat humans, go to the FDA and not the EPA. The Department and Board said they relied on known National entities and we list here National, state and international entities in support of our petition.

Previous scientific, legal and ethical evidence submitted to the Board in the past 21 Petitions for rule change must be included with this petition. The Department has those on file. In addition, a powerpoint presentation with audio was prepared for the Board for review: https://www.youtube.com/watch?v=d7DA02SNd5M

The Surgeon General of Florida, Dr. Joseph Ladapo, advised all cities and counties statewide to stop adding fluoride to drinking water. According to Fox 13 News, Dr. Ladapo is quoted as saying *"It is public health malpractice with the information that we have now to continue adding fluoride to water,"* mentioning studies that point out the possibility of excessive fluoride exposure causing lower IQ levels and mental health issues among children.

The U.S. Surgeon General (based on FOIA request) went silent on fluoridation a couple years ago.

I. What this amendment does and does not do.

A. This amendment does not prohibit any chemicals from being added to water with intent to treat water.

B. This amendment does not prohibit any water purveyor from adding fluoride to their water as they choose under **RCW 57.08.012**. However, sovereign immunity may not apply to public health malpractice.

C. This amendment would remove the Board's flawed, misleading, unscientific and harmful endorsement of fluoridation from their website, which we requested 14 years ago.

D. About 5 million people in Washington State are on fluoridated water. About 5% or 250,000, are pregnant and if these moms to be drink the fluoridated water, they will be harming the developing brain and more of their new baby. Some similarities to drinking alcohol or drinking leaded water, if those were intentionally force fed by authorities on the advice of the Board. A benchmark dose of 0.2 ppm fluoride in water has been determined both by Grandjean and Chen in the Court ruling. However, even if the Board claims 1.5 mg/L in water is the threshold of harm, pregnant mothers advised to drink 10 glasses of water a day would have fetuses probably harmed. The Board must stop endorsing fluoridation as safe.

E. In our past petitions, the Board has relied on endorsements, unauthorized agencies, and the fluoridation lobby making money off of fluoride and fluoridation. This time the Board is requested to carefully consider laws and science with intent to protect the health of everyone, especially our most vulnerable.

F. The Board must protect the public rather than the profits of the dental lobby.

G. Potential harms are reported by the National Research Council in 2006 to such structures and physiologic functions such as:

a. cell function,

b. teeth,

c. skeleton,

d. chondrocyte metabolism,

e. arthritis,

f. reproductive and developmental effects,

g. neurotoxicity,

h. neurobehavioral effects,

i. endocrine system,

j. gastrointestinal,

k. renal,

l. hepatic,

m. immune systems,

n. genotoxicity,

o. carcinogenicity,

p. and more recently concerns of potential low birth weight, miscarriage, and increased infant mortality have been raised.

q. Over nearly 2 decades science has confirmed and supported and raised confidence that the NRC 2006 report was correct and the public is being harmed with too much fluoride.

r. The Board needs to provide the public with safety studies for each of those risks and efficacy studies at a quality acceptable to the FDA.

s. The law requires FDA CDER approval for substances manufactured with intent to prevent disease.

The National Toxicology Program (NTP) under order of the Court in 2023 released their draft report on the state of the science and meta-analysis of the data, and in 2024 the state of the science was published. Although HHS and the fluoridation lobby were able to slightly alter the NTP draft, the meta-analysis has still not been published, in part because the data is more difficult to alter and quash than expert evaluation.

While we fight each other over fluoridation, harming the public, costing them a ton of money in harm, we could be spending time working on safer and more effective methods of caries reduction.

In 2024, the Cochrane Collaboration[1] also released their latest report on the benefit of fluoridation. " Water fluoridation for the prevention of dental caries. Although the main author reported no conflict of interest, the co-author on the previous review is also the Co-Director of the Colgate-Palmolive Dental Health Unit supporting fluoride use and (at least in the past) receiving millions of dollars. A clear bias in favor of fluoride. Follow the money.

The report results *included:*

> *"Based on contemporary evidence (after 1975), the initiation of CWF may lead to a slightly greater change in dmft over time (mean difference (MD) 0.24, 95% confidence interval (CI) -0.03 to 0.52; P = 0.09; 2 studies, 2908 children; low-certainty evidence). This equates to a difference in dmft of approximately one-quarter of a tooth in favour of CWF; this effect estimate includes the possibility of benefit and no benefit. Contemporary evidence (after 1975) was also available for change in DMFT (4 studies,*

[1] Iheozor-Ejiofor Z, Walsh T, Lewis SR, Riley P, Boyers D, Clarkson JE, Worthington HV, Glenny AM, O'Malley L. Water fluoridation for the prevention of dental caries. Cochrane Database Syst Rev. 2024 Oct 4;10(10):CD010856. doi: 10.1002/14651858.CD010856.pub3. PMID: 39362658; PMCID: PMC11449566.

2856 children) and change in DMFS (1 study, 343 children); we were very uncertain of these findings."

***"Authors' conclusions:** Contemporary studies indicate that initiation of CWF may lead to a slightly greater reduction in dmft and may lead to a slightly greater increase in the proportion of caries-free children, but with smaller effect sizes than pre-1975 studies. There is insufficient evidence to determine the effect of cessation of CWF on caries and whether water fluoridation results in a change in disparities in caries according to socioeconomic status. We found no eligible studies that report caries outcomes in adults. The implementation or cessation of CWF requires careful consideration of this current evidence, in the broader context of a population's oral health, diet and consumption of tap water, movement or migration, and the availability and uptake of other caries-prevention strategies. Acceptability, cost-effectiveness and feasibility of the implementation and monitoring of a CWF programme should also be taken into account."*

Put that information in your mind under "benefit." The Cochrane evaluation did not look at risks. Ignored all risks and known harm. The confidence level was "may," not "known" or "probable." Mt Rainer "may" erupt today. The word "may" does not provide confidence to mass medicate everyone with an illegal drug at uncontrolled dosage, without a doctor's prescription or oversight, adulterated, misbranded, contaminated, and at the express refusal of many patients.

Although RCW does not instruct the Board to determine any benefit and only risk to the public from fluoridation, the fluoridation lobby has testified to the Board of the alleged benefit of fluoridation. Consider once again, the arbitrary act of mass medication of everyone without their individual consent, without SDWA or FD&C Act or FDA approval, with known risk of dental fluorosis harm, and other unreasonable risks especially to the brains, authority controlled, which may, just may lead to a quarter tooth fewer cavities per child. The NTP's "moderate" confidence of brain damage is higher than the confidence of "may" benefit.

In simple terms 0.25 cavities vs 3 to 8 IQ loss. I can fix teeth but not IQ loss.

II. Fluoridation is a violation of the Federal Safe Drinking Water Act S.433

A. Fluoridation does not comply with the U.S. Safe Drinking Water Act (SDWA) which prohibits drugs from being added to water and the Board of Health's promotion gives fluoridation drug purveyors confidence and basis for violating the SDWA. Words matter.

B. The Board relies on the Office of Drinking Water to assure safe water and the ODW has a formal agreement with the SDWA for oversight.

C. The Washington Office of Drinking Water's Mission statement includes:

"We regulate Group A public water systems under state law and a formal agreement with the U.S. Environmental Protection Agency (EPA) for carrying out the federal Safe Drinking Water Act, which establishes minimum standards for drinking water quality."

D. The U.S. federal Safe Drinking Water Act standard of, 1974, 1986 and 1996 (SDWA), is crystal clear**: *"No national primary drinking water regulation may require the addition of any substance for preventive health care purposes unrelated to contamination of drinking water. "*** 42 USC 300g-1(b)(11):

However, to ensure clarity, the EPA was contacted in a Freedom of Information Act requesting EPA's understanding of the SDWA, and the EPA responded:

"The Safe Drinking Water Act prohibits the deliberate addition of any substance to drinking water for health-related purposes other than disinfection of the water."

FOIA Request HQ-FOI-01418-10 What about the word "prohibits" is so hard for the Board of Health to understand?

D. The EPA does not have standards for drugs. The addition of drugs to water is prohibited by the Safe Drinking Water Act.

The EPA Water Law Office responded to our question of jurisdiction between FDA and EPA for adding drugs to the water supply for health care purposes. The EPA Water Law Office responded: ***"The FDA, remains responsible for regulating the addition of drugs to the water supply for health care purposes."*** Steve Neugeboren, Ass. General Counsel, Water Law Office.

Primacy. EPA delegates primary enforcement responsibility (also called primacy) for public water systems to States, territories, and Tribes if they meet certain requirements set by 40 CFR 141. An entity with primacy is the agency with primary responsibility for implementing the SDWA.Jun 8, 2023

The Board of Health responded to our previous petition that the Board relies on "national entities" like the EPA. Relying on the EPA for drug approval is flawed, misguided and harmful to the public.

III. Fluoridation is a violation of the Federal Food, Drug, and Cosmetic Act and subsequent amending statutes are codified into Title 21 Chapter 9 of the United States Code.

(The Board must place priority on protecting the public health, rather than industry profits.)

FDA "A drug is defined as:

- *A substance recognized by an official pharmacopoeia or formulary.*
- *A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.*
- *A substance (other than food) intended to affect the structure or any function of the body."*
- *How does the law define a drug?*
- *"The FD&C Act defines drugs, in part, by their intended use, as "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other than food) intended to affect the structure or any function of the body of man or other animals" [FD&C Act, sec. 201(g)(1)].*
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- *A substance intended for use as a component of a medicine but not a device or a component, part or accessory of a device."*

How is a product's intended use established?

"Intended use may be established in a number of ways. The following are some examples:

- *Claims stated on the product labeling, in advertising, on the Internet, or in other promotional materials. Certain claims may cause a product to be considered a drug, even if the product is marketed as if it were a cosmetic. Such claims establish the product as a drug because the intended use is to treat or prevent disease or otherwise affect the structure or functions of the human body. Some examples are claims that products will restore hair growth, reduce cellulite, treat varicose veins, increase or decrease the production of melanin (pigment) in the skin, or regenerate cells.*

- *Consumer perception, which may be established through the product's reputation. This means asking why the consumer is buying it and what the consumer expects it to do.*
- *Ingredients that cause a product to be considered a drug because they have a well-known (to the public and industry) therapeutic use. An example is fluoride in toothpaste."*

"Questions regarding laws and regulations for drugs should be directed to FDA's Center for Drug Evaluation and Research (CDER)."

Do cosmetics and drugs have different good manufacturing practice requirements?

"Regarding drugs, the law requires strict adherence to GMP requirements for drugs, and there are regulations specifying minimum current GMP requirements for drugs [Title 21 of the Code of Federal Regulations (CFR), parts 210 and 211]. Drugs that fail to follow GMP requirements are considered to be adulterated [FD&C Act, sec. 501(a)(2)(B)]."

Note: The Final Fluoridation Drug Manufacturer would be the authority adding the fluoride to the water. All fluoridation manufacturers are failing to follow parts 210 and 211 of Title 21 CFR.

The FDA has charged people with operating websites to illegally sell misbranded and unapproved drugs. Fluoridation drugs are misbranded and unapproved.

And people have been sentenced to Federal Prison for illegally selling unapproved drugs.

Or is the Board going to use the American Dental Association excuse as ADA presented in court that the ADA (now the Board) has no duty to protect the public health, the ADA (Board) is only giving their opinion?

When questioned about the scientific evidence for the alleged benefit and safety of fluoridation, the Washington Department of Health responded: “DOH will rely on known national entities like the CDC and EPA to assess the science. . . .” (Letter from DOH)

1. The CDC Oral Health Division does not assess science on drugs and has no scientific papers, label, or dosage on the safety and efficacy of fluoridation. CDC Oral Health Division relies primarily on the fluoridation lobby.

2. The EPA has not determined the safety or alleged efficacy of adding fluoride to public water. The EPA regulates fluoride as a protected contaminant. The EPA did not provide their scientists to the court for their defense in the Toxic Substance Control Act. EPA scientists are competent, they simply disagree with fluoridation and superiors are protecting the practice. The Safe Drinking Water Act prohibits the EPA from adding anything to public water for the treatment of humans.

The Board of Health has put itself as a higher authority and expert disagreeing with the **Food and Drug Administration (FDA).** The Department of Health has not relied on the authorized national authority with oversight of substances used with intent to treat humans.

a. The FDA warns, “Do Not Swallow” on the toothpaste label, referring to 0.25 mg of fluoride. The same dosage as one 11 oz glass of fluoridated water. In other words, the Board should worn the public, “Do Not Swallow more than one glass of this water a day.” Just because Federal Marshals have not shut down water systems does not make fluoridation safe.

b. In a warning to drug manufacturers, the FDA was clear and correct, that the evidence of fluoride’s effectiveness was incomplete. Only one randomized controlled trial of fluoride ingestion has been published and it reported no

statistical evidence of fewer dental caries, i.e. benefit. Yet the Board of Health claims benefit in disagreement with the FDA CDER.

c. The Board's first denial of our request for the Board or water purveyors to apply for FDA CDER NDA (Food and Drug Administration, Center for Drug Evaluation and Research, New Drug Application) would have taken the thorny, complex job of determining the safety, dosage, label, GDMP (Good Drug Manufacturing Practices), product purity, and the legal, ethical, and science off the Board's shoulders and placed the task in the lap of the authorized authorities, the FDA CDER.

d. The science is growing that fluoridation is harming the public. Follow the science rather than trust the fluoridation lobby.

IV. **U.S. District Court is a National Authority and under the Toxic Substance Control Act (TSCA) ruled fluoridation is an unreasonable risk. The ruling in *Food & Water Watch, Inc. v. United States Envtl. Prot. Agency*, 17-cv-02162-EMC (N.D. Cal. Sep. 24, 2024)** Based on 7 years, 4 weeks of two trials, several experts on both sides, and hundreds of thousands of dollars in costs, the court concluded:

"IV. CONCLUSIONS OF LAW

"121. Plaintiffs have proven, by a preponderance of the evidence, that water fluoridation at the level of 0.7 mg/L – the prescribed optimal level of fluoridation in the United States – presents an "unreasonable risk of injury to health or the environment, without consideration of costs or other non-risk factors, including an unreasonable risk to a potentially exposed or susceptible subpopulation under the conditions of use."

122. The Court thus orders the Administrator to initiate rulemaking pursuant to Subsection 6(a) of TSCA. . . ."

The Board would be foolish, negligent, and allegedly committing public health malpractice not to immediately stop promoting the addition of what RCW defines as a poison and the Board of Pharmacy exempted from poisons when regulated as a legend drug.

The Court ruling Page 5.

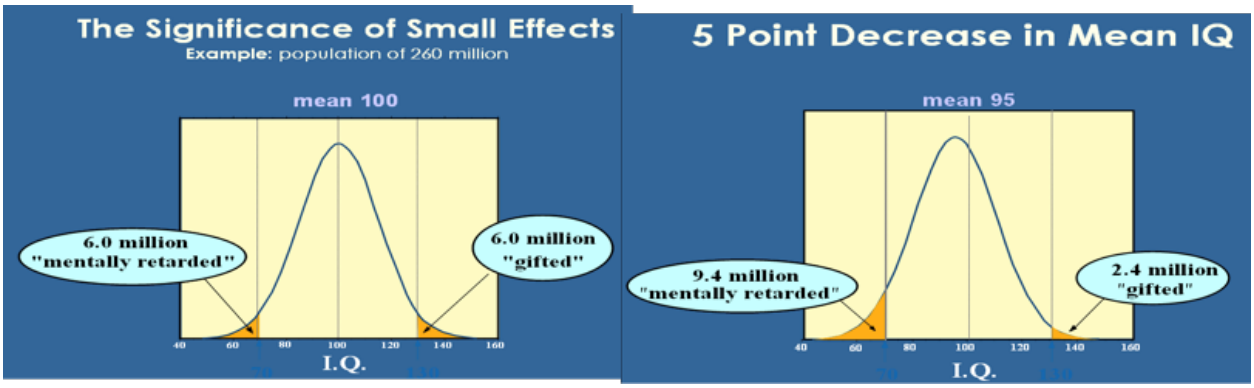
*"The pooled benchmark dose analysis concluded that **a 1-point drop in IQ of a child is to be expected for each 0.28 mg/L of fluoride in a pregnant mother's urine**. This is highly concerning, because maternal urinary fluoride levels for pregnant mothers in the United States range from **0.8 mg/L** at the median and 1.89 mg/L depending upon the*

degree of exposure. Not only is there an insufficient margin between the hazard level and these exposure levels, for many, the exposure levels exceed the hazard level of ***0.28 mg/L****."* (Court supplied emphasis)

Based on data and analysis presented at trial, the Court at page 75 states, "*fluoride presents a risk of a decrease in IQ [for such offspring] ranging from 2.86 to 6.75 points.*" The lower number is the expected median loss and the upper number is the 95th percentile loss applicable to offspring of 1 in 20 mothers who drink the most fluoridated water.

However, we must not ignore the 5% of mothers who drink the most water, fail to fully rinse their mouths out after brushing with fluoride toothpaste and swallow some toothpaste, fail to eat organic foods, or ingest medications high in fluoride and have the highest urine fluoride concentration. About 81,000 babies are born in Washington State each year. About 46% of moms on fluoridated water = 37,260 babies in harm, and 5%, **about 1,840 babies, are estimated to have greater than 6.76 IQ point loss**. And no label for protection. Think lower IQ increases homelessness, special education rates and costs, incarceration rates and costs, increased job loss, divorce rates and more socioeconomic harms.

Consider the charts below from the website of Physicians for Social Responsibility. When a population has 5 IQ loss, the mentally handicapped increase by 60% and we have data on those. We do not have data on the more than 60% decline in gifted or what you and I in the middle could have accomplished with 5 more IQ points.



Not all kidneys function to their optimal level and not all mothers have the same intake of other toxins which have a synergistic effect on the development of the brain of their fetus and infant, such as lead and arsenic.

The fluoridation lobby argues like the tobacco lobby, “but we do not have proof.” When the Judge asked the expert witness in court, “what would it take for you to change your mind?” The expert responded, “one or two more studies.” Many more have been published and the fluoridation lobby still responds, “one or two more studies are needed” and they will always want one or two more and require 100% proof of harm.

The Court Ruling understood the need for a margin of error: P6.

“The EPA’s default margin of error requires a factor of 10 between the hazard level and exposure level due to variability in human sensitivities. Put differently, only an exposure that is below 1/10th of the hazard level would be deemed safe under Amended TSCA, given the margin of error required.”

What is the default margin of error used by the Board of Health? The Board uses no margin of error and no intraspecies variability. None. As though we all are in the median, all wear the same size shoe, all the same age and same height and weight and diet, etc.

P 6. "In all, there is substantial and scientifically credible evidence establishing that fluoride poses a risk to human health; it is associated with a reduction in the IQ of children and is hazardous at dosages that are far too close to fluoride levels in the drinking water of the United States. And this risk is unreasonable under Amended TSCA. Reduced IQ poses serious harm. Studies have linked IQ decrements of even one or two points to e.g., reduced educational attainment, employment status, productivity, and earned wages. Indeed, the EPA recognizes that reduction of IQ poses a serious community health issue."

Once again in case you missed it above. Lower IQ being promoted by the Board of Health is well-know, to result in increased Special Education rates, High School Drop-out rates, lower income, less job stability, less productivity, increased crime, increased homelessness, increased incarceration, increased divorce, decreased self-worth, increased public assistance, increased illicit drug addiction, and decrease gifted and brilliant members of our community. We are all harmed. The Board is intentionally harming the public and refusing to follow the law and even hold a forum.

V. **Washington State Board of Pharmacy**:

The Board of Pharmacy was the highest authority on toxic substances and drugs in Washington State, until moved under the thumb of the Department. The Department of Health and the Board of Health have disagreed with the **Washington State Board of Pharmac**y which determined fluoride to be a legend drug, i.e. requires the patient's doctor's prescription and patient consent rather than poison. See **RCW 69.38.010**

The only legal option under RCW is for fluoride to be regulated as a poison because fluoride is highly toxic and poison laws are very strict and exempt when regulated as a legend drug needing FDA CDER approval with the patient's approval under the supervision of a licensed health care provider. Based on science, laws and ethics, the Board of Pharmacy was indeed correct.

In fact, the Board did call the FDA and the FDA specifically warned the Board that if the Board tried to gain FDA approval, fluoridation would be **banned.** What about "Do Not Swallow", "incomplete evidence" and **"banned"** does the Board not understand and can dismiss as not relevant?

VI. National Toxicology Program (NTP) is most certainly a

National Authority: In 2015, I nominated cancer, thyroid harm and developmental neurotoxicity to the **National Toxicology Program (NTP)** for review. The NTP accepted the developmental neurotoxicity of fluoride for review and told me in a phone call the review usually takes about 2 years, inclusive of animal testing.

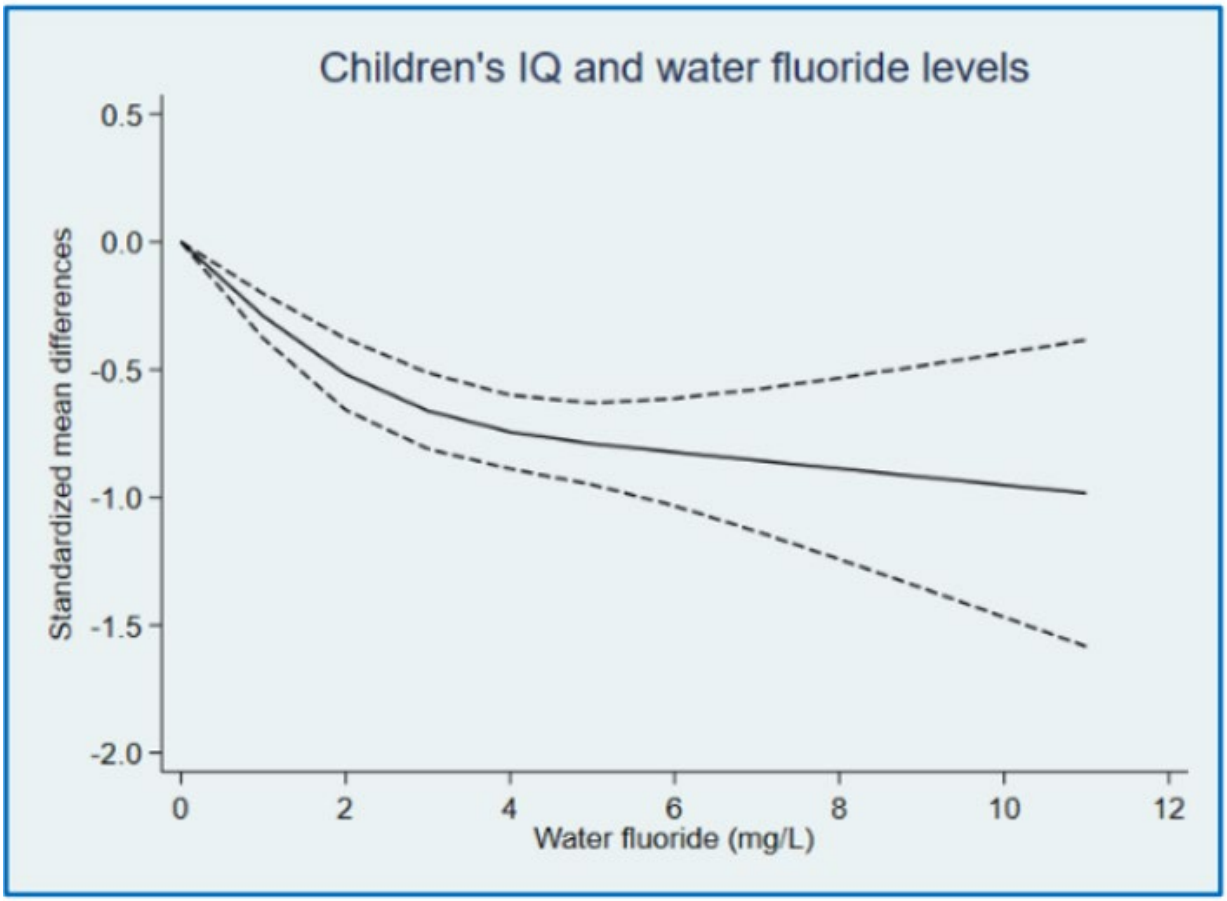
The 700-page draft had repeated peer reviews, (more than one is highly unusual) both internal and external of HHS, including the fluoridation lobby, and was blocked by HHS from release until the Court ordered the draft released. Eight years and eight months after nomination, the first section was published and the meta-analysis which has the strongest conclusions is supposed to be published later this year. The draft reported a presumed developmental neurotoxicant and the published reports moderate confidence. The NTP report did not suggest a "safe" concentration. Below 1.5 mg/L the meta-analysis shows there is no threshold of safety and at 0.7 mg/L fluoride in water has about 3 IQ loss.

A few considerations must be made on the NTP graph eFigure 17. Pooled Dose-Response Association Between Fluoride in water and Standardized Mean Differences in Children's IQ pasted below.

a. About half of fluoride ingested is from water and half from other sources, the NTP listed risk from water and the Board must consider total fluoride exposure. We have added two orange lines at the 1.5 mg/L fluoride concentration in water and the second going over to the standardized mean difference of about 0.4.
b. Water fluoride concentration of 0.7 mg/L is about half (30-70%) the total fluoride exposure. Thus 1.5 mg/L in water is approximately the total fluoride exposure of individuals. The fluoridation lobby and EPA have tried to separate the water from

total fluoride exposure. Real-world exposure is total fluoride and the two cannot and should not be separated. Thus, 1.5 mg/L is used here and the orange lines demonstrate the approximate 0.4 standardized mean difference (SMD).

c. The fluoridation lobby will discount 0.4 SMD as not significant, and they would be correct if SMD were the same as IQ. However, 1 SMD is 15 IQ points and 0.4 is 6 IQ point loss.



and 1.89 mg/L is not exactly the same as the concentration of fluoride in water, 0.7 mg/L accounting for various quantities of water consumed and other sources of fluoride. About half the fluoride is retained in the body (depending on kidney function etc.) and about half is excreted. And about half the total exposure of fluoride is from water and about half (estimated 30-70%) from other sources. Thus, the Court's 0.8 mg/L fluoride in urine is similar to 0.7 mg/L fluoride in water.

For ball park estimations, urine and water concentrations are reasonably comparable. And 1.89 mg/L represents a reasonable variation in water consumption for up to the 95th percentile of mothers. On page 75 of the Court's findings the 95th percentile of mothers drinking 2-3 liters of water a day with children having 6.75 points IQ loss is reasonable.

e. As stated earlier, the Board cannot call fluoridation safe for a mother drinking the average of 1 liter per day of fluoridated water. Mothers drinking 2 to 3 liters of water are at the 95th percentile and their children would probably have 6.75 IQ loss. Even worse are the 5% of mothers who drink more than 2 to 3 times times the mean/media. A few mothers drinking for example 4 liters of water a day would expect closer to a 10 IQ point loss for their child.

VII. Based on FOI documents, **the U.S. Surgeon General** quietly stopped endorsing fluoridation and the Florida Stat Surgeon General called fluoridation "public health malpractice" and directed all fluoridating cities to stop.

VIII. **The U.S. Environmental Protection Agency scientists** through their union: *"In summary, we hold that fluoridation is an unreasonable risk. That is, the toxicity of fluoride is so great and the purported benefits associated with it are so small - if there are any at all – that requiring every man, woman and child in America to ingest it borders on criminal behavior on the part of governments."* Dr. J. William Hirzy, Senior Vice-President, Headquarters Union, US Environmental Protection Agency, March 26, 2001

IX. **The Centers for Disease Control:** CDC: “Ingestion of fluoride is not likely to reduce tooth decay.” Drinking Water to Prevent Dental Caries. MMWR, 48(41); 933-940, October 22, 1999 Achievements in Public Health, 1900-1999:

The Oral Health Division of the CDC is in the pocket of the American Dental Association and seldom in statements even alters the words enough to avoid plagiarism.

The CDC does not approve drugs, the FDA CDER has drug approval authority. The CDC does provide free drugs for investigational purposes, fluoride is not one.

X. **International authorities opposed to fluoridation. 97% of Europe** is fluoridation free. Most developed countries do not fluoridate public water.

XI. Austria REJECTED: "toxic fluorides" NOT added

XII. Belgium REJECTED: encourages self-determination – those who want fluoride should get it themselves.

XIII. Finland STOPPED: "...do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride our teeth need." A recent study found ..."no indication of an increasing trend of caries....“

XIV. Germany STOPPED: A recent study found no evidence of an increasing trend of caries

XV. Denmark REJECTED: "...toxic fluorides have never been added to the public water supplies in Denmark.“

XVI. Norway REJECTED: "...drinking water should not be fluoridated“

XVII. Sweden BANNED: "not allowed". No safety data available!

XVIII. Netherlands REJECTED: Inevitably, whenever there is a court decision against fluoridation, the dental lobby pushes to have the judgment overturned on a technicality or they try to get the laws changed to legalize it. Their tactics didn't work in the vast majority of Europe.

XIX. Hungary STOPPED: for technical reasons in the '60s. However, despite technological advances, Hungary remains unfluoridated.

XX. Japan REJECTED: "...may cause health problems...." The 0.8 -1.5 mg regulated level is for calcium-fluoride, not the hazardous waste by-product which is added with artificial fluoridation.

XXI. Israel SUSPENDED mandatory fluoridation until the issue is reexamined from all aspects.: June 21, 2006 “The labor, welfare and health Knesset committee” As of 2024 still suspended.

XXII. China BANNED: "not allowed“

XXIII. International Academy of Oral Medicine and Toxicology is opposed to fluoridation. Position paper

XXIV. American Academy of Environmental Medicine “Fluoridation has been called one the ten great public health achievements of the 20th century by the Centers of Disease Control in the US. As research continues to unfold the truth about the use of this supposed ‘healthy mineral’ has become clear. Fluoridation is more likely one of the ten most dangerous public health practices in this country and in the world. The American Academy of Environmental Medicine’s position is that there is absolutely no benefit to public health that Fluoride should be recommended or utilized.”

XXV. **The Nuffield Council, Bioethics on fluoridation:** “public health policy involving the water supply should be considered in relation to:

a. the balance of risks and benefits [brains are more important than teeth]

b the potential for alternatives that rank lower on the intervention to achieve the same outcome. [oral hygiene and diet]

c. the role of consent where there are potential harms"[2] [fluoridation lacks consent and has known harm, more than potential harms.

The US Department of Bioethics has not yet responded and I will inform the Board when they respond.

Thank you for considering this our 22nd petition regarding protecting the public health.

Sincerely,

Bill Osmunson DDS MPH

Washington Action for Safe Water

[2] Ethics Consultation Report Ethical Considerations in Community Water Fluoridation, by the Public Health Agency of Canada's Public Health Ethics Consultative Group, December 18, 2018 p.2. https://www.caphd.ca/sites/default/files/Ethical%20Considerations%20for%20Community%20Water%20Fluoridation.pdf