
From: Erin Harnish
Sent: 1/4/2025 4:38:44 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Dear board of health,

I am in support of continued Fluoridation to our city water throughout Washington state and we have support from physicians and dentists. WSMA has policy in support as does the AAP (American Academy of Pediatrics). The AAP and ADA have both restated their support since the latest questions brought forth after the NTP fluoride report. The concern can be calmed as that report was out of the US and communities with very high fluoride. It is not the safe and low and recommended level we have. Fluoride is a mineral and necessary for our bodies. It is not a medication. We have prescribed doses so that the correct amount is given to patients when needed and appropriate.

Please keep smiling, Keep Fluoride!
Erin

Erin Harnish MD FAAP
Community Pediatrician
Washington
Sent from my iPhone

From: Geri Rubano
Sent: 1/4/2025 6:51:14 AM
To: DOH WSBOH
Cc:
Subject: Public Comment 1/8/25

External Email

Dear WSBOH,

Please include the following as a Public Comment for the Board meeting being held on January 8, 2025.

I am a resident in Camas (Clark County) and spoke to the Camas City Council during their workshop on water fluoridation on December 2, 2024. Many Camas city council members were very open to ending the practice of water fluoridation and have since put out a notice to the residents of Camas informing them of the consideration of ending water fluoridation. I believe this is a very positive and necessary step towards protecting the residents of Camas against a highly toxic chemical.

As you are aware, sodium fluoride is a by-product of the fertilizer industry. It is also considered a legend drug that comes with risks and harm. With any drug, the patient needs to give informed consent. I was not given a risk/benefit profile by the city council or utility manager regarding the sodium fluoride being injected into the city's water system nor did I consent to the practice. If there is a risk there must be a choice.

It is my hope that the Board of Health will reconsider their support of water fluoridation in light of the September Federal Court ruling that fluoride poses an unreasonable risk to children. The mission of the Board is to improve and protect the public's health for ALL people in Washington. Please act on that mission and support the end of water fluoridation throughout Washington.

Thank you,

Geri Rubano

From: bill teachingsmiles.com
Sent: 1/3/2025 12:40:01 PM
To: DOH WSBOH
Cc:
Subject: 1/8/2025 Public Comment



attachments\5311203F504347A4_1 8 25 PC.docx

attachments\612F94D60EFC48BE_1 8 25 PC.pdf

External Email

Dear WSBOH,

Please include the following as Public Comment for the Board Meeting of January 8, 2025. A pdf and word copies are attached the same comments as pasted below. The pdf should be the cleanest, but if that is hard to read, please use the word copy or the pasted copy below.

RECOMMENDATIONS FOR FLUORIDE USE HAVE CHANGED: Many people are ingesting too much fluoride, especially the fetus, infants, children, those swallowing fluoridated water, and/or those ingesting foods and medicines high in fluoride. Judging the benefits vs risks of fluoride requires considering many streams of evidence and a work in progress. The following is the best guidance based on research as of 2024. Safety should be our highest priority.

SWALLOWING FLUORIDE, INCLUDING WATER AND FOODS CONTAINING GREATER THAN 0.2 MG/L, SHOULD BE AVOIDED: Potential harms are reported by the National Research Council in 2006, such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity, carcinogenicity, and more. Over the last quarter Century, each risk has been further scientifically supported and of concern. Fluoride is a highly reactive element and can affect all cells.[1]

FLUORIDATION MAY NOT BE EFFECTIVE: The Food and Drug Administration notified fluoride supplement manufacturers that evidence of efficacy was incomplete. Only one randomized controlled trial on fluoride ingestion has been published and it did not report a statistical benefit.[2] The Food and Drug Administration Center for Drug Evaluation and Research has not approved swallowing fluoride with the intent to prevent dental cavities[3].

FLUORIDATION IS NOT COST EFFECTIVE: Costs to treat harm exceed the alleged costs saved when risks are included.[4]

Guidance for the fetus: Girls and women wanting to become pregnant someday should avoid drinking water with greater than 0.2 ppm of fluoride[5] or swallowing fluoride toothpaste, and should avoid foods high in fluoride for 20 years prior to pregnancy.

Mothers, during pregnancy, should avoid drinking fluoridated water, avoid swallowing fluoride toothpaste, avoid fluoride dental products, avoid foods high in fluoride such as tea,[6] and with advice from your doctor avoid medications that may release significant amounts of fluoride.

Guidance for infants: Infants thrive best on their mother's milk. A mother's body biologically blocks virtually all fluoride, protecting babies naturally. A second-best option

is a formula made with water containing less than 0.01 ppm of fluoride, when possible.[7] (Mother's milk has a mean concentration of 0.004 ppm). No fluoride toothpaste for infants.

Early Childhood Cavities is significantly increased by putting a baby to sleep and prolonged sleep with a bottle of formula or juice.[8] When teeth erupt, wiping them gently with a soft cloth or playing with a small tooth brush can be helpful in reducing mouth phobia.

Guidance for Toddlers: No fluoride toothpaste for toddlers. Avoid drinking water, juices and cooking foods with more than 0.2 ppm of fluoride. Dental flossing can be started when teeth are touching side by side. Limit refined foods. Brushing teeth can be learned at a young age; although accuracy needs to be guided by caregivers.

A dental visit, happy visit, by age 1 is encouraged for caregiver instruction on reducing dental cavities. A dental visit by age 3 is important.

Guidance for children: Avoid drinking water with more than 0.2 ppm of fluoride. Swallowing is a reflex, and children tend to swallow candy-flavored toothpastes, which can harm their development. Children should avoid fluoride toothpaste prior to competency in spitting and rinsing and spitting, and once again rinsing and spitting prior to swallowing. Read the toothpaste label.

No fluoride toothpaste prior to age 2 (some toothpaste labels advise 12 years of age). From age 2 to 6 a small grain of rice size of fluoride toothpaste may be used, when spitting prior to swallowing is learned and monitored. Above the age of 6 a baby pea size of toothpaste may provide some benefit when spitting and rinsing prior to swallowing is learned and monitored.

Caregivers should watch their child's neck as they brush and spit and rinse and spit again to ensure the child is not reflexively swallowing. If in doubt, leave toothpaste out. Brains are more important than teeth.

To minimize a chronic toxic intake of fluoride, children should avoid foods high in fluoride, such as mechanically deboned meat which can have bone meal, and tea. Organic foods may contain less fluoride pesticide. Topical fluoride may have slight benefit in caries reduction[9] although fluoride varnish will increase plasma fluoride concentrations. The best choice for prevention of dental cavities is to reduce risk with a healthy whole unrefined foods and careful hygiene.

Guidance for adults: Do not swallow fluoride toothpaste. Avoid drinking water containing more than 0.2 ppm fluoride. Some foods are high in fluoride and should be limited.

For 15 years, I have been coming to the BOH requesting, begging, petitioning 22 times for the Board to give the people of Washington, our patients, FREEDOM and stop the Board and Department from harming millions of Washington residents. The Board has refused to protect the public with even a simple label.

People have fought and died for freedom, but we should not have to fight authorities to give us basic human rights, Freedom.

Dental caries are not highly contagious, infecting others and killing them. Fluoridation is not like a vaccine intended to prevent the spread of dental caries.

The purpose of adding an EPA contaminated contaminant to public water is to treat each individual in an attempt to mitigate their bad diet and bad hygiene.

Options with freedom, include supplements and toothpaste, black tea, non-organic foods.

However, supplements, do not force compliance. The only reason to add the fluoride to public water is to try and shove it down our throats without our consent. Consent which the Board has ferociously blocked and denied.

Except, about half the water we drink is bottled water, costly, increasing plastic pollution and PFAS exposure. Public Health Authorities should not be trusted regarding fluoride.

A recent review

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F2BQjZ8zWHEP07LFdYTEDhBt2bqm-2BIL-2FVkmQej79IsNxfhcU1CjztQPdk4cXfCd6TOyHRk-2Bg3hltauOSENkJOGL7Xax5qz7B1TTx4umposs8kif0b9NDEYGk466ytIWbuyVKPffDL1NzrmtnsEH46nWhXC_N2FLRVQSmKPSrJSISkiEXV47TYusuTRTub5BPSu7EbuCLnqpZBymHBE2p5CynXsXZjW4L47CrY6gkB06OS3hUv2B-2FpXXS9bgocY4-2BLNVX3UPyuR2dY-2BJmQMqEeQ64RNLhWkn5G6DXhw2GjDZtE81fnyk1ImKQVfXSYtSrjYZX80xfcJuXWnd4DptbhbGnBunLCpY

2BEPz-2FU6SUSO8s-

3D&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ce7ec65e68c1141d0180308dd2c36b693%7C11d0e217
by the Cochrane Collaboration found less than a 4% reduction in tooth decay from
fluoridation.

The 2024 LOTUS study,

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F>

2BxHoOpNKFEUAEGiAdAoDDQZD8rnk-2BGZ9AEmTF5iVsdY0M7uCFJ2K-2FnrAgdnOOUjTv-

2BZgZHveeze-2BAarkRhjJbIuL8FNSI0P-2B2vBMC2EEVCBsw-2B9IKC1L-

2FoBZ3RKR0LWHv99O-2FXYU5cZgGD4c3pDe-2BbWDGL-2BU3uuZTBIFIcoU0-2BT7vJ-

2FHQVG2v6Cf9RYWgbTHAC7pCtGCT18NQNfwZBcOhID9kLI-2F35rkwoN94jF-

2Bersp8WnHf8Ix-

2BzpL8eg9WIgJqGbDMAP3xWuZ9CCpjVuIoHxdS6JvO7bY53VrSAMMtER3kVjGIk2tM-

2FUd9soBrG3nJi4DTgUXMOSC03d6kSybuR84YgKZgsC48663kxbOUiydW1JNVuwaC1sjdewSU7Wd6JYmqQnT

2BwoNEAWiFRwMtcG8jUk3QMBDR1F26-2Bfv-

2F4y2QVvYiqTK72LBvHHZU66z95oK8zH7uoJBIYfyqts6-

2FcCntLjsnf64A6OovOqJsv0WK8GzWLYJ6JO8OOjJ6Fb6E0hL2Goqhkhgv5o1ixqCPgZodLIuYW-

2Bz42vYFBTNX6Y4ZVhy4f28fC-2BCUpLji2ZDgwZvH8-2FAo26K5I12Jg2-2B8-

2B8zmYmyzWkQ-

2FIJbQ37tHFrQtpQ1XavMUwDgbtIzsTgf58gpNsHmk88Ude5aL90gJhwB8-

2F7NEP62kINR427yWnM-2BmXhzJwVtiP-

2FbyXPBVmQWvymxsU3yuhmCw479gYoHkveYmbIsivaXrbZn-2B3ImLz-2Bd-

2BNIPJY1MDFX6ZZ3-2B5ucr07vfS4g0I-2FNwzgIqoXqQpTHWYHHVvEsHW6coS-

2FTnbOyBuQ-2FIMSNTR9I3r6XIBCg13KyF1pxP4vwHgQw9iEIMGxSNF-

2B5UtQVasn1Mh1UJqQ-

3DQHAH_NstU0IwMgFfM2Alw8g5ic3P5KfiM3MjPiCaohBrFzoEGBqPV21tIMCxr21ihLnIYUXnnPp7v4O7co0m7

2FLRVQSmKPSrJSISkiEXV47TYusuTRTub5BPSu7EbuCLnqpZDK3ec2qiIbP1s25-

2BEQed2TnYjdVwn5CpiFg3YmDEvO2iA6CmXSIJdtdMeJ2O4SAYbAzI9XRN-2Bh-

2F15s0ePU0S1oMBAgFwp9vsZRL-2FXbrhab-

2BL2stA9YopF9a3QY00P8kHGx96RHKIU3ANSxBQoFYaOUaGaLP0k3N0OkSZjWrPMek32C0RzXOv7Q2J0E8U-

2FAQc-

3D&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ce7ec65e68c1141d0180308dd2c36b693%7C11d0e217

which included over 6 million adults in England, was the largest, strongest study of
fluoridation effectiveness in adults ever done and found virtually no benefit: a lifetime
reduction in decay of only 2%. An accompanying economic analysis for the LOTUS study
found the meager dental bill savings would be worth only about \$1 a year per person;
not enough to buy a single cup of coffee. Furthermore, the LOTUS analysis did not
consider the capital costs of new fluoridation schemes, let alone the cost of adverse
effects like reduced IQ and dental fluorosis.

The LOTUS study was also preceded by a large 10-year fluoridation study in the
northwest of England, called the CATFISH study, which concluded that fluoridation's
effects on tooth decay in children are "very modest" and "much smaller than previous
studies have reported" [Goodwin 2022

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fem.networkforgood.com%2Fis%2F>

2BxHoOpNKFEUAEGiAdAoDDQZD8rnk-2BGZ9AEmTF5iVsdY0M7uCFJ2K-

2FnrAgdnOOUjTPsrWzxfWIRaUVizUkEI88-2B04B6ITa9aMQv2qtsF5k7E-

2FiYhAtAq4xyHZSjD-

2FFTGYtgDp04ZPwptDb07vPBU7EomWtEYTrNp1XQIT2USwJyKsE4tYAEhavdrzrTVDKJYxOCzXzu4U-

2F0QlHburUySu0d1ccgESgJrAhPe1qYVDrCAJS49BZxPGSGvlupLImXd5YRjpCEHkIHTq-

2FZ0g5IRMnrcmLFGk-

2BIqCZu9N9iC5XsNjKLow0aRyKLSOXqRZ3YH81sSAUDDnJsFPikZckx1zO-2B5uThhA6-

2BbW38ae2BuikkaQS-

2Bqkp1zlfpRTWuqdyOESav34a7ddeo3SEaLntNiWLehCfKsurxbiFMdDB4UI9fybsvdDxXON4CV7pkDUD02zRCW

2Brys1QJRV80zD6ZAqU2JDav-2FTMITbsytP-

2FO2QFvQaLM0NIQhoZ3bKI5Wjecp8Zz7wee2-2FS8bOrouGAlpnX1PIb00iTF-2F-

2F9IpM1llxpKgUhdHrlgx71HmdBe0AN4wmkmQHXYrRHYHsjl9ka6K8m9e2c9ug3jfxm4WyaiRK-

2B4u0EeRyHJnygiUNonxjc-2FjhPAHXDjPjED-2BEHyLNXXMc0rkEKti3-

2FRcy8XACDEwsOY4Fovgt8D1InLTlov-

2B1IZbBdJr35sYwHQoRXDb9CbDXqqy6gq1qpGUB254Th-

2FmvqoepvILDchJyL4amJ7HftNNArbTChFIjAp4IzBUR4Ulw-3D-3DV1-
D_NstU0IWmGFFM2Alw8g5ic3P5KfiM3MjPiCaohBrFzoEGBqPV21tIMCxr21ihLnIYUXnnPp7v4O7co0m78w5oI
2FLRVQSmKPSrJSISkiEXV47TYusuTRTub5BPSu7EbuCLnqpZDJ-2FGsfeLVwHa5mMLD-
2BDL-2FFdsxe-2Ftz116RLztkWY0rQSy-
2F34qzLmOHFIFiCVL0rBITXAMfBfDj7PF1rhtO7hSjBH9JdoYToW83j-2ByS3Dg1w-
2F4AB3fGXreFEkPL7jEGzJ4g9Eq7-2FK6-
2BUzH6OPI59EAK4pUAnkQ27qpVVXQKK6QSuFXp6ilC3H3-2FjLQqNSIaHbqk-
3D&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ce7ec65e68c1141d0180308dd2c36b693%7C11d0e217
]. The CATFISH study found, at best, marginal dental and economic benefits.
Please provide a forum as RCW requires.

Sincerely,
Bill Osmunson DDS MPH
Washington Action for Safe Water

[1] FLUORIDE IN DRINKING WATER: A Scientific Review of EPA's Standards. NRC-2006.pdf
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.actionpa.org%2Ffluoride%2F2006.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ce7ec65e68c1141d0180308dd2c36b693%7C11d0e217>>

[2] Leverett DH, Adair SM, Vaughan BW, Proskin HM, Moss ME. Randomized clinical trial of the effect of prenatal fluoride supplements in preventing dental caries. *Caries Res.* 1997;31(3):174-9. doi: 10.1159/000262394. PMID: 9165186.

[3] Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book
Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fdrugs%2Fdrug-approvals-and-databases%2Fapproved-drug-products-therapeutic-equivalence-evaluations-orange-book&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ce7ec65e68c1141d0180308dd2c36b693%7C11d0e217>>

[4] Osmunson, B. and Cole, G. (2024), Community Water Fluoridation a Cost-Benefit-Risk Consideration. *Public Health Chall.*, 3: e70009.
<https://doi.org/10.1002/puh2.70009>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdoi.org%2F10.1002%2Fpuh2.70009>>

[5] Malin AJ, Eckel SP, Hu H, Martinez-Mier EA, Hernandez-Castro I, Yang T, Farzan SF, Habre R, Breton CV, Bastain TM. Maternal Urinary Fluoride and Child Neurobehavior at Age 36 Months. *JAMA Netw Open.* 2024 May 1;7(5):e2411987. doi: 10.1001/jamanetworkopen.2024.11987. Erratum in: *JAMA Netw Open.* 2024 Jun.

[6] Carwile JL, Ahrens KA, Seshasayee SM, Lanphear B, Fleisch AF. Predictors of Plasma Fluoride Concentrations in Children and Adolescents. *Int J Environ Res Public Health.* 2020 Dec 9;17(24):9205. doi: 10.3390/ijerph17249205. PMID: 33317121; PMCID: PMC7764416.

[7] Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph. Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph — Collaborative for Health & Environment
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Ce7ec65e68c1141d0180308dd2c36b693%7C11d0e217>>

[8] Kirthiga M, Murugan M, Saikia A, Kirubakaran R. Risk Factors for Early Childhood Caries: A Systematic Review and Meta-Analysis of Case Control and Cohort Studies.

Pediatr Dent. 2019 Mar 15;41(2):95-112. PMID: 30992106; PMCID: PMC7100045.
[9] Uhlen-Strand MM, Stangvaltaite-Mouhat L, Mdala I, Volden Klepaker I, Wang NJ, Skudutyte-Rysstad R. Fissure Sealants or Fluoride Varnish? A Randomized Pragmatic Split-Mouth Trial. J Dent Res. 2024 Jul;103(7):705-711. doi: 10.1177/00220345241248630. Epub 2024 May 8. PMID: 38716723; PMCID: PMC11191655.

RECOMMENDATIONS FOR FLUORIDE USE HAVE CHANGED: Many people are ingesting too much fluoride, especially the fetus, infants, children, those swallowing fluoridated water, and/or those ingesting foods and medicines high in fluoride. Judging the benefits vs risks of fluoride requires considering many streams of evidence and a work in progress. The following is the best guidance based on research as of 2024. Safety should be our highest priority.

SWALLOWING FLUORIDE, INCLUDING WATER AND FOODS CONTAINING GREATER THAN 0.2 MG/L, SHOULD BE AVOIDED: Potential harms are reported by the National Research Council in 2006, such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity, carcinogenicity, and more. Over the last quarter Century, each risk has been further scientifically supported and of concern. Fluoride is a highly reactive element and can affect all cells.¹

FLUORIDATION MAY NOT BE EFFECTIVE: The Food and Drug Administration notified fluoride supplement manufacturers that evidence of efficacy was incomplete. Only one randomized controlled trial on fluoride ingestion has been published and it did not report a statistical benefit.² The Food and Drug Administration Center for Drug Evaluation and Research has not approved swallowing fluoride with the intent to prevent dental cavities³.

FLUORIDATION IS NOT COST EFFECTIVE: Costs to treat harm exceed the alleged costs saved when risks are included.⁴

¹ FLUORIDE IN DRINKING WATER: A Scientific Review of EPA's Standards. [NRC-2006.pdf](#)

² Leverett DH, Adair SM, Vaughan BW, Proskin HM, Moss ME. Randomized clinical trial of the effect of prenatal fluoride supplements in preventing dental caries. *Caries Res.* 1997;31(3):174-9. doi: 10.1159/000262394. PMID: 9165186.

³ **Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book** [Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA](#)

⁴ Osmunson, B. and Cole, G. (2024), Community Water Fluoridation a Cost–Benefit–Risk Consideration. *Public Health Chall.*, 3: e70009. <https://doi.org/10.1002/puh2.70009>

Guidance for the fetus: Girls and women wanting to become pregnant someday should avoid drinking water with greater than 0.2 ppm of fluoride⁵ or swallowing fluoride toothpaste, and should avoid foods high in fluoride for 20 years prior to pregnancy.

Mothers, during pregnancy, should avoid drinking fluoridated water, avoid swallowing fluoride toothpaste, avoid fluoride dental products, avoid foods high in fluoride such as tea,⁶ and with advice from your doctor avoid medications that may release significant amounts of fluoride.

Guidance for infants: Infants thrive best on their mother's milk. A mother's body biologically blocks virtually all fluoride, protecting babies naturally. A second-best option is a formula made with water containing less than 0.01 ppm of fluoride, when possible.⁷ (Mother's milk has a mean concentration of 0.004 ppm). No fluoride toothpaste for infants.

Early Childhood Cavities is significantly increased by putting a baby to sleep and prolonged sleep with a bottle of formula or juice.⁸ When teeth erupt, wiping them gently with a soft cloth or playing with a small tooth brush can be helpful in reducing mouth phobia.

Guidance for Toddlers: No fluoride toothpaste for toddlers. Avoid drinking water, juices and cooking foods with more than 0.2 ppm of fluoride. Dental flossing can be started when teeth are touching side by side. Limit refined foods. Brushing teeth can be learned at a young age; although accuracy needs to be guided by caregivers.

A dental visit, happy visit, by age 1 is encouraged for caregiver instruction on reducing dental cavities. A dental visit by age 3 is important.

Guidance for children: Avoid drinking water with more than 0.2 ppm of fluoride. Swallowing is a reflex, and children tend to swallow candy-flavored toothpastes, which can harm their development. Children should avoid fluoride toothpaste prior to competency in spitting and rinsing and spitting, and once again rinsing and spitting prior to swallowing. Read the toothpaste label.

No fluoride toothpaste prior to age 2 (some toothpaste labels advise 12 years of age). From age 2 to 6 a small grain of rice size of fluoride toothpaste may be used, when spitting prior to swallowing is learned

⁵ Malin AJ, Eckel SP, Hu H, Martinez-Mier EA, Hernandez-Castro I, Yang T, Farzan SF, Habre R, Breton CV, Bastain TM. Maternal Urinary Fluoride and Child Neurobehavior at Age 36 Months. *JAMA Netw Open*. 2024 May 1;7(5):e2411987. doi: 10.1001/jamanetworkopen.2024.11987. Erratum in: *JAMA Netw Open*. 2024 Jun.

⁶ Carwile JL, Ahrens KA, Seshasayee SM, Lanphear B, Fleisch AF. Predictors of Plasma Fluoride Concentrations in Children and Adolescents. *Int J Environ Res Public Health*. 2020 Dec 9;17(24):9205. doi: 10.3390/ijerph17249205. PMID: 33317121; PMCID: PMC7764416.

⁷ **Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph.** [Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph — Collaborative for Health & Environment](#)

⁸ Kirthiga M, Murugan M, Saikia A, Kirubakaran R. Risk Factors for Early Childhood Caries: A Systematic Review and Meta-Analysis of Case Control and Cohort Studies. *Pediatr Dent*. 2019 Mar 15;41(2):95-112. PMID: 30992106; PMCID: PMC7100045.

and monitored. Above the age of 6 a baby pea size of toothpaste may provide some benefit when spitting and rinsing prior to swallowing is learned and monitored.

Caregivers should watch their child's neck as they brush and spit and rinse and spit again to ensure the child is not reflexively swallowing. If in doubt, leave toothpaste out. Brains are more important than teeth.

To minimize a chronic toxic intake of fluoride, children should avoid foods high in fluoride, such as mechanically deboned meat which can have bone meal, and tea. Organic foods may contain less fluoride pesticide. Topical fluoride may have slight benefit in caries reduction⁹ although fluoride varnish will increase plasma fluoride concentrations. The best choice for prevention of dental cavities is to reduce risk with a healthy whole unrefined foods and careful hygiene.

Guidance for adults: Do not swallow fluoride toothpaste. Avoid drinking water containing more than 0.2 ppm fluoride. Some foods are high in fluoride and should be limited.

For 15 years, I have been coming to the BOH requesting, begging, petitioning 22 times for the Board to give the people of Washington, our patients, FREEDOM and stop the Board and Department from harming millions of Washington residents. The Board has refused to protect the public with even a simple label.

People have fought and died for freedom, but we should not have to fight authorities to give us basic human rights, Freedom.

Dental caries are not highly contagious, infecting others and killing them. Fluoridation is not like a vaccine intended to prevent the spread of dental caries.

The purpose of adding an EPA contaminated contaminant to public water is to treat each individual in an attempt to mitigate their bad diet and bad hygiene.

Options with freedom, include supplements and toothpaste, black tea, non-organic foods.

However, supplements, do not force compliance. The only reason to add the fluoride to public water is to try and shove it down our throats without our consent. Consent which the Board has ferociously blocked and denied.

Except, about half the water we drink is bottled water, costly, increasing plastic pollution and PFAS exposure. Public Health Authorities should not be trusted regarding fluoride.

A [recent review](#) by the Cochrane Collaboration found less than a 4% reduction in tooth decay from fluoridation.

⁹ Uhlen-Strand MM, Stangvaltaite-Mouhat L, Mdala I, Volden Klepaker I, Wang NJ, Skudutyte-Rysstad R. Fissure Sealants or Fluoride Varnish? A Randomized Pragmatic Split-Mouth Trial. J Dent Res. 2024 Jul;103(7):705-711. doi: 10.1177/00220345241248630. Epub 2024 May 8. PMID: 38716723; PMCID: PMC11191655.

The 2024 [LOTUS study](#), which included over 6 million adults in England, was the largest, strongest study of fluoridation effectiveness in adults ever done and found virtually no benefit: a lifetime reduction in decay of only 2%. An accompanying economic analysis for the LOTUS study found the meager dental bill savings would be worth only about \$1 a year per person; not enough to buy a single cup of coffee. Furthermore, the LOTUS analysis did not consider the capital costs of new fluoridation schemes, let alone the cost of adverse effects like reduced IQ and dental fluorosis.

The LOTUS study was also preceded by a large 10-year fluoridation study in the northwest of England, called the CATFISH study, which concluded that fluoridation's effects on tooth decay in children are "very modest" and "much smaller than previous studies have reported" [[Goodwin 2022](#)]. The CATFISH study found, at best, marginal dental and economic benefits.

Please provide a forum as RCW requires.

Sincerely,

Bill Osmunson DDS MPH

Washington Action for Safe Water

From: bill teachingsmiles.com
Sent: 1/6/2025 12:49:16 PM
To: DOH WSBOH, Bartlett, Heather (ECY), Pendowski, Jim (ECY), Wolt, Katie (ECY)
Subject: EMERGENCY: NTP Second Half Published 1/6/2025

External Email

Dear Board and Department of Health and Authorities,

EMERGENCY ACTION REQUIRED

Today, another very powerful study was just published in the Journal of American Medical Association Pediatrics.

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2828425>

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

This evidence is additional evidence to our 22 petitions for rule change.

"this systematic review and meta-analysis of 74 cross-sectional and prospective cohort studies found significant inverse associations between fluoride exposure and children's IQ scores."

When fluoride goes up in mom's urine, IQ goes down in her child.

For 15 years, we have been coming to the Board and Authorities requesting, pleading, commenting and petitioning the Board to protect the developing fetus and infants in Washington State. This has been done with no profit to us and great expense, pain and suffering.

The Board has for 15 years consistently refused to even hold a forum to discuss the science, 3 months ago I was told the Department would look into our concerns. . . silence is a form of censure. And the public is being harmed.

"RCW 43.20.050

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>

Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules.

(1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry."

The Board and Department have cherry picked science, people and laws, and continued to harm the public's health.

The Board has explicit and unreserved trust in the fluoridation lobby, profit making industry and professionals, rather than science. Endorsements are not science.

Observational opinion is not randomized controlled trials. A clinician's opinion is just their opinion and not science.

The Board, Department and Authorities are complicit in harming the public, just as Donald Trump did not riot at the capital one year ago, but encouraged the riot. The Board, Department of Health and authorities are likewise complicit and alleged guilty.

1. ~~SDWA~~ prohibits the EPA from adding anything to water for the treatment of humans. (EPA treats water, not humans)

2. ~~FDA~~ CDER claims they do not regulate tap water. (Finger pointing, circular jurisdiction, lack of accountability)

3. ~~The~~ National Health Assessment and Nutrition Evaluation Survey reports over half of children have dental fluorosis, a biomarker of excess fluoride exposure.

4. ~~The~~ Federal Court after 7 years and 9 days in court, the best experts your taxes could purchase (hundreds of thousands of dollars) by the EPA and your patients paid experts (hundreds of thousands of dollars) lawyer fees of even more, Court time with tax money, to try and gain FREEDOM for all of us . . . the Court ruled fluoridation is an "unreasonable risk." The Court reported about 3 IQ loss for the average mother's offspring and about 7 IQ loss for the 90th percentile fluoride exposure. Some claim the Court is not peer reviewed science. The Court used science which had been peer reviewed multiple times and the Court is an ultimate peer reviewer.

5. ~~The~~ National Toxicology Program reporting a moderate confidence of lower IQ in their first publication last year and today, 1/6/2025, reports an inverse relationship when urine fluoride measurements are included.

6. ~~The~~ National Research Council (2006) reporting possible harm from fluoride to virtually every cell of the body.

7. ~~The~~ Washington State Board of Pharmacy determining fluoride is a legend drug.

8. ~~No~~ known dosage has been determined for benefit.

a. ~~Lack~~ benefit, CDC sworn testimony: <https://fluoridealert.org/content/cdc-we-dont-promote-fluoride-use-for-in-utero-benefits/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fcontent%2Fcdc-we-dont-promote-fluoride-use-for-in-utero-benefits%2F&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aead3008dd2e934623%7C1>>

b. ~~CDC~~ sworn testimony: <https://fluoridealert.org/content/cdc-fluoride-supplements-do-not-provide-a-benefit-for-children-when-given-during-pregnancy/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fcontent%2Fcdc-fluoride-supplements-do-not-provide-a-benefit-for-children-when-given-during-pregnancy%2F&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aead3008dd2e934623%7C1>>

C. ~~CDC~~ sworn testimony: Lack of benefit during first six months of life:

<https://fluoridealert.org/content/cdc-fluoridated-water-does-not-provide-a-benefit-during-the-first-6-months-of-life/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fcontent%2Fcdc-fluoridated-water-does-not-provide-a-benefit-during-the-first-6-months-of-life%2F&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aead3008dd2e934623%7C1>>

D. ~~CDC~~ sworn testimony, no benefit to children if mother swallows fluoride:

<https://fluoridealert.org/content/cdc-no-benefit-to-childrens-teeth-if-fluoride-is-swallowed-by-their-mother/>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fcontent%2Fcdc-no-benefit-to-childrens-teeth-if-fluoride-is-swallowed-by-their-mother%2F&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aead3008dd2e934623%7C1>>

9. ~~A~~ 80 years of mass medication and only one randomized controlled trial (Leverett 1997) has been published on benefit of ingesting fluoride and it did not report a statistical benefit.

10. ~~It~~ past time for the Board and Department of Health to:

1.

~~They~~ RCW, immediately, as an emergency, hold a forum this week. This is an emergency crisis. Nights, weekends, 24/7 emergency. And the solution to the pollution is simply turning off the pumps.

2.

Remove all endorsements of "safe and effective" and "cost effective" and

encouragement and support for fluoride ingestion off the Board and Department's website.

3.

Recommend an immediate cessation of fluoridation under RCW 38.52.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>

(6)(a) "Catastrophic incident" means any natural or human-caused incident, including terrorism and enemy attack, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, or government functions."

and (13)(a) "Emergency or disaster" as used in all sections of this chapter except RCW 38.52.430

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>

means an event or set of circumstances which: (i) Demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences; or (ii) reaches such a dimension or degree of destructiveness as to warrant the governor proclaiming a state of emergency pursuant to RCW 43.06.010

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>

. (Governor) Also RCW 70A.125.040

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>

4.

Submit to the Washington Legislature a request to rescind RCW 57.08.012

<<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefault>
and 10.

11. Only the Board and Department are regulatory agencies who still persist in recommending fluoridation.

I made millions of dollars both selling fluoride and treating dental fluorosis cosmetic and functional harm. The Board and Department are dishonest and lose public confidence when claiming fiction is fact or science will never change policy.

The cost of harm each year for a person on fluoridated water is well over \$400/year/person X 4 million on fluoridated water in Washington State is about \$1,600,000,000 a year, or about \$4.4 million harm each day of the 365 days a year. Each day the Board delays is a loss of over \$4 million just for lower IQ and dental fluorosis. And then add the harm to all the other cells such as thyroid, bones, kidneys, GI tract, etc.

This is a 911 call for emergency action.

Please don't get me wrong, spending Board time protecting a child from possibly hitting their head on the bottom of a swimming pool is certainly valid. However, far more time should be put into 400 million people mass medicated by the Board and Department's recommendation.

The Court spent 8 years reviewing science under the Toxic Substance Control Act.

The NTP spent 9 years reviewing just one risk from fluoride.

The NRC 2006 spent 3 years reviewing evidence on many risks.

The Board spends 3 minutes a few times a year and assures the public fluoridation is both safe and effective when the Board does not have a single study of safety to the developing human brain.

Once again, consider the Guidance the Board should be providing to the public:

Guidance for the fetus: Girls and women wanting to become pregnant someday should avoid drinking water with greater than 0.2 ppm of fluoride[1] or swallowing fluoride toothpaste, and should avoid foods high in fluoride for 20 years prior to pregnancy.

Mothers, during pregnancy, should avoid drinking fluoridated water, avoid swallowing fluoride toothpaste, avoid fluoride dental products, avoid foods high in fluoride such as

tea,[2] and with advice from your doctor avoid medications that may release significant amounts of fluoride.

Guidance for infants: Infants thrive best on their mother's milk. A mother's body biologically blocks virtually all fluoride, protecting babies naturally. A second-best option is a formula made with water containing less than 0.01 ppm of fluoride, when possible.[3] (Mother's milk has a mean concentration of 0.004 ppm). No fluoride toothpaste for infants.

Early Childhood Cavities is significantly increased by putting a baby to sleep and prolonged sleep with a bottle of formula or juice.[4] When teeth erupt, wiping them gently with a soft cloth or playing with a small tooth brush can be helpful in reducing mouth phobia.

Guidance for Toddlers: No fluoride toothpaste for toddlers. Avoid drinking water, juices and cooking foods with more than 0.2 ppm of fluoride. Dental flossing can be started when teeth are touching side by side. Limit refined foods. Brushing teeth can be learned at a young age; although accuracy needs to be guided by caregivers.

A dental visit, happy visit, by age 1 is encouraged for caregiver instruction on reducing dental cavities. A dental visit by age 3 is important.

Guidance for children: Avoid drinking water with more than 0.2 ppm of fluoride. Swallowing is a reflex, and children tend to swallow candy-flavored toothpastes, which can harm their development. Children should avoid fluoride toothpaste prior to competency in spitting and rinsing and spitting, and once again rinsing and spitting prior to swallowing. Read the toothpaste label.

No fluoride toothpaste prior to age 2 (some toothpaste labels advise 12 years of age). From age 2 to 6 a small grain of rice size of fluoride toothpaste may be used, when spitting prior to swallowing is learned and monitored. Above the age of 6 a baby pea size of toothpaste may provide some benefit when spitting and rinsing prior to swallowing is learned and monitored.

Caregivers should watch their child's neck as they brush and spit and rinse and spit again to ensure the child is not reflexively swallowing. If in doubt, leave toothpaste out. Brains are more important than teeth.

To minimize a chronic toxic intake of fluoride, children should avoid foods high in fluoride, such as mechanically deboned meat which can have bone meal, and tea. Organic foods may contain less fluoride pesticide. Topical fluoride may have slight benefit in caries reduction[5] although fluoride varnish will increase plasma fluoride concentrations. The best choice for prevention of dental cavities is to reduce risk with a healthy whole unrefined foods (reduced sugar intake) and careful hygiene.

Guidance for adults: Do not swallow fluoride toothpaste. Avoid drinking water containing more than 0.2 ppm fluoride. Some foods are high in fluoride and should be limited.

Sincerely,

Bill Osmunson DDS MPH

Washington Action for Safe Water

[1] Malin AJ, Eckel SP, Hu H, Martinez-Mier EA, Hernandez-Castro I, Yang T, Farzan SF, Habre R, Breton CV, Bastain TM. Maternal Urinary Fluoride and Child Neurobehavior at Age 36 Months. *JAMA Netw Open*. 2024 May 1;7(5):e2411987. doi: 10.1001/jamanetworkopen.2024.11987. Erratum in: *JAMA Netw Open*. 2024 Jun.

[2] Carwile JL, Ahrens KA, Seshasayee SM, Lanphear B, Fleisch AF. Predictors of Plasma Fluoride Concentrations in Children and Adolescents. *Int J Environ Res Public Health*. 2020 Dec 9;17(24):9205. doi: 10.3390/ijerph17249205. PMID: 33317121; PMCID: PMC7764416.

[3] Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph.

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93>>
Fluoride,

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93>>

webinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93

Neurodevelopment, and Cognition: A National Toxicology Program Monograph

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93>

—
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93>
Collaborative for Health &

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93>

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93>
Environment

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.healthandenvironment.org%2Fwebinars%2F96797&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C7f36a2eb6d324aeada3008dd2e93>

[4] Kirthiga M, Murugan M, Saikia A, Kirubakaran R. Risk Factors for Early Childhood Caries: A Systematic Review and Meta-Analysis of Case Control and Cohort Studies. *Pediatr Dent*. 2019 Mar 15;41(2):95-112. PMID: 30992106; PMCID: PMC7100045.

[5] Uhlen-Strand MM, Stangvaltaite-Mouhat L, Mdala I, Volden Klepaker I, Wang NJ, Skudutyte-Rysstad R. Fissure Sealants or Fluoride Varnish? A Randomized Pragmatic Split-Mouth Trial. *J Dent Res*. 2024 Jul;103(7):705-711. doi: 10.1177/00220345241248630. Epub 2024 May 8. PMID: 38716723; PMCID: PMC11191655.

RECOMMENDATIONS FOR FLUORIDE USE HAVE CHANGED: Many people are ingesting too much fluoride, especially the fetus, infants, children, those swallowing fluoridated water, and/or those ingesting foods and medicines high in fluoride. Judging the benefits vs risks of fluoride requires considering many streams of evidence and a work in progress. The following is the best guidance based on research as of 2024. Safety should be our highest priority.

SWALLOWING FLUORIDE, INCLUDING WATER AND FOODS CONTAINING GREATER THAN 0.2 MG/L, SHOULD BE AVOIDED: Potential harms are reported by the National Research Council in 2006, such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity, carcinogenicity, and more. Over the last quarter Century, each risk has been further scientifically supported and of concern. Fluoride is a highly reactive element and can affect all cells.¹

FLUORIDATION MAY NOT BE EFFECTIVE: The Food and Drug Administration notified fluoride supplement manufacturers that evidence of efficacy was incomplete. Only one randomized controlled trial on fluoride ingestion has been published and it did not report a statistical benefit.² The Food and Drug Administration Center for Drug Evaluation and Research has not approved swallowing fluoride with the intent to prevent dental cavities³.

FLUORIDATION IS NOT COST EFFECTIVE: Costs to treat harm exceed the alleged costs saved when risks are included.⁴

¹ FLUORIDE IN DRINKING WATER: A Scientific Review of EPA's Standards. [NRC-2006.pdf](#)

² Leverett DH, Adair SM, Vaughan BW, Proskin HM, Moss ME. Randomized clinical trial of the effect of prenatal fluoride supplements in preventing dental caries. *Caries Res.* 1997;31(3):174-9. doi: 10.1159/000262394. PMID: 9165186.

³ **Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book** [Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA](#)

⁴ Osmunson, B. and Cole, G. (2024), Community Water Fluoridation a Cost–Benefit–Risk Consideration. *Public Health Chall.*, 3: e70009. <https://doi.org/10.1002/puh2.70009>

Guidance for the fetus: Girls and women wanting to become pregnant someday should avoid drinking water with greater than 0.2 ppm of fluoride⁵ or swallowing fluoride toothpaste, and should avoid foods high in fluoride for 20 years prior to pregnancy.

Mothers, during pregnancy, should avoid drinking fluoridated water, avoid swallowing fluoride toothpaste, avoid fluoride dental products, avoid foods high in fluoride such as tea,⁶ and with advice from your doctor avoid medications that may release significant amounts of fluoride.

Guidance for infants: Infants thrive best on their mother's milk. A mother's body biologically blocks virtually all fluoride, protecting babies naturally. A second-best option is a formula made with water containing less than 0.01 ppm of fluoride, when possible.⁷ (Mother's milk has a mean concentration of 0.004 ppm). No fluoride toothpaste for infants.

Early Childhood Cavities is significantly increased by putting a baby to sleep and prolonged sleep with a bottle of formula or juice.⁸ When teeth erupt, wiping them gently with a soft cloth or playing with a small tooth brush can be helpful in reducing mouth phobia.

Guidance for Toddlers: No fluoride toothpaste for toddlers. Avoid drinking water, juices and cooking foods with more than 0.2 ppm of fluoride. Dental flossing can be started when teeth are touching side by side. Limit refined foods. Brushing teeth can be learned at a young age; although accuracy needs to be guided by caregivers.

A dental visit, happy visit, by age 1 is encouraged for caregiver instruction on reducing dental cavities. A dental visit by age 3 is important.

Guidance for children: Avoid drinking water with more than 0.2 ppm of fluoride. Swallowing is a reflex, and children tend to swallow candy-flavored toothpastes, which can harm their development. Children should avoid fluoride toothpaste prior to competency in spitting and rinsing and spitting, and once again rinsing and spitting prior to swallowing. Read the toothpaste label.

No fluoride toothpaste prior to age 2 (some toothpaste labels advise 12 years of age). From age 2 to 6 a small grain of rice size of fluoride toothpaste may be used, when spitting prior to swallowing is learned

⁵ Malin AJ, Eckel SP, Hu H, Martinez-Mier EA, Hernandez-Castro I, Yang T, Farzan SF, Habre R, Breton CV, Bastain TM. Maternal Urinary Fluoride and Child Neurobehavior at Age 36 Months. *JAMA Netw Open*. 2024 May 1;7(5):e2411987. doi: 10.1001/jamanetworkopen.2024.11987. Erratum in: *JAMA Netw Open*. 2024 Jun.

⁶ Carwile JL, Ahrens KA, Seshasayee SM, Lanphear B, Fleisch AF. Predictors of Plasma Fluoride Concentrations in Children and Adolescents. *Int J Environ Res Public Health*. 2020 Dec 9;17(24):9205. doi: 10.3390/ijerph17249205. PMID: 33317121; PMCID: PMC7764416.

⁷ **Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph.** [Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph — Collaborative for Health & Environment](#)

⁸ Kirthiga M, Murugan M, Saikia A, Kirubakaran R. Risk Factors for Early Childhood Caries: A Systematic Review and Meta-Analysis of Case Control and Cohort Studies. *Pediatr Dent*. 2019 Mar 15;41(2):95-112. PMID: 30992106; PMCID: PMC7100045.

and monitored. Above the age of 6 a baby pea size of toothpaste may provide some benefit when spitting and rinsing prior to swallowing is learned and monitored.

Caregivers should watch their child's neck as they brush and spit and rinse and spit again to ensure the child is not reflexively swallowing. If in doubt, leave toothpaste out. Brains are more important than teeth.

To minimize a chronic toxic intake of fluoride, children should avoid foods high in fluoride, such as mechanically deboned meat which can have bone meal, and tea. Organic foods may contain less fluoride pesticide. Topical fluoride may have slight benefit in caries reduction⁹ although fluoride varnish will increase plasma fluoride concentrations. The best choice for prevention of dental cavities is to reduce risk with a healthy whole unrefined foods and careful hygiene.

Guidance for adults: Do not swallow fluoride toothpaste. Avoid drinking water containing more than 0.2 ppm fluoride. Some foods are high in fluoride and should be limited.

For 15 years, I have been coming to the BOH requesting, begging, petitioning 22 times for the Board to give the people of Washington, our patients, FREEDOM and stop the Board and Department from harming millions of Washington residents. The Board has refused to protect the public with even a simple label.

People have fought and died for freedom, but we should not have to fight authorities to give us basic human rights, Freedom.

Dental caries are not highly contagious, infecting others and killing them. Fluoridation is not like a vaccine intended to prevent the spread of dental caries.

The purpose of adding an EPA contaminated contaminant to public water is to treat each individual in an attempt to mitigate their bad diet and bad hygiene.

Options with freedom, include supplements and toothpaste, black tea, non-organic foods.

However, supplements, do not force compliance. The only reason to add the fluoride to public water is to try and shove it down our throats without our consent. Consent which the Board has ferociously blocked and denied.

Except, about half the water we drink is bottled water, costly, increasing plastic pollution and PFAS exposure. Public Health Authorities should not be trusted regarding fluoride.

A [recent review](#) by the Cochrane Collaboration found less than a 4% reduction in tooth decay from fluoridation.

⁹ Uhlen-Strand MM, Stangvaltaite-Mouhat L, Mdala I, Volden Klepaker I, Wang NJ, Skudutyte-Rysstad R. Fissure Sealants or Fluoride Varnish? A Randomized Pragmatic Split-Mouth Trial. J Dent Res. 2024 Jul;103(7):705-711. doi: 10.1177/00220345241248630. Epub 2024 May 8. PMID: 38716723; PMCID: PMC11191655.

The 2024 [LOTUS study](#), which included over 6 million adults in England, was the largest, strongest study of fluoridation effectiveness in adults ever done and found virtually no benefit: a lifetime reduction in decay of only 2%. An accompanying economic analysis for the LOTUS study found the meager dental bill savings would be worth only about \$1 a year per person; not enough to buy a single cup of coffee. Furthermore, the LOTUS analysis did not consider the capital costs of new fluoridation schemes, let alone the cost of adverse effects like reduced IQ and dental fluorosis.

The LOTUS study was also preceded by a large 10-year fluoridation study in the northwest of England, called the CATFISH study, which concluded that fluoridation's effects on tooth decay in children are "very modest" and "much smaller than previous studies have reported" [[Goodwin 2022](#)]. The CATFISH study found, at best, marginal dental and economic benefits.

Please provide a forum as RCW requires.

Sincerely,

Bill Osmunson DDS MPH

Washington Action for Safe Water

RECOMMENDATIONS FOR FLUORIDE USE HAVE CHANGED: Many people are ingesting too much fluoride, especially the fetus, infants, children, those swallowing fluoridated water, and/or those ingesting foods and medicines high in fluoride. Judging the benefits vs risks of fluoride requires considering many streams of evidence and a work in progress. The following is the best guidance based on research as of 2024. Safety should be our highest priority.

SWALLOWING FLUORIDE, INCLUDING WATER AND FOODS CONTAINING GREATER THAN 0.2 MG/L, SHOULD BE AVOIDED: Potential harms are reported by the National Research Council in 2006, such as cell function, teeth, skeleton, chondrocyte metabolism, arthritis, reproductive and developmental effects, neurotoxicity, neurobehavioral effects, endocrine system, gastrointestinal, renal, hepatic, immune systems, genotoxicity, carcinogenicity, and more. Over the last quarter Century, each risk has been further scientifically supported and of concern. Fluoride is a highly reactive element and can affect all cells.¹

FLUORIDATION MAY NOT BE EFFECTIVE: The Food and Drug Administration notified fluoride supplement manufacturers that evidence of efficacy was incomplete. Only one randomized controlled trial on fluoride ingestion has been published and it did not report a statistical benefit.² The Food and Drug Administration Center for Drug Evaluation and Research has not approved swallowing fluoride with the intent to prevent dental cavities³.

FLUORIDATION IS NOT COST EFFECTIVE: Costs to treat harm exceed the alleged costs saved when risks are included.⁴

¹ FLUORIDE IN DRINKING WATER: A Scientific Review of EPA's Standards. [NRC-2006.pdf](#)

² Leverett DH, Adair SM, Vaughan BW, Proskin HM, Moss ME. Randomized clinical trial of the effect of prenatal fluoride supplements in preventing dental caries. *Caries Res.* 1997;31(3):174-9. doi: 10.1159/000262394. PMID: 9165186.

³ **Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book** [Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA](#)

⁴ Osmunson, B. and Cole, G. (2024), Community Water Fluoridation a Cost–Benefit–Risk Consideration. *Public Health Chall.*, 3: e70009. <https://doi.org/10.1002/puh2.70009>

Guidance for the fetus: Girls and women wanting to become pregnant someday should avoid drinking water with greater than 0.2 ppm of fluoride⁵ or swallowing fluoride toothpaste, and should avoid foods high in fluoride for 20 years prior to pregnancy.

Mothers, during pregnancy, should avoid drinking fluoridated water, avoid swallowing fluoride toothpaste, avoid fluoride dental products, avoid foods high in fluoride such as tea,⁶ and with advice from your doctor avoid medications that may release significant amounts of fluoride.

Guidance for infants: Infants thrive best on their mother's milk. A mother's body biologically blocks virtually all fluoride, protecting babies naturally. A second-best option is a formula made with water containing less than 0.01 ppm of fluoride, when possible.⁷ (Mother's milk has a mean concentration of 0.004 ppm). No fluoride toothpaste for infants.

Early Childhood Cavities is significantly increased by putting a baby to sleep and prolonged sleep with a bottle of formula or juice.⁸ When teeth erupt, wiping them gently with a soft cloth or playing with a small tooth brush can be helpful in reducing mouth phobia.

Guidance for Toddlers: No fluoride toothpaste for toddlers. Avoid drinking water, juices and cooking foods with more than 0.2 ppm of fluoride. Dental flossing can be started when teeth are touching side by side. Limit refined foods. Brushing teeth can be learned at a young age; although accuracy needs to be guided by caregivers.

A dental visit, happy visit, by age 1 is encouraged for caregiver instruction on reducing dental cavities. A dental visit by age 3 is important.

Guidance for children: Avoid drinking water with more than 0.2 ppm of fluoride. Swallowing is a reflex, and children tend to swallow candy-flavored toothpastes, which can harm their development. Children should avoid fluoride toothpaste prior to competency in spitting and rinsing and spitting, and once again rinsing and spitting prior to swallowing. Read the toothpaste label.

No fluoride toothpaste prior to age 2 (some toothpaste labels advise 12 years of age). From age 2 to 6 a small grain of rice size of fluoride toothpaste may be used, when spitting prior to swallowing is learned

⁵ Malin AJ, Eckel SP, Hu H, Martinez-Mier EA, Hernandez-Castro I, Yang T, Farzan SF, Habre R, Breton CV, Bastain TM. Maternal Urinary Fluoride and Child Neurobehavior at Age 36 Months. *JAMA Netw Open*. 2024 May 1;7(5):e2411987. doi: 10.1001/jamanetworkopen.2024.11987. Erratum in: *JAMA Netw Open*. 2024 Jun.

⁶ Carwile JL, Ahrens KA, Seshasayee SM, Lanphear B, Fleisch AF. Predictors of Plasma Fluoride Concentrations in Children and Adolescents. *Int J Environ Res Public Health*. 2020 Dec 9;17(24):9205. doi: 10.3390/ijerph17249205. PMID: 33317121; PMCID: PMC7764416.

⁷ **Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph.** [Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph — Collaborative for Health & Environment](#)

⁸ Kirthiga M, Murugan M, Saikia A, Kirubakaran R. Risk Factors for Early Childhood Caries: A Systematic Review and Meta-Analysis of Case Control and Cohort Studies. *Pediatr Dent*. 2019 Mar 15;41(2):95-112. PMID: 30992106; PMCID: PMC7100045.

and monitored. Above the age of 6 a baby pea size of toothpaste may provide some benefit when spitting and rinsing prior to swallowing is learned and monitored.

Caregivers should watch their child's neck as they brush and spit and rinse and spit again to ensure the child is not reflexively swallowing. If in doubt, leave toothpaste out. Brains are more important than teeth.

To minimize a chronic toxic intake of fluoride, children should avoid foods high in fluoride, such as mechanically deboned meat which can have bone meal, and tea. Organic foods may contain less fluoride pesticide. Topical fluoride may have slight benefit in caries reduction⁹ although fluoride varnish will increase plasma fluoride concentrations. The best choice for prevention of dental cavities is to reduce risk with a healthy whole unrefined foods and careful hygiene.

Guidance for adults: Do not swallow fluoride toothpaste. Avoid drinking water containing more than 0.2 ppm fluoride. Some foods are high in fluoride and should be limited.

For 15 years, I have been coming to the BOH requesting, begging, petitioning 22 times for the Board to give the people of Washington, our patients, FREEDOM and stop the Board and Department from harming millions of Washington residents. The Board has refused to protect the public with even a simple label.

People have fought and died for freedom, but we should not have to fight authorities to give us basic human rights, Freedom.

Dental caries are not highly contagious, infecting others and killing them. Fluoridation is not like a vaccine intended to prevent the spread of dental caries.

The purpose of adding an EPA contaminated contaminant to public water is to treat each individual in an attempt to mitigate their bad diet and bad hygiene.

Options with freedom, include supplements and toothpaste, black tea, non-organic foods.

However, supplements, do not force compliance. The only reason to add the fluoride to public water is to try and shove it down our throats without our consent. Consent which the Board has ferociously blocked and denied.

Except, about half the water we drink is bottled water, costly, increasing plastic pollution and PFAS exposure. Public Health Authorities should not be trusted regarding fluoride.

A [recent review](#) by the Cochrane Collaboration found less than a 4% reduction in tooth decay from fluoridation.

⁹ Uhlen-Strand MM, Stangvaltaite-Mouhat L, Mdala I, Volden Klepaker I, Wang NJ, Skudutyte-Rysstad R. Fissure Sealants or Fluoride Varnish? A Randomized Pragmatic Split-Mouth Trial. J Dent Res. 2024 Jul;103(7):705-711. doi: 10.1177/00220345241248630. Epub 2024 May 8. PMID: 38716723; PMCID: PMC11191655.

The 2024 [LOTUS study](#), which included over 6 million adults in England, was the largest, strongest study of fluoridation effectiveness in adults ever done and found virtually no benefit: a lifetime reduction in decay of only 2%. An accompanying economic analysis for the LOTUS study found the meager dental bill savings would be worth only about \$1 a year per person; not enough to buy a single cup of coffee. Furthermore, the LOTUS analysis did not consider the capital costs of new fluoridation schemes, let alone the cost of adverse effects like reduced IQ and dental fluorosis.

The LOTUS study was also preceded by a large 10-year fluoridation study in the northwest of England, called the CATFISH study, which concluded that fluoridation's effects on tooth decay in children are "very modest" and "much smaller than previous studies have reported" [[Goodwin 2022](#)]. The CATFISH study found, at best, marginal dental and economic benefits.

Please provide a forum as RCW requires.

Sincerely,

Bill Osmunson DDS MPH

Washington Action for Safe Water