
From: Derek Kemppainen
Sent: 4/1/2025 10:18:39 PM
To: Foust, Chelsea S (DOH),DOH WSOH,DOH EPH DW Info
Cc:
Subject: Cities Defer to WA DOH on Fluoridation – Need for Clearer Direction

External Email

Dear Ms. Foust and Members of the Washington State Board of Health & Department of Health,

I'm writing to share a recent response I received from the City of Vancouver regarding community water fluoridation that could be a relevant discussion point for the upcoming April 9th meeting. I believe this response helps illustrate a key dynamic: cities across Washington are relying on Department of Health guidance and see themselves as unable to act independently, even when residents request change.

The City wrote:

"We will continue as always to follow the guidance on recommended levels of usage from the Washington State Department of Health. If those recommendations change, the City will act accordingly."

Vancouver also cited its municipal code as a legal obligation to fluoridate according to DOH policy:

"The city council of the city of Vancouver hereby authorizes and directs that a source of fluoridation approved by the State Department of Health be added to the city of Vancouver water supply, under the rules and regulations of the Washington State Department of Public Health, such addition to be administered in a manner approved by the State Director of Public Health, and in accordance with the laws of the state of Washington."

This highlights a broader issue: local governments are effectively locked into fluoridation as long as the state continues to support it. The Department's guidance is not simply advisory in practice - it's interpreted as binding.

While the Department's current review on fluoridation is a welcome and necessary step, many cities and their residents are still left in a holding pattern. Local governments are eager to respond to community input, but feel constrained by current DOH recommendations. A revised stance from the Department would provide them with the clarity and authority they need to move forward.

Thank you for taking this issue seriously and for the work already underway.

Sincerely,

Derek Kemppainen
Vice President, Washington Action for Safe Water
360-975-2011

<https://dxwIKZ04.na2.hs-salescrm-engage.com/Cto/GJ+23284/dxwIKZ04/R5R8b40T1N7psDMX2fJ7W1Vp_6D23f2bHW1Qs7mB1XnZrGW1Gd3>

From: Drew Frank
Sent: 4/3/2025 9:33:12 PM
To: DOH WSBOH
Cc:
Subject: My Public Comments

External Email

Board Members,

I had the opportunity to listen in on parts of the 2/26 meeting with the Board and the TAC. I'm especially interested in ventilation and indoor air quality, and it was great to hear the detailed discussion of these topics informed by technical experts. Thank you for your work on this.

Prior to the meeting, I did not appreciate the constraints the Board operates under here. One common theme I heard come up again and again is that the rules must not be burdensome, and that there is a very strong desire to define requirements such that all existing schools are already in compliance. Additionally, equity came up as a concern – if a policy would be beneficial but would be more burdensome for a subset of schools, due to a difference in either impact or available resources, that is considered a strong mark against the policy.

I certainly understand the rationale, especially in the current fiscal climate. At the same time, it results in a tragic loss of potential impact from this group's work. It takes significant scientific and engineering expertise to weigh the costs and benefits associated with different ventilation & filtration strategies. This group has done that work, and many school districts could benefit from a full understanding of it! However, by focusing on (1) minimum standards that are (2) already met and (3) are equally comfortable for all schools to adhere to, much of that accumulated knowledge never makes it onto the page.

My ask is this: look for ways to communicate best practices above and beyond the required minimums. For example, if evidence suggests a higher rate of outdoor airflow would be beneficial, that should be written somewhere even if it would be expensive to meet in the depths of winter in the colder parts of the state. Similarly, I still don't see any mention of effective clean air flow rate as discussed in ASHRAE 241 – I know this group is familiar with the literature, but district administrators are not and they need a group like this to make it simple and actionable. The last example I'll mention has to do with monitoring these systems. I recall there was discussion about the frequency of test and balance procedures and it came up that there are other ways of telling if the air in a building is safe, which can mitigate the risk of less frequent TABs. I don't see anything about those other mechanisms (CO2 and PM2.5 monitors?) in the guidance – is that a best practice you can help define?

The goal of this is to empower school districts that are able and inclined to do more than meet the minimum requirements. This will leverage your hard work and expertise to gradually move more schools to create healthier environments, even while fiscal realities prevent you from simply mandating them into existence.

Thank you,
Drew Frank


From: Michelle Anderson
Sent: 3/31/2025 7:48:36 PM
To: DOH WSBOH
Cc:
Subject: COVID rules.

External Email

Can we please just repeal the original rule??
Can we please put common sense back into the rules??
Enough already!

From: Derek Kemppainen
Sent: 4/2/2025 1:12:55 PM
To: Foust, Chelsea S (DOH),DOH WSB0H,DOH EPH DW Info
Cc:
Subject: Follow-Up: Background Information on City of Vancouver Response

 *attachments\D3CCB10AE0984237_Complaint - Citizens of Vancouver_PRDTool_NAMETOOLONG.docx*

 *attachments\BAB0C26776E2485B_Cease and Desist Order and Notice_PRDTool_NAMETOOLONG.docx*

 *attachments\BCFC819AD3F141AC_City of Vancouver Public Records Request 8.19.24.docx*

External Email

Dear Ms. Foust and Members of the Washington State Board of Health & Department of Health,

I'm writing to provide additional background on the City of Vancouver's response to my concerns about community water fluoridation, which I shared previously. I believe this context is important for your ongoing review and could be relevant to the upcoming April 9th meeting.

After months of communication with the City, they ultimately responded:

"We will continue as always to follow the guidance on recommended levels of usage from the Washington State Department of Health. If those recommendations change, the City will act accordingly."

Leading up to this response:

* On August 19, 2024, I submitted the attached public records request, asking the City to demonstrate compliance with state and federal laws, as well as ethical guidelines regarding medical experimentation. The City was unable to produce any documentation confirming such compliance.

* On October 1, 2024, I sent the attached Cease and Desist Order and Notice of Legal Liability Regarding Water Fluoridation, requesting an immediate end to fluoridation and outlining legal violations tied to the program as well as the September 24, 2024 court ruling that fluoridation at current levels presents an unreasonable risk of reduced IQ in children.

* On December 9, 2024, I submitted a draft lawsuit outlining in detail how the City is in violation of state and federal law by continuing its fluoridation program. These legal arguments extend far beyond Vancouver - they apply to any municipality following current Department guidance. By continuing to endorse and promote water fluoridation, the Department is not only enabling these violations, but shares direct responsibility for them. I strongly urge the Department to review this document carefully and evaluate how its recommendations may be encouraging municipalities across Washington to violate the law - whether knowingly or not. This is an opportunity to course-correct before further harm is done.

**Derek Kemppainen
31404 NE 142nd Ave
Battle Ground, WA 98604**

December 10, 2024

**Clerk of the Court
Clark County Superior Court
1200 Franklin Street
Vancouver, WA 98660**

**RE: Public Interest Litigation Against the City of Vancouver for Violations Related to
Water Fluoridation**

COMPLAINT FOR INJUNCTIVE RELIEF AND DECLARATORY JUDGMENT

Plaintiff:

**Citizens of Vancouver, represented by Derek Kemppainen
31404 NE 142nd Ave
Battle Ground, WA 98604**

Defendant:

**City of Vancouver
415 W. 6th St.
Vancouver, WA 98660**

I. INTRODUCTION

1. This action seeks injunctive relief and declaratory judgment to prevent the City of Vancouver (hereafter "Defendant") from continuing the addition of fluoride to the public water supply. The Defendant's fluoridation practice violates both state and federal laws regarding public health, safety, and proper drug administration, posing significant and unreasonable risks to the citizens of Vancouver.
2. Fluoride added to drinking water in Vancouver has been identified as a hazardous and potentially harmful substance, constituting a violation of Washington State law (RCW 69.38.010), federal regulations governing the distribution of drugs, and laws prohibiting the introduction of toxins into public consumables.

Cease and Desist Order and Notice of Legal Liability Regarding Water Fluoridation

October 1, 2024

City Manager

City of Vancouver

415 W. 6th St.

Vancouver, WA 98660

Courtesy Copies to: Mayor, City Council Members, Public Works Director, City Attorney, Public Health Director, City Clerk, Water Department Manager, Risk Management Officer, Communications Director, Planning and Development Director, Public Records Officer

To the City Council,

I am writing on behalf of the Citizens of Vancouver to formally issue a Cease and Desist Order and Notice of Legal Liability to the City of Vancouver (the City) regarding the addition of fluoride to the public water supply. On August 19, 2024, I submitted a public records request to the City seeking documentation to justify the continuation of the fluoridation program. To date, the City has not provided any evidence demonstrating that the program is safe or legally compliant, raising serious concerns about its defensibility. Recent legal developments highlight the immediate need for action, as continuing the fluoridation program not only poses serious health risks to the community but is also illegal and unethical under both federal and state law. There is no longer any doubt about whether adding fluoride at the current levels is safe—it is not. Both scientific evidence and legal rulings have made this clear, compelling the City to act without delay.

In a landmark decision on September 24, 2024, the U.S. District Court for the Northern District of California ruled that water fluoridation at 0.7mg/L presents an “unreasonable risk” to children’s health by reducing IQ, a judgment that places a legal obligation on public agencies to reconsider fluoridation policies. Judge Edward Chen, presiding over the case, emphasized that the level of fluoride in drinking water across the U.S. is far too close to hazardous dosages, stating, “*there is substantial and scientifically credible evidence establishing that fluoride poses a risk to human health.*” He further noted that the risk is “unreasonable” under the Toxic Substances Control Act (TSCA), highlighting that even a slight reduction in IQ can result in “*reduced educational attainment, employment status, productivity, and earned wages.*” This decision signals that fluoridation practices nationwide, including those in Vancouver, are no longer justifiable.

Further corroborating this decision is the National Toxicology Program (NTP) report, published on August 21, 2024, which concluded that fluoride exposure presents a developmental neurotoxicity risk with no safe threshold for consumption. This finding draws a striking parallel to the NTP’s groundbreaking report on lead toxicity, which had a profound impact on public health policy and regulatory reform by revealing that even low levels of lead exposure are harmful, particularly to children.

Request for Public Records

August 19th, 2024

Public Records Officer
City of Vancouver
415 W. 6th St.
Vancouver, WA 98660

Courtesy Copies to: City Mayor, City Manager, City Council Members, City Ethics Committee, Public Works Department, City Attorney

Dear Public Records Officer,

I am writing to request access to certain public records under the Freedom of Information Act (5 U.S.C. § 552) and the Washington State Public Records Act (RCW 42.56) related to the water fluoridation practices in the City of Vancouver (the City.)

1 - Additives and Drugs Added to Water Supply

1. List of Additives added to treat Water Supply

- a. Please provide a comprehensive list of all additives currently added by the City to the water supply for the purpose of treating the water and making it safe for human consumption. This list should include the name of each additive and its purpose.

2. List of Drugs added to Water Supply

- a. A list of all drugs added by the City to the water supply intended to treat the recipients of the water according to the FDA definition (The FDA defines a drug as "A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease OR A substance (other than food) intended to affect the structure or any function of the body.")

3. List of Drugs added to Water Supply that are FDA Approved

- a. Please provide a list of all drugs added to the water supply that are FDA-approved. This should include documentation verifying that these drugs have undergone clinical trials, have been deemed safe for human use, and have received FDA approval for their specific use in public water systems.
- b. Please include any drug fact pamphlets for each of the FDA-approved drugs added to the water supply.

4. List of Drugs added to Water Supply that are not FDA Approved

- a. Please provide a list of all drugs added to the water supply that are not FDA Approved (See [Citizen Petition - Fluoride Supplements are Unapproved New Drugs](#))

5. Process for Adding New Drugs to the Water Supply

- a. Please provide all documentation regarding the standard process the City follows when deciding to add new drugs to the water supply. This should include procedures, decision-making criteria, and any required approvals or reviews, and opportunities for public input.

6. Review Process for drugs in water supply

- a. Please provide documentation detailing the review process for all drugs currently or previously added to the water supply. This should include how the effectiveness, safety, and necessity of these drugs are evaluated over time, as well as the criteria required for continuing, altering, or discontinuing their use, the frequency at which these reviews take place, and the names and titles of those on the review committee.

7. Safety Requirements for Drugs Added to the Water Supply

- a. Please provide all safety standards and requirements that the City adheres to when adding drugs to the water supply. This should include any federal, state, or local regulations, as well as any internal policies aimed at ensuring the safety and well-being of the public.

8. List of Drugs or substances that have been evaluated for addition to Water Supply

- a. Please provide a comprehensive list of all other drugs or substances that have been evaluated for potential addition to the water supply, along with the criteria used for their evaluation and the reasons for their approval or rejection.

9. Evaluation of Essential Nutrients for Addition to water

- a. It is well established that fluoride is not a nutrient, and there are no cellular processes in the body which use fluoride. However, there are numerous essential substances that the human body requires for proper functioning of cellular processes, many of which could potentially be added to the water supply to address deficiencies in the population. Such substances include, but are not limited to, Vitamin C, Vitamin D, Iodine, Calcium, Iron, Magnesium, Potassium, and Zinc. I am requesting documentation on whether any of these or similar essential substances have been evaluated for addition to the water supply, including the criteria used for their evaluation and the reasons for their inclusion or exclusion.

2 - Medical Experimentation on Human Subjects

According to the U.S. Food and Drug Administration (FDA), the administration of an unapproved drug outside of a clinical setting and without proper oversight constitutes a medical experiment, as defined by federal regulations governing human experimentation. Such activities require compliance with stringent rules to protect the rights and welfare of human subjects, including obtaining informed consent, securing Institutional Review Board (IRB) approval, and adhering to Investigational New Drug (IND) regulations (21 CFR Part 312)

Please provide all records, documents, and communications related to the administration of any unapproved drug by the City of Vancouver to its citizens. Specifically, I am seeking documents

that demonstrate the City's compliance with the following federal regulations and ethical guidelines:

1. Informed Consent Regulations (21 CFR Part 50)

- **Requirement:** Federal regulations mandate that informed consent must be obtained from all individuals before administering any drug, particularly in clinical investigations. This consent must be voluntary, informed, and documented.
- **Request:** Please provide documentation showing that informed consent was obtained from every individual who was administered the unapproved drug, including consent forms, communication records, and any related materials.

2. Protection of Human Subjects (21 CFR Part 50)

- **Requirement:** These regulations protect the rights and welfare of individuals involved in clinical investigations. The regulations require that subjects are treated ethically, with considerations for their safety, privacy, and well-being.
- **Request:** Please provide records that demonstrate how the City ensured the protection of human subjects, including any protocols, procedures, or assessments that were implemented.

3. Investigational New Drug (IND) Regulations (21 CFR Part 312)

- **Requirement:** An unapproved drug can only be administered under an Investigational New Drug (IND) application, which must be submitted to and approved by the FDA. The IND process includes detailed requirements for the safe and ethical administration of the drug, including monitoring and reporting adverse events.
- **Request:** Please provide copies of any approved IND applications, FDA correspondence, or other documentation that authorizes the City to administer the unapproved drug.

4. Institutional Review Board (IRB) Approval (21 CFR Part 56)

- **Requirement:** Any clinical investigation involving human subjects must be reviewed and approved by an Institutional Review Board (IRB). The IRB is responsible for ensuring that the study is ethical and that participants' rights are protected.
- **Request:** Please provide evidence of IRB review and approval for the administration of the unapproved drug, including IRB meeting minutes, approval letters, and any related communications.

5. Compliance with the Food, Drug, and Cosmetic Act (FD&C Act)

- **Requirement:** The FD&C Act prohibits the distribution and administration of unapproved new drugs. Compliance with this law requires that any drug administered to the public must be either FDA-approved or administered under an approved IND.
- **Request:** Please provide documentation confirming compliance with the FD&C Act, including any FDA approvals, authorizations, or other relevant legal documents that permit the administration of the unapproved drug.

Please include any internal communications, external communications with regulatory bodies, meeting minutes, legal opinions, or any other relevant documents that pertain to the above-listed regulations and guidelines.

3 - Adherence to Ethical Guidelines (Nuremberg Code and Belmont Report)

Requirement: The Nuremberg Code is a foundational document in medical ethics, establishing strict guidelines for conducting experiments involving human subjects. The first and most critical principle of the Nuremberg Code is the absolute necessity of voluntary consent. This means that any individual subjected to an experiment must be fully informed of the nature, purpose, duration, and potential risks involved. Consent must be given freely, without any form of coercion, pressure, or undue influence. Additionally, individuals must be allowed to withdraw from the experiment at any time, without penalty or loss of benefits to which they are otherwise entitled.

“The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.”

The last principle of the Nuremberg Code emphasizes the experimenter's responsibility to terminate the experiment if it becomes apparent that continuing could result in injury, disability, or death. This underscores the obligation to prioritize the safety and well-being of participants above all else.

The Belmont Report complements the Nuremberg Code by outlining additional ethical guidelines, particularly the principles of Respect for Persons and Beneficence. These principles reinforce the need for voluntary consent and the requirement to maximize benefits while minimizing harm to participants.

Request: Please provide comprehensive records demonstrating that the City of Vancouver has adhered to these critical ethical principles in the administration of the unapproved drug. Specifically, I am requesting:

1. Documentation of how citizens were fully informed about the drug, including its purpose, potential risks, and the option to freely opt out of participation at any time without any consequences.
2. Copies of internal policies or guidelines that ensure compliance with the first and last principles of the Nuremberg Code, particularly the safeguarding of voluntary consent and the procedures for terminating the administration if it poses any risks.
3. Evidence of any ethical reviews conducted before the drug's administration, as well as records of how the city ensured that all participants could freely withdraw from the process.
4. Any communications or protocols that outline how the well-being and safety of the citizens were prioritized throughout the process.

4 - Violation of Ethical Guidelines (Nuremberg Code and Belmont Report) and Regulatory Compliance

Requirement: The adherence to ethical guidelines and federal regulations is crucial in the administration of any drug, especially an unapproved one. Violations of these principles and regulations can lead to serious consequences, including:

1. Legal Liability:

- Violating the Nuremberg Code: Legal action could be taken against individuals and institutions, potentially leading to civil and criminal penalties if voluntary consent was not obtained or if the drug was administered without necessary safeguards.
- FDA Regulations: Non-compliance with informed consent, IND, and IRB requirements can result in significant legal penalties, including fines and sanctions. There could also be legal repercussions if the FDA's regulations under the Food, Drug, and Cosmetic Act are not followed.

2. Harm to Participants:

- Informed Consent Violations: If participants were not adequately informed or did not have the option to freely opt out, it could result in physical and psychological harm, which may have long-term effects on their health and well-being.
- Non-FDA Approved Drugs: Administration of drugs that are not FDA-approved can pose risks to participants, leading to adverse health outcomes and legal action against the entity administering the drug.

3. Regulatory and Compliance Issues:

- FDA and IND Regulations: Violating these regulations can lead to FDA enforcement actions, including fines, penalties, or restrictions on the ability to conduct future research or administer drugs.
- Documentation and Record-Keeping: Inadequate documentation or failure to follow required processes can result in non-compliance findings during audits or inspections, leading to further legal and regulatory repercussions.

Request: Please provide comprehensive documentation related to how the City of Vancouver is prepared to address these potential consequences, including:

1. **Contingency Plans:** Any documented plans or procedures for managing legal, ethical, and financial repercussions in the event of violations of the Nuremberg Code, FDA regulations, or other ethical guidelines.
2. **Risk Mitigation Strategies:** Records of measures implemented to prevent violations of ethical and regulatory standards, including procedures for promptly addressing and correcting any issues that arise.
3. **Training and Oversight:** Documentation of training programs for City staff and officials regarding ethical standards and regulatory compliance, as well as records of oversight mechanisms in place to ensure adherence to these principles and regulations.

5 - Voluntary Participation and Right to Discontinue

Requirement: According to the Code of Federal Regulations (21 CFR 50.25), participation in any medical experiment, including the administration of an unapproved drug, must be completely voluntary. This regulation mandates that individuals must be informed that they have the right to refuse participation without any penalty or loss of benefits to which they are otherwise entitled. Additionally, participants must be allowed to discontinue their involvement at any time without suffering any penalty or loss of benefits. Given that the drug is being administered through the public water supply—a resource that is inherently difficult to avoid—it is crucial that the City of Vancouver ensures that citizens are fully aware of these rights. Furthermore, the City must provide a clear and accessible means for citizens to opt out, which may include offering alternative sources of water that are fluoride-free.

Request: Please provide detailed documentation demonstrating how the City of Vancouver has complied with the requirement to inform citizens that participation in the administration of this unapproved drug is voluntary. Specifically, I am requesting:

1. Documentation on how the City has communicated to citizens their right to refuse participation without penalty or loss of benefits, including any public notices, informational campaigns, or other outreach efforts.
2. Records of any procedures or policies that allow citizens to discontinue participation in the drug administration, particularly considering the drug is distributed through the public water supply.
3. Documentation on the availability and provision of alternative water sources that are fluoride-free, including the locations of such sources, the criteria for accessing them, and any steps taken to ensure these alternatives are readily accessible to those who wish to opt out.
4. Any measures or protocols that have been implemented to ensure that citizens who choose to opt out can do so effectively and without undue burden, despite the communal nature of the water supply.

6 - Requests to End or Opt Out of the Medical Experiment

Requirement: In accordance with ethical guidelines and federal regulations, individuals participating in a medical experiment have the right to request to end their participation or to opt out at any time, without facing any penalties or loss of benefits. This is especially pertinent when the experiment involves the administration of an unapproved drug through a public resource like the water supply.

Request: Please provide detailed records and documentation related to all requests made by citizens to either end the medical experiment or to opt out of the drug administration through the water supply. Specifically, I am requesting:

1. **Logs of Requests:** A complete log or record of all requests made by citizens to discontinue their participation in the experiment or to opt out of the drug administration. This should include the date and nature of each request, the method by which the request was submitted (e.g., written, verbal, online), and any corresponding documentation.
2. **Response to Requests:** Documentation detailing how each of these requests was handled, including any correspondence or communication between the City and the individual making the request, and the outcome of the request (e.g., whether and how the individual was able to opt out).
3. **Actions Taken:** Records of any actions taken by the City to accommodate those who wished to opt out, such as the provision of alternative water sources or other measures to ensure that the individual's right to opt out was respected and facilitated.
4. **Policies and Procedures:** Copies of any policies, procedures, or guidelines followed by the City in responding to these requests, including how the City ensured compliance with ethical and regulatory requirements in handling such requests.

7 - Request for Public Engagement Records:

I request a comprehensive list of all forums, meetings, surveys, or other opportunities where the public has been invited to share their views and provide input on the City's water fluoridation program. This includes any public hearings, town hall meetings, community discussions, online surveys, or other avenues that have been made available for citizen engagement. Since the fluoridation program is intended solely for the public's benefit and as a service to the taxpayers, it is important to understand how the opinion of the taxpayers funding the program has been solicited and considered in this matter.

8 - Process for Discontinuing Fluoridation:

Please provide comprehensive documentation detailing the legal and procedural steps required to terminate the fluoridation of City water and end any associated involuntary medical experimentation and compulsory medication related to the fluoridation program.

This should include:

1. **Legal Requirements:** All statutes, regulations, and legal requirements that govern the cessation of water fluoridation in the City.
2. **Procedural Steps:** A detailed description of the procedural steps involved in ending fluoridation, including any necessary approvals, notifications, or public hearings.
3. **Documentation:** Any forms, petitions, or official documents required to formally initiate and complete the discontinuation process.
4. **Notifications:** Information on required notifications to regulatory bodies, health departments, and the public regarding the decision to stop fluoridation and related activities.
5. **Implementation Plan:** Guidelines for implementing the cessation of fluoridation, including timelines and responsible parties.

9 - Request for Decision-Maker Information:

1. Please provide a detailed list of all positions within the City that hold the authority to make decisions regarding the continuation or discontinuation of the drug's addition to the water supply. This should include any roles within relevant committees, boards, or governing bodies, as well as any specific City officials or employees with the power to influence or finalize these decisions. Additionally, I request the names of the individuals currently occupying these positions to ensure transparency in the decision-making process.

10 - Ethics Committee Information and Documentation:

I am requesting the following information regarding the City's Ethics Committee:

1. **Committee Members:** Please provide the names, titles, and roles of all current members of the City's Ethics Committee.
2. **Ethical Review Documentation:** I request all memos, reports, meeting minutes, and any other correspondence or documentation produced by the Ethics Committee related to the ethical implications of mass medication through the water supply without obtaining informed consent from the population. This includes any discussions, evaluations, or decisions made concerning the ethicality of such practices.

11 - Potential Conflicts of Interest Among Decision-Makers

1. **Requirement:** Ethical standards and federal regulations require that all decisions related to public health, especially those involving the administration of unapproved drugs, be made without any undue influence or conflicts of interest. Decision-makers involved in these processes must be free from personal, financial, or professional conflicts that could compromise their objectivity and the integrity of their decisions.
2. **Request:** Please provide detailed information and documentation related to any potential conflicts of interest among the decision-makers responsible for the decision to continue adding the drug to the water supply. Specifically, I am requesting:

3. **Conflict of Interest Disclosures:** Copies of all conflict of interest disclosure forms or statements submitted by the decision-makers involved in the process. This should include any financial, personal, or professional interests that could influence their decisions.
4. **Financial Interests:** Documentation of any financial interests, investments, or affiliations that decision-makers may have with companies, organizations, or entities that could benefit from the continued administration of the drug.
5. **Professional Affiliations:** Records of any professional affiliations or relationships that decision-makers have with organizations or individuals who advocate for the use of the drug in the water supply.
6. **Decision-Making Processes:** Documentation outlining the processes and criteria used to ensure that decisions regarding the addition of the drug to the water supply are made impartially and without conflict of interest. This should include any reviews, audits, or oversight mechanisms in place to identify and address potential conflicts.
7. **Actions Taken to Mitigate Conflicts:** Records of any actions taken by the City to mitigate or eliminate identified conflicts of interest, including recusal of decision-makers, reassignment of decision-making responsibilities, or implementation of additional oversight measures.

12 - Request for Public Notifications Regarding Fluoride Exposure Effects

I am requesting copies of all notifications, advisories, public health bulletins, or any other form of communication provided to the public regarding the potential effects of fluoride exposure and advising the public that drinking City water could exacerbate their symptoms and to avoid fluoride to prevent worsening their symptoms of fluoride poisoning / exposure. Specifically, I am interested in information related to the following symptoms and conditions associated with both acute and chronic fluoride exposure:

Acute Fluoride Exposure:

- **Nausea and vomiting:** Common gastrointestinal symptoms that may indicate excessive ingestion of fluoride.
- **Abdominal pain or cramping:** Sharp or persistent pain in the abdomen, often accompanying other digestive disturbances.
- **Diarrhea:** Frequent, loose, or watery stools that can result from ingesting high levels of fluoride.
- **Excessive saliva production:** An increase in saliva flow, which may be a bodily response to fluoride toxicity.
- **Headache:** Fluoride exposure can trigger headaches due to its effects on the nervous system.
- **Sweating:** Profuse sweating as the body tries to expel toxins.
- **General weakness:** A feeling of fatigue or lack of energy, which may accompany other acute symptoms.

- **Tingling or numbness in the face, hands, or feet:** Fluoride toxicity can cause peripheral neuropathy, leading to these sensations.
- **Muscle spasms or tremors:** Involuntary muscle contractions that may result from nervous system involvement.
- **Seizures:** Severe fluoride poisoning can lead to convulsions or seizures.
- **Respiratory issues, such as difficulty breathing:** Shortness of breath or labored breathing due to fluoride's impact on respiratory muscles.
- **Heart issues, such as irregular heartbeat or chest pain:** Potential disturbances in heart rhythm or sharp chest pains.
- **Coma (in severe cases):** In extreme cases, severe fluoride poisoning can lead to loss of consciousness.

Chronic Fluoride Exposure:

- **Dental fluorosis:** White spots, streaks, or pitting on the teeth, particularly in children whose teeth are still developing.
- **Skeletal fluorosis:** Progressive condition characterized by joint stiffness, chronic pain, and calcification of ligaments, potentially leading to immobility.
- **Arthritis:** symptoms include joint pain, swelling, stiffness, and decreased range of motion. May include systemic symptoms like fatigue and fever, and affect joints that bear weight, like knees and hips.
- **Increased risk of bone fractures:** Prolonged fluoride exposure can weaken bones, increasing susceptibility to fractures, especially in older adults.
- **Kidney dysfunction:** Long-term fluoride exposure can impair kidney function, leading to reduced ability to filter waste from the blood.
- **Neurological effects:** Cognitive impairments, including difficulties with concentration, memory loss, and potential impacts on mental processing.
- **Gastrointestinal problems:** Persistent stomach discomfort, pain, and chronic irritation of the gastrointestinal tract.
- **Skin conditions:** Chronic exposure can cause skin rashes, itchiness, and other dermatological reactions.
- **Muscle weakness and fatigue:** Persistent muscle weakness and overall fatigue that could impair daily activities.
- **Endocrine disruption:** Potential impact on thyroid function, possibly leading to hypothyroidism or other thyroid-related conditions.
- **Reproductive issues:** Possible effects on fertility and reproductive health, including impacts on pregnancy outcomes.
- **Developmental effects in children:** Delayed cognitive development, lower IQ, and other developmental challenges in children exposed to high levels of fluoride.
- **Immune system suppression:** Reduced immune function, potentially increasing susceptibility to infections and illnesses.
- **Cardiovascular issues:** Long-term exposure may contribute to high blood pressure, increased risk of heart disease, and other cardiovascular concerns.

- **Increased oxidative stress:** Elevated levels of free radicals in the body, which can lead to cellular damage and chronic health issues.
- **Gastrointestinal inflammation:** Ongoing irritation or inflammation of the stomach lining and intestines, which could lead to chronic digestive issues.
- **Hypercalcemia:** Elevated calcium levels in the blood, leading to symptoms such as kidney stones, bone pain, and abdominal pain.
- **Metabolic bone disease:** Conditions like osteomalacia (softening of the bones) due to disrupted calcium metabolism linked to fluoride exposure.
- **Cognitive and behavioral changes:** Potential for mood disorders, including anxiety and depression, as a result of long-term fluoride exposure.

Please include any documentation that outlines the potential health risks, symptoms to watch for, and any instructions or guidance provided to the public on what actions to take if they suspect fluoride poisoning, the dates these notifications were issued, the means by which they were issued, and the distribution list for these notices.

13 - City Awareness of Fluoride's Health Effects and Mechanisms

I am requesting all documentation, internal communications, studies, and public health bulletins that indicate whether the city has discussed and is aware of the mechanisms by which fluoride exposure can cause cellular and systemic harm. Specifically, I seek information on whether the following health effects and their underlying mechanisms have been addressed by the city:

1. Enzyme Inhibition and Disruption

Fluoride can inhibit and alter the activity of various enzymes in the body. Enzymes are critical for numerous biological processes, and when fluoride interferes with them, it can disrupt normal cellular function. This disruption can lead to several issues:

- **Neurological effects:** Fluoride's ability to cross the blood-brain barrier and inhibit enzymes in the brain can impair cognitive function and lead to neurological symptoms.
- **Immune system suppression:** Fluoride's interference with immune-related enzymes can weaken the immune system, making the body more susceptible to infections.
- **Gastrointestinal problems:** Enzyme disruption in the digestive tract can lead to gastrointestinal inflammation and other digestive issues.

2. Oxidative Stress

Fluoride can induce oxidative stress by generating free radicals, which are highly reactive molecules that can damage cells, proteins, and DNA. Oxidative stress is linked to:

- **Increased oxidative stress:** Chronic fluoride exposure can lead to an imbalance between free radicals and antioxidants, contributing to chronic diseases and cellular damage.

- **Cardiovascular issues:** Oxidative stress is a known factor in the development of cardiovascular diseases, including hypertension and atherosclerosis.

3. Calcium Metabolism Disruption

Fluoride can interfere with calcium metabolism, which is crucial for bone health and many other physiological processes. This disruption can lead to:

- **Skeletal fluorosis:** Excess fluoride can deposit in bones, replacing calcium, which leads to abnormal bone growth, joint stiffness, and pain.
- **Metabolic bone disease:** Disruption of calcium metabolism can result in conditions like osteomalacia, where bones become soft and weak.
- **Hypercalcemia:** Elevated fluoride levels can lead to an imbalance in calcium, causing increased levels in the blood, which can lead to kidney stones, bone pain, and other symptoms.

4. Thyroid Function Impairment

Fluoride can affect the thyroid gland, particularly by interfering with the production and regulation of thyroid hormones. This can result in:

- **Endocrine disruption:** Fluoride can inhibit the synthesis of thyroid hormones, leading to hypothyroidism or other thyroid-related conditions, which can affect metabolism, energy levels, and overall health.

5. Direct Toxicity to Cells

At high levels, fluoride can be directly toxic to cells, leading to:

- **Kidney dysfunction:** The kidneys filter fluoride from the blood, and over time, high fluoride levels can damage kidney tissue, impairing their ability to function properly.
- **Reproductive issues:** High fluoride exposure can negatively affect reproductive cells and tissues, potentially leading to fertility issues and adverse pregnancy outcomes.

6. Interference with Bone and Tooth Formation

Fluoride has a high affinity for calcium and can incorporate into bones and teeth. Fluoride can cause:

- **Dental fluorosis:** Overexposure during tooth development can lead to enamel defects, resulting in white spots or streaks on the teeth.
- **Increased risk of bone fractures:** Fluoride can make bones more brittle, increasing the risk of fractures, especially with chronic exposure.

7. Alteration of Neurotransmitter Function

Fluoride can affect the central nervous system by altering neurotransmitter function, leading to:

- **Cognitive and behavioral changes:** Changes in neurotransmitter levels can contribute to mood disorders, such as anxiety and depression, as well as cognitive impairments, especially in developing children.

Please provide all documentation that shows the city's awareness and discussion of these mechanisms by which fluoride causes cellular and systemic harm. This includes internal communications, health bulletins, studies, and any other relevant information.

Iatrogenic Disease

I am particularly concerned about the potential for iatrogenic diseases—conditions that are inadvertently caused by medical treatment or public health interventions, including water fluoridation. Given that fluoride exposure has been linked to various adverse health effects, I am requesting any documentation, studies, or internal discussions that address the risk of iatrogenic disease resulting from fluoride in the city's water supply. Specifically, I am interested in whether the city has evaluated the possibility that the introduction of fluoride, intended as a preventive health measure, could contribute to the development of conditions such as skeletal fluorosis, thyroid dysfunction, or other chronic illnesses. Please provide all relevant materials that reflect the city's awareness and consideration of these risks in the context of public health.

14 - Additional Program Information

1. Safety

- a. All scientific studies and documents the City is relying on to show that fluoride has been proven safe for pregnant women and infants to consume
- b. All scientific studies and documents the City possesses regarding the impact of fluoride on the IQ of developing children and the neurotoxicity of fluoride
- c. All scientific studies the City is relying on to show that fluoride has been proven safe for ingestion

2. Health & Safety Notices

- a. Please provide all notices, documents, disclosures, photos, literature, or other materials provided to the public related to the following:
- b. Public notifications about fluoride in City water and advice on preventing fluoride overconsumption.
- c. Warnings about the CDC's recommendation not to reconstitute infant formula with fluoridated tap water.
- d. Notices indicating that City water contains fluoride and is not recommended for pregnant women, infants drinking baby formula, and individuals with thyroid or kidney disease.
- e. Notices regarding the presence of lead in City water, including the risk of lead leaching from pipes, solder, and fittings, especially in older buildings.
- f. Disclosures about the potential psychological impact of dental fluorosis on children's development, self-esteem, job performance, and social skills.

3. Drug Prescription / Doctor's orders:

- a. Please provide all written orders or prescriptions in the City's possession, or available to the City, from medical or other professionals related to the addition of fluoridation materials to City water, including:
- b. Orders or prescriptions authorizing the addition of fluoridation materials, specifying the amount and type of chemicals to be used.
- c. Written assurances that the fluoridation of water is safe for the general population and for special groups, such as babies, those with thyroid or kidney disease, diabetes, arthritis, Crohn's disease, and those recovering from cancer.
- d. Advice on contraindications and potential interactions with other medications for those drinking fluoridated water.
- e. Recommendations on the maximum safe quantity of fluoridated water for:
 - i. Individuals with kidney problems.
 - ii. Pregnant women and infants.
 - iii. People with diabetes.
 - iv. Individuals with arthritis.
 - v. Those with Crohn's disease.
 - vi. Athletes who consume more water than average.
 - vii. Laborers who sweat more and drink more water.
- f. Guidance for parents regarding lead levels in drinking water and its safety for children.

4. Source and Supplier Information:

- a. Documents identifying the commercial source or sources from which the City purchases or has purchased fluoridation materials in the last five years
- b. The names of companies providing said materials, their addresses, their telephone numbers, their email addresses, and the names of contact persons who represent said companies.
- c. Any certifications or quality assurances provided by the supplier.
- d. Country of Origin
- e. Name of Supplier
- f. Address and name of Factor(ies) where the fluoride is sourced from
- g. Primary product produced at the address where the fluoride is sourced (ie Phosphate fertilizer production, aluminum production, steel production, glass manufacturing, ceramic manufacturing, petroleum refining, brick manufacturing, tile manufacturing etc.)

5. Fluoride Purification Process:

- a. Documentation of the purification methods used by the supplier for the fluoridation chemical, including details on filtration, chemical treatment, and quality control measures to ensure the fluoride does not contain contaminants

6. Fluoridation Chemicals Used:

- a. Documentation identifying the specific chemicals used and which specific minerals, compounds, and trace elements are contained in the fluoridation materials used in the water fluoridation process in the City.
- b. Material Safety Data Sheets

7. Insurance & Liability Coverage

- a. Provide documents, reports, or correspondence produced, received, or sent which relate to insurance which would cover the City in case of an individual or class action suit for damages based on harm caused by water fluoridation or lead levels caused by fluoridation, including correspondence with insurance organizations or cooperatives including the current dollar limits of insurance coverage.

8. Assays of fluoridation products prior to dilution:

- a. Documents which show the presence of all elements and compounds in raw fluoridation materials, that is assays made of raw fluoridation materials, before they are added to drinking water and are diluted.
- b. Documents which would indicate whether there are any trace amounts of aluminum, arsenic, antimony, asbestos, cadmium, lead, mercury, radium, radon, polonium, barium, beryllium, thallium, or uranium included in the fluoridation materials and the quantities and concentrations of them.

9. Assays immediately after fluoridation:

- a. Documents which show the presence of all elements and chemicals in fluoridation materials, that is assays made of drinking water immediately after fluoridation materials have been added to drinking water.

10. Testing Protocols:

- a. Information on the testing protocols and frequency used to monitor fluoride levels in the water supply, as well as testing for potential contaminants such as heavy metals, radionuclides, organic impurities, and particulate matter.
- b. Provide documents listing the specific contaminants, elements, and compounds for which the City or its subcontractors currently test and have tested for over the last five years.

11. Test Results:

- a. Provide documents identifying the levels of various contaminants, elements, and compounds for which the City tests and has tested over the last five years (the levels below which elements or compounds, even if present are not reported as being present, and which are typically marked “u” on assays) along with the maximum level which the City considers and has considered acceptable.

12. Fluoride’s Caustic Properties on Water System Infrastructure:

- a. It is well-documented that fluoride is a highly reactive and caustic substance capable of dissolving various durable materials. Fluoride can corrode and dissolve metals, including lead, aluminum, steel, and even glass. Additionally, it can break down ceramic materials and react with silicates. These corrosive properties may lead to increased maintenance and replacement costs for infrastructure, as well as higher insurance premiums due to the potential for damage. Given these concerns, I request any documentation or studies in the City’s possession that discuss the potential effects of fluoride on infrastructure and materials, particularly within the water distribution system, and any related increases in maintenance, replacement, or insurance costs.

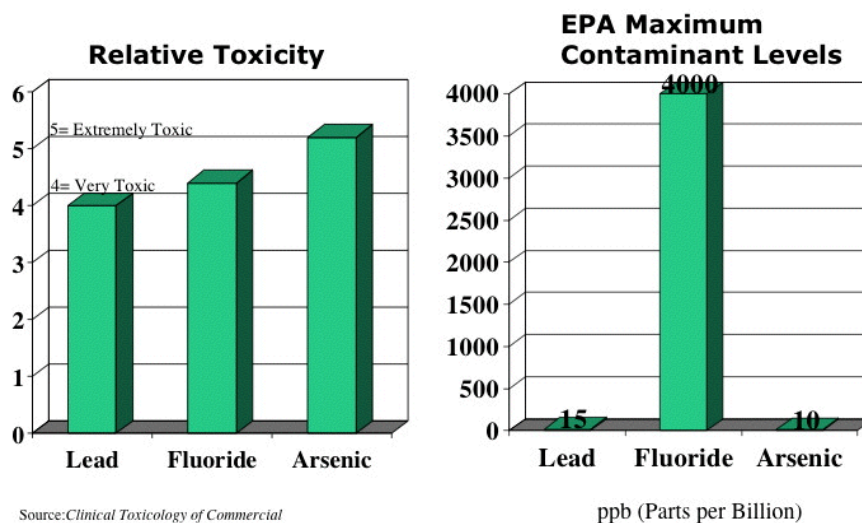
13. Impact of Fluoride and Chloramines on Lead Leaching in Water Systems:

- a. It is well-known that fluoride can interact with lead in water systems through chemical processes that increase the amount of lead dissolved in the water. When fluoride combines with other chemicals such as chloramines, which are commonly used as disinfectants in water treatment, it can create conditions that are more corrosive to lead pipes and fittings. These reactions can dissolve the protective passivation layers—composed of lead(II) oxide or lead carbonate—that naturally form on the interior surfaces of lead pipes, leading to higher levels of lead leaching into the water supply, especially in areas with older infrastructure.
- b. Given these concerns, please provide any available studies, reports, or data on how the presence of fluoride and chloramines in the water supply has been tested for their impact on lead leaching, particularly after contact with lead-containing fittings. Additionally, I seek information on how lead levels have been monitored at the point of consumption in locations known to have lead pipes, including the methods and frequency of testing conducted.

14. Fluoride Toxicity and Regulatory Discrepancies:

- a. It is widely recognized that fluoride is more toxic than lead and only marginally less toxic than arsenic. Despite this, the Environmental Protection Agency (EPA) sets the maximum contaminant level (MCL) for lead at 15 parts per billion (ppb) and arsenic at 10 ppb, while allowing fluoride levels to reach up to 4,000 parts per billion (4 parts per million), which is over 250 times higher than the MCL for lead, which is less toxic, and 400 times higher than arsenic, which is only slightly less toxic.

How Toxic is Fluoride compared to Lead & Arsenic.



- b. Given fluoride's high toxicity, logic suggests that its maximum contaminant level should be at least as strict as that for lead, if not lower. Additionally, it is notable

that fluoride byproducts from the phosphate fertilizer industry, captured through scrubbers to prevent environmental harm because of their toxicity, are often repurposed for water fluoridation.

- c. I request documentation on the City's awareness of these toxicity levels, any evaluations conducted regarding the appropriateness of the EPA's current MCL for fluoride in relation to its toxicity, and any discussions or decisions related to reducing fluoride levels or discontinuing fluoridation in the water supply in light of these concerns.

15. Fluoride Safety and Neurotoxicity:

- a. In its [2022 study](#), the National Toxicology Program (NTP) was unable to determine any safe threshold for fluoride consumption, which was also the case with the NTP analysis on lead toxicity. The NTP concluded with "moderate confidence" that fluoride exposure poses a risk of developmental neurotoxicity based on human studies. When applying the NTP's Office of Health Assessment and Translation (OHAT) methodology, this conclusion supports a "presumed hazard" classification for fluoride's impact on developing brains.
- b. In light of these findings, I request any documents, studies, or communications in the City's possession that refute or challenge the NTP's conclusions, specifically those that argue there is a safe threshold for fluoride consumption and that fluoride is not a developmental neurotoxin.

16. Removal of PFAS and Fluoride Addition:

- a. According to the [City's website](#), the City is actively working to eliminate per- and polyfluoroalkyl substances (PFAS) from the water supply due to their harmful health effects. It is important to note that PFAS are fluoride-containing substances. However, at the same time, the City is adding fluoride to the water in another chemical form. This approach appears contradictory, as both PFAS and the form of fluoride added to the water have been associated with health risks. To better understand the rationale behind these actions, I request any documents, studies, or communications in the City's possession that explain or justify the simultaneous removal of PFAS and the addition of fluoride to the water supply. Specifically, I am interested in any information that addresses the inconsistency in these efforts and any data that could clarify why one fluoride-containing substance is being removed for health reasons while another is being added.

17. Financial Records - Budget & Expenditures:

- a. Please provide records detailing the annual budget allocated to and expenditures on water fluoridation over the past five years. This should include the costs for purchasing fluoridation chemicals and any other related expenses.

18. Delivery Method and spills:

- a. Provide documents identifying the means by which fluoridation materials have been delivered to the City over the past five years, including documents relating to spill prevention and cleanup.
- b. Documents discussing any spills or malfunctions which have occurred in the handling of fluoridation materials since fluoridation began.

19. Fluoridation Protocol:

- a. Documents identifying the protocol for sourcing and procuring fluoridation materials, adding fluoridation materials to drinking water, including but not limited to mixing and dispensing fluoridation materials into drinking water and keeping the fluoridation materials uniformly mixed over time and distance.
- b. Diagrams showing the design and function of the fluoridation equipment.
- c. Documents discussing any instances where fluoride content has not been consistent throughout the water system.

20. Fluoride Insertion Points:

- a. Provide documents identifying the locations where the City inserts fluoridation materials into water.

21. Facility Tour:

- a. Please provide me with a tour of the facilities where fluoridation takes place so that I can observe the fluoridation process and take photographs. The law says that “public records shall be available for inspection,” and the fluoridation facilities themselves are “public records” by definition. Contact me at 360-975-2011 to schedule a tour.

22. Facility Plans:

- a. Documentation regarding any plans to modify, upgrade or install fluoridation facilities

23. Information Sources:

- a. Many information sources exist regarding fluoridation and ongoing research and experimentation is taking place regularly on fluoridation safety, which is relevant to the status of the ongoing fluoridation experiment in the City. See [Information about Fluoride & Water Fluoridation](#)
- b. Provide documents identifying websites, agencies, laboratories, or other organizations and individuals from which the City obtains on an ongoing basis or has obtained in the past or which the City can now obtain information pertaining to the requests and questions posed in this document.
- c. Provide evidence that the City has been reviewing and discussing the latest fluoride research performed since 1956 and evaluating how it pertains to the ongoing water fluoridation program in the City.

24. Decision Background:

- a. Please provide all documents related to the decision to fluoridate the City's water supply. This includes records of those who supported and opposed the fluoridation.
- b. Include historical documents such as newspaper clippings and correspondence related to the discussion and debate over fluoridation from the initial proposal to the present. This should cover each instance when fluoridation was put to a vote, whether by the city council or through public referendum.
- c. Provide a list of individuals who campaigned for or voted in favor of fluoridation who are still alive today.

25. Initiation of Fluoridation:

- a. Please provide all documents prepared or received during the initiation of water fluoridation. This includes, but is not limited to, the following:
- b. Requests and Bids:**
 - i. Requests for construction and maintenance bids.
 - ii. Actual bids and contracts for construction and maintenance.
 - iii. Documents and advice received in response to these requests, including input—both for and against—from bidders, consultants, or other advisers concerning the fluoridation decision.
- c. Fluoridation Facilities Documentation:**
 - i. All documents related to the design, construction, and contracting for the construction of fluoridation facilities maintained by the City, both current and past.
 - ii. Records detailing the cost of construction, financing, and any financial assistance received from entities other than the City for these facilities.
 - iii. Any agreements made with external groups, such as dental associations, regarding the funding or financial support for the construction of fluoridation facilities.

26. Fluoride Communication:

- a. Please provide all written communications related to water fluoridation, including internal communications among City employees and communications with outside parties, dating back to five years before fluoridation was first implemented (1956.) Specifically, I am requesting the following:
- b. Public Correspondence:** All written communications from members of the public expressing support for or opposition to water fluoridation.
- c. Citizen Identifications:** A list of names of all citizens who have expressed either support for or opposition to water fluoridation, noting their stance on the subject.
- d. Internal Communications:** All internal written communications between City employees concerning water fluoridation, including emails, memos, meeting notes, and reports.

27. Additional Correspondence:

- a. Please provide documents and correspondence, dating back to five years before fluoridation was first implemented (1956), received from or sent to the following agencies and organizations:
- b. Federal Agencies:** U.S. Centers for Disease Control and Prevention (CDC), U.S. Environmental Protection Agency (EPA), U.S. Food and Drug Administration (FDA), U.S. Public Health Service (PHS), National Institutes of Health (NIH), Surgeon General.
- c. State Agencies:** Washington State Department of Health (DOH), Washington State Board of Health, or any other agency or official of the state of Washington.
- d. Private and Non-Profit Organizations:** National Sanitation Foundation, American Dental Association (ADA), American Medical Association (AMA), American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), World Health Organization (WHO), National Institute of Dental and Craniofacial Research (NIDCR), Washington Dental Service

Foundation, Washington State Dental Association (WSDA), and any other related private or non-profit group.

I request that all of the information be provided in electronic format if possible. If there are any fees for searching or copying these records, please inform me if the cost exceeds \$50.00.

I request a waiver of all fees for this request because the disclosure of the requested information is in the public interest and in alignment with all of the city's five core values identified in 2021: livability, equity and inclusion, innovation, sustainability and resiliency, and community trust and relationships.

If there are any documents or records that are responsive to this request but are not directly within the City's possession—yet the City has constructive ownership, control, or the legal right to obtain them—I respectfully request that the City take the necessary steps to access these documents. Please include any such documents in the response to this request, ensuring that all relevant information is made available.

In addition to providing the requested documents, please return a copy of this request along with a summary of the response to each request under the respective request. This summary should include:

- A list of all responsive documents that were provided.
- A brief description of the content or nature of these documents.
- An explanation for any portions of the request that were not fulfilled, including the reasons why certain documents were not available, exempt from disclosure, or withheld.

Given that the fluoridation program impacts all citizens of the city, I respectfully request that the results of this FOIA request be made publicly available. Please ensure that the documents and information provided in response to this request are posted on a publicly accessible website such as the City's public records portal. Making this information available to the public will help ensure that all citizens are informed and can engage in the conversation about water fluoridation. Please provide the direct link to the webpage here in the response.

It is not necessary to send all documents if they are repetitive and virtually identical to other records provided. It is acceptable to send a representative sample, provided that the sample does in fact include samples from all types or kinds of sources.

If any part of this request is denied, please provide a detailed explanation for the denial, including the specific legal basis for withholding the information.

I acknowledge that the number of public records requested is significant and will take time to fulfill. I respectfully request a detailed schedule, including:

1. The estimated date when the first set of responsive documents will be provided.

2. The anticipated intervals at which successive documents will be made available.
3. The expected date by which the request will be fully completed.

If you need any clarification regarding this request, please contact me at 360-975-2011 or derekkempp@gmail.com.

Thank you for your assistance in this matter. I look forward to your timely response as required by law.

Sincerely,

Derek Kemppainen
Safe Water Clark County
31404 NE 142nd Ave
Battle Ground, WA 98604
360-975-2011
derekkempp@gmail.com

The NTP report revealed that elevated levels of fluoride in drinking water are linked to lower IQ scores in children, classified fluoride as a "presumed hazard" and found with "moderate confidence" that fluoride exposure leads to developmental neurotoxicity, particularly in children whose developing brains are especially vulnerable. A similar ruling preceded the high-profile policy shifts that followed the NTP's report on lead toxicity, which reshaped regulations on lead in drinking water and led to increased litigation against cities and industries that failed to protect their communities from lead.

Given these findings, it is crucial for the City to carefully consider the long-term neurological health risks posed by continued fluoridation, particularly for vulnerable populations like children. As evidence continues to mount—just as it did with lead—being proactive in protecting public health is not only a legal duty but also the wisest course of action to avoid further unnecessary harm.

I urge the City Council to carefully review these new legal precedents and consider the significant benefits of taking immediate steps to discontinue the fluoridation of our water supply. Under Washington Code 70A.125.210, the cessation of fluoridation requires proper public notice and a legally established process. Therefore, I respectfully recommend that the City initiate the legally required procedure by issuing the attached public notice, which will start a 90-day period before any formal decision to discontinue fluoridation can be made.

Additionally, I respectfully request that the City provide any and all public records showing that it is not in violation of the international, federal, and state laws and regulations as detailed below.

Failure to comply with this cease and desist order, or failure to provide the requested records, may unnecessarily expose the City to legal challenges. Based on the concerns detailed above and in the letter below, I encourage the City to act promptly in the interest of public health and to reduce potential legal risks. Please provide written confirmation of your compliance, along with the requested public records, within 30 days of the date of this letter.

Sincerely,

Derek Kemppainen
Fluoride Action Network
Safe Water Clark County
Washington Action for Safe Water
31404 NE 142nd Ave
Battle Ground, WA 98604
360-975-2011
derekkempp@gmail.com

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FLUORIDE AS A POISON

Fluoride is a Poison According to Washington Law

[RCW 69.38.010](#) defines "poison" to include substances such as arsenic, cyanide, and strychnine, as well as any other substance designated by the Pharmacy Quality Assurance Commission that, when introduced into the human body in quantities of sixty grains (3.9 grams) or less, can cause violent sickness or death.

Sodium fluoride, which is currently being added to the City's water supply, meets the Washington State definition of a poison. The lethal dose (LD50) of sodium fluoride is approximately 52 mg/kg. For an average adult human weighing 154 pounds (70 kg), this lethal dose equates to around 3.64 grams, which is below the 3.9-gram threshold. This amount corresponds to roughly 0.73 teaspoons, or 73 drops, which, when dissolved in water, is less than 100 drops or 1.4 ml.

For children, the lethal dose of sodium fluoride is even more concerning. For an average 1-year-old child weighing about 22 pounds, it is approximately 1.1 grams, and for a 3-year-old child weighing about 33 pounds, it is around 1.7 grams. Washington State Law does not specify the size of the individual, but 3.9 grams of sodium fluoride can cause death in an adult or up to 3.5 1-year-olds or 2.3 3-year-olds. This quantity of fluoride unequivocally meets the definition of a poison under RCW 69.38.010.

A 50-pound (22.68 kg) bag of sodium fluoride contains enough to kill approximately 56,181 average 1-year-old children, 31,145 average 3-year-old children, and provides about 6,226 lethal doses for an average adult. Historically, sodium fluoride has been used as a rat poison due to its high toxicity, with a lethal dose for a rat weighing 300 grams being only 15.6 mg—equivalent to 0.0012 teaspoons or about 1/3 of a drop of liquid.

The intentional introduction of this toxic substance into the public water supply poses a serious threat to public safety and necessitates immediate action to halt such practices.

Intentional Addition of Poison to the Water Supply

[RCW 69.40.030](#) states: "Every person who willfully mingles poison or places any harmful object or substance... in any food, drink, medicine, or other edible substance intended or prepared for the use of a human being... and every person who willfully poisons any spring, well, or reservoir of water, is guilty of a class B felony and shall be punished by imprisonment in a state correctional facility for not less than five years or by a fine of not less than one thousand dollars."

The City's ongoing addition of fluoride to the public water supply is a clear violation of RCW 69.40.030. This statute classifies such actions as a class B felony, carrying severe penalties including imprisonment and substantial fines. Therefore, we formally demand that the City immediately cease the addition of fluoride to the water supply. This notice also serves to inform you of the potential legal liability and personal accountability that may arise if corrective measures are not taken. Failure to comply with this order not only jeopardizes public health but also exposes the City and its officials to significant legal consequences, including prosecution under this law.

FLUORIDE AS AN UNAPPROVED NEW DRUG

Fluoride Classification as a Drug and Lack of FDA Approval

Fluoride, when added to the public water supply, is intended to prevent dental cavities and, as such, falls under the legal definition of a drug. According to 21 U.S.C. § 321(g)(1), a drug is defined as "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease." Since the primary purpose of water fluoridation is to prevent tooth decay, fluoride clearly meets this definition.

Despite its classification as a drug, the fluoride compounds used for water fluoridation—such as sodium fluoride and fluorosilicic acid (FSA)—have never been approved by the U.S. Food and Drug Administration (FDA) as safe and effective for this purpose. The FDA requires that all drugs distributed in the United States undergo a rigorous process of evaluation to ensure they meet standards for safety, efficacy, and manufacturing quality. Fluoride compounds added to drinking water have not gone through the FDA's New Drug Application (NDA) process, meaning that they lack the necessary approval to be legally marketed or administered as a drug. This makes fluoride an unapproved new drug under the Food, Drug, and Cosmetic Act, which prohibits the introduction of unapproved drugs into interstate commerce (21 U.S.C. § 355(a)).

Unauthorized Distribution and Administration of a Legend Drug

Fluoride, when added to the public water supply for the purpose of ingestion to prevent dental cavities, fits the legal definition of a legend drug. Under federal law, a legend drug is defined as any medication that requires a prescription from a licensed healthcare professional because it is intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease (21 U.S.C. § 321(g)(1)). Legend drugs carry specific labeling, such as "Rx only" or "Caution: Federal law prohibits dispensing without a prescription," indicating they cannot be legally dispensed without proper authorization.

In 2001, the U.S. Food and Drug Administration (FDA) testified before Congress that fluoride, when used for the prevention of dental disease, is classified as a drug under the Federal Food, Drug, and Cosmetic Act. This statement reinforces the fact that fluoride is considered a drug when used for medical purposes, such as cavity prevention, rather than a mere water additive.

Since fluoride is intended to treat or prevent tooth decay, its addition to the water supply is essentially administering a drug for therapeutic purposes. According to RCW 69.41.030, it is unlawful to sell, deliver, or possess any legend drug without the order or prescription of a

licensed physician, dentist, or other authorized healthcare professional. Given that fluoride in water is distributed without individual prescriptions, it bypasses the regulatory safeguards in place to ensure the responsible and informed use of therapeutic substances.

This lack of individualized medical oversight, along with the FDA's classification of fluoride as a drug, strengthens the argument that the city's fluoridation of the public water supply constitutes unauthorized distribution of a legend drug.

Analysis of the City's Violations of RCW 69.41.030

RCW 69.41.030 clearly outlines the legal framework for the sale, delivery, possession, and use of legend drugs. Fluoride intended for ingestion, as used by the City in its water supply, falls under the definition of a legend drug. Here's how the City's actions violate this statute:

1. Unlawful Delivery Without Prescription

RCW 69.41.030(1) states: "It shall be unlawful for any person to sell or deliver any legend drug... except upon the order or prescription of a physician... or other licensed professionals as outlined in this section." Fluoride is being delivered to all citizens through the public water supply without any individual prescriptions from licensed healthcare providers. This widespread, unregulated distribution of a legend drug directly contravenes the statute, which requires that legend drugs be prescribed or ordered by a licensed medical professional for individual use.

To demonstrate compliance with this law, please provide all written orders or prescriptions in the City's possession, or available to the City, from medical or other professionals related to the addition of fluoridation materials to City water, including Doctor's orders or prescriptions authorizing the addition of fluoridation materials, specifying the amount and type of chemicals to be used.

2. Unlawful Possession of a Legend Drug

Under RCW 69.41.030(1), it is also "unlawful for any person to... knowingly possess any legend drug, except upon the order or prescription of a physician." The City is providing fluoride to the entire population, resulting in citizens unknowingly possessing a legend drug without a prescription. Since the law requires possession to be tied to a licensed provider's order, this practice puts the City in clear violation of the statute.

3. Unlawful Use of a Legend Drug

RCW 69.41.030(1) makes it "unlawful for any person to... knowingly use any legend drug in a public place" without a prescription. Fluoride is being ingested by citizens daily through the public water supply, which is a form of use. The law specifically defines "use any legend drug" as introducing the drug into the body "by injection, inhalation, ingestion, or any other means"

under RCW 69.41.030(4). Since the fluoride is ingested without individual prescriptions, the City is effectively facilitating the unlawful use of a legend drug by its residents.

4. Circumvention of Authorized Distribution Channels

The statute provides limited exceptions for the sale, delivery, and possession of legend drugs, such as when handled by licensed professionals or in cases of specific programs like drug take-back initiatives (RCW 69.41.030(1)). The City's broad fluoridation practice does not fall under any of these exceptions. It is not being handled by licensed pharmacists, physicians, or drug wholesalers, nor is it part of any authorized public health program for individual prescriptions. Therefore, this unauthorized distribution and use further breaches the legal distribution framework established by RCW 69.41.030.

5. Lack of Medical Oversight

RCW 69.41.030 emphasizes that legend drugs can only be distributed with "the order or prescription" of a healthcare professional licensed under various chapters of Washington law (such as physicians, dentists, and osteopathic surgeons). The City's method of adding fluoride to the water bypasses these medical professionals entirely, meaning there is no oversight, diagnosis, or consideration of individual medical needs. This constitutes a violation of the statute's requirement for healthcare provider involvement in legend drug distribution and use.

6. Class B Felony for Unlawful Sale or Delivery

According to RCW 69.41.030(2)(a), "A violation of this section involving the sale, delivery, or possession with intent to sell or deliver is a class B felony punishable according to chapter 9A.20 RCW." Since the City is effectively delivering fluoride—classified as a legend drug—without prescriptions or orders, this illegal delivery could be prosecuted as a class B felony. The ongoing distribution through the water system subjects the City to severe legal penalties, including potential imprisonment and fines.

7. Potential for Legal Diversion or Misdemeanor Charges for Possession and Use

While the City's distribution practices raise felony concerns, the ingestion or possession of fluoride without proper medical oversight also poses misdemeanor risks for individuals under RCW 69.41.030(2)(b) and (c). Although RCW encourages prosecutors to divert cases involving knowing possession or use of legend drugs in public places to treatment programs, the violation by the City may escalate the severity of the legal response, considering the widespread impact.

Conclusion

The City's actions surrounding the fluoridation of the public water supply involve several violations of RCW 69.41.030. These include the unlawful delivery, possession, and use of fluoride—classified as a legend drug—without proper prescriptions or medical oversight. Furthermore, these actions may constitute a class B felony, with serious legal implications. Immediate cessation of the City's water fluoridation program is necessary to comply with state law and avoid further legal repercussions.

UNLAWFUL MARKETING OF FLUORIDE

Violation of Prescription Drug Advertising Regulations in City Water Fluoridation Statements

The City's water quality report contains statements that promote fluoride as a dental health additive, such as "Fluoride is added to promote dental health," "Fluoride is an additive for strong teeth," or "Fluoride is added to the water to maintain good dental hygiene." These statements, in the context of water fluoridation, function as advertisements for fluoride's systemic use through public drinking water. However, these claims violate several federal advertising regulations under CFR Title 21 regarding the truthful promotion of prescription drugs. Here's an analysis of how these specific statements from the City violate federal standards:

1. Failure to Disclose Side Effects, Contraindications, and Effectiveness (CFR Title 21, § 202.1(e))

CFR Title 21, § 202.1(e) requires that any promotion of a prescription drug include truthful statements about its side effects, contraindications, and effectiveness. This includes:

- A summary of the major side effects and contraindications for the drug.
- Full disclosure of the drug's potential risks.

Violation:

The City's statement, "Fluoride is added to promote dental health," implies that fluoride, as added to drinking water, is universally beneficial. However, the City fails to include essential information regarding fluoride's potential side effects, particularly when ingested. There is scientific evidence linking excessive fluoride intake to conditions such as **dental fluorosis**, **skeletal fluorosis**, and concerns about potential neurotoxic effects, particularly in young children.

By not including a comprehensive disclosure about these possible side effects in their water quality reports, the City is omitting critical health information from the public. This failure to inform residents of the risks involved in consuming fluoridated water violates the requirement for a true and complete statement regarding side effects and contraindications.

The statement oversimplifies fluoride's benefits without addressing the real, scientifically supported risks of long-term exposure, which are necessary for informed public understanding.

2. Inadequate "True Statement" of Information (CFR Title 21, § 202.1(e)(3))

CFR Title 21, § 202.1(e)(3) mandates that any advertisement or promotion must provide truthful and non-misleading information, ensuring that no essential details or qualifications are omitted.

Violation:

Statements such as “Fluoride is an additive for strong teeth” present an incomplete and overly simplified view of fluoride’s role in dental health. While topical fluoride applications (such as toothpaste) have been shown to benefit tooth enamel, systemic ingestion through water fluoridation is more controversial. The City does not clarify that the benefits of fluoride in drinking water may not apply equally to all residents. Certain populations, such as **infants** and **those with compromised kidney function**, are at greater risk for harm from fluoride ingestion.

Furthermore, the City’s statement provides no qualifications or warnings regarding the variability in fluoride’s effectiveness or its potential risks, particularly for those who may already receive fluoride from other sources (like toothpaste or food). This lack of critical detail makes the City’s statement misleading, as it does not present a full picture of the potential health outcomes of fluoridated water.

By omitting this essential information, the City’s report violates the requirement to provide a true and balanced statement, misleading the public into believing that fluoride ingestion is universally safe and effective.

3. Off-Label or Unsupported Claims (CFR Title 21, § 202.1(e)(4))

CFR Title 21, § 202.1(e)(4) prohibits advertisements from recommending or suggesting uses that are not included in the approved labeling of a prescription drug or supported by substantial clinical evidence.

Violation:

The City’s statements suggest that fluoride, when consumed through drinking water, is an effective method for strengthening teeth and preventing dental disease. However, fluoride’s primary approved use is topical, as in toothpaste or mouth rinses, not systemic via ingestion.

The FDA has never approved fluoride for ingestion as a cavity-prevention drug.

Furthermore, evidence supporting the effectiveness of systemic fluoride in preventing cavities is inconsistent, particularly in populations where topical fluoride products are widely used.

By suggesting that fluoride ingestion through water consumption is a proven method for improving dental health, the City is promoting an off-label use that is not adequately backed by the necessary clinical evidence. This constitutes a violation of the regulations prohibiting unsupported claims.

The City’s endorsement of systemic fluoride for preventing dental disease misrepresents the scientific consensus and violates advertising regulations by promoting an unapproved use of the drug.

4. False or Misleading Effectiveness Claims (CFR Title 21, § 202.1(e)(3)(ii))

CFR Title 21, § 202.1(e)(3)(ii) specifies that all claims about the effectiveness of a prescription drug must be both truthful and specific. Broad, unspecific claims about a drug's general benefits are prohibited.

Violation:

Statements like “Fluoridation: Fluoride is added to promote dental health” and “Fluoride is an additive for strong teeth” imply that fluoridation provides a universal solution to dental health problems. This broad claim is not only overly simplistic but also misleading. Research has shown that the effectiveness of fluoridation can vary significantly based on regional factors, individual health, and age. For example, infants who consume formula mixed with fluoridated water are at higher risk of developing dental fluorosis. Additionally, communities with widespread use of topical fluoride products may receive little to no added benefit from fluoridated water.

The City's broad claims about fluoride's effectiveness in promoting dental health fail to account for these nuances, violating the regulatory requirement for truthful and specific claims. By presenting fluoridation as universally effective without acknowledging its limitations or potential harms, the City is misleading the public and engaging in false advertising.

Conclusion

The City's annual water quality report statements about fluoride—“Fluoride is added to promote dental health” and “Fluoride is an additive for strong teeth”—violate several advertising regulations under CFR Title 21. These violations include the failure to disclose potential side effects, the omission of critical qualifications, the promotion of off-label uses unsupported by clinical evidence, and the use of misleading claims about fluoride's effectiveness. The City must revise its communication regarding fluoridation to provide the public with truthful, complete, and non-misleading information that aligns with federal advertising standards for prescription drugs.

Violation of 21 CFR 202.1(e)(6) Regarding Fluoridation Claims

The City's statement, “Fluoride is added to promote dental health,” **is in clear violation** of 21 CFR 202.1(e)(6). When examined in light of the specific criteria regarding prescription drug advertising, it is evident that the City's representation of fluoride is misleading and non-compliant with federal law.

1. **Misleading Claims and Lack of Substantiated Evidence:** Under 21 CFR 202.1(e)(6)(i), an advertisement is unlawful if it implies that a drug is “better, more effective, [or] useful in a broader range of conditions or patients” without substantial evidence. The City's broad claim that fluoridation universally benefits dental health is demonstrably false and unsupported by the required clinical evidence. Chronic exposure to fluoride poses significant risks, including dental and skeletal fluorosis, directly contradicting the City's claim of general benefit.

2. **Unsubstantiated Comparison with Other Treatments:** In direct violation of 21 CFR 202.1(e)(6)(ii), the City's promotion of fluoride as a dental health strategy implies superiority over alternative measures such as diet-based cavity prevention or topical fluoride use. The City fails to provide the substantial evidence necessary to support the claim that fluoridation is safer or more effective than these alternatives, rendering the claim legally untenable.
3. **Failure to Address Contradictory Information:** The City also violates 21 CFR 202.1(e)(6)(iii) by continuing to promote fluoride's dental benefits while ignoring credible, more recent studies that highlight fluoride's long-term health risks. The disregard for evolving scientific evidence, including neurological and thyroid concerns, further solidifies the City's non-compliance with this regulation.
4. **Selective Presentation of Information:** Under 21 CFR 202.1(e)(6)(iv), the City is prohibited from selectively presenting favorable data while concealing adverse information. The City's omission of fluoride's significant risks, including fluorosis and potential neurotoxicity, constitutes a direct violation of the regulation by misleading the public about the safety of fluoride.
5. **Overstated Generalized Effectiveness:** The City's claim that fluoride "promotes dental health" overstates its effectiveness, in direct violation of 21 CFR 202.1(e)(6)(v). The statement implies a universal benefit, which is patently false and unsupported by substantial evidence, especially considering fluoride's widely documented risks to various vulnerable populations.
6. **Misrepresentation of Supporting Studies:** The City violates 21 CFR 202.1(e)(6)(x) by misrepresenting or failing to disclose that fluoride's benefits are primarily established through topical application, not systemic ingestion through water. By failing to clarify this, the City's statement misleads residents into believing that water fluoridation is effective for dental health, which is not supported by the appropriate evidence.
7. **Failure to Present Unfavorable Data:** The City's representation of fluoride violates 21 CFR 202.1(e)(6)(viii) by presenting only favorable information while ignoring substantial unfavorable data, including growing evidence of harmful long-term effects from fluoride ingestion. This selective reporting misleads the public and fails to meet the standards required by federal law.

Conclusion:

The City's statement that "fluoride is added to promote dental health" is in violation of 21 CFR 202.1(e)(6). The City's failure to provide a fair balance of information, present accurate evidence, and disclose the substantial risks associated with fluoride use constitutes a clear breach of federal law. The City's misleading claims not only disregard the regulation but actively misrepresent the safety and effectiveness of fluoride, putting public health at risk.

UNAUTHORIZED PRACTICE OF MEDICINE

Unauthorized Practice of Medicine Through Water Fluoridation

The City's ongoing addition of fluoride to the public water supply without proper medical licensing, FDA approval, and informed consent constitutes the unauthorized practice of medicine under Washington law. Washington State's RCW 18.71.011 clearly defines the practice of medicine as including administering, prescribing, or advising for any human condition, directly or indirectly. By introducing fluoride into the water supply for the purpose of preventing dental cavities, the City is administering a treatment to all residents without appropriate medical oversight.

Key Points of Violation:

1. Lack of Medical Licensing:

- a. Under RCW 18.71.021, no person or entity may practice medicine without a valid license. The administration of fluoride for the purpose of preventing cavities falls squarely under the scope of medical practice as defined by RCW 18.71.011, which includes "administering or prescribing drugs or medicinal preparations." The City is not a licensed medical provider and, therefore, lacks the authority to prescribe or administer treatments like fluoride. Engaging in such activities without proper licensure is a clear violation of state law.
- b. RCW 18.71.011(2): "A person is practicing medicine if he or she... administers or prescribes drugs or medicinal preparations to be used by any other person."
- c. RCW 18.71.021: "No person may practice or represent himself or herself as practicing medicine without first having a valid license to do so."

2. Absence of Informed Consent:

- a. A fundamental principle of medical practice is obtaining informed consent before administering any treatment. Informed consent requires that individuals are fully informed about the potential benefits, risks, and alternatives of a medical intervention and are given the opportunity to consent or refuse. By adding fluoride to the water supply, the City is administering a treatment without the ability of individuals to provide informed consent, thus infringing on their rights to make autonomous health care decisions.

3. No Individualized Medical Oversight:

- a. Medical treatments should be administered under the guidance of a licensed healthcare professional who can monitor patient outcomes, adjust dosages, and address potential side effects. The blanket administration of fluoride through the water supply eliminates any possibility of individualized care, ignoring the variability in individual health needs and susceptibility to potential adverse effects.

4. Risk of Harm:

- a. The practice of medicine involves careful consideration of the risks and benefits of any treatment. Without proper medical oversight, the risks associated with fluoride ingestion, such as dental fluorosis, potential neurological effects, and other health concerns, are not adequately monitored or managed. This lack of oversight could result in harm to the population, contrary to the ethical obligations of medical practitioners.

Legal and Ethical Implications

The City's unauthorized practice of medicine through water fluoridation violates several key legal and ethical safeguards designed to protect public health. By bypassing licensing requirements, failing to obtain informed consent, and ignoring the need for individualized medical oversight, the City is exposing residents to potential harm without adhering to the standards set by **RCW 18.71.011** and **RCW 18.71.021**. This disregard for medical licensing laws necessitates cessation of fluoridation to comply with state law and protect the public's health and autonomy.

The City is not only violating state laws, but it is also acting in opposition to established ethical standards in medicine that require proper licensing, informed consent, and individualized care. The gravity of these violations warrants swift action to cease the unlawful addition of fluoride to the water supply.

FLUORIDATION AS ILLEGAL MEDICAL EXPERIMENTATION

Illegal Medical Experimentation on Human Subjects

The U.S. Food and Drug Administration (FDA) defines the administration of an unapproved drug, such as fluoride, outside of a controlled clinical setting and without the appropriate oversight, as a form of medical experimentation. According to 21 CFR § 312.3(b), "a clinical investigation" is defined as "any experiment in which a drug is administered or dispensed to, or used involving, one or more human subjects." Fluoridation of public water supplies clearly meets this definition, as it involves the use of a drug (fluoride) on human subjects without individual consent.

Federal regulations outline strict requirements for such experimentation, including obtaining "legally effective informed consent" (21 CFR § 50.20), approval from an Institutional Review Board (IRB) (21 CFR Part 56), and compliance with Investigational New Drug (IND) regulations (21 CFR Part 312). The administration of fluoride in public water fails to meet these regulatory safeguards, constituting an illegal medical experiment on human subjects without their knowledge or consent.

Violation of Informed Consent Regulations

Citation: 21 CFR Part 50

Regulation: "Except as provided in §§ 50.23 and 50.24, no investigator may involve a human being as a subject in research covered by these regulations unless the investigator has obtained the legally effective informed consent of the subject or the subject's legally authorized representative" (21 CFR § 50.20).

Violation: The City has failed to obtain "legally effective informed consent" from individuals

before administering fluoride through the public water system. Fluoride, an unapproved drug, is being distributed without any form of voluntary, informed, or documented consent, in direct violation of the informed consent requirement under federal regulations.

Failure to Protect Human Subjects

Citation: 21 CFR Part 50

Regulation: "In seeking informed consent, the following information shall be provided to each subject: (1) A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental" (21 CFR § 50.25(a)(1)).

Violation: No such information was provided to the public regarding the nature of fluoride administration as an experimental procedure. Without any disclosure or explanation of the risks, purpose, or procedure, the City failed to protect the human subjects involved, violating the basic tenets of ethical treatment under the federal human subject protection regulations.

Non-Compliance with Investigational New Drug (IND) Regulations

Citation: 21 CFR Part 312

Regulation: "A sponsor shall not begin a clinical investigation subject to § 312.2(a) until the IND is in effect" (21 CFR § 312.40).

Violation: Fluoride is being administered without an approved Investigational New Drug (IND) application, and no such application has been filed or granted by the FDA. The City has not followed the required procedures for the safe and ethical administration of an investigational drug, including "monitoring the progress of the investigation and reporting adverse events" (21 CFR § 312.50). This non-compliance constitutes a clear breach of the IND regulations.

Lack of Institutional Review Board (IRB) Approval

Citation: 21 CFR Part 56

Regulation: "An IRB shall review and have authority to approve, require modifications in (to secure approval), or disapprove all research activities covered by this part" (21 CFR § 56.109(a)).

Violation: There has been no review or approval from an Institutional Review Board (IRB) regarding the administration of fluoride. The City failed to seek IRB approval, which is necessary for the protection of human subjects involved in any clinical investigation. No records of IRB involvement, such as meeting minutes or approval letters, exist, making the City's actions non-compliant with 21 CFR Part 56.

Violation of the Food, Drug, and Cosmetic Act (FD&C Act)

Citation: FD&C Act, 21 U.S.C. § 355

Regulation: "No person shall introduce or deliver for introduction into interstate commerce any new drug, unless an approval of an application... is effective with respect to such drug" (21 U.S.C. § 355(a)).

Violation: The City is introducing fluoride, an unapproved drug, into the public water supply

without an approved New Drug Application (NDA) or IND. Under the FD&C Act, any new drug must have FDA approval before distribution. By bypassing these requirements, the City is in direct violation of federal law, as there is no evidence of FDA approval or authorization for the mass administration of fluoride.

Violation of Nuremberg Code and Belmont Report Ethical Guidelines

Requirement: The Nuremberg Code serves as a cornerstone in medical ethics, establishing standards for conducting experiments involving human subjects. Foremost among these is the unequivocal necessity of voluntary consent. It is imperative that individuals subjected to any experimental procedure, such as the fluoridation of drinking water, are fully informed of the experiment's nature, purpose, duration, and potential risks involved. Consent must be obtained freely, without coercion, pressure, or undue influence. Moreover, individuals must retain the right to withdraw from the experiment at any time without penalty or loss of benefits.

Legal Text:

"The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity."

The final principle of the Nuremberg Code mandates that the experimenter bears the responsibility to terminate any procedure that poses a risk of injury, disability, or death to the participant, emphasizing the paramount importance of prioritizing the safety and well-being of the public.

The Belmont Report further supports the Nuremberg Code by outlining essential ethical principles, specifically those of Respect for Persons and Beneficence. These principles reaffirm the necessity of voluntary consent and the obligation to maximize benefits while minimizing harm to individuals.

Status: The City has failed to adhere to these critical ethical standards in its fluoridation program. Citizens were not adequately informed about the nature, purpose, and potential risks of fluoride addition to their drinking water, nor were they made aware of their right to freely opt out. There exists a conspicuous absence of documentation and internal policies that ensure the attainment of voluntary consent or procedures for terminating the fluoridation process in light of emerging risks. Moreover, there is no evidence of ethical reviews conducted prior to the

initiation of fluoridation, nor are there records indicating that residents were afforded the opportunity to withdraw from participation in this process. The lack of communication or protocols to prioritize the health and safety of the citizens during this program is similarly alarming.

Violation of Ethical Guidelines (Nuremberg Code and Belmont Report) and Regulatory Compliance

Requirement: Strict adherence to ethical guidelines and federal regulations is imperative in the administration of any drug, especially one that is unapproved. Breaches of these principles can lead to severe consequences, including:

- **Legal Liability:**
 - Violations of the Nuremberg Code could result in legal actions against individuals and institutions, exposing them to civil and criminal penalties for failing to secure voluntary consent or for administering the drug without appropriate safeguards.
 - Non-compliance with FDA regulations regarding informed consent, Investigational New Drug (IND) applications, and Institutional Review Board (IRB) requirements may lead to substantial legal repercussions, including fines and sanctions. There could also be ramifications for failure to adhere to the FDA's regulations under the Food, Drug, and Cosmetic Act.
- **Harm to Participants:**
 - If participants were not adequately informed or denied the opportunity to opt out freely, this could result in significant physical and psychological harm, potentially leading to long-term adverse effects on their health and well-being.
 - The administration of unapproved drugs presents inherent risks, which may culminate in detrimental health outcomes for individuals exposed to such substances.
- **Regulatory and Compliance Issues:**
 - Violations of FDA and IND regulations may result in enforcement actions by the FDA, including fines, penalties, or restrictions on the ability to conduct future research or administer drugs.
 - Inadequate documentation or failure to adhere to required protocols can result in findings of non-compliance during audits or inspections, exposing the city to further legal and regulatory consequences.

Status: The City has notably failed to address these potential repercussions. There are no documented contingency plans or procedures to manage the legal, ethical, and financial ramifications associated with violations of the Nuremberg Code, FDA regulations, or other ethical guidelines. Risk mitigation strategies to prevent violations of these standards are absent, and there are no records indicating measures to promptly address and rectify issues as they arise. Additionally, there exists a lack of documentation regarding training programs for City staff and officials concerning ethical standards and regulatory compliance, as well as an absence of oversight mechanisms to ensure adherence to these crucial principles and regulations.

Voluntary Participation and Right to Discontinue

1. **Requirement:** Under the Code of Federal Regulations (21 CFR 50.25), participation in any medical experiment, including the administration of unapproved drugs, must be entirely voluntary. This regulation mandates that individuals be informed of their right to refuse participation without incurring penalties or losing benefits. Furthermore, participants must retain the right to discontinue their involvement at any time without facing adverse consequences. Given that fluoride is administered through the public water supply—a resource that is inherently difficult to avoid—it is crucial for the City to ensure that citizens are fully aware of these rights and provide clear, accessible options for opting out, which may include offering alternative sources of fluoride-free water. Additionally, individuals participating in such medical experiments have the right to request to end their participation or opt out at any time without facing penalties or loss of benefits.
2. **Status:** The City has not adequately informed citizens about their rights to refuse participation or discontinue their involvement in the fluoridation program. There is a noticeable lack of evidence showing that the City has provided alternative fluoride-free water sources or that citizens have been given clear and accessible means to opt out. Moreover, the City has not demonstrated sufficient procedures for handling requests from citizens who wish to end their participation. There are no records indicating how these requests were managed, nor is there evidence of how the City accommodated those who wished to opt out. The absence of policies or procedures for responding to such requests further undermines citizens' ability to exercise their rights, raising concerns about the voluntary nature of their participation in the fluoridation program.

Legal Precedent on Government-Mandated Medication

In the landmark case *Doe v. Rumsfeld*, the court established a crucial precedent regarding government authority to mandate medication. The ruling emphasized that even under emergency conditions such as wartime, the government cannot compel individuals to receive medication with substances that have not been specifically approved for their intended purpose and manner of use. This legal principle underscores that any compulsory medical intervention must be based on substances that have been rigorously evaluated and officially sanctioned for their specific use.

Applying this precedent to the practice of water fluoridation, it is evident that fluoride, as used in public water systems, has not received specific approval for the manner in which it is administered. Fluoride's use in water fluoridation has not undergone the rigorous approval process required for pharmaceuticals or medical treatments. Therefore, compelling individuals to consume fluoride through their drinking water, without its specific approval for this purpose, violates the fundamental legal protections established in *Doe v. Rumsfeld*. This infringement underscores the need for immediate cessation of fluoride addition to ensure that government practices comply with established legal standards for medical interventions.

Violation of the Common Law Right of Self-Determination of One's Body

The City is required to uphold the common law right of self-determination over one's body, a fundamental principle that grants individuals autonomy to make decisions about their own health, including the substances they consume. This right is rooted in case law, such as *Schloendorff v. Society of New York Hospital (1914)*, where Justice Cardozo stated, "Every human being of adult years and sound mind has a right to determine what shall be done with his own body." This principle was further affirmed in *Cruzan v. Director, Missouri Department of Health (1990)*, where the U.S. Supreme Court recognized the right of competent individuals to refuse medical treatment. By adding fluoride to the public water supply without individual consent, the City is effectively mandating a form of medical treatment and infringing upon this fundamental right. Fluoridation does not allow individuals to make an informed choice about ingesting this substance, thereby violating their bodily autonomy and the right to refuse treatment. Despite public health interests, such a measure directly contradicts the established common law right of self-determination, which the City is obligated to protect. Thus, the City's actions disregard these legal precedents and violate individuals' autonomy over their own bodies.

CONSTITUTIONAL RIGHTS INFRINGED

Violation of Constitutional Rights by Water Fluoridation

The practice of adding fluoride to the public water supply represents a flagrant violation of several fundamental constitutional rights. These violations occur on both state and federal levels, infringing upon the principles of personal autonomy, bodily integrity, and the right to make informed medical decisions. Below are the primary constitutional rights that are breached by this practice:

1. Right to Bodily Integrity and Informed Consent

- **Fourteenth Amendment:** The Fourteenth Amendment to the U.S. Constitution protects the right to personal liberty and the right to refuse unwanted medical treatment. The Supreme Court has upheld that individuals have the right to make decisions about their own bodies, including the right to refuse medical treatment. By introducing fluoride into the public water supply without informed consent, the city is effectively imposing a medical intervention on the population without their individual consent, violating this constitutional protection.
- **State Constitutional Rights:** Washington State's constitution, under Article I, Section 7, affirms the right to privacy, stating that "No person shall be disturbed in his private affairs, or his home invaded, without authority of law." Fluoridation of public water supplies infringes upon this right, as it forces individuals to consume a substance without their explicit consent or the opportunity to refuse.

2. Violation of the Right to Privacy

- The right to privacy extends to medical decisions and the right to be free from governmental intrusion in one's personal health choices. Water fluoridation constitutes a mass medical intervention imposed by the government, interfering with individuals' private health decisions. By administering fluoride indiscriminately through the water supply, the city is encroaching upon the private right of individuals to decide whether or not they wish to consume a particular substance for health purposes.
- The concept of medical privacy, including the right to make autonomous health decisions, is a fundamental aspect of the right to privacy. The blanket application of fluoride without regard for individual health needs or preferences ignores the principle that medical treatments should be personalized and voluntarily accepted.

3. Denial of Due Process

- **Substantive Due Process:** The substantive component of the Due Process Clause of the Fourteenth Amendment protects fundamental rights from governmental interference unless there is a compelling state interest. The government must prove that the benefits of water fluoridation outweigh the intrusion on individual rights and that no less intrusive means are available to achieve the same public health goals. However, water fluoridation bypasses less intrusive alternatives such as providing fluoride in other forms (e.g., toothpaste, supplements), directly violating the substantive due process rights of individuals.
- **Procedural Due Process:** The procedural aspect of the Due Process Clause requires that individuals be given notice and an opportunity to be heard before being deprived of a fundamental right. The implementation of water fluoridation fails to provide individuals with adequate notice or the opportunity to opt out of this public health intervention, thus violating procedural due process.

4. Freedom of Choice in Medical Treatments and Religious Beliefs

- The First Amendment protects individual freedom of conscience, including the right to refuse medical treatment based on personal beliefs or religious convictions. Forcing fluoride consumption through the public water supply infringes upon individuals' First Amendment rights if they object to fluoride on moral, ethical, or religious grounds. By not allowing individuals the choice to accept or decline this treatment, the city disregards the diversity of beliefs and values within its population.
- The right to reject medical intervention is a fundamental aspect of personal autonomy. There is an expectation that individuals have the right to consult with medical professionals, weigh the benefits and risks, and make informed choices about their health care. The city's mass administration of fluoride eliminates this choice, assuming a one-size-fits-all approach that ignores individual autonomy and consent. This practice effectively denies citizens the right to make personal decisions regarding their medical care, including the freedom to reject a treatment they do not agree with.
- Furthermore, the right to religious freedom is a cornerstone of individual liberty. Many people hold specific religious or spiritual beliefs that directly conflict with the forced ingestion of fluoride. These beliefs are often deeply rooted in the conviction that the body is sacred and that individuals should have the autonomy to decide what substances they consume.

- **Sanctity of the Body:**
 - For many Christians, the body is considered a temple of the Holy Spirit (1 Corinthians 6:19-20), which should be kept pure and untainted. They may believe that introducing any foreign substances, especially those that are chemically altered or industrial byproducts like fluoride, goes against the biblical mandate to honor and care for their bodies. Forcing individuals to consume fluoride through the public water supply can be seen as a direct violation of this religious duty to maintain bodily sanctity.
- **Adherence to Natural Living:**
 - Various religious and spiritual groups, such as certain denominations within Hinduism, Buddhism, or New Age spiritualities, emphasize a lifestyle in harmony with nature. They advocate for consuming only what is naturally available and avoiding synthetic chemicals or additives. For these individuals, fluoride, especially in its industrial form, is considered an unnatural and potentially harmful substance. Compelling them to ingest it through the water supply infringes upon their religious practice of living naturally and could be seen as an imposition on their spiritual beliefs.
- **Dietary Laws and Purity:**
 - In religions that follow strict dietary laws, such as Judaism and Islam, there are clear guidelines on what substances are permissible for consumption. While fluoride is not explicitly mentioned in these religious texts, its classification as an industrial byproduct or chemical additive lead some adherents to view it as impure or unfit for ingestion. For example, some might argue that fluoride does not meet the standards of "halal" (permissible) or "kosher" (fit) because it is not a natural substance and has not been prepared in accordance with religious dietary laws. Thus, mandatory fluoridation could be perceived as forcing individuals to violate their dietary practices and purity laws.
- **Informed Consent and Moral Autonomy:**
 - Certain religious beliefs, including those of Jehovah's Witnesses and Christian Scientists, emphasize the importance of personal autonomy and informed consent in medical decisions. Jehovah's Witnesses, for instance, are known for their refusal of blood transfusions based on biblical interpretation. Similarly, some may view fluoridation as a form of medical treatment or intervention that requires informed consent, as it is introduced into the body to affect health outcomes (preventing dental cavities). Being forced to consume fluoride without explicit consent infringes upon their religious right to make autonomous decisions about their health and violates their moral conviction that medical treatments should be a matter of personal choice.
- **Alternative Healing Practices:**
 - Some individuals adhere to religious or spiritual traditions that advocate for natural healing and alternative medicine, such as certain sects within Hinduism, naturopathy, or indigenous spiritualities. They may believe in the power of natural remedies and oppose conventional medical practices, including the use of chemicals like fluoride. For them, fluoridation represents an unwelcome intrusion of a medical practice they do not consent to and is incompatible with their religious beliefs in natural health and healing.
- **Summary:**

- Forcing individuals to consume fluoride through the public water system disregards the diversity of religious beliefs that emphasize bodily sanctity, natural living, dietary restrictions, informed consent, and alternative healing. By imposing this practice, the city violates the religious freedom of those who see fluoride consumption as conflicting with their spiritual or moral values. In a society that values freedom of religion, individuals should have the right to decide what they consume based on their beliefs without government interference.

5. Equal Protection Clause Violations

- **Equal Protection Under the Law:** The Fourteenth Amendment guarantees equal protection under the law. The fluoridation of water does not take into account the varying health needs and conditions of different individuals, including those who may be more susceptible to adverse effects from fluoride exposure (such as individuals with certain medical conditions, infants, or the elderly). By mandating a uniform dosage of fluoride for the entire population, the city fails to provide equal protection to those who may suffer disproportionate harm, thus violating the principle that laws and policies should not unfairly discriminate against certain groups.

6. Right to Self-Determination and Autonomy

- **International Human Rights Principles:** Although not directly enforceable in U.S. courts, international human rights norms, such as those outlined in the Universal Declaration of Human Rights, emphasize the right to self-determination and autonomy in health-related decisions. Water fluoridation disregards these principles by removing the individual's ability to make an autonomous decision about fluoride consumption.

Conclusion

The city's practice of adding fluoride to the water supply without individual consent constitutes a serious violation of constitutional rights. It infringes upon the rights to bodily integrity, privacy, due process, and freedom of choice in medical treatments. By mandating fluoride consumption, the city unlawfully overrides individual autonomy and disregards the diverse needs and beliefs of its residents. Immediate cessation of this practice is required to uphold these fundamental rights and protect the public from unauthorized medical intervention. Failure to comply with this notice could result in legal action to rectify these constitutional violations.

Violation of the City's Obligation to Be "Of the People, For the People, and By the People"

The City has a fundamental duty to serve as a government "of the people, for the people, and by the people." This principle, rooted in democratic governance, mandates that city officials act in the best interests of the community, ensuring transparency, public participation, and respect for individual rights. However, the City's decision to fluoridate the public water supply without comprehensive public consent or full disclosure of the associated risks and benefits represents a significant departure from this obligation.

1. **Lack of Informed Consent:** In medical practice, informed consent is a foundational ethical requirement, ensuring that individuals are fully aware of and agree to any treatment they receive. By adding fluoride to the water supply, the City effectively administers a substance to all residents without their explicit consent. This action disregards individuals' right to make informed choices about what substances they consume, particularly when those substances have potential health implications. The universal and compulsory nature of water fluoridation denies residents the autonomy and ability to opt out, thus violating the principle of individual choice in matters of personal health.
2. **Disregard for Public Input:** The City has an obligation to involve the community in decisions that directly affect public health. Fluoridation is a contentious issue, with significant public concern about its safety and efficacy. By implementing water fluoridation without adequate public consultation or a referendum, the City has sidestepped the democratic process. This failure to actively engage with the concerns of its constituents undermines the trust between the government and the people it serves. It suggests a top-down approach that is more reflective of paternalistic governance rather than a government that is responsive and accountable to the will of the people.
3. **Failure to Uphold Public Health Obligations:** A government "for the people" must prioritize public health measures that are safe, effective, and equitable. The City's addition of fluoride to the water supply, without addressing the potential risks and controversies surrounding its use, fails to meet this standard. There are segments of the population, including infants, pregnant women, and individuals with certain medical conditions, for whom fluoride consumption may pose increased health risks. By implementing a one-size-fits-all approach to public health, the City has neglected the nuanced needs of its community, potentially placing vulnerable populations at risk.
4. **Transparency and Accountability:** Being a government "by the people" entails a commitment to transparency and accountability. The City has a duty to provide clear, accessible information regarding its decision-making processes, especially when those decisions impact public health. If the City has not disclosed all relevant information about the source, safety, and efficacy of the fluoride being added to the water supply, it has failed in its duty to maintain an open and honest dialogue with its residents. This lack of transparency not only erodes public trust but also impedes the community's ability to hold the City accountable for its actions.
5. **Ethical and Legal Responsibilities:** The City's actions in fluoridating the water supply must be guided by both ethical principles and legal requirements. By mandating the consumption of fluoridated water without public consent, the City may be infringing on individual rights protected under the Constitution and various legal statutes. This disregard for personal autonomy, public input, and informed consent challenges the ethical and legal foundation upon which a government "of the people" is built.
6. **Conclusion:** In its pursuit of water fluoridation, the City has not acted in a manner that is "of the people, for the people, and by the people." It has imposed a measure that lacks informed consent, disregarded public input, failed to protect vulnerable populations, and neglected its ethical and legal obligations. These actions undermine the very principles of democratic governance and public trust. The City is urged to immediately cease the fluoridation of the public water supply and engage in a transparent, democratic process that respects the rights and concerns of all its residents.

LEGAL PROCESS TO DISCONTINUE FLUORIDATION

Legal Process for Discontinuing Fluoridation Under Washington Code 70A.125.210

Under Washington Code 70A.125.210, the City is required to follow a legally mandated process when making any changes to the fluoridation of the public water supply. This code ensures transparency, public involvement, and proper administrative procedures before the discontinuation of fluoridation can occur.

The process must include the following steps:

1. Issuance of Public Notice:

As the first requirement, the City must notify the public of the intent to discontinue the addition of fluoride to the water supply. This notification must be issued at least 90 days before any formal decision to cease fluoridation is made. The notice should be distributed through official channels, including the City's website, local newspapers, and other media outlets to ensure that all residents are informed.

2. Public Comment Period:

After the public notice is issued, a public comment period must be initiated. This allows residents, health officials, and other stakeholders to provide their input and express concerns or support for discontinuing fluoridation. Public hearings may also be scheduled to provide a platform for direct community engagement.

3. Formal Review and Decision:

Following the 90-day public notice and comment period, the City Council is obligated to review the feedback, assess the available scientific evidence, and make a formal decision regarding fluoridation. This decision should be based on legal, health, and ethical considerations, including the latest scientific findings regarding the risks of fluoride exposure.

4. Compliance with State and Federal Regulations:

Throughout this process, the City must ensure that it complies with both state and federal health regulations, including those set by the Environmental Protection Agency (EPA) and Washington State Department of Health. Any changes to the water treatment process must be documented, and the City must work closely with regulatory bodies to ensure a safe transition away from fluoridation.

The City is legally obligated to initiate this process immediately to begin the orderly and lawful discontinuation of fluoridation in response to the serious health risks that have been identified, as outlined in recent scientific and legal findings. Failure to follow these steps may result in legal challenges and additional liabilities.

CONFLICTS OF INTEREST

Potential Conflicts of Interest Among Decision-Makers and Legal Requirements

Legal Obligation to Avoid Conflicts of Interest:

Federal and state laws, including the Code of Federal Regulations (CFR) Title 21, Part 50 (Protection of Human Subjects), and Washington State's Ethics in Public Service Act (RCW 42.52), mandate that decisions impacting public health, particularly those involving the administration of substances like fluoride—an unapproved drug under the Federal Food, Drug, and Cosmetic Act (FDCA)—must be free from undue influence and conflicts of interest. All decision-makers are required to disclose any personal, financial, or professional conflicts that could compromise the integrity of their decisions, ensuring that public health decisions are made impartially, transparently, and in the best interest of the public.

Concerns Regarding Lack of Transparency:

Currently, there is no available documentation indicating that potential conflicts of interest among decision-makers involved in the decision to fluoridate the public water supply have been addressed or disclosed. While this does not confirm the existence of conflicts, the absence of publicly available records on conflict disclosures, financial interest statements, or professional affiliations raises concerns about the transparency and integrity of the decision-making process.

Call for Disclosure and Compliance:

To uphold public trust and comply with federal and state laws, it is crucial that the City takes proactive steps to ensure that all decision-makers involved in this process are free from any personal or financial interests that could influence their objectivity. The Washington State Ethics in Public Service Act (RCW 42.52.020) specifically prohibits public officers from acting where their personal interests conflict with their public duties. Failure to provide the necessary disclosures could lead to the perception of bias, undermining the legitimacy of the decisions made.

Request for Immediate Action:

I strongly urge the City to ensure that all relevant conflict of interest disclosures are made publicly available and that any potential conflicts are addressed in compliance with the law. This will help protect the integrity of the process and prevent any actions that may later be challenged for ethical breaches. If these steps are not taken, the City may be exposed to legal scrutiny and penalties, including possible civil action under RCW 42.52.480.

FLUORIDE AS HAZARDOUS INDUSTRIAL WASTE

Sources of Fluoride as Industrial Hazardous Waste

Industries that produce fluoride as a byproduct of their manufacturing processes often frame the substance as a "naturally occurring mineral" to downplay its hazardous nature. However, the reality is that fluoride, in various chemical forms such as sodium fluoride (NaF) and fluorosilicic acid (H_2SiF_6), is produced as a toxic industrial waste. Below, we will explore how several major

industries generate fluoride waste, and why these byproducts are neither suitable for reuse in the industries that create them nor in public health initiatives such as water fluoridation.

1. Aluminum Production

Key Inputs:

- **Alumina (Aluminum Oxide, Al_2O_3):** The primary raw material for aluminum production.
- **Cryolite (Sodium Aluminum Fluoride, Na_3AlF_6):** Used as a flux to dissolve alumina and lower its melting point, facilitating the extraction of aluminum.
- **Carbon (C):** Used in the form of carbon anodes to conduct electricity and reduce alumina to aluminum.

Desired Output:

- **Aluminum (Al):** The final product, extracted via an electrolytic process from alumina in molten cryolite.

Waste Products:

- **Sodium Fluoride (NaF):** A toxic byproduct produced during the electrolytic reduction of alumina. It is captured in scrubbers to prevent atmospheric release.
- **Fluoride Gases (e.g., Hydrogen Fluoride, HF):** Released during the process and must be treated due to their hazardous nature.

Why Sodium Fluoride is Not Reusable:

Aluminum production relies on cryolite, which has specific properties that enable the dissolution of alumina at high temperatures. Sodium fluoride, while chemically related to cryolite, lacks the necessary structure and melting properties for aluminum extraction. Furthermore, the fluoride waste produced in aluminum smelting is contaminated with various impurities, rendering it unsuitable for recycling back into the process. This waste must be safely disposed of as it has no value in aluminum production.

2. Phosphate Fertilizer Production

Key Inputs:

- **Phosphate Rock (Calcium Phosphate):** The primary mineral used to create phosphoric acid for fertilizer production.
- **Sulfuric Acid (H_2SO_4):** Reacts with phosphate rock to release phosphoric acid, the essential ingredient for fertilizers.

Desired Output:

- **Phosphoric Acid (H_3PO_4):** Used to produce various phosphate-based fertilizers such as diammonium phosphate (DAP) and monoammonium phosphate (MAP).

Waste Products:

- **Fluorosilicic Acid (Hexafluorosilicic Acid, H_2SiF_6):** A toxic byproduct formed when fluoride is released during the chemical reaction between phosphate rock and sulfuric acid.
- **Calcium Sulfate (Gypsum):** Also a byproduct but less hazardous and often stored in large stacks.

Why Fluoride Byproducts Are Not Reusable:

Fluorosilicic acid is produced during the "wet process" of fertilizer manufacturing, where phosphate rock is treated with sulfuric acid. This fluoride compound is extremely toxic and contaminated with other residues from the fertilizer production process. It has no value for reuse in fertilizer manufacturing or other industrial processes. Instead of being properly disposed of, industries often sell this byproduct for water fluoridation, where it is used despite the risks to public health.

3. Chemical Manufacturing

Key Inputs:

- **Fluorine (F_2):** Used in the production of various fluorine-containing chemicals such as Teflon, refrigerants, and pesticides.
- **Organic and Inorganic Compounds:** Various chemicals that react with fluorine to create products like hydrofluorocarbons (HFCs), fluoropolymers, and other specialty chemicals.

Desired Output:

- **Fluorochemicals:** Products that include refrigerants, non-stick coatings (e.g., Teflon), and other industrial fluorinated products.

Waste Products:

- **Hydrofluoric Acid (HF):** A byproduct of many chemical reactions involving fluorine, used but eventually released as waste.
- **Fluoride Salts (e.g., Sodium Fluoride, NaF):** Produced as waste when fluorine reacts with other elements.

Why Fluoride Byproducts Are Not Reusable:

Fluoride wastes from chemical manufacturing, including hydrofluoric acid and fluoride salts, are produced during the synthesis of fluorinated chemicals. These waste products are heavily contaminated with byproducts of the manufacturing process, including solvents, hydrocarbons, and residual reactants. Once contaminated, the fluoride byproducts cannot be reused in chemical production and must be treated as hazardous waste.

Disposal Cost of Fluoride as Hazardous Waste

Across several industries, including aluminum smelting, fertilizer production, and chemical manufacturing, sodium fluoride and other fluoride compounds are consistently produced as hazardous byproducts rather than useful materials. These fluoride wastes result from industrial processes that require specific inputs—such as alumina, sulfuric acid, and fluorine—for the creation of products like aluminum, fertilizers, and chemicals. Fluoride, once captured, is contaminated with industrial residues and impurities, making it unsuitable for reuse in any productive capacity.

Importantly, sodium fluoride and other fluoride compounds are never produced specifically for public health uses such as water fluoridation or dental treatments. They are always byproducts of larger industrial activities. The industries that produce these fluoride wastes have no financial or technical incentive to recycle them back into their processes. Instead, disposing of fluoride waste as a hazardous material involves significant costs. Proper hazardous waste disposal can range from \$1,000 to \$3,000 per ton, depending on contamination levels and regulatory requirements.

To avoid these costs, many industries sell their fluoride byproducts for use in water fluoridation, effectively repackaging toxic waste as a supplement for drinking water. This practice shifts the burden of managing hazardous waste away from industry and onto municipalities and the public, despite the substantial health risks involved. The use of industrial fluoride byproducts for water fluoridation not only raises serious public health concerns but also circumvents the ethical and legal obligations surrounding proper hazardous waste management.

This practice brings into question the city's responsibility for public safety, as the use of fluoride in public water systems is neither based on medical necessity nor on rigorous safety evaluations but rather on the convenient repurposing of industrial waste.

Contaminants in Fluoride as Raw Hazardous Waste

The fluoride compounds used in water fluoridation, primarily fluorosilicic acid, sodium fluoride, and sodium fluorosilicate, are derived from industrial processes, particularly the production of phosphate fertilizers. These compounds are not purified to the same standards as substances intended for direct human consumption. Instead, they are often captured as byproducts during manufacturing, and their introduction into public water supplies occurs with minimal treatment.

As a result, the fluoride that is added to our drinking water is, in essence, still a form of raw hazardous waste. It retains impurities and contaminants that are inherent to its industrial origins. While regulatory agencies may set acceptable limits for fluoride concentrations in drinking water, the lack of rigorous purification means that these compounds can still contain toxic byproducts from the manufacturing process.

Contaminants commonly found in these fluoride compounds can include:

- **Heavy Metals:** Lead, arsenic, cadmium, mercury, and chromium, which can leach from industrial equipment or during the production process.
- **Radioactive Elements:** Uranium and radium, which can be present in phosphate rock and may remain in the fluoride byproducts.
- **Pesticides and Herbicides:** Residues from agricultural chemicals used in phosphate mining or processing.
- **Solvents:** Organic solvents that may be used in the manufacturing process and could contaminate the fluoride compounds.
- **Acids:** Byproducts like sulfuric acid or phosphoric acid that may remain as contaminants in the final fluoride product.
- **Fluorinated Organic Compounds:** These compounds, including perfluorinated substances, which are known for their persistence in the environment and potential health impacts.

This practice raises significant concerns about public health. By allowing unrefined fluoride to be used in water fluoridation, the City is effectively introducing a hazardous material into the water supply without ensuring it meets the stringent safety and purity standards expected of substances that are consumed by the public. The ethical implications of this practice, particularly regarding informed consent and the potential health risks posed by impurities, must be addressed. The continuation of this practice not only undermines the safety of our drinking water but also contradicts the City's responsibility to protect the health and well-being of its residents.

Fluoride Universally Recognized as Industrial Hazardous Waste

Fluoride is a recognized hazardous byproduct in several major industries, including:

- **Phosphate Fertilizer Production:** Fluorosilicic acid (H_2SiF_6) is captured from the scrubbers in phosphate fertilizer plants as an industrial byproduct.
- **Aluminum Smelting:** Sodium fluoride and other fluoride compounds are generated during the smelting process.
- **Chemical Manufacturing:** Hydrofluoric acid (HF) and fluoride salts (NaF) are produced as waste in the creation of fluorinated chemicals such as refrigerants and non-stick coatings.
- **Glass and Cement Production:** Fluoride emissions are produced during the manufacture of glass and cement.
- **Steel Manufacturing:** Fluoride is a byproduct in steel production through the use of fluxes and other fluoride-bearing materials.
- **Ceramics Industry:** Fluoride emissions are released during high-temperature firing processes when fluorides are used as fluxes.
- **Coal-Fired Power Plants:** Fluoride compounds are captured in flue gas desulfurization systems as a byproduct of coal combustion.
- **Petroleum Refining:** Fluoride-containing waste is generated during catalytic processes used to refine crude oil.
- **Semiconductor Manufacturing:** Hydrofluoric acid (HF) is a waste product from etching silicon wafers during chip production.
- **Brick and Tile Manufacturing:** Fluoride emissions are produced during the firing process when fluorides are used to enhance material melting.
- **Nuclear Industry:** Fluoride waste is generated during the uranium enrichment process, particularly in the form of uranium hexafluoride (UF_6).

Under federal law, these industries are required to capture and dispose of fluoride waste properly due to its classification as a hazardous waste. For example, under 40 CFR §261.24, any waste that contains fluoride concentrations above 4.0 mg/L is classified as toxic waste under the Resource Conservation and Recovery Act (RCRA). In the phosphate fertilizer industry, scrubbers are used to prevent fluoride emissions from polluting the environment, as fluoride is known to harm human health, corrode equipment, and damage ecosystems.

The Clean Air Act (42 U.S.C. §7401) also mandates that industries prevent the release of fluoride emissions into the atmosphere, given the risk of environmental contamination and harm to both human and animal health. Once captured, fluoride must be handled as a hazardous waste due to its toxicity.

The capture of fluoride from industrial processes does not alter its chemical properties—it remains a hazardous waste. Fluoride does not "magically transform" into a harmless substance upon capture; it retains its toxic characteristics. Under the RCRA, the EPA defines hazardous waste as any waste that "may cause, or significantly contribute to an increase in mortality or an increase in serious irreversible, or incapacitating reversible illness" or pose "a substantial

present or potential hazard to human health or the environment when improperly treated, stored, transported, or disposed of" (42 U.S.C. §6903(5)).

Fluoride in Water: Still Hazardous Waste

Despite being captured and processed, fluoride—whether as sodium fluoride or fluorosilicic acid—remains a hazardous substance. The addition of fluoride to the public water supply does not exempt it from these classifications. Under several regulatory frameworks, fluoride added to water still qualifies as hazardous waste:

1. Resource Conservation and Recovery Act (RCRA)

- As per 40 CFR §261.24, any waste that exceeds a concentration of 4.0 mg/L of fluoride, when tested under the Toxicity Characteristic Leaching Procedure (TCLP), is classified as hazardous. The City's addition of sodium fluoride to water risks exceeding this threshold, particularly when considering the accumulation of fluoride over time. This concentration is directly tied to fluoride's potential to cause irreversible health effects such as skeletal and dental fluorosis.

2. Washington State Regulations (WAC 173-303-100 and WAC 173-303-040)

- The Washington State Department of Ecology, under WAC 173-303-100, defines hazardous waste as any substance that exhibits "toxicity, persistence in the environment, or potential for bioaccumulation." Fluoride, due to its high toxicity at elevated concentrations, its persistence in water systems—where it does not naturally degrade—and its bioaccumulation in the human body, clearly meets these criteria, making it classified as hazardous under Washington State law. Fluoride accumulates in bones and tissues over time, leading to adverse health effects such as skeletal and dental fluorosis. Additionally, WAC 173-303-040 prohibits the addition of any substance to the environment that poses a "threat to human health or the environment," which explicitly applies to toxic chemicals like fluoride. The City's addition of fluoride to drinking water falls squarely within this definition of hazardous waste, given its toxic, persistent, and bioaccumulative properties.

3. Safe Drinking Water Act (SDWA)

- The Safe Drinking Water Act (42 U.S.C. §300g-1) sets a maximum contaminant level for fluoride at 4.0 mg/L. While this limit is set for "safe" drinking water, it also acknowledges that fluoride, beyond this concentration, becomes hazardous. The City's addition of fluoride, even in doses intended to remain below this threshold, disregards the fact that fluoride's toxic effects accumulate over time, especially for vulnerable populations such as children, the elderly, and those with compromised health.

4. Toxic Substances Control Act (TSCA)

- The Toxic Substances Control Act (15 U.S.C. §2605) prohibits the distribution of chemicals that pose an unreasonable risk to health or the environment. Fluoride's potential to cause long-term harm, including skeletal fluorosis, thyroid dysfunction, and neurological damage, presents such a risk when added to the water supply. Under TSCA, the City's use of sodium fluoride constitutes

distribution of a hazardous substance without proper risk mitigation, violating federal law.

5. Occupational Safety and Health Administration (OSHA)

- Under 29 CFR §1910.1200, OSHA classifies substances that are toxic or corrosive as hazardous chemicals. Fluoride compounds used in water fluoridation are both toxic and corrosive, requiring strict handling guidelines in the workplace. This same fluoride, when added to drinking water, still retains its hazardous nature, putting not only workers but also the general public at risk of exposure to a chemical deemed hazardous by OSHA.

The City's practice of adding fluoride to the public water system is a clear violation of hazardous waste regulations. Fluoride captured from industries is classified as hazardous due to its toxicity, and this classification does not change once it is introduced into the water supply. By adding sodium fluoride, the City is effectively distributing hazardous waste under federal and state law, in violation of the Resource Conservation and Recovery Act (RCRA), the Safe Drinking Water Act (SDWA), the Toxic Substances Control Act (TSCA), and Washington State hazardous waste regulations. These laws are designed to protect public health and the environment from precisely the kind of risks that fluoride poses. The City must cease this practice or face legal liability for non-compliance with hazardous waste management laws.

Violation of Hazardous Waste Laws: Handling of Fluoride

The City's fluoridation program is not just a public health issue—it is a direct violation of Washington State hazardous waste management laws. Fluoride, which is purchased and added to the public water supply, clearly meets the state's definition of hazardous waste under both the Revised Code of Washington (RCW) and the Washington Administrative Code (WAC). The City's ongoing failure to properly classify, handle, store, and dispose of fluoride demonstrates a disregard for state regulations, endangering both public health and the environment.

Failure to Classify Fluoride as a Hazardous Waste

The Washington State Department of Ecology, under WAC 173-303-100, explicitly defines hazardous waste as any substance that demonstrates "toxicity, persistence in the environment, or potential for bioaccumulation." Fluoride is toxic at concentrations added to water, persistent in water systems where it does not naturally degrade, and bioaccumulates in the human body, particularly in bones and tissues. Despite this, the City has failed to classify fluoride as hazardous waste, as required by WAC 173-303-070(1b):

"Any person who generates or discovers a solid waste on their site must make an accurate determination if that waste is a dangerous waste in order to ensure wastes are properly managed according to applicable dangerous waste regulations."

The City's failure to make an accurate determination of fluoride's hazardous properties constitutes a clear violation of this code.

Violation of Proper Handling and Storage Requirements

In addition to failing to classify fluoride as hazardous waste, the City has also violated requirements for the safe handling and storage of hazardous materials. WAC 173-303-200 mandates that dangerous waste must be managed in a way that "prevents releases to the environment, minimizes exposure to humans, and complies with standards for safe handling and storage."

The City's practice of introducing fluoride directly into the water supply—without any safeguards to prevent exposure or environmental contamination—directly contradicts this legal mandate. There is no evidence that the City has taken any steps to contain fluoride as required by law.

Moreover, WAC 173-303-201 sets strict limits on how long dangerous wastes may be stored. Dangerous wastes cannot be stored for longer than 90 days without specific authorization, and any accumulation of fluoride in storage tanks or containers must adhere to stringent containment guidelines. The City has offered no proof of compliance with these laws, further solidifying its noncompliance.

Improper Disposal of Hazardous Fluoride Waste

State hazardous waste regulations are designed to prevent hazardous substances from entering the environment, which includes air, land, water, and groundwater, as explicitly defined in WAC 173-303-040:

"Environment" means any air, land, water, or groundwater.

WAC 173-303-610 further mandates that hazardous wastes must be disposed of at facilities specifically permitted for such disposal:

"Hazardous waste must be treated, stored, or disposed of at a permitted hazardous waste facility."

Despite this clear requirement, the City is bypassing proper hazardous waste protocols by adding fluoride—a substance that exhibits toxicity, persistence, and bioaccumulation—directly into the public water supply. This is not just a failure in proper waste disposal; it is a direct violation of state law aimed at preventing hazardous waste from entering the environment. The City cannot legally bypass these regulations by introducing hazardous materials like fluoride into the water supply under the guise of fluoridation.

Fluoride's hazardous nature does not change once it is added to water. As a persistent and toxic chemical, it continues to present risks to both human health and the environment. The very purpose of RCW 70.95.010 is to protect public health and the environment through the proper management of hazardous wastes, ensuring that substances like fluoride do not enter the environment—including water supplies—without stringent controls. By failing to adhere to these required disposal protocols, the City has breached its legal duty and is in clear violation of the state's hazardous waste management laws.

Failure to Use Certified Transporters and Maintain Records

Hazardous waste transportation and documentation requirements under WAC 173-303-240 and WAC 173-303-300 further underscore the City's failures.

WAC 173-303-240 requires that hazardous waste be transported by certified hazardous waste transporters. The City's supply of fluoride, however, is likely transported and distributed without the use of certified transporters or following manifest procedures.

"A generator who transports dangerous waste must use a transporter with a valid EPA identification number."

Additionally, WAC 173-303-300 requires a manifest to accompany all shipments of dangerous waste, ensuring proper tracking and compliance with disposal regulations. There is no evidence the City has followed any of these required protocols.

Violations of RCW 70.95.010 – Hazardous Waste Management

The City's fluoridation program is also a direct violation of RCW 70.95.010, which makes clear that hazardous wastes must be managed in a way that protects public health and the environment:

"The legislature finds that the protection of the public health and environment is a matter of public concern and that the management of hazardous wastes is necessary to protect these interests."

The law requires that hazardous wastes like fluoride be carefully controlled, handled, stored, and disposed of to prevent environmental contamination and human exposure. By failing to adhere to these legal standards, the City has endangered its citizens.

Penalties and Corrective Actions

The City's violations of Washington State hazardous waste laws expose it to significant legal and financial consequences. Under RCW 70.95.010, penalties for violations of hazardous waste management laws include fines of up to \$10,000 per violation, per day. Each day that fluoride is improperly handled and introduced into the water supply represents a separate violation.

Immediate corrective actions must be taken to bring the City into compliance with state and federal hazardous waste regulations, including:

- **Proper Classification of Fluoride:** The City must classify fluoride as a hazardous waste under WAC 173-303-070(3) and comply with all associated hazardous waste regulations.
- **Safe Handling and Storage:** Fluoride must be stored in containment facilities designed to prevent environmental release and protect public health, as required by WAC 173-303-200.
- **Permitted Disposal:** Fluoride must be disposed of in a facility permitted to handle hazardous waste, in compliance with WAC 173-303-610.
- **Certified Transport:** The City must use a certified hazardous waste transporter with an EPA identification number for any movement of fluoride, in accordance with WAC 173-303-240.
- **Transparent Recordkeeping:** The City must maintain a manifest for all fluoride-related activities, as required by WAC 173-303-300, to ensure proper tracking and compliance with hazardous waste management laws.

By continuing its current practices, the City is not only violating multiple state regulations, but it is also risking substantial penalties and putting its residents in harm's way. It is imperative that the City cease and desist from adding hazardous waste fluoride to the public water supply and take immediate steps to comply with all applicable hazardous waste management laws.

DUTY TO ENSURE SAFE DRINKING WATER

Violation of Duty to Ensure Safe Drinking Water under RCW 70A.125.060

Under RCW 70A.125.060, the City has a legal obligation to provide a safe and reliable public water system to protect public health. The statute clearly outlines the City's duties to maintain and operate water systems in compliance with all federal, state, and local rules. However, by introducing fluoride—a recognized hazardous substance—into the public drinking water supply, the City is failing to meet the requirements established by law.

Specifically, RCW 70A.125.060(1b)(i-vi) states that Group A public water systems must:

- (i) Protect the water sources used for drinking water.
- (ii) Provide treatment adequate to assure that the public health is protected.
- (iii) Provide and effectively operate and maintain public water system facilities.
- (iv) Plan for future growth and assure the availability of safe and reliable drinking water.
- (vi) Take whatever investigative or corrective action is necessary to assure that a safe and reliable drinking water supply is continuously available to users.

In introducing hazardous fluoride into the water system, the City has breached its duty under these subsections in multiple ways:

1. Failure to protect water sources (as required by (i)): By adding fluoride—a substance that is toxic, persistent, and bioaccumulative—the City has endangered the water source rather than protecting it. Fluoride's persistence in water means that it does not degrade, continuing to pose risks to public health.
2. Inadequate treatment (as required by (ii)): The addition of fluoride does not constitute a protective treatment; instead, it introduces a hazardous chemical into the water supply that remains toxic after treatment. This compromises the safety of the drinking water rather than ensuring it.
3. Ineffective operation and maintenance (as required by (iii)): The City's failure to classify fluoride as hazardous waste, as mandated by WAC and RCW codes, and to properly manage its disposal demonstrates a neglect of effective system operation and maintenance.
4. Jeopardizing future availability of safe drinking water (as required by (iv)): By introducing harmful chemicals into the water system, the City is jeopardizing the long-term safety and reliability of its water sources, violating its obligation to plan for future growth and ensure continued access to clean water.
5. Failure to take corrective action (as required by (vi)): Despite clear evidence of fluoride's hazardous nature, the City has failed to take the necessary investigative or corrective measures to ensure the continuous availability of a safe water supply to users.

The introduction of fluoride into the public water supply without following proper procedures and safeguards directly violates the legal duties set forth under RCW 70A.125.060. The City is required by law to assure that public health is protected through proper treatment and management of the water supply. Instead, the City's actions are introducing a toxic and persistent substance into the drinking water, compromising the very health and safety that these statutes aim to protect.

Violation of WAC 246-290-220: Non-Compliance with ANSI/NSF Standard 61

WAC 246-290-220 mandates that any materials or additives used in drinking water systems that come into substantial contact with the water must conform to ANSI/NSF Standard 61. This standard is essential for ensuring that materials do not release harmful contaminants into the water that could pose public health risks.

ANSI/NSF Standard 61 applies to materials that come into direct contact with potable water, such as pipes, treatment chemicals, and storage tanks. It sets strict limits on the amount of contaminants that these materials can leach into the water, ensuring that levels remain safe for human consumption. The standard defines "substantial contact" as:

"A material in contact with water that has the potential to leach contaminants into the water such that the levels of these contaminants may pose a risk to public health."

In the case of fluoridation, the fluoride additives used are in direct and continuous contact with the water supply, creating an environment where toxic byproducts such as arsenic, lead, and other harmful substances can leach into the water. According to ANSI/NSF Standard 61:

"Materials or additives that have substantial water contact must not release contaminants at levels that would pose a public health concern."

It is well-documented that fluoride is a highly reactive and caustic substance capable of dissolving various durable materials. Fluoride can corrode and dissolve metals, including lead, aluminum, steel, and even glass. Additionally, it can break down ceramic materials and react with silicates.

The fluoride additives used in the city's water system have been shown to release harmful contaminants, including heavy metals, which exceed the public health safety limits outlined in ANSI/NSF Standard 61. This non-compliance constitutes a violation of WAC 246-290-220, as the City has failed to demonstrate that the fluoride it uses does not leach dangerous substances into the water at unsafe levels.

Non-Compliance with WAC 246-290-220

By failing to ensure that the fluoride additives used in the water system meet ANSI/NSF Standard 61, the City is in direct violation of WAC 246-290-220. This lack of compliance is a significant threat to public health, as fluoride additives are introducing harmful contaminants into

the drinking water, which can cause long-term health issues, including cancer, kidney disease, and developmental disorders in children.

PUBLIC HEALTH NOTICES REGARDING FLUORIDE POISONING AND MECHANISMS OF HARM

Failure to Uphold Legal Duty of Public Notification Regarding Fluoride Exposure

Requirement:

The City has a legal obligation to provide timely and accurate notifications to the public regarding the potential effects of fluoride exposure, including guidance on symptoms of fluoride poisoning and recommended actions to take. This obligation is grounded in several statutes designed to ensure the public's right to information about health hazards.

Relevant Laws:

1. **RCW 70.05.050 – Health Officer's Duties** This statute mandates that health officers must "advise the public as to the proper measures to take to protect themselves from health hazards." The continuous administration of fluoride through the public water supply constitutes a health hazard, yet the City has failed to adequately inform residents about its potential risks.
2. **RCW 43.70.510 – Department of Health's Powers** This law grants the Department of Health the authority to implement public health programs and disseminate information about health risks. The lack of comprehensive communication regarding the health implications of fluoride exposure indicates a failure to comply with this legal requirement.
3. **RCW 70.24.022 – Public Health Information** According to this statute, health departments are required to provide public information on health-related issues, including potential effects of exposure to harmful substances. The absence of clear communication about fluoride's health risks signifies a breach of this obligation.
4. **RCW 70.95.060 – Solid Waste Management** This law emphasizes the importance of public notification regarding health risks associated with hazardous substances. Fluoride, when considered a potential health hazard, falls under this requirement, and the City's failure to notify residents breaches this legal duty.

Status:

Despite these legal mandates, the City has not provided adequate notifications or advisories regarding the potential effects of fluoride exposure. There is no evidence of communication to the public about symptoms associated with both acute and chronic fluoride exposure as listed below or guidance on avoiding fluoride to prevent worsening symptoms. This oversight not only undermines the community's right to be informed but also poses significant risks to public health.

Symptoms of Fluoride Poisoning

Acute Fluoride Exposure:

- **Nausea and vomiting:** Common gastrointestinal symptoms that may indicate excessive ingestion of fluoride.
- **Abdominal pain or cramping:** Sharp or persistent pain in the abdomen, often accompanying other digestive disturbances.
- **Diarrhea:** Frequent, loose, or watery stools that can result from ingesting high levels of fluoride.
- **Excessive saliva production:** An increase in saliva flow, which may be a bodily response to fluoride toxicity.
- **Headache:** Fluoride exposure can trigger headaches due to its effects on the nervous system.
- **Sweating:** Profuse sweating as the body tries to expel toxins.
- **General weakness:** A feeling of fatigue or lack of energy, which may accompany other acute symptoms.
- **Tingling or numbness in the face, hands, or feet:** Fluoride toxicity can cause peripheral neuropathy, leading to these sensations.
- **Muscle spasms or tremors:** Involuntary muscle contractions that may result from nervous system involvement.
- **Seizures:** Severe fluoride poisoning can lead to convulsions or seizures.
- **Respiratory issues, such as difficulty breathing:** Shortness of breath or labored breathing due to fluoride's impact on respiratory muscles.
- **Heart issues, such as irregular heartbeat or chest pain:** Potential disturbances in heart rhythm or sharp chest pains.
- **Coma (in severe cases):** In extreme cases, severe fluoride poisoning can lead to loss of consciousness.

Chronic Fluoride Exposure:

- **Dental fluorosis:** White spots, streaks, or pitting on the teeth, particularly in children whose teeth are still developing.
- **Skeletal fluorosis:** Progressive condition characterized by joint stiffness, chronic pain, and calcification of ligaments, potentially leading to immobility.
- **Arthritis:** symptoms include joint pain, swelling, stiffness, and decreased range of motion. May include systemic symptoms like fatigue and fever, and affect joints that bear weight, like knees and hips.
- **Increased risk of bone fractures:** Prolonged fluoride exposure can weaken bones, increasing susceptibility to fractures, especially in older adults.
- **Kidney dysfunction:** Long-term fluoride exposure can impair kidney function, leading to reduced ability to filter waste from the blood.
- **Neurological effects:** Cognitive impairments, including difficulties with concentration, memory loss, and potential impacts on mental processing and reduction in IQ.
- **Gastrointestinal problems:** Persistent stomach discomfort, pain, and chronic irritation of the gastrointestinal tract, also known as irritable bowel syndrome (IBS)

- **Skin conditions:** Chronic exposure can cause skin rashes, itchiness, and other dermatological reactions.
- **Muscle weakness and fatigue:** Persistent muscle weakness and overall fatigue that could impair daily activities.
- **Endocrine disruption:** Potential impact on thyroid function, possibly leading to hypothyroidism or other thyroid-related conditions.
- **Reproductive issues:** Possible effects on fertility and reproductive health, including impacts on pregnancy outcomes.
- **Developmental effects in children:** Delayed cognitive development, lower IQ, and other developmental challenges in children exposed to high levels of fluoride.
- **Immune system suppression and cancer:** Reduced immune function, increasing susceptibility to infections and illnesses, including cancer
- **Cardiovascular issues:** Long-term exposure may contribute to high blood pressure, increased risk of heart disease, heart attacks, and other cardiovascular concerns.
- **Increased oxidative stress:** Elevated levels of free radicals in the body, which can lead to cellular damage and chronic health issues.
- **Gastrointestinal inflammation:** Ongoing irritation or inflammation of the stomach lining and intestines, which could lead to chronic digestive issues.
- **Hypercalcemia:** Elevated calcium levels in the blood, leading to symptoms such as kidney stones, bone pain, and abdominal pain.
- **Metabolic bone disease:** Conditions like osteomalacia (softening of the bones) due to disrupted calcium metabolism linked to fluoride exposure.
- **Cognitive and behavioral changes:** Potential for mood disorders, including anxiety and depression, as a result of long-term fluoride exposure.

FLUORIDE - MECHANISMS OF ACTION FOR HARM

Fluoride's Health Effects and Mechanisms For Harm

Fluoride exposure is associated with numerous negative health effects, including enzyme inhibition, oxidative stress, disruption of calcium metabolism, and impairment of thyroid function. These mechanisms can cause both cellular and systemic harm, affecting critical biological processes.

Given these well-documented health risks, it is crucial that the City demonstrates an awareness and thorough understanding of how fluoride affects public health. Currently, there is no documentation or internal communication showing that the City has adequately addressed or discussed these harmful mechanisms. This lack of acknowledgment reflects an oversight in assessing the full impact of fluoride exposure on residents. It is essential that the City review and assess these risks to ensure it is not compromising public health by continuing its fluoridation practices.

In light of these concerns, I request that the City provide documentation confirming its awareness of fluoride's potential harms, along with any discussions or considerations regarding the associated health effects. If such documentation does not exist, it reflects a critical failure to

understand the far-reaching implications of fluoride exposure. Therefore, the City is urged to cease water fluoridation until these risks are thoroughly evaluated and addressed.

1. Enzyme Inhibition and Disruption

Fluoride inhibits over 100 enzymes throughout the body, affecting a wide range of biological processes critical for maintaining health. Some of the key enzymes disrupted by fluoride include enolase, adenylate cyclase, pyrophosphatase, alkaline phosphatase, glucose-6-phosphatase, phosphoglucomutase, acetylcholinesterase, and catalase. This broad enzymatic inhibition has serious implications for various body systems:

- **Neurological Effects:** Fluoride can cross the blood-brain barrier and inhibit enzymes like enolase and acetylcholinesterase, which are vital for brain function and neurotransmitter regulation. This disruption may result in impaired cognitive function, developmental delays, memory loss, reduced IQ, and increased risk of neurodegenerative diseases such as Alzheimer's and Parkinson's.
- **Immune System Suppression:** Fluoride inhibits superoxide dismutase and catalase, which are essential enzymes in the body's defense against oxidative stress. Inhibition of these enzymes weakens the immune system, reduces the body's ability to neutralize harmful free radicals, and increases susceptibility to infections, inflammation, and chronic illnesses like cancer.
- **Gastrointestinal Problems:** Enzyme disruption in the digestive system, such as the inhibition of amylase, sucrase, and protease, can interfere with the digestion and absorption of nutrients. This may lead to gastrointestinal inflammation, acid reflux, indigestion, diarrhea, and impaired nutrient uptake, which can contribute to malnutrition and other long-term health complications.
- **Skeletal Effects:** Fluoride's inhibition of alkaline phosphatase, an enzyme crucial for bone mineralization, can negatively impact bone health. This disruption may result in weakened bones, increased risk of fractures, and conditions like skeletal fluorosis, where excessive fluoride accumulates in the bones, leading to pain, stiffness, and joint problems.
- **Endocrine Disruption:** Fluoride can interfere with enzymes involved in hormone regulation, such as thyroid peroxidase. Inhibiting this enzyme affects thyroid hormone production, which can lead to hypothyroidism, weight gain, fatigue, and developmental issues, particularly in infants and children.
- **Cardiovascular Impact:** Fluoride also affects enzymes like cytochrome P450, which play a role in metabolizing various substances, including drugs and toxins, within the liver. Inhibition of these enzymes can lead to abnormal cholesterol levels, high blood pressure, and an increased risk of heart disease. Additionally, fluoride may impact enzymes involved in calcium metabolism, contributing to cardiovascular calcification, a factor in atherosclerosis and heart attacks.
- **Reproductive Health:** Enzymes involved in reproductive function, such as aromatase, are also affected by fluoride. Disruption of these enzymes may contribute to fertility issues, hormonal imbalances, and developmental problems in offspring. Research

suggests that fluoride exposure is linked to decreased sperm quality and reproductive toxicity.

- **Respiratory Effects:** Fluoride exposure can inhibit enzymes involved in maintaining healthy lung function, such as elastase, contributing to respiratory issues, chronic bronchitis, and exacerbating conditions like asthma. This is particularly concerning for individuals exposed to fluoride through industrial pollution or occupational hazards.

By disrupting enzymes across multiple organ systems—neurological, immune, digestive, skeletal, endocrine, cardiovascular, reproductive, and respiratory—fluoride poses a far-reaching risk to human health. The cumulative effects of inhibiting these enzymes can lead to a wide array of health problems, both acute and chronic, and raise serious concerns about the safety of fluoride exposure.

2. Oxidative Stress

Fluoride can induce oxidative stress by generating free radicals, which are highly reactive molecules that can damage cells, proteins, and DNA. Oxidative stress is linked to:

- **Increased oxidative stress:** Chronic fluoride exposure can lead to an imbalance between free radicals and antioxidants, contributing to chronic diseases and cellular damage.
- **Cardiovascular issues:** Oxidative stress is a known factor in the development of cardiovascular diseases, including hypertension and atherosclerosis.

3. Calcium Metabolism Disruption

Fluoride can interfere with calcium metabolism, which is crucial for bone health and many other physiological processes. This disruption can lead to:

- **Skeletal fluorosis:** Excess fluoride can deposit in bones, replacing calcium, which leads to abnormal bone growth, joint stiffness, and pain.
- **Metabolic bone disease:** Disruption of calcium metabolism can result in conditions like osteomalacia, where bones become soft and weak.
- **Hypercalcemia:** Elevated fluoride levels can lead to an imbalance in calcium, causing increased levels in the blood, which can lead to kidney stones, bone pain, and other symptoms.

4. Thyroid Function Impairment

Fluoride can affect the thyroid gland, particularly by interfering with the production and regulation of thyroid hormones. This can result in:

- **Endocrine disruption:** Fluoride can inhibit the synthesis of thyroid hormones, leading to hypothyroidism or other thyroid-related conditions, which can affect metabolism, energy levels, and overall health.

5. Direct Toxicity to Cells

At high levels, fluoride can be directly toxic to cells, leading to:

- **Kidney dysfunction:** The kidneys filter fluoride from the blood, and over time, high fluoride levels can damage kidney tissue, impairing their ability to function properly.
- **Reproductive issues:** High fluoride exposure can negatively affect reproductive cells and tissues, potentially leading to fertility issues and adverse pregnancy outcomes.

6. Interference with Bone and Tooth Formation

Fluoride has a high affinity for calcium and can incorporate into bones and teeth. Fluoride can cause:

- **Dental fluorosis:** Overexposure during tooth development can lead to enamel defects, resulting in white spots or streaks on the teeth.
- **Increased risk of bone fractures:** Fluoride can make bones more brittle, increasing the risk of fractures, especially with chronic exposure.

7. Alteration of Neurotransmitter Function

Fluoride can affect the central nervous system by altering neurotransmitter function, leading to:

- **Cognitive and behavioral changes:** Changes in neurotransmitter levels can contribute to mood disorders, such as anxiety and depression, as well as cognitive impairments, especially in developing children.

FLUORIDE AND THE BRAIN

Evidence of Fluoride's Impact on Mental Retardation & Cognitive Development

- Research conducted over the past two decades has raised significant concerns about the impact of fluoride exposure on cognitive development. A notable study published in *Fluoride* in 2000 found that increased fluoride exposure is associated with a marked increase in mental retardation rates. Specifically, the study reported a 21.6% prevalence of mental retardation at fluoride concentrations of 3.14 ppm, compared to only 3.4% at 0.37 ppm (Tianjin, *Fluoride* Vol. 33 No. 2, 2000). Additional research corroborates these findings, indicating that high fluoride levels can adversely affect intelligence in children. For instance, studies by Lu et al. (2000) and Li et al. (1995) observed detrimental effects on intelligence associated with fluoride exposure. Furthermore, the National Research Council (2006) also noted concerns regarding fluoride's potential to lower IQ levels. The growing body of evidence suggesting adverse cognitive effects from fluoride exposure raises serious questions about the safety of its widespread use in water fluoridation programs. These findings underscore the need for a reevaluation of fluoride's safety profile, given its potential impact on public health and cognitive development.

Impact of Fluoride-Induced IQ Loss on Society

- The serious implications of fluoride-induced IQ loss extend beyond individual health, affecting broader societal outcomes. Research has illustrated that even modest reductions in IQ can lead to significant societal challenges. For instance, a decrease in IQ of just 5 points is linked to higher dropout rates in education, increased unemployment, and higher incarceration rates. This drop in cognitive ability also correlates with a rise in divorce rates and an increased need for special education services. Furthermore, societies experiencing reduced average IQ levels often see declines in innovation, with fewer inventors and critical thinkers emerging. This can also impact the arts, resulting in fewer artists and decreased overall excellence in various fields. These negative outcomes highlight the far-reaching consequences of fluoride exposure on cognitive development, emphasizing the importance of reconsidering the use of fluoride in public water supplies to mitigate these broader societal impacts.

INCREASED INFANT MORTALITY AND MISCARRIAGE

Potential Developmental Harm from Fluoride Exposure

- Preliminary studies suggest that fluoride may pose developmental risks beyond merely lowering IQ levels. Emerging evidence indicates that fluoride exposure could be linked to serious health concerns such as miscarriage, premature birth, and increased infant mortality rates. Data comparing fluoridated and unfluoridated countries reveal alarming trends: fluoridated countries experience approximately 6.5 deaths per 1,000 live births, whereas unfluoridated countries have a significantly lower rate of 4.5 deaths per 1,000 live births. These statistics underscore the urgent need for further research to comprehensively assess the developmental and reproductive risks associated with fluoride. The existing preliminary data raise substantial concerns about fluoride's potential impact on public health, emphasizing the necessity for more rigorous investigations before continuing its widespread use in water supplies.

FLUORIDE AND LEAD LEACHING

Concern Over Lead Levels and Fluoride's Potential Role

The City's water supply currently has a lead level of 0.025 mg/L, surpassing the EPA's action level of 0.015 mg/L. This exceedance is concerning as it suggests potential health risks, particularly to vulnerable populations such as children and pregnant women. Studies have demonstrated that fluoride, specifically when combined with water disinfection chemicals, can exacerbate lead leaching from plumbing materials, increasing lead levels in drinking water. For instance, research indicates that the introduction of silicofluorides, a common form of fluoride used in water fluoridation, can significantly elevate lead concentrations by causing lead to leach from plumbing fixtures. This increased risk is highlighted by the findings of the 2007 study by Coplan et al., which reported that communities with fluoridated water show elevated blood lead levels compared to non-fluoridated communities. Given this context, the elevated lead levels in our city's water may be linked to the fluoride additive, raising serious concerns about both its contribution to lead contamination and its impact on public health. Immediate investigation and

action are necessary to address this potential source of contamination and ensure the safety of our water supply.

Elevated Blood Lead Levels Associated with Water Fluoridation

The addition of fluoride to public water supplies has been associated with increased blood lead levels, especially among children in fluoridated areas. Studies have shown that children living in communities with water fluoridation chemicals have significantly higher rates of elevated blood lead levels compared to those in non-fluoridated areas. One study by Coplan et al. (2007) found that the prevalence of children with elevated blood lead levels (PbB > 10 µg/dL) is approximately double in fluoridated communities. This suggests a disturbing link between fluoridation practices and lead exposure in children, raising serious public health concerns.

Furthermore, research has indicated that when FSA is added to water supplies, lead concentrations can spike dramatically. Maas et al. (2007) reported instances where lead levels surged to over 900 parts per billion (ppb) following the addition of FSA. The leaching of lead from plumbing materials is exacerbated by the interaction between fluorosilicates used in water treatment and the lead in pipes and fittings, resulting in increased lead contamination of drinking water.

Additional studies have reinforced this connection between water fluoridation and elevated blood lead levels. Masters and Coplan (1999, 2000) demonstrated that silicofluoride-treated water is associated with increased lead uptake in children, with particularly adverse effects on those living in older homes. The combination of fluoridation and disinfection agents can enhance the corrosion of lead in plumbing materials, leading to greater lead exposure.

While other sources of lead, such as leaded gasoline and canned foods, have decreased over time, the association between water fluoridation and elevated blood lead levels persists, posing a continued risk to public health. Given these findings, the City's practice of adding fluoride to the water supply is not only harmful but may also disproportionately impact vulnerable populations, including children and communities of color, who already face higher risks of lead exposure. This raises ethical and legal concerns, as the City is obligated to protect the health and well-being of all its residents, not to expose them to additional environmental hazards. Immediate action is necessary to cease the addition of fluoride to the water supply to prevent further public health harm and potential legal liability.

ADDITIONAL CONCERNS / SUMMARY VERSION

Quick Overview of Fluoride Concerns (some of which are mentioned elsewhere in this letter)

1. **Topical Benefits vs. Systemic Risks:** The Centers for Disease Control and Prevention (CDC) has acknowledged that fluoride's benefits are primarily topical, meaning there is

no need to ingest fluoride to protect teeth. Delivering fluoride directly to teeth through toothpaste is a safer and more effective method than forced ingestion through water.

2. **Doubtful Impact on Tooth Decay:** The largest survey conducted in the U.S. (over 39,000 children from 84 communities) found negligible differences in tooth decay between fluoridated and non-fluoridated areas.
3. **Fluoride Accumulates in the Body:** Healthy adult kidneys excrete only 50-60% of ingested fluoride daily, with the remainder accumulating in tissues like bones and the pineal gland. Infants and children excrete even less, with up to 80% of ingested fluoride being absorbed into their bones, leading to increased fluoride concentration over a lifetime.
4. **Non-Essential Nutrient:** Fluoride is not an essential nutrient; no diseases, including tooth decay, are caused by a fluoride deficiency. Extensive evidence shows that fluoride can interfere with important biological processes and enzymes, negatively impacting human health.
5. **Health Risks:** Chronic fluoride exposure has been associated with dental and skeletal fluorosis, increased fracture risk, kidney dysfunction, neurological impairments, gastrointestinal issues, skin reactions, muscle weakness, endocrine disruption, reproductive problems, developmental challenges in children, immune suppression, cardiovascular concerns, gastrointestinal inflammation, hypercalcemia, metabolic bone disease, and cognitive and behavioral changes.
6. **No Margin of Safety with Fluoride:** Research indicates that fluoride exposure causes IQ damage at concentrations as low as 1.5 ppm. Considering a standard safety factor of 10, the acceptable fluoridation dose should be no more than 0.015 ppm to ensure safety. This highlights the lack of a sufficient safety margin at the level of .7ppm.
7. **Lack of Individual Monitoring:** Without individual monitoring, some people may unknowingly consume harmful levels of fluoride.
8. **Violation of Informed Consent:** Fluoridating the public water supply violates individuals' right to informed consent, as citizens are not given the option to avoid fluoride ingestion. Adding it to the water supply forces mass medication without individual consent.
9. **Only Medicine added to Water:** Fluoride is the only chemical added to water specifically for medical treatment purposes. All other water treatment chemicals are used solely to enhance the quality or safety of the water.
10. **Fluoride as Industrial Hazardous Waste:** Fluoride used in water fluoridation originates as a toxic industrial byproduct, not as a naturally occurring mineral as commonly portrayed.
11. **EPA Scientists Oppose Fluoridation:** Over 1,500 scientists, engineers, and professionals at the Environmental Protection Agency (EPA) have expressed opposition to water fluoridation, citing significant health risks such as cancer, bone fractures, and neurological damage.
12. **Fluoride as an Unapproved Drug:** Fluoride, intended to prevent tooth decay, is classified as a drug but lacks FDA approval as safe and effective for this use in public water supplies, violating the Food, Drug, and Cosmetic Act.
13. **Lack of Randomized Controlled Trials:** There has not been a single randomized controlled trial demonstrating the effectiveness or safety of water fluoridation. Randomized trials are the standard for assessing the safety and efficacy of any medical treatment. No long-term studies on the safety of ingesting fluoride over a lifetime exist.

14. **Ethical and Legal Concerns:** Adding fluoride to public water raises ethical and legal issues that could increase the risk of legal liability for the City.
15. **Unauthorized Distribution of a Legend Drug:** Fluoride is classified as a legend drug, which requires a prescription, but it is being distributed in public water without individual prescriptions, violating RCW 69.41.030.
16. **Unauthorized Practice of Medicine:** By adding fluoride to the water supply, the City is administering a medical treatment without proper licensing, violating Washington State RCW 18.71.021, which prohibits practicing medicine without a valid license.
17. **Fluoride Classified as a Poison:** Sodium fluoride meets the Washington State definition of poison under RCW 69.38.010, with lethal doses far below the legal threshold for poisons, posing a serious threat, especially to children.
18. **Violations of RCW 69.40.030:** The addition of fluoride to the public water supply may constitute a violation of state law that prohibits the willful mingling of poison in food, drink, or water, which is a Class B felony.
19. **Increased Risk of Lead Exposure:** Fluoride combined with chlorinating agents like chloramine can increase lead leaching from plumbing materials such as brass fittings and soldered joints. Even low levels of lead exposure are known to lower IQ in children, posing a significant health risk.
20. **Local, National & International Rejection:** Many nearby cities, states, and other countries have discontinued or never adopted water fluoridation, citing health, ethical, and environmental concerns.
21. **Fluoride Safety and Neurotoxicity:** Emerging research suggests a possible link between fluoride exposure and neurodevelopmental issues, including reduced IQ in children.
22. **Lack of Public Notice:** The addition of fluoride to the water supply may have been conducted without adequate public notice or the opportunity for citizen input, violating Washington State regulations (RCW 69.40.030).
23. **Questionable Efficacy:** Recent research indicates that the topical application of fluoride is more effective for dental health than ingestion through drinking water, making water fluoridation unnecessary.
24. **Dosage Control Issues:** It is impossible to control the dosage of fluoride individuals receive through water fluoridation, as consumption varies widely among people.
25. **Impact on Vulnerable Populations:** Fluoridation does not account for the varied susceptibility of different population groups, including infants, the elderly, and those with certain medical conditions, to the adverse effects of fluoride.
26. **Environmental Concerns:** The process of fluoridating water has potential environmental implications, including the contamination of ecosystems with industrial-grade fluoride compounds.
27. **Availability of Alternatives:** Fluoride is readily available in toothpaste and other dental products, providing individuals with the choice to use fluoride without mandating its consumption through public water.
28. **Dental Fluorosis Prevalence:** The increase in cases of dental fluorosis in children suggests an overexposure to fluoride, indicating that current levels of water fluoridation are excessive.
29. **Industrial By-product:** The fluoride compounds used in water fluoridation are often by-products of industrial processes, raising concerns about the safety and purity of the substances added to the water.

30. **No Individual Monitoring:** The lack of monitoring of individual fluoride intake means that certain individuals may be exposed to harmful levels of fluoride without their knowledge.
31. **Conflict of Interest:** The promotion of water fluoridation has been influenced by industries that benefit financially from selling fluoride waste products, raising concerns about potential conflicts of interest.
32. **Right to Pure Water:** Citizens have the right to access pure, uncontaminated water. Fluoridation compromises this right by introducing a chemical additive into the water supply.
33. **Financial Burden:** The cost of water fluoridation, including the purchase of fluoride, maintenance, and equipment, places an unnecessary financial burden on the city and its residents.
34. **Fluoride Disposal as Hazardous Waste:** The same fluoride used in water treatment would be considered hazardous waste if disposed of in the environment, raising questions about its safety for human consumption.

APPENDIX:

Additional information regarding fluoride not directly related to violation of state, federal, and international laws and regulations:

Tobacco and Fluoride - A Comparison:

The parallels between the historical promotion of tobacco and the current advocacy for water fluoridation are striking, reflecting a pattern where industries influence public policy and research to downplay potential risks.

1. Industry Influence on Research and Public Policy

- **Tobacco:** The tobacco industry invested heavily in funding research to obscure and downplay the risks of smoking. They sponsored studies that either minimized the link between smoking and health issues like lung cancer or suggested that the evidence was inconclusive. By creating doubt, they aimed to delay regulatory actions and maintain their market.
- **Fluoride:** Similar to the tobacco industry, fluoride proponents, including manufacturers of fluoride products and dental associations, have funded research to support the safety and efficacy of fluoridation. Critics argue that many studies supporting fluoridation fail to address potential risks comprehensively or have conflicts of interest.

2. Manipulation of Public Perception

- **Tobacco:** In the mid-20th century, tobacco companies aggressively marketed cigarettes as safe, with endorsements from respected figures and institutions lending credibility to their claims. Despite mounting evidence of health risks, these endorsements created a facade of safety that delayed public recognition of tobacco's dangers. For decades, the tobacco industry ran advertising campaigns that featured doctors endorsing cigarettes, creating a false sense of safety. They emphasized smoking as a socially acceptable and even health-promoting activity.
- **Fluoride:** Fluoride has been promoted as a vital public health measure, with endorsements from major health organizations like the CDC and the ADA. Public campaigns often present fluoridation as a necessary and completely safe intervention, downplaying or ignoring emerging concerns about its potential risks. The promotion of fluoride in water supplies has been framed as a simple and essential measure to prevent tooth decay, without sufficient discussion of possible side effects, which have contributed to its widespread acceptance despite ongoing concerns about potential risks.
- Both industries have used similar tactics to shape public perception, including the promotion of misleading information and attacks on dissenting voices. The tobacco industry's efforts to portray smoking as a harmless pleasure echo how fluoride proponents often dismiss concerns as unfounded or exaggerated. The result in both cases is a prolonged period where public and regulatory responses lag behind the emerging evidence of harm.

3. Delay in Regulatory Actions

- **Tobacco:** Despite mounting evidence of the dangers of smoking, it took decades for significant regulatory action to be implemented. The tobacco industry lobbied against regulations, delaying warning labels, advertising bans, and public smoking restrictions. The tobacco industry's influence led to a slow regulatory response, allowing the harmful effects of smoking to become more apparent only after decades of widespread use.
- **Fluoride:** Current debates over fluoride show a similar pattern, where despite emerging evidence of potential harm, regulatory bodies and public health agencies continue to support fluoridation based on incomplete or biased data. Regulatory bodies, such as the EPA and FDA, have been slow to re-evaluate the safety of water fluoridation in light of new research suggesting potential health risks, including dental fluorosis and neurological effects. The widespread endorsement of fluoridation by influential organizations has contributed to resistance against revisiting or modifying current policies. Just as the tobacco industry's tactics delayed action on smoking risks, fluoridation advocates are utilizing similar strategies to maintain public endorsement despite growing evidence of adverse effects.

4. Conflicts of Interest and Financial Influence

- **Tobacco:** The tobacco industry had a financial incentive to promote smoking and downplay its risks. They invested in research and public relations to maintain cigarette sales, despite knowing the health consequences.
- **Fluoride:** There are concerns about financial conflicts of interest within organizations that promote fluoride. Dental product manufacturers benefit from the sale of fluoride-containing products, and some health organizations receive funding from these industries. Additionally, water fluoridation reduces the disposal costs for industries producing fluoride as a by-product, creating a financial incentive to endorse its use in public water supplies.

5. Questionable Health Claims

- **Tobacco:** Tobacco companies used to claim that certain cigarette brands were less harmful than others or even beneficial, such as "low-tar" or "light" cigarettes. This was a misleading tactic to maintain consumer confidence and delay the decline in smoking rates.
- **Fluoride:** While fluoride is widely claimed to be essential for dental health, the CDC itself has acknowledged that fluoride's predominant effect is topical rather than systemic. Despite this, systemic water fluoridation continues to be promoted as an effective public health measure. The potential adverse effects, such as dental fluorosis and neurological risks, are often downplayed or ignored in public messaging.

6. Public Health Consequences

- **Tobacco:** The delay in recognizing the dangers of smoking led to millions of preventable illnesses and deaths worldwide. Tobacco-related diseases, such as lung cancer, heart disease, and respiratory illnesses, have had a massive impact on public health.

- **Fluoride:** The potential long-term health consequences of water fluoridation are still being studied. Concerns have been raised about possible links to dental fluorosis, reduced IQ in children, and other health issues. If these risks are substantiated, the failure to critically assess and address them could have significant public health implications.

7. Endorsements and Legitimacy

- **Tobacco:** Endorsements from doctors and health organizations in the past were used to legitimize smoking. This tactic created a false sense of security and delayed public awareness of the health risks.
- **Fluoride:** Endorsements from prominent health agencies like the CDC, ADA, and WHO are used to legitimize fluoridation. Critics argue that these endorsements do not necessarily reflect the latest scientific evidence and may be influenced by historical precedent, financial interests, or institutional inertia.

Conclusion

Both the tobacco and fluoride industries have utilized similar tactics to influence public perception, delay regulatory actions, and maintain their products' status quo. These include funding favorable research, manipulating public messaging, exploiting endorsements from trusted organizations, and minimizing potential health risks. The comparison underscores the importance of critically evaluating public health policies, especially when they involve widespread exposure to substances with potential risks. Historical examples like tobacco serve as a cautionary tale about the need for ongoing scrutiny, transparency, and the willingness to revisit established practices in light of new evidence.

Misrepresentation of Fluoride as a Naturally Occurring Substance and the "Optimal" Level of Supplementation

It is often claimed that the addition of fluoride to public water supplies is merely a means of supplementing what is described as a “naturally occurring mineral” to an “optimal” level. However, this representation is both scientifically misleading and legally concerning.

1. Distinction Between Naturally Occurring Fluoride and Synthetic Fluoride Compounds

While **calcium fluoride (CaF₂)** occurs naturally in some groundwater sources, it is chemically and biologically distinct from the **sodium fluoride (NaF)** and **fluorosilicic acid (H₂SiF₆)** that are commonly used in water fluoridation.

- **Calcium fluoride**, found in natural environments, is much less soluble and significantly less toxic than synthetic fluoride compounds. Its **LD50** is approximately **5,250 mg/kg**, making it about **100 times less toxic** than **sodium fluoride** (LD50 of 52 mg/kg) and **12 times less toxic** than **fluorosilicic acid** (LD50 of 430 mg/kg).
- **Sodium fluoride** and **fluorosilicic acid**, which are the forms added to public water systems, are industrial byproducts and do not occur naturally in water supplies. These chemicals are not benign minerals but are instead classified as hazardous waste under federal regulations due to their toxicity.

2. Fluorosilicic Acid: A Hazardous Byproduct, Not a Mineral

The primary chemical used in water fluoridation, **fluorosilicic acid**, is derived from the scrubbing systems of the phosphate fertilizer industry, where it is captured as a hazardous byproduct of industrial processes. It is not found naturally in any significant amounts and does not occur in a form that can be considered part of a healthy, natural water supply.

By labeling this compound as a "supplement" to achieve an "optimal" level, it conceals its true nature as a hazardous material that is being repurposed into public drinking water. The National Sanitation Foundation (NSF) and the Environmental Protection Agency (EPA) have recognized that fluorosilicic acid contains contaminants, including arsenic, lead, and other heavy metals, which present additional health risks.

3. Misleading Use of "Optimal" Levels

The claim that water fluoridation merely adjusts fluoride to an "optimal" level is based on outdated and non-peer-reviewed assumptions. The concentration of **0.7 mg/L**—the level currently recommended for fluoridation by U.S. authorities—does not take into account modern research highlighting fluoride's cumulative toxicity and the risk to vulnerable populations, including infants, pregnant women, and those with pre-existing health conditions.

Moreover, studies have shown that fluoride, even at so-called "optimal" levels, can have harmful effects on the human body, particularly on brain development in children. A recent ruling in federal court highlighted this risk, stating:

"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... this risk is unreasonable." (U.S. District Court, NRDC v. EPA)

4. Legal Implications of Misrepresenting Fluoride as a Nutritional Supplement

Under federal law, substances added to the water supply are regulated based on their intended use. The **Food, Drug, and Cosmetic Act** (FDCA) and the **Safe Drinking Water Act** (SDWA) mandate that chemicals added to drinking water for health purposes must be proven both safe and effective. However, fluoride, in the forms used in water fluoridation programs, has never been approved by the Food and Drug Administration (FDA) as a supplement or a drug. The continued use of fluoride under the guise of a supplementing "naturally occurring" substance violates ethical and regulatory standards.

By framing the practice of water fluoridation as a harmless supplementation of natural fluoride, decision-makers may be engaging in deceptive conduct that misrepresents the nature of the substances being added to the water supply. This could lead to **legal liability** for the dissemination of misleading information and for the failure to properly inform the public of the risks associated with fluoride consumption.

Conclusion and Warning

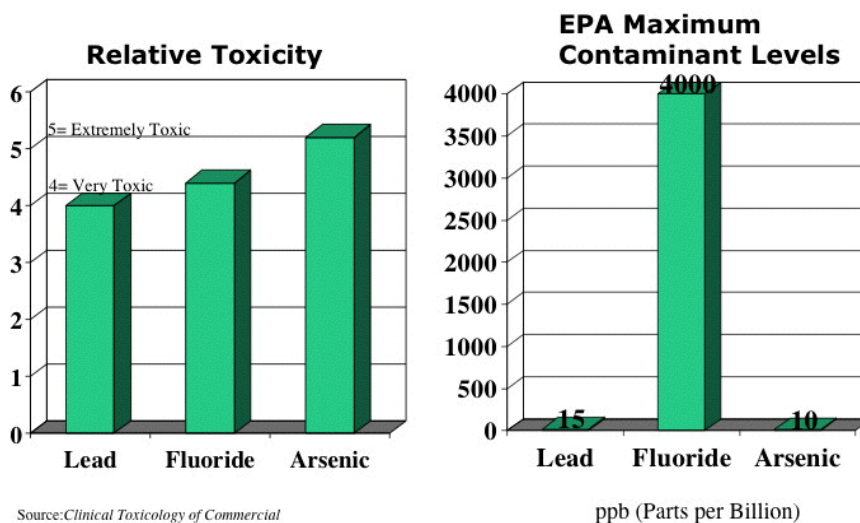
The introduction of industrial fluoride chemicals like **sodium fluoride** and **fluorosilicic acid** into the public water system cannot be justified as merely supplementing a "naturally occurring mineral." These chemicals are far more toxic and present significant health risks, which have been confirmed by credible scientific studies and court rulings. Any attempt to continue promoting this practice without addressing these concerns may result in legal action due to the violation of public health standards, regulatory laws, and the public's right to be informed.

Action Required: The city is advised to immediately cease any claims that fluoridation is merely the supplementation of naturally occurring fluoride to an optimal level. Failure to accurately represent the true nature and risks of water fluoridation chemicals could lead to further liability and legal consequences.

Fluoride Toxicity and Regulatory Discrepancies:

It is widely recognized that fluoride is more toxic than lead and only marginally less toxic than arsenic. Despite this, the Environmental Protection Agency (EPA) sets the maximum contaminant level (MCL) for lead at 15 parts per billion (ppb) and arsenic at 10 ppb, while allowing fluoride levels to reach up to 4,000 parts per billion (4 parts per million), which is over 250 times higher than the MCL for lead, which is less toxic, and 400 times higher than arsenic, which is only slightly less toxic.

How Toxic is Fluoride compared to Lead & Arsenic.



Given fluoride's high toxicity, logic suggests that its maximum contaminant level should be at least as strict as that for lead, if not lower. Additionally, it is notable that fluoride byproducts from the phosphate fertilizer industry, captured through scrubbers to prevent environmental harm because of their toxicity, are often repurposed for water fluoridation.

1. Fluoride Safety and Neurotoxicity:

- a. In its [2022 study](#), the National Toxicology Program (NTP) was unable to determine any safe threshold for fluoride consumption, which was also the case with the NTP analysis on lead toxicity. The NTP concluded with "moderate confidence" that fluoride exposure poses a risk of developmental neurotoxicity based on human studies. When applying the NTP's Office of Health Assessment and Translation (OHAT) methodology, this conclusion supports a "presumed hazard" classification for fluoride's impact on developing brains.
- b. In light of these findings, I request any documents, studies, or communications in the City's possession that refute or challenge the NTP's conclusions, specifically those that argue there is a safe threshold for fluoride consumption and that fluoride is not a developmental neurotoxin.

REJECTION OF FLUORIDATION

Developed Nations worldwide rejecting Fluoridated Water

- In light of growing concerns and emerging evidence, many leading European dental associations and countries have revised or abandoned their recommendations regarding fluoride supplementation. For instance, Austria, Belgium, and Denmark have outright rejected the use of fluoride in public water supplies, citing concerns about toxicity and advocating for personal choice in fluoride consumption. Finland, Germany, and Hungary have stopped recommending or using fluoridation, with recent studies indicating no significant trend in dental caries and questioning the benefits of fluoride. Norway, Sweden, and the Netherlands have also moved to ban or reject fluoride in drinking water, often citing a lack of safety data or legal battles against the practice. Japan has restricted fluoride use to safer calcium-fluoride forms and suspended the addition of industrial by-product fluoride due to potential health risks. Israel has suspended mandatory fluoridation pending further review, and China has implemented a ban on fluoridation. These actions reflect a significant shift in the global perspective on fluoride, underscoring increasing skepticism about its safety and efficacy and highlighting a broader trend away from its use in public health policies.

EFFICACY OF FLUORIDATION

Cost Effectiveness of Fluoridation in Question

- Fluoridation of drinking water has been increasingly questioned for its cost-effectiveness, particularly when the full range of associated costs is considered. According to the CDC, "Ingestion of fluoride is not likely to reduce tooth decay" (MMWR, 1999), suggesting that the anticipated benefits may not be realized. A systematic review conducted by Källestål et al. (2003) found that "the reviewed original studies on economic evaluation of caries prevention do not provide support for the economic value of caries prevention," further questioning the financial justification for fluoridation. When factoring in the economic impact of dental fluorosis and cognitive impairment, the cost-effectiveness of fluoridation

is further undermined. The cost to treat dental fluorosis is approximately \$126 per person per year (PPPY), while the estimated economic loss due to a 3-point reduction in IQ is around \$438 PPPY. In contrast, the anticipated benefit of caries prevention from fluoridation is only about \$8 PPPY. Additionally, the EPA's analysis reveals that the cost of restoring dental function due to fluorosis often outweighs the cosmetic costs, highlighting significant overlooked expenses in fluoridation programs (EPA, 2022). This evidence collectively underscores that fluoridation may not be cost-effective when all relevant costs and benefits are considered.

Efficacy of Fluoride and Incomplete Research

The efficacy of fluoride as a preventive measure for dental decay has been questioned by various health authorities and scientific experts. Notably, the FDA has characterized research on the effectiveness of fluoride ingestion as "incomplete," highlighting significant gaps in the evidence base. The absence of rigorous, prospective randomized controlled trials further complicates the validation of fluoride's benefits.

Key limitations in existing studies include:

- **Inadequate Study Design:** None of the studies have corrected for unknown confounding factors, and there are no prospective randomized controlled trials, which are considered the gold standard in research.
- **Socioeconomic Status:** Many studies fail to adequately control for socioeconomic factors, which can significantly influence dental health outcomes.
- **Study Size and Diagnosis Challenges:** The sample sizes in many studies are often insufficient, and there are difficulties in consistently diagnosing early stages of tooth decay.
- **Control Variables:** Important factors such as vitamin D, calcium, strontium, dietary habits, and total fluoride exposure are frequently not controlled. Additionally, the delay in tooth eruption and variations in oral hygiene practices are not consistently addressed.
- **Lack of Comprehensive Evaluation:** Studies do not adequately evaluate lifetime benefits of fluoride, or consider the impact of fluoride on dental fluorosis treatment expenses. Moreover, factors such as maternal fluoride exposure, breastfeeding, and infant formula are often excluded from consideration.

Furthermore, estimates of fluoride consumption assume that individuals actually drink the water, without accounting for variations in consumption patterns. There are also concerns about potential fraud, gross errors, and bias in some research, and genetic factors influencing dental health are not considered.

Given these substantial limitations and the lack of a robust evidence base, the efficacy of fluoride as a public health intervention remains uncertain. The City's decision to add fluoride to the water supply is based on incomplete and potentially flawed research, raising questions about the justification and safety of this practice. Immediate reevaluation and cessation of fluoride addition are necessary to ensure that public health measures are based on reliable and comprehensive evidence.

Tooth Decay Rates declining in Fluoridated & Unfluoridated Countries

- Recent data from the World Health Organization reveals that tooth decay trends among 12-year-olds show similar patterns in both fluoridated and unfluoridated countries. The graph demonstrates that the rate of tooth decay has been decreasing in both types of communities, indicating that fluoridation does not provide a distinct advantage over non-fluoridated water supplies in terms of reducing dental caries. This trend suggests that other factors, beyond water fluoridation, may be contributing to the decline in tooth decay rates. The lack of a significant difference in dental health outcomes between fluoridated and unfluoridated regions challenges the notion that fluoride is essential for preventing tooth decay, raising questions about the necessity and efficacy of widespread water fluoridation programs.

Fluoridation and Unexpected Dental Health Outcomes

- The situation surrounding fluoride use in dental health reveals a striking irony. In 2003, the American Dental Association (ADA) awarded Kentucky with a “50 Year Award” for achieving 100% fluoridation in its water supply. Despite this accolade, the state faced a significant dental health crisis, with 42% of its population edentulous (having no teeth)—ranking it as number one in the USA for tooth loss according to the 2002 Mortality Weekly Report. Historical data also indicates a troubling trend: a 1944 study published in the Journal of the American Dental Association (JADA) noted that with fluoride concentrations ranging from 1.6 to 4 ppm in water, over 50% of individuals past the age of 24 suffered from fluoride damage that led to the need for false teeth. Furthermore, cities with high levels of water fluoridation such as Connecticut, Detroit, and Boston are also reporting significant dental decay crises. These cities, despite their extensive use of fluoride, face ongoing challenges with dental health, highlighting a paradox where increased fluoride exposure correlates with rising dental issues rather than solving them. This irony underscores the need to critically evaluate the effectiveness and safety of water fluoridation practices.

Benefits of Fluoride are Topical & Not Systemic

- According to the CDC's August 17, 2001 MMWR Report (Vol. 50/No. RR-14), fluoride's anticaries effects are primarily topical rather than systemic. The report highlights that laboratory and epidemiological research indicate fluoride's predominant effect occurs after teeth have erupted, through direct contact with the tooth surface rather than through systemic ingestion. Specifically, the concentration of fluoride in ductal saliva is 0.016 ppm in fluoridated areas compared to 0.006 ppm in non-fluoridated areas, suggesting that fluoride ingestion is unlikely to significantly affect cariogenic activity. This finding supports the notion that fluoride's primary benefits in preventing tooth decay are realized through topical application, not systemic consumption. Consequently, the argument for widespread fluoridation based on systemic benefits is undermined, emphasizing the need to reassess the practice of adding fluoride to drinking water for its purported systemic health benefits.

ENDORSEMENTS

Weight of Fluoridation Endorsements

Many substances and practices that were once widely endorsed by reputable agencies and professionals were later found to be harmful, demonstrating that official endorsements do not always equate to safety or legality. Asbestos, for instance, was widely used in construction and industrial applications due to its fire-resistant properties and was endorsed by many experts and organizations. It wasn't until much later that its severe health risks, such as lung cancer and mesothelioma, were acknowledged, revealing that regulatory bodies were slow to act despite mounting evidence of harm.

Similarly, lead was added to gasoline and paint for decades, with endorsements touting its effectiveness. This persisted even as scientific evidence eventually linked lead exposure to significant health problems, particularly in children, such as reduced IQ and behavioral issues. Regulatory agencies were slow to respond, allowing widespread lead poisoning to occur before decisive action was taken. Another example is thalidomide, a drug prescribed in the late 1950s and early 1960s to pregnant women for morning sickness. Despite being widely recommended by medical professionals and considered safe, it was later discovered to cause severe birth defects, leading to a tragic medical crisis and a re-evaluation of drug safety regulations.

These historical instances show that endorsements from respected agencies and experts, such as those currently supporting water fluoridation, do not inherently prove safety or legality. Just as asbestos, lead, and thalidomide were once promoted before their dangers were fully understood, fluoride's widespread acceptance should not exempt it from rigorous scrutiny.

Many federal, state, and private organizations endorse water fluoridation, including the U.S. Centers for Disease Control and Prevention (CDC), the U.S. Environmental Protection Agency (EPA), the U.S. Food and Drug Administration (FDA), the U.S. Public Health Service (PHS), and the National Institutes of Health (NIH). State agencies like the Washington State Department of Health (DOH) and various private and non-profit groups like the American Dental Association (ADA) and the World Health Organization (WHO) also support this practice. However, these endorsements do not make fluoridation any more legal or inherently safe. These agencies often have potential conflicts of interest. For instance, some organizations benefit financially from promoting fluoride products, research funding, or maintaining professional reputations that have long supported fluoridation. Endorsements may reflect established practices rather than an unbiased assessment of current evidence, and they don't override legal considerations like informed consent, individual rights, or the principle of safe medication practices. The legality and safety of adding fluoride to public water supplies must be evaluated independently of these endorsements, with a focus on current scientific evidence, ethical standards, and public consent.

EPA Endorsement of Fluoride holds no Weight

- In 2000, the Union of Scientists at the Environmental Protection Agency (EPA), representing over 1,500 scientists, engineers, and other professionals, voiced strong opposition to the use of fluoride in public water supplies. Despite the EPA's official

endorsement of water fluoridation, this group of experts highlighted significant concerns about the potential health risks associated with fluoride exposure. They pointed to studies suggesting links between fluoride and adverse health effects, such as cancer, bone fractures, and neurological damage. Notably, Dr. J. William Hirzy, Senior Vice-President of the Headquarters Union at the EPA, has publicly criticized the practice of fluoridation. On March 26, 2001, Dr. Hirzy stated, *"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."* This statement underscores the serious concerns raised by EPA scientists about the safety and justification of adding fluoride to the public water supply. The union's stance illustrates a critical distinction between the EPA's policy position and the views of many of its own scientists, indicating that the agency's endorsement does not necessarily reflect a unanimous scientific consensus. This internal protest underscores the need for a more thorough and unbiased evaluation of fluoride's safety and efficacy, challenging the assumption that fluoridation is unequivocally supported by the scientific community.

Department of Health Endorsement and Its Legal Implications

Department of Health Endorsement:

The Department of Health (DOH), at both state and federal levels, often endorses water fluoridation as a public health measure to reduce the incidence of dental caries. This endorsement typically includes several key points:

1. **Public Health Benefit:** The DOH cites studies suggesting that community water fluoridation reduces tooth decay in children and adults.
2. **Safety and Efficacy:** The DOH claims that water fluoridation is a safe and effective method to improve oral health, based on decades of research and practice.
3. **Cost-Effectiveness:** They argue that fluoridating public water supplies is a cost-effective way to deliver fluoride to large populations, reducing dental care costs.
4. **Endorsement from Health Organizations:** The DOH often refers to endorsements from reputable organizations like the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) to support their stance.

Why DOH Endorsement Does Not Make Fluoridation Lawful

While the DOH's endorsement may carry significant weight in public health discussions, it does not equate to a lawful mandate for several reasons:

1. **Lack of Legislative Authority:**
 - **Recommendations vs. Legislation:** The DOH's endorsement is a recommendation rather than a law. While the DOH can recommend fluoridation as a public health measure, it does not have the legislative power to mandate it. Public health policies must be enacted through legislation passed by elected representatives, not merely through administrative endorsement.

- **No Explicit Mandate:** Most state and federal laws do not explicitly require fluoridation of water supplies. In Washington State, for instance, while the Department of Health supports fluoridation, there is no statewide law mandating it. Fluoridation decisions are typically made at the municipal level, which means they are subject to local government ordinances and public consent.
2. **Informed Consent and Medical Ethics:**
- **Violation of Informed Consent:** The DOH's endorsement of fluoridation as a public health measure overlooks the principle of informed consent. Fluoride, when used to prevent dental caries, is acting as a medication. Administering a medication without an individual's informed consent violates medical ethics and individual rights.
 - **No Individualized Dosage:** Public water fluoridation does not account for individualized dosages based on a person's age, weight, health condition, or existing fluoride exposure. This one-size-fits-all approach fails to meet the standard for safe medication practices.
3. **Regulatory Limitations:**
- **FDA Approval:** The Food and Drug Administration (FDA) classifies fluoride as a drug when used to prevent or treat disease. However, it has never approved fluoride for ingestion to prevent tooth decay. The Department of Health's endorsement does not override the FDA's jurisdiction or compensate for the absence of randomized controlled trials (RCTs) demonstrating fluoride's safety and efficacy when ingested.
 - **EPA Standards:** The Environmental Protection Agency (EPA) sets maximum contaminant levels (MCL) for substances in drinking water, including fluoride, to protect against adverse health effects. However, these standards are primarily concerned with limiting exposure to prevent toxicity, not endorsing fluoride as a health supplement. The EPA's role is environmental safety, not medication regulation.
4. **Public Safety and Legal Protections:**
- **Washington State Laws:** In Washington, **RCW 69.41.030** states that it is unlawful for any person to sell, deliver, or possess any legend drug except upon the order or prescription of a physician or other authorized prescriber. Fluoride, when used for its therapeutic effect, should fall under this regulation, and adding it to public water supplies without individual prescriptions could be considered unlawful.
 - **RCW 69.40.030:** This law prohibits the introduction of any poison or deleterious substance into food, drink, medicine, or water supplies with the intent to harm or without regard to the potential harm. Since fluoride is recognized as a potentially toxic substance, adding it to the water supply without addressing potential risks may violate this statute.
5. **Scientific and Ethical Controversy:**
- **Lack of Consensus:** Despite the DOH endorsement, there remains significant scientific and ethical controversy surrounding water fluoridation. Research points to potential health risks, including dental fluorosis, lower IQ in children, and possible developmental harm. The scientific debate raises questions about the propriety of mandating fluoridation without clearer evidence of its safety.

- **Risk vs. Benefit Analysis:** The DOH's endorsement often emphasizes the benefits of fluoridation while downplaying or ignoring potential risks. A proper risk vs. benefit analysis should consider the latest research findings, including potential negative health outcomes associated with fluoride exposure, and should inform policy decisions.
6. **Public Autonomy and Local Decision-Making:**
- **Local Control:** Fluoridation decisions are typically made by local governments or water authorities, reflecting the principle that public health measures should be tailored to the needs and preferences of individual communities. Even if the DOH endorses fluoridation, municipalities have the authority to accept or reject these recommendations based on local input and evidence.
 - **Right to Refuse:** Citizens have the right to refuse medication or interventions they do not consent to, and this extends to water fluoridation. The DOH endorsement does not nullify this right or make fluoridation a legally enforceable mandate.

Conclusion:

The Department of Health's endorsement of water fluoridation does not make the practice lawful or obligatory. Endorsements serve as recommendations based on public health perspectives but lack the force of law. They do not override the need for informed consent, FDA approval, compliance with state statutes, or consideration of individual rights. Municipalities and citizens retain the right to scrutinize and challenge water fluoridation practices, especially when there are concerns about health risks and legal compliance.

ADDITIONAL INFORMATION SOURCES / LINKS

Information about Fluoride & Water Fluoridation:

Videos

- [Professional Perspectives: Fluoride in Tap Water: Dr. Bill Osmunson -a general and cosmetic dentist](#) (5 min 19 sec)
- [10 Facts About Fluoride: By Attorney Michael Connett](#) (19 min 54 sec)
- [Dr. Vyvyan Howard on Fluoride in Drinking Water](#) (3 min 53 sec)
- [Video - CDC Oral Health Director: We Have No Safety Data on Fluoride and the Brain](#) (1 min)
- [The Great Culling - Our Water Documentary Film](#) (1hr 32min)
- [An Inconvenient Tooth - Fluoride Documentary](#) (2hr 49min)
- [Portland voters overwhelmingly say no to fluoride](#) (1 min 59 sec)
- [Portland Water Fluoridation Testimony](#) (4 min 10 sec)
- [More Fluoride Alert Videos](#)

TSCA Lawsuit against the EPA on Fluoride

- [Breaking: Fluoride in Water Poses 'Unreasonable Risk' to Children, Federal Judge Rules](#)
- [Court Ruling Against EPA by Judge Edward Chen](#) (80 page decision)

- The plaintiff won against the EPA in the TSCA Fluoride trial, being exposed for not having evidence of fluoride safety at the currently recommended levels, and attempting to obfuscate the science and postpone the ruling as long as possible. [The TSCA Fluoride Trial, 2016 – present](#)
- [United States of America lawsuit on community water fluoridation under the Toxic Substances Control Act \(TSCA\) - Update by Bruce Spittle](#)
- [Fluoride on Trial: CDC's 'Greatest Public Health Achievement' Exposed - The HighWire](#)

National Toxicology Program (NTP) Report

- [2022 NTP Report Summary of Findings.pdf](#)
- [NTP Monograph on Fluoride Toxicity 2022 - draft.pdf](#)
- [NTP Monograph on Fluoride Toxicity 2019 - draft.pdf](#)
- <https://fluoridealert.org/researchers/the-national-toxicology-program/>

Articles

- [50 Quotes by Doctors Against Fluoride](#)
- [4800 Professionals Call for an End to Water Fluoridation Worldwide](#)
- [Why I am now officially opposed to adding fluoride to drinking water](#) (Article & Video By Dr. Hardy Limeback, BSc, PhD, DDS | Former President, Canadian Association for Dental Research)
- [Testimony In For HB-5350 -An Act Concerning the Department of Public Health's Recommendations on Fluoridation of the Public Water Supply: Stuart Cooper, National Campaign Director, Fluoride Action Network](#)
- [SCBWA Board: Decision to Remove Fluoride Came After 'Significant Study' by Members | State College, PA](#)
 - Summary of the reasons why the SCBWA Board voted to remove fluoride
- [State College Borough Water Authority Board Votes to Stop Fluoridation](#)
 - Additional information on the discussion surrounding the decision to stop fluoridating
- [Portland Uses Science & Integrity to Defeat Fluoridation](#)
- Fluoride is a potent neurotoxin, shown in 76 studies to reduce the IQ of unborn and developing children: [Fluoride & IQ: 76 Studies](#)
- The FDA has never approved any fluoride supplement as either safe or effective [Not Approved by FDA - Fluoride Action Network](#)
- Fluoride is not a nutrient to the body - As with teeth, no other tissue or cellular process requires fluoride. [Fluoride Is Not an Essential Nutrient](#)
- Many children now exceed the recommended daily fluoride intake from toothpaste alone [Dental Products - Fluoride Action Network](#)
- Since 2010, 240+ communities have rejected water fluoridation - [See the list here](#)
- Portland rejected water fluoridation in 2013 - [Portland voters reject water fluoridation for fourth time since 1956](#)
- 97% of Western Europe does not drink fluoridated water. What do they know that we don't? [Statements From European Health, Water, & Environment Authorities On Water Fluoridation](#)
- [Email Exchange with FDA re: Fluoride Supplements - No studies done since use as Rat Poison](#)
- [Meanwhile, an Update From the Great Big Fluoride Debate - Portland Mercury](#)
- [Legislature Moves Forward With Bill Banning Fluoridation](#)

- [Toxic Treatment: Fluoride's Transformation from Industrial Waste to Public Health Miracle | Origins](#)
- [CDC Website - Recommends limiting fluoride for bottle fed babies](#)

PDF Handouts / Printouts

- [3 Reasons to End Water Fluoridation.pdf](#)
- [10 Facts About Fluoride Brochure.pdf](#)
- [10 Facts about Fluoride with Detail.pdf](#)
- [50 Reasons to Oppose Fluoridation.pdf](#)
- [A response to Pro Fluoride Claims.pdf](#)
- [Fluoridation's Neurotoxicity 1pg.pdf](#)
- [Who Opposes Fluoridation.pdf](#)
- [Worldwide Movement against Fluoridation.pdf](#)

Books

- [The Fluoride Deception - By Christopher Bryson](#) (PDF of 398 page book)
- [Rebuttal to Proponent Claims - Excerpt from book The Case Against Fluoride How Hazardous Waste Ended Up in Our Drinking Water and the Bad Science and Powerful Politics That Keep It There](#)

Scientific Studies

- [Association of water fluoride and urinary fluoride concentrations with attention deficit hyperactivity disorder in Canadian youth - ScienceDirect](#) (2.8x increase in ADHD in fluoridated cities vs non-fluoridated)
- 76 studies have reported that elevated fluoride exposure is associated with reduced IQ in humans [Fluoride & Iq: 76 Studies](#)
- 2022 - [US Government Releases Censored Documents Detailing Fluoride's Impact On Childhood IQ](#)

Opinion Pieces

- [CUSHMAN: NH Needs to Stop Adding Fluoride to Water Sources](#)

Lawsuits

- [Fluoride Class Action, has alerted the Seattle City Council and Mayor McGinn that Seattle drinking water contains dangerous levels of lead as a result of the type of fluoridation materials used to fluoridate city water](#)
- [Results from 2008 Freedom of Information Act Request to City of Seattle WA](#)

II. JURISDICTION AND VENUE

3. This Court has jurisdiction over this matter pursuant to RCW 2.08.010, granting the superior court authority in all cases involving state law violations impacting public health and safety.
4. Venue is proper in this Court because the City of Vancouver is within this jurisdiction, and the acts giving rise to this complaint occurred within Clark County.

III. PARTIES

5. **Plaintiff:** Derek Kemppainen represents the interests of the citizens affected by the City's actions in adding fluoride to the water supply without adequate oversight or lawful authorization.
6. **Defendant:** The City of Vancouver, a municipal corporation in Washington State, is responsible for the administration and regulation of public utilities, including the municipal water supply.

IV. FACTUAL ALLEGATIONS

A. Fluoride as a Poison in Violation of RCW 69.38.010

7. Sodium fluoride, the substance added to Vancouver's water supply, meets the legal definition of a "poison" under Washington State law (RCW 69.38.010). According to the statute, any substance that can cause violent sickness or death when introduced into the human body in small quantities qualifies as a poison.
8. Scientific studies indicate that fluoride, even in relatively low doses, poses risks such as developmental neurotoxicity, skeletal and dental fluorosis, and other adverse health effects. This toxicity is especially concerning for vulnerable populations, including children, pregnant women, and individuals with compromised health.
9. Despite clear evidence of fluoride's potential toxicity, the Defendant continues to introduce fluoride into the public water supply, thereby knowingly exposing residents to a substance classified as a poison under state law.
10. The City's willful addition of fluoride to drinking water, without adequate safety measures or individual medical oversight, constitutes a violation of RCW 69.40.030, which prohibits the willful poisoning of any water supply intended for human consumption.

B. Fluoride as an Unapproved New Drug under Federal Law

11. Under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 321(g)(1)), any substance used to diagnose, cure, mitigate, treat, or prevent disease is classified as a drug. The Defendant's stated purpose for adding fluoride is to prevent dental cavities, which falls under the definition of a drug.
12. However, the FDA has not approved fluoride for ingestion as a safe or effective treatment for cavity prevention. Fluoride compounds added to drinking water, such as

sodium fluoride, have not undergone the FDA's New Drug Application (NDA) process to ensure safety, efficacy, and quality standards are met.

13. The Defendant's addition of fluoride to the public water supply without FDA approval constitutes the unauthorized distribution of an unapproved drug, violating federal laws prohibiting the sale and distribution of drugs not cleared by the FDA.

C. Violations of RCW 69.41.030 for Unlawful Distribution and Use of a Legend Drug

14. In Washington, fluoride added to water for the purpose of treating or preventing cavities meets the definition of a "legend drug," a category that includes drugs requiring a prescription from a licensed healthcare provider (RCW 69.41.030).
15. The Defendant's addition of fluoride to the public water supply results in the distribution of a legend drug without any individualized medical prescription, oversight, or diagnosis. This practice circumvents the safeguards set by RCW 69.41.030, which prohibit the delivery, possession, and use of legend drugs without proper authorization.
16. The Defendant's action constitutes the unlawful distribution of a legend drug to all citizens of Vancouver, including those who may not consent to or benefit from such a medical intervention. This blanket distribution of fluoride violates the following provisions under RCW 69.41.030:
 - **Unlawful Delivery Without Prescription:** RCW 69.41.030(1) mandates that legend drugs may only be delivered upon order or prescription from a licensed healthcare provider.
 - **Unlawful Use of a Legend Drug:** The Defendant's unprescribed fluoridation program results in the daily ingestion of fluoride by residents, effectively using the drug in violation of state law.
17. The Defendant's actions disregard Washington State's requirements for drug administration, medical oversight, and individualized consent, placing the population at risk of unwarranted and unapproved medical treatment.

V. CAUSES OF ACTION

Count I: Violation of Washington State Law for Poisoning the Water Supply (RCW 69.38.010 and RCW 69.40.030)

1. **Sodium Fluoride Classified as a Poison under RCW 69.38.010**

Washington State law (RCW 69.38.010) defines "poison" as including substances like arsenic, cyanide, strychnine, and any other substance that, when introduced into the human body in quantities of sixty grains (3.9 grams) or less, can cause violent sickness or death. The Pharmacy Quality Assurance Commission is responsible for designating substances under this category.
2. **Toxicity of Sodium Fluoride**

Sodium fluoride, currently added to the City of Vancouver's water supply, meets this definition due to its lethal dose (LD50) of approximately 52 mg/kg. For an average adult human weighing 154 pounds (70 kg), the lethal dose equates to around 3.64 grams—

well below the 3.9-gram threshold defined by Washington law. This dosage is approximately 0.73 teaspoons, or 73 drops, an amount that can dissolve into less than 100 drops or about 1.4 ml of water.

3. Increased Toxicity Risk for Children

For children, the lethal dose of sodium fluoride is significantly lower. For example:

- A 1-year-old child weighing approximately 22 pounds (10 kg) has a lethal dose of around 1.1 grams.
- A 3-year-old child weighing approximately 33 pounds (15 kg) has a lethal dose of around 1.7 grams.

4. Washington State law does not differentiate by age or body weight, yet 3.9 grams of sodium fluoride could be lethal to an adult, 3.5 one-year-old children, or 2.3 three-year-old children. Thus, sodium fluoride unequivocally meets the statutory definition of a poison.

5. Quantitative Risk in Public Water Supply

A standard 50-pound (22.68 kg) bag of sodium fluoride contains enough of the substance to provide approximately:

- 56,181 lethal doses for an average 1-year-old child,
- 31,145 lethal doses for an average 3-year-old child, and
- 6,226 lethal doses for an average adult.

6. Historically, sodium fluoride has been used as a rat poison due to its high toxicity, with a lethal dose for a 300-gram rat being only 15.6 mg (equivalent to 0.0012 teaspoons or about one-third of a drop of liquid).

7. Intentional Addition of Poison to the Water Supply in Violation of RCW 69.40.030

Under RCW 69.40.030, “Every person who willfully mingles poison or places any harmful object or substance... in any food, drink, medicine, or other edible substance intended or prepared for the use of a human being... and every person who willfully poisons any spring, well, or reservoir of water, is guilty of a class B felony...” The City of Vancouver’s ongoing practice of adding sodium fluoride to the public water supply constitutes a clear violation of this statute. The law classifies such actions as a class B felony, subject to penalties including imprisonment and substantial fines.

8. Demand for Immediate Cessation and Legal Notice

In light of the above, the City is formally notified to cease the addition of fluoride to the public water supply immediately. Failure to comply will expose the City and its officials to significant legal consequences, including potential prosecution under RCW 69.40.030.

This notice serves to inform the City of both its legal liability and the personal accountability of its officials in ensuring public safety.

18.

Count II: Violation of Federal and State Drug Regulations for Unauthorized Distribution of an Unapproved and Legend Drug

1. Fluoride Classification as a Drug Under 21 U.S.C. § 321(g)(1)

The primary purpose of adding fluoride to the public water supply is to prevent dental cavities, a function that meets the legal definition of a “drug” under federal law.

According to 21 U.S.C. § 321(g)(1), a drug is defined as “articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.” By aiming to prevent tooth decay, fluoride clearly falls under this definition when added to drinking water, as it is intended to perform a therapeutic and preventive medical function.

2. Lack of FDA Approval as a New Drug

Despite fluoride’s intended medical purpose, the fluoride compounds used in water fluoridation, such as sodium fluoride and fluorosilicic acid (FSA), have never been evaluated or approved by the U.S. Food and Drug Administration (FDA) as safe and effective for ingestion. Under the Food, Drug, and Cosmetic Act, all drugs distributed in the United States must go through the FDA’s New Drug Application (NDA) process to ensure they meet rigorous safety, efficacy, and manufacturing quality standards.

3. Unapproved Drug Status

Because sodium fluoride and fluorosilicic acid have not undergone the NDA process, they lack FDA approval and are classified as unapproved new drugs. The Food, Drug, and Cosmetic Act prohibits the distribution of unapproved drugs in interstate commerce under 21 U.S.C. § 355(a). Therefore, fluoride’s addition to the public water supply without FDA approval constitutes the unauthorized distribution of an unapproved drug, in direct violation of federal law.

4. Fluoride as a Legend Drug Requiring a Prescription

Under federal law, legend drugs are those requiring a prescription from a licensed healthcare provider, as they are intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease. Legend drugs are labeled with “Rx only” or “Caution: Federal law prohibits dispensing without a prescription.” Fluoride, when added to the public water supply for ingestion and cavity prevention, meets the federal definition of a legend drug, as its primary purpose is a therapeutic intervention intended to prevent dental disease.

5. FDA’s Testimony on Fluoride as a Drug

In 2001, the FDA affirmed fluoride’s classification as a drug when used to prevent dental disease. During Congressional testimony, the FDA stated that fluoride, when used for cavity prevention, is a drug under the Federal Food, Drug, and Cosmetic Act, reinforcing its status as a therapeutic agent rather than a standard water additive. This classification underscores that fluoride, when added to water for dental health purposes, should be subject to the same regulatory standards as any drug.

6. Unauthorized Distribution and Administration of a Legend Drug Under RCW 69.41.030

RCW 69.41.030 prohibits the sale, delivery, or possession of legend drugs without the order or prescription of a licensed physician, dentist, or authorized healthcare professional. By adding fluoride to the public water supply without obtaining individual prescriptions, the City of Vancouver is distributing a legend drug in a manner that circumvents regulatory safeguards designed to ensure responsible, informed, and individualized medical use of therapeutic substances.

7. Lack of Individualized Medical Oversight and Informed Consent

The fluoridation of Vancouver’s public water supply involves distributing a drug to all residents without individualized medical assessment, oversight, or consent. By

distributing fluoride in this manner, the City bypasses the necessary regulatory and ethical safeguards that apply to legend drugs. The absence of individual prescriptions violates both federal and state drug regulations, undermining the responsible and controlled use of substances intended to prevent disease.

8. Conclusion and Demand for Immediate Cessation

Given that fluoride is unapproved by the FDA for ingestion and classified as a legend drug when used for therapeutic purposes, the City's practice of adding fluoride to the water supply constitutes an unauthorized distribution of both an unapproved and legend drug. This practice violates 21 U.S.C. § 355(a) and RCW 69.41.030, exposing the City to liability and warranting immediate cessation of water fluoridation to comply with federal and state drug laws.

21.

Count III: Violation of RCW 69.41.030 for Unlawful Distribution and Use of a Legend Drug

24. The Plaintiff incorporates by reference all preceding paragraphs.

25. The Defendant's addition of fluoride, classified as a legend drug, to the public water supply without prescriptions for individual citizens violates RCW 69.41.030, which mandates that legend drugs may only be distributed upon prescription or medical order from licensed healthcare professionals.

26. This unauthorized distribution of fluoride constitutes a failure to comply with Washington State's laws governing prescription medications, which require individualized medical oversight, informed consent, and prescription for legend drugs.

Count IV: Unauthorized Practice of Medicine

27. The Plaintiff incorporates by reference all preceding paragraphs.

28. Under Washington State law (RCW 18.71.021), the practice of medicine without a license is strictly prohibited. The Defendant's addition of fluoride to the public water supply constitutes a form of medical intervention with the intent to prevent dental disease.

29. By administering fluoride without the oversight of licensed healthcare professionals, individualized patient diagnosis, or informed consent, the Defendant is effectively practicing medicine without proper licensure, violating RCW 18.71.021.

30. This practice of administering fluoride without medical licensing or individualized assessments fails to account for differing health needs, preexisting conditions, and specific susceptibilities among the population of Vancouver, further placing vulnerable individuals at risk.

Count V: Violation of Informed Consent Requirements

31. The Plaintiff incorporates by reference all preceding paragraphs.

32. Informed consent is a fundamental legal and ethical requirement in medical treatment. By introducing fluoride into the public water supply, the Defendant is administering a substance intended to impact health without obtaining consent from the residents of Vancouver.
33. The Defendant's failure to seek or obtain individual consent for the ingestion of fluoride infringes upon the rights of the citizens of Vancouver to make autonomous health decisions, violating principles of informed consent required for any public health intervention.
34. As the Defendant has neither provided individualized health assessments nor obtained explicit consent from the public, it continues to infringe upon the constitutional right to bodily integrity and informed consent.

Count VI: Violation of Federal Prescription Drug Advertising and Labeling Standards (CFR Title 21)

35. The Plaintiff incorporates by reference all preceding paragraphs.
36. The Defendant's annual water quality reports and public statements regarding fluoride's health benefits, such as "Fluoride is added to promote dental health," qualify as promotional claims under the federal standards of prescription drug advertising, per CFR Title 21, § 202.1(e).
37. Under CFR Title 21, § 202.1(e)(3) and (4), it is unlawful to advertise or promote a prescription drug without including information on side effects, contraindications, and effectiveness. The Defendant's promotional claims regarding fluoride fail to disclose scientifically supported risks, including developmental neurotoxicity and dental and skeletal fluorosis, which have been documented as potential side effects.
38. Additionally, the Defendant's statements promote an "off-label" use of fluoride as an ingested treatment for dental health, which is not approved by the FDA and lacks sufficient clinical evidence, violating the standards for prescription drug advertising outlined in CFR Title 21, § 202.1(e)(6).
39. The Defendant's actions therefore constitute false advertising and misrepresentation of fluoride's effectiveness and safety, in direct violation of CFR Title 21 and related federal drug regulations.

Count VII: Constitutional Violations – Infringement on Right to Bodily Integrity

40. The Plaintiff incorporates by reference all preceding paragraphs.
41. The Fourteenth Amendment to the United States Constitution protects an individual's right to bodily integrity, including the right to refuse unwanted medical treatment or intervention.
42. By introducing fluoride into the public water supply with the intent to treat dental disease, the Defendant imposes a medical intervention upon residents of Vancouver without their consent, violating their right to bodily integrity as guaranteed by the Fourteenth Amendment.

43. The Defendant's actions force individuals to ingest a substance that alters bodily health without any opportunity to refuse or opt-out, constituting an infringement on personal autonomy and bodily rights under the Constitution.

Count VIII: Violation of Washington State Public Health Law (RCW 70A.125.060) – Duty to Ensure Safe Drinking Water

44. The Plaintiff incorporates by reference all preceding paragraphs.
45. Under RCW 70A.125.060, the Defendant has a duty to ensure the safety and quality of public drinking water for all residents of Vancouver.
46. The continued fluoridation of public water supplies, particularly with fluoride substances that may contain contaminants or impurities from industrial byproducts, raises concerns over the safety and compliance of the Defendant's water supply practices.
47. Failure to adequately assess and disclose the risks associated with fluoridation, including contaminants and potential side effects, violates the Defendant's duty to provide safe drinking water under RCW 70A.125.060, putting the public health of Vancouver's residents at risk.

Count IX: Violation of the Common Law Right to Self-Determination

48. The Plaintiff incorporates by reference all preceding paragraphs.
49. Under common law, individuals possess the right to make informed decisions regarding their own bodies, including the substances they consume, in alignment with the principle of self-determination.
50. By mandating the ingestion of fluoride through public water without providing alternatives or individual consent, the Defendant disregards residents' right to self-determination, coercing them into a medical intervention they may not want.
51. This practice contradicts the fundamental principle of self-determination, violating citizens' autonomy over their health and personal choices in public health matters.

Count X: Illegal Medical Experimentation on Human Subjects

52. The Plaintiff incorporates by reference all preceding paragraphs.
53. Under federal regulations (21 CFR § 50.20 and 21 CFR Part 56), any experimentation involving human subjects must obtain legally effective informed consent and Institutional Review Board (IRB) approval, ensuring ethical standards for protecting human health.
54. The Defendant's introduction of fluoride to the public water supply constitutes an experimental use of an unapproved drug on human subjects without obtaining legally effective informed consent or IRB approval, violating federal protections.
55. As an unapproved drug intended to prevent cavities, fluoride's addition to public water effectively subjects residents to a form of medical experimentation without consent or oversight, breaching the rights of Vancouver's citizens as human subjects under federal regulations.

Count XI: Violation of Informed Consent and IRB Approval Requirements (21 CFR Part 50)

56. The Plaintiff incorporates by reference all preceding paragraphs.
57. 21 CFR Part 50 mandates that individuals be informed and must consent before participating in any form of medical experiment involving unapproved drugs. This requirement includes full disclosure of risks, purpose, and duration of the intervention.
58. The Defendant's fluoridation program fails to obtain legally effective informed consent or disclose fluoride's risks, including its developmental neurotoxicity, particularly for young children.
59. Further, the Defendant has not obtained IRB approval for the addition of fluoride to the water supply, which is required by 21 CFR Part 56 to ensure the protection of human subjects involved in any medical or clinical research.
60. By circumventing these informed consent and IRB requirements, the Defendant violates essential federal protections for the public and exposes residents to unnecessary health risks.

Count XII: Non-Compliance with Investigational New Drug (IND) Regulations

61. The Plaintiff incorporates by reference all preceding paragraphs.
62. Under 21 CFR Part 312, the FDA requires that any investigational drug, including unapproved uses of drugs like fluoride, be subject to an Investigational New Drug (IND) application to assess risks and benefits before public administration.
63. The Defendant has not obtained an IND approval for adding fluoride to the drinking water, failing to meet federal standards required to assess and monitor its safety and efficacy.
64. This lack of regulatory compliance constitutes a violation of 21 CFR Part 312, placing the population at risk of adverse health outcomes without proper FDA assessment, oversight, or approval for investigational drugs.

Count XIII: Violation of the Nuremberg Code and Belmont Report Ethical Standards

65. The Plaintiff incorporates by reference all preceding paragraphs.
66. The Nuremberg Code and the Belmont Report establish ethical guidelines for human subject research, mandating that informed consent be obtained and that individuals have the right to choose freely regarding their participation in medical interventions.
67. The Defendant's fluoridation program introduces fluoride into the drinking water without any public consent or comprehensive disclosure, disregarding the Nuremberg Code's mandate that participation in medical interventions be voluntary and fully informed.
68. Additionally, the Belmont Report emphasizes respect for persons and beneficence, which the Defendant has ignored by imposing fluoride on all residents, many of whom may have specific medical conditions or personal beliefs against such treatment.
69. By failing to adhere to these internationally recognized ethical standards, the Defendant engages in non-consensual, unethical experimentation on the citizens of Vancouver.

Count XIV: Violation of the Food, Drug, and Cosmetic Act (FD&C Act), 21 U.S.C. § 355

- 70. The Plaintiff incorporates by reference all preceding paragraphs.
- 71. Under 21 U.S.C. § 355 of the Food, Drug, and Cosmetic Act, no new drug may be introduced or delivered for introduction into interstate commerce without an approved New Drug Application (NDA).
- 72. Fluoride compounds used in public water for the purpose of treating dental health issues are considered “new drugs” and require an NDA to ensure compliance with safety, efficacy, and quality standards for ingestion.
- 73. The Defendant has failed to obtain an NDA for the use of fluoride in the drinking water supply, directly violating the FD&C Act and placing the citizens of Vancouver at risk of unapproved drug exposure.

Count XV: Violation of Washington State Hazardous Waste Management Laws (RCW 70.105)

- 74. The Plaintiff incorporates by reference all preceding paragraphs.
- 75. Under RCW 70.105, Washington State mandates strict handling and disposal of hazardous waste materials, including toxic substances like fluoride compounds derived from industrial sources.
- 76. Fluoride used in water fluoridation often contains industrial byproducts, including heavy metals and other contaminants. Despite this, the Defendant has not taken measures to comply with state hazardous waste handling and disposal standards for such materials.
- 77. By introducing fluoridated water to residents without managing the inherent hazards, the Defendant disregards RCW 70.105's requirements for responsible handling, exposing Vancouver residents to potential toxic contaminants in the public water supply.

Count XVI: Violation of Constitutional Right to Privacy and Bodily Integrity

- 78. The Plaintiff incorporates by reference all preceding paragraphs.
- 79. The U.S. Constitution and Washington State Constitution protect individuals' right to privacy and bodily integrity, which includes the right to make autonomous health decisions without undue government interference.
- 80. By mandating fluoride ingestion through the public water supply, the Defendant infringes upon the personal and bodily autonomy of the citizens of Vancouver. This forced ingestion prevents residents from exercising their right to decide which substances they consume and introduces a medical intervention without their consent.
- 81. Additionally, Washington State's constitution, under Article I, Section 7, guarantees the right of individuals to be free from governmental interference in their private affairs, which includes making personal medical choices. The Defendant's water fluoridation practices infringe upon this fundamental state right, compelling individuals to ingest fluoride regardless of personal health, religious beliefs, or informed consent.
- 82. This infringement on privacy and bodily integrity by a government entity violates the substantive due process rights under the Fourteenth Amendment of the U.S.

Constitution and the equivalent protections under Washington State's constitution, infringing on citizens' personal autonomy and right to refuse medical treatment.

Count XVII: Violation of the Right to Equal Protection under the Fourteenth Amendment

83. The Plaintiff incorporates by reference all preceding paragraphs.
84. The Equal Protection Clause of the Fourteenth Amendment guarantees that all individuals shall be treated equally under the law. The Defendant's fluoridation practice imposes a uniform medical treatment on all residents, regardless of differing health conditions, ages, or susceptibilities, which results in disproportionate harm to vulnerable groups such as young children, the elderly, and individuals with medical conditions.
85. This uniform administration of fluoride fails to consider individual health needs, unique susceptibilities, or the potential increased health risks faced by certain populations, such as individuals with compromised kidney function, infants, and those who rely on high volumes of municipal water.
86. By enforcing fluoride ingestion equally across the population without addressing these differential impacts or providing alternatives, the Defendant's actions violate the Equal Protection rights of Vancouver residents, failing to consider the unique needs of each individual as required by law.

Count XVIII: Violation of Industrial Hazardous Waste Standards and Misclassification of Fluoride

87. The Plaintiff incorporates by reference all preceding paragraphs.
88. Fluoride compounds used in the Defendant's water supply are often derived from industrial byproducts, including those produced by the phosphate fertilizer industry. These fluoride compounds—such as fluorosilicic acid—contain contaminants that are classified as hazardous waste under federal law.
89. Under the Resource Conservation and Recovery Act (RCRA) and Washington State's RCW 70.105, hazardous waste materials must be handled, disposed of, or processed according to stringent standards to ensure public health and environmental safety.
90. Despite this, the Defendant administers fluorosilicic acid in the public water supply without adequately addressing its hazardous waste status. This fluoride contains potential contaminants, including heavy metals like lead and arsenic, which pose significant health risks and must be managed as hazardous substances under federal and state law.
91. By misclassifying and distributing this fluoride waste in drinking water, the Defendant bypasses necessary hazardous waste handling regulations. This lack of proper classification and handling of fluoride not only violates RCW 70.105 but also places the public at risk of exposure to toxic industrial contaminants.

Count XIX: Failure to Ensure Safe Drinking Water in Compliance with RCW 70A.125.060

92. The Plaintiff incorporates by reference all preceding paragraphs.

93. Washington State law (RCW 70A.125.060) requires public water systems to maintain safe drinking water standards that protect consumers from harmful contaminants and adhere to recognized safety protocols, including compliance with ANSI/NSF Standard 61, which governs the safety of materials added to drinking water.
94. Sodium Fluoride, the fluoride compound added to the Vancouver water supply, contains industrial byproducts that do not meet ANSI/NSF Standard 61 requirements for safe drinking water additives. The Defendant has not adequately tested or certified this fluoride to ensure compliance with these safety standards, resulting in an increased health risk for residents consuming this water.
95. By failing to ensure that the fluoride used in water fluoridation meets Washington State's safe drinking water standards, the Defendant is in violation of RCW 70A.125.060. This oversight directly endangers the health of Vancouver's citizens, exposing them to potential contaminants and other health risks associated with improper water treatment practices.

Count XX: Misclassification and Mishandling of Sodium Fluoride as a Drinking Water Additive

96. The Plaintiff incorporates by reference all preceding paragraphs.
97. Sodium fluoride, as used in the Vancouver water supply, is often sourced from industrial byproducts and is classified under hazardous waste regulations when used outside of water fluoridation.
98. The City's administration of sodium fluoride in the public water supply bypasses proper regulatory classification and fails to address its status as an industrial-grade chemical. This sodium fluoride often contains contaminants such as heavy metals, including lead and arsenic, which require strict handling as hazardous materials outside of water treatment contexts.
99. The Defendant has not sufficiently tested the sodium fluoride it uses to ensure purity and safety, disregarding established federal and state standards for handling and managing such chemicals in public health contexts.
100. By failing to properly classify and handle sodium fluoride in line with its industrial chemical status, the Defendant endangers Vancouver's residents, who may be exposed to contaminants that are otherwise regulated as hazardous waste, in direct violation of both Washington State's hazardous materials standards (RCW 70.105) and federal environmental guidelines.

Count XXI: Violation of ANSI/NSF Standard 60 Certification Requirements for Chemical Additives

101. The Plaintiff incorporates by reference all preceding paragraphs.
102. ANSI/NSF Standard 60 establishes health effects requirements for chemicals, including sodium fluoride, added to drinking water. Certification to Standard 60 is a requirement to ensure that all additives used in public drinking water are tested and deemed safe for human consumption.

103. The Defendant has failed to certify that the sodium fluoride used in Vancouver's water supply meets ANSI/NSF Standard 60 requirements, particularly in regard to purity, contaminant levels, and safety for ingestion. Sodium fluoride without ANSI/NSF certification may contain impurities and contaminants that pose significant health risks.
104. The Defendant's failure to ensure ANSI/NSF certification for sodium fluoride violates Washington State laws mandating safe water additives and places citizens at risk of exposure to unverified and potentially harmful contaminants.
105. By neglecting this certification, the Defendant violates both the regulatory standards set forth under RCW 70A.125.060 and ANSI/NSF Standard 60, failing to provide safe drinking water and risking public health.

Count XXII: Health Risks Associated with Chronic Sodium Fluoride Exposure

106. The Plaintiff incorporates by reference all preceding paragraphs.
107. Research has indicated that chronic exposure to sodium fluoride, even in low doses, can have serious health consequences, particularly for vulnerable populations. Documented risks include neurotoxic effects, skeletal fluorosis, and potential endocrine disruption.
108. Sodium fluoride ingestion has been shown to increase risks of developmental issues in children, as well as exacerbate conditions such as kidney disease and thyroid dysfunction, which can be impacted negatively by chronic fluoride exposure.
109. By continuing to administer sodium fluoride without individualized medical oversight or dosage adjustments, the Defendant fails to protect the health of at-risk populations, including children, the elderly, and those with preexisting health conditions.
110. The Defendant's ongoing fluoridation practices, despite known health risks associated with sodium fluoride, demonstrate a disregard for the well-being of the public and violate Washington State's duty of care in administering public health interventions.

Count XXIII: Violation of State Environmental Policy Act (SEPA) for Public Health and Environmental Impact Review

111. The Plaintiff incorporates by reference all preceding paragraphs.
112. The Washington State Environmental Policy Act (SEPA) requires that government actions, especially those involving chemical use in public resources like water, undergo an environmental and public health impact assessment.
113. The Defendant has failed to conduct a comprehensive SEPA review assessing the environmental and public health impacts of adding sodium fluoride to Vancouver's water supply. This review should address cumulative health risks, long-term effects on the environment, and potential contamination of natural water sources.
114. By neglecting to carry out a SEPA review for sodium fluoride's impacts on Vancouver's public health and environment, the Defendant is in direct violation of state environmental protection laws.
115. The failure to conduct this necessary environmental review disregards the rights of Vancouver's citizens to safe, unpolluted water and a healthy environment, as safeguarded under SEPA regulations.

Count XXIV: Failure to Meet Washington State's Duty of Care in Public Health Administration

116. The Plaintiff incorporates by reference all preceding paragraphs.
117. Washington State requires all government entities to exercise a reasonable duty of care in managing public health resources, ensuring that no actions taken result in undue harm or unnecessary risk to the public.
118. By adding sodium fluoride to the public water supply without comprehensive testing, proper certification, and an adequate assessment of potential health impacts, the Defendant has breached its duty of care to Vancouver residents.
119. This breach of duty is exacerbated by the failure to seek expert consultation on sodium fluoride's safety, purity, and impact on vulnerable populations, thus neglecting necessary precautions that would have safeguarded public health.
120. The Defendant's disregard for state-mandated duty of care constitutes a violation of Washington State's public health administration standards, increasing residents' exposure to potential health hazards without due diligence or oversight.

VI. PRAYER FOR RELIEF

WHEREFORE, the Plaintiff requests that the Court grant the following relief:

1. An injunction preventing the City of Vancouver from continuing its fluoridation program until it complies with all relevant state and federal laws regarding the safe distribution of drugs and substances in the public water supply.
2. A declaratory judgment stating that the City's current fluoridation practices violate Washington State laws regarding public health and safety, as well as federal drug regulations.
3. An award of costs and reasonable attorney's fees incurred in bringing this action.
4. Any other relief that the Court deems just and proper.

VII. JURY DEMAND

The Plaintiff demands a trial by jury on all issues so triable.

Dated this 10th day of December, 2024.

Respectfully submitted,

**Derek Kemppainen
31404 NE 142nd Ave
Battle Ground, WA 98604**

* On December 31, 2024, I received the City's final response, which deferred entirely to the Department's guidance, with no indication they had engaged with any of the evidence or legal points provided.

The City made it clear they are not willing or able to independently evaluate the health, legal, or ethical implications of fluoridation, as they view the matter as entirely under DOH authority.

It brings up a tough but necessary question: when the Department says fluoridation is safe, cities take that as the final word. They stop digging deeper. But what if the state takes too long to catch up with the science? We've seen it before - tobacco, lead, asbestos, even arsenic - all widely used and defended long after their harms were known. Now that the September 24, 2024 court ruling has found that fluoridation at current levels poses an unreasonable risk of harm to children by lowering IQ, does the Department truly want to keep putting its name behind it?

Derek Kemppainen
Vice President, Washington Action for Safe Water
360-975-2011

On Tue, Apr 1, 2025 at 10:18 PM Derek Kemppainen <derekkempp@gmail.com
<mailto:derekkempp@gmail.com> > wrote:

Dear Ms. Foust and Members of the Washington State Board of Health & Department of Health,

I'm writing to share a recent response I received from the City of Vancouver regarding community water fluoridation that could be a relevant discussion point for the upcoming April 9th meeting. I believe this response helps illustrate a key dynamic: cities across Washington are relying on Department of Health guidance and see themselves as unable to act independently, even when residents request change.

The City wrote:

"We will continue as always to follow the guidance on recommended levels of usage from the Washington State Department of Health. If those recommendations change, the City will act accordingly."

Vancouver also cited its municipal code as a legal obligation to fluoridate according to DOH policy:

"The city council of the city of Vancouver hereby authorizes and directs that a source of fluoridation approved by the State Department of Health be added to the city of Vancouver water supply, under the rules and regulations of the Washington State Department of Public Health, such addition to be administered in a manner approved by the State Director of Public Health, and in accordance with the laws of the state of Washington."

This highlights a broader issue: local governments are effectively locked into fluoridation as long as the state continues to support it. The Department's guidance is not simply advisory in practice - it's interpreted as binding.

While the Department's current review on fluoridation is a welcome and necessary step, many cities and their residents are still left in a holding pattern. Local governments

are eager to respond to community input, but feel constrained by current DOH recommendations. A revised stance from the Department would provide them with the clarity and authority they need to move forward.


Thank you for taking this issue seriously and for the work already underway.


Sincerely,

Derek Kemppainen
Vice President, Washington Action for Safe Water
360-975-2011

<<https://dxwIKZ04.na2.hs-salescrm-engage.com/Cto/GJ+23284/dxwIKZ04/R5R8b40T1N7psDMX2fJ7BW3C6Xcb3M0BSQW1SpNrL1XnYX8W1Gy2ZG0HW1-Z8BJ22YpXzn1Q3fSs4W1>>

From: Derek Kemppainen
Sent: 3/31/2025 4:32:28 PM
To: Foust, Chelsea S (DOH),DOH WSB0H
Cc:
Subject: Proposed April 2025 Update to DOH Community Water Fluoridation Advisory

 *attachments\4B44A4C424B245C7_April 2025 Update to DOH
Communit_PRDTool_NAMETOOLONG.docx*

 *attachments\730D33740D8A4AF2_2023 DOH Fluoride Support Statement.pdf*

External Email

Dear WA DOH,

I hope this message finds you well.

Attached is a proposed April 2025 update to the Department of Health's advisory on community water fluoridation, intended to reflect the growing body of scientific research, legal developments, and ethical considerations that have emerged since the Department's August 2023 statement (also attached for reference).

Can you please include this in the agenda packet for the upcoming April 9th DOH meeting, and also add me to the speaker list for public comment via Zoom?

Let me know if you have any questions or would like to discuss the proposed revisions further.

Thank you,

Derek Kemppainen
Vice President, Washington Action for Safe Water
360-975-2011

<https://dxwIKZ04.na2.hs-salescrm-engage.com/Cto/GJ+23284/dxwIKZ04/R5R8b40T1N7psDMX2fDmMW3z8JPG1S1mXQW3yPnXL1W_KVzW1GW1SrS_t22YtTRW24WVtp22YpXzn1Q3fSs4W1>

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington Relay Service

April 2025

UPDATED POLICY STATEMENT ON COMMUNITY WATER FLUORIDATION

The Washington State Department of Health is committed to protecting the health and well-being of all Washington residents through science-based public health guidance. As part of this commitment, the Department continuously reviews emerging research and evaluates long-standing practices in light of new evidence.

Based on recent scientific findings and legal developments, the Department now advises against the continued use of fluoride in public water systems. Communities are encouraged to reconsider their fluoridation programs and explore alternative strategies for promoting oral health.

In *Food & Water Watch v. Environmental Protection Agency* (2024), a federal court found that fluoride in drinking water at the recommended level of 0.7 milligrams per liter poses an unreasonable risk of reduced IQ in children and does not provide an adequate margin of safety.

Additional studies have raised concerns about fluoride's potential effects on neurodevelopment, endocrine function, and bone health. Infants who consume formula prepared with fluoridated tap water may be exposed to fluoride at levels significantly higher than those found in breast milk, raising concerns about early developmental risk.

Evidence increasingly supports that fluoride's primary benefit in preventing tooth decay is topical rather than systemic. Fluoridated toothpaste, mouth rinses, and professional dental treatments are effective tools for reducing cavities and are widely accessible.

Recent large-scale reviews, including the 2024 Cochrane Review and the UK-based LOTUS study, have found limited or no statistically significant benefit from systemic fluoride exposure in reducing dental caries, even among populations considered at higher risk.

Fluoride delivered through the public water supply is consumed by all residents regardless of age, health status, or personal preference. Because it is added to address a non-contagious condition, this approach does not allow for individualized dosing or informed consent, which are standard features of most medical or preventive treatments.

In terms of oversight, the Environmental Protection Agency (EPA) regulates additives used to treat water itself, while the FDA oversees therapeutic substances intended to treat people. This division has created a regulatory gap, leaving fluoride's use as a systemic agent in public drinking water without clear, coordinated federal oversight.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47890 • Olympia, Washington 98504-7890

Tel: 360-236-4030 • 711 Washington Relay Service

August 2023

STATEMENT OF COMMUNITY WATER FLUORIDATION

The Department of Health supports community water fluoridation as a sound, population-based public health measure. The decision to add fluoride to a public water system is made by the local community. The department encourages communities to begin and maintain optimal fluoride levels for health benefits in drinking water systems.

Community water fluoridation began in the United States over 75 years ago. Today, fluoridated water systems serve nearly 75 percent of the U.S. population. Water fluoridation is cost-effective, practical, and safe. People who live in communities with fluoridated water are more likely to have healthier teeth than those living in communities without fluoridated water.

Tooth decay is the result of a preventable bacterial disease process that occurs throughout life. Exposure to optimally fluoridated water improves dental health. Fluoride is a naturally occurring mineral that strengthens the enamel surface of teeth. When in contact with teeth, it helps to repair early signs of tooth decay, hardens the tooth's surface, and slows decay-causing bacteria.

Community water fluoridation is a proven public health prevention measure that benefits both children and adults, regardless of age, race, gender, or income. It is the most effective way to deliver the benefits of fluoride to all community members served. Providing fluoridated water to 77.1% percent of Americans is a goal of the Healthy People 2030 initiative.

The Surgeon General of the United States and over one hundred national and international organizations endorse water fluoridation. The U.S. Centers for Disease Control and Prevention recognized fluoridation of drinking water as one of ten great public health achievements of the twentieth century.

A handwritten signature in blue ink, reading "Tao Sheng Kwan-Gett MD".

Tao Sheng Kwan-Gett, MD MPH
Chief Science Officer
Office of Health and Science

Unlike fluoride products intended for topical use, ingested fluoride used for cavity prevention has not been approved by the U.S. Food and Drug Administration (FDA) as a drug. As a result, it is not subject to the same regulatory requirements that typically apply to substances intended to treat or prevent disease, such as prescription guidance, labeling, and pharmaceutical-grade manufacturing.

Given the range of scientific, medical, and regulatory concerns, the Department recommends that public health agencies and water systems pursue oral health strategies that do not rely on artificial water fluoridation. These alternatives provide effective protection against tooth decay while minimizing potential risks and allowing individuals to make informed decisions about their own health.

Tao Sheng Kwan-Gett, MD, MPH

Chief Science Officer

Office of Health and Science

From: Derek Kemppainen
Sent: 4/1/2025 1:42:48 PM
To: Foust, Chelsea S (DOH),DOH WSOH
Cc:
Subject: Public Comment – Request for Updated Guidance on Fluoridation



attachments\19F15BAEBBE64D18_Public Comment – Request for Upda_PRDPOOL_NAMEPOOLONG.pdf

External Email

Dear Ms. Foust and Members of the Washington State Board of Health & Department of Health,

Please find below and attached a letter undersigned by 15 individuals urging the Department to take action by issuing updated guidance that no longer promotes community water fluoridation. Recent federal court findings, expert testimony, and peer-reviewed research have fundamentally undermined the scientific, legal, and ethical foundation for this practice.

The continued promotion of fluoridation despite a federal court ruling and peer-reviewed data confirming neurodevelopmental risks exposes the Department to both legal and ethical scrutiny. We urge you to update your guidance to reflect the clear shift in scientific and legal consensus.

Please include this as a public comment for the April 9th meeting.

Thank you for your time and attention to this matter.

Derek Kemppainen
Vice President, Washington Action for Safe Water
360-975-2011

April 1, 2025

Chelsea S. Foust

Washington State Board of Health & Department of Health

Dear Ms. Foust and Members of the Washington Board of Health & Department of Health,

We, the undersigned, oppose the continued fluoridation of public water supplies in Washington and urge the Department to issue updated guidance that no longer supports this practice. Recent scientific findings, expert testimony, and a federal court ruling have fundamentally undermined the rationale for fluoridation. The evidence now points to clear

risks, particularly to developing children, that cannot be ignored. We submit the following points in support of this policy change::

- * **Neurodevelopmental Risks Confirmed by Science:** The National Toxicology Program's (NTP) August 2024 Monograph concluded with "moderate confidence" that fluoride exposure above 1.5 mg/L—only twice the recommended 0.7 mg/L—consistently lowers IQ in children. The 2023 Lotus Study (NIH-funded) further found that prenatal fluoride exposure significantly impairs cognitive outcomes, even at levels near current standards.
- * **Federal Court Ruling on Unreasonable Risk:** In September 2024, U.S. District Court Judge Edward Chen ruled in *Food & Water Watch et al. v. EPA* that fluoridation at 0.7 mg/L poses an "unreasonable risk of reduced IQ in children" under the Toxic Substances Control Act. The court cited "substantial and scientifically credible evidence" and rejected the EPA's claims of insufficient data.
- * **Expert Testimony on Neurotoxicity:** Witnesses in the TSCA trial, such as Dr. Philippe Grandjean, a globally recognized neurotoxicity expert, established fluoride as a developmental neurotoxin, with cognitive deficits linked to U.S. exposure levels. Judge Chen noted an "insufficient margin" between hazard and exposure.
- * **Inadequate Risk Assessment:** Dr. Kathleen Thiessen, another TSCA trial witness, critiqued the EPA's failure to apply proper risk assessment protocols, a concern Judge Chen echoed in his ruling. This suggests a broader need for health agencies, including at the state level, to reassess fluoridation with rigorous, updated standards.
- * **Historical Suppression of Evidence:** Christopher Bryson's *The Fluoride Deception* reveals how early studies linking fluoride to skeletal damage and neurological harm were buried by government and industry in the 1940s and 1950s. This legacy of concealment calls for transparency and a reexamination of long-held assumptions.
- * **Industry-Driven Origins:** Fluoridation began as a means to dispose of hazardous fluoride containing waste from aluminum and phosphate industries. Today, the practice continues using hydrofluorosilicic acid and sodium fluoride. Communities, especially low-income and minority populations, now bear the burden of this industrial waste being added to their drinking water as an industrial dumping ground.
- * **Collusion and Conflicts of Interest:** *The Fluoride Deception* exposes how the Public Health Service, influenced by corporations like ALCOA, endorsed fluoridation despite internal dissent. This historical pattern suggests a need to scrutinize whether current policy reflects science or vested interests.
- * **Health Risks Beyond Dental Claims:** Bryson highlights fluoride's toll on industrial workers—bone deformities, respiratory issues—ignored to shield liability. Modern evidence, like the Lotus Study, extends this to community-wide neurotoxic risks, particularly for vulnerable populations such as children and pregnant women.
- * **Questionable Efficacy in Today's Context:** The 2024 Cochrane Review, a gold-standard analysis, found fluoridation's impact on tooth decay to be minimal and poorly evidenced. TSCA witness Dr. Howard Hu testified that topical fluoride alternatives suffice, diminishing the need for systemic ingestion in an era of widespread dental products.
- * **Ethical Violation of Consent:** Adding fluoride to drinking water amounts to mass medication without individual consent. It lacks the informed choice, dosing controls, and regulatory oversight required for substances intended to treat human health—especially

concerning since the FDA classifies fluoride as an unapproved drug for ingestion. Unlike voluntary health measures, it offers no practical opt-out, conflicting with principles like the Nuremberg Code.

- * **Statewide Pressure on Communities:** Every community in Washington faces significant pressure to conform to the Department of Health's fluoridation recommendation, widely assumed to be supported by a group of scientists who fully understand its risks and benefits. Yet, these communities—lacking the resources or expertise to challenge this perceived authority—are reluctant to oppose it, even as new evidence and Judge Chen's ruling undermine its foundation.
- * **Lack of State Mandate and Local Burden:** Fluoridation is not required by Washington State law, leaving it as a local choice, yet the Department of Health's recommendation places undue pressure on communities to adopt a practice increasingly unsupported by science and public will, diverting resources from other health priorities.
- * **Regulatory Ambiguity and FDA Concerns:** Fluoride, classified as a drug by the FDA but unapproved for ingestion, lacks the medical oversight, individualized dosing, and pharmaceutical standards required for substances intended to treat humans, raising questions about its unregulated use in public water as a systemic therapeutic agent.
- * **Heightened Risk to Infants:** Scientific research highlights the disproportionate fluoride exposure infants face when formula is prepared with fluoridated tap water—far exceeding levels in breast milk—posing a potential neurodevelopmental risk not adequately addressed by current safety standards.
- * **Primarily Topical Benefit:** The CDC and National Research Council affirm that fluoride's dental benefits are primarily topical, not systemic, undermining the justification for adding it to drinking water when widely available alternatives like toothpaste and dental treatments suffice.
- * **Environmental and Industrial Concerns:** Fluoride, a hazardous waste before being repurposed for water treatment, allows industries to offload disposal costs onto public systems, impacting local waterways and ecosystems as it enters wastewater and stormwater untreated.

The combination of Judge Chen's ruling, expert scientific testimony, recent peer-reviewed research, and historical context presents a strong case against continued fluoridation. We urge the Department of Health to reevaluate its stance, prioritize the safety of Washington residents, and support a move toward safer, evidence-based dental health strategies that respect individual rights and public well-being.

Sincerely,

Derek Kemppainen, Battle Ground, WA

Bill Osmunson, DDS, MPH, Issaquah, WA

Griffin Cole, DDS, NMD, Conference Chairman - IAOMT, President and COO - Center for Advanced Dental Disciplines, Austin, TX

Geri Rubano, Camas, WA

Kristine Alonzo, Camas, WA

Pamela Pollock, Buckley, WA

Manuel Lozano, Camas WA

Margaret Tweet, Camas, WA

Glenda Martin, La Center, WA

Michael Martin, La Center, WA

Helena Green, Yacolt, WA

Scott Shock, Seattle, WA

Audrey Adams, Renton, WA

Olemara Peters, Redmond, WA

Julie Simms, Seattle, WA

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April 1, 2025

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Washington State Board of Health & Department of Health

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- **Neurodevelopmental Risks Confirmed by Science:** The National Toxicology Program's (NTP) August 2024 Monograph concluded with "moderate confidence" that fluoride exposure above 1.5 mg/L—only twice the recommended 0.7 mg/L—consistently lowers IQ in children. The 2023 Lotus Study (NIH-funded) further found that prenatal fluoride exposure significantly impairs cognitive outcomes, even at levels near current standards.
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Glenda Martin, La Center, WA

Michael Martin, La Center, WA

Helena Green, Yacolt, WA

Scott Shock, Seattle, WA

Audrey Adams, Renton, WA

Olemara Peters, Redmond, WA

Julie Simms, Seattle, WA

From: lisa@informedchoicewa.org
Sent: 4/4/2025 11:18:54 AM
To: DOH WSBOH
Cc:
Subject: please include this comment in the BOH's materials for its April 9 meeting



attachments\2A42A46F57614CDE_image003.jpg

External Email

Good morning, BOH Members,

On behalf of Informed Choice Washington, I am writing to express my strong opposition to the continued fluoridation of public water systems in our state.

Water fluoridation is an outdated practice that persists despite mounting evidence of harm, and it fails to meet the ethical and scientific standards we expect of public health policy.

Any purported benefit of fluoride pertains only to topical application, not ingestion. Consumption of fluoride through drinking water has not been shown to provide meaningful dental protection; instead, it contributes to cumulative toxic exposure.

Water fluoridation is not necessary. According to data from the World Health Organization and other public health sources, developed nations that have rejected water fluoridation—such as most of Western Europe—have experienced the same overall declines in tooth decay over many decades as countries that continue the practice. Multiple comparative studies have found no significant difference in dental caries rates between fluoridated and non-fluoridated populations when factors like diet and access to dental care are taken into account. Notably, in communities where fluoridation has been discontinued—such as in Canada, the former East Germany, Cuba, and Finland—rates of tooth decay have not increased but have often continued to decline.

Fluoridation is not only unnecessary, but its use has never been supported by randomized controlled trials. No such trial has ever demonstrated that fluoridated water reduces tooth decay, which raises serious concerns about the scientific rigor behind current policy.

There is a growing and credible body of scientific literature documenting a wide range of harms associated with systemic fluoride exposure, particularly in children, the elderly, and those with morbidities. These harms include damage to multiple tissues of the body, such as the following:

- * Endocrine system
- * Skeletal system
- * Reproductive system
- * Gastrointestinal tract
- * Kidneys
- * Liver
- * Thyroid
- * Pineal gland
- * Teeth (dental fluorosis)
- * Bones (skeletal fluorosis)

In addition, neurodevelopmental effects are well documented. A 2019 study by Green et al., published in JAMA Pediatrics, reported a significant association between higher prenatal fluoride exposure and reduced IQ scores in children—especially boys. This is not an isolated finding but part of a larger trend in neurotoxicity research that demands urgent attention.

In September 2024, U.S. District Court Judge Edward Chen ruled that fluoridation of water at 0.7 milligrams per liter—the level currently considered 'optimal' in the United States—poses an unreasonable risk of reduced IQ in children.

Furthermore, water fluoridation is inherently unethical. It removes the right to informed consent and fails to account for personal variables such as age, health conditions, and daily water intake. Fluoride, as added to drinking water, is not a nutrient. It is a medical intervention applied indiscriminately, with no control over dosage and no ability for individuals to opt out. For example, infants consuming formula made with fluoridated water experience the highest fluoride exposure per body weight in the population.

Fortunately for the Board, it has no duty to promote the claimed benefits of additives. Rather, it is the Board's responsibility to ensure that public water supplies are safe. On that basis alone, fluoridation fails to meet the statutory standard.

I also respectfully urge the Board to invite Dr. Bill Osmunson to present to the fluoridation panel. As you know, Dr. Osmunson is a seasoned dentist and public health advocate who has provided the Board a vast body of evidence for over a decade regarding the risks of fluoridation. His voice is critical to any fair and balanced evaluation of this issue.

Thank you for your time and dedication to the health and well-being of all Washington residents. I am happy to provide citations upon request.

Sincerely,

Lisa Templeton

Director

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Support our work [HERE](#).

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From: bill teachingsmiles.com
Sent: 3/26/2025 1:55:05 PM
To: DOH WSBOH
Cc:
Subject: April 9 Board Meeting

External Email

I am registering to provide public comment at the April 9, 2025 Board of Health Meeting.
I will send my comments later.

Thank you,

Bill Osmunson DDS MPH
425.466.0100

From: Rick North
Sent: 4/2/2025 1:08:09 PM
To: DOH WSBOH
Cc:
Subject: RE: Request to testify at your April 9 meeting

External Email

Thank you for your response. I'll be commenting on Zoom and will most likely submit written comments beforehand.

Thank you for the opportunity to make a statement.

Rick North
503-706-0352

From: DOH WSBOH <WSBOH@SBOH.WA.GOV>
Sent: Wednesday, April 2, 2025 3:25 PM
To: hrnorth@hevanet.com
Subject: RE: Request to testify at your April 9 meeting

Mr. North,
We have received your request to provide public comment during:
Item 3 – Public Comment (scheduled for 8:50 a.m.) – This is for any topic covered by the State Board of Health.

Your name has been added to the list. Will you be in person or providing comments via Zoom?

The Board Chair determines the length of time for testimony for each public commenter based on how many sign-up for that meeting. Generally, the times range between one – three minutes. We also encourage people to submit their written public comments to the Board at this email address.

More information about submitting public comments can be found on our website. Public Comments | SBOH

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or put into your browser: <https://sboh.wa.gov/public-comments>
<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsboh.wa.gov%2Fpublic-comments&data=05%7C02%7CWSBOH%40SBOH.WA.GOV%7C87bbad0a1a304a69f2c408dd722214ec%7C>>

Thank you,
WSBOH staff

From: Rick North <hrnorth@hevanet.com <mailto:hrnorth@hevanet.com> >
Sent: Tuesday, April 1, 2025 3:43 PM
To: DOH WSBOH <WSBOH@SBOH.WA.GOV <mailto:WSBOH@SBOH.WA.GOV> >
Subject: Request to testify at your April 9 meeting

External Email

To whom it may concern: Please sign me up to testify at the April 9 Board of Health meeting by Zoom.

Could you confirm that you've received this e-mail?

Thank you,

Rick North

503-706-0352