From: Bryan Shull
Sent: 5/22/2025 2:04:32 PM
To: DOH WSBOH
Cc:
Subject: Public Comment

External Email

I would like to comment on the fluoridation of public water in the June 4th public comment period. As a large consumer of public water for the manufacturing of beer, I have an interest in the topic, as boiling of wort / water in the manufacturing process concentrates the fluoride in the end product. With new studies and information coming out of the EPA linking lowered IQ with fluoridated water supplies, I am compelled to express my concerns publicly.

Thank you for your attention to this request

503 758 2569

Bryan Shull

CEO

Trap Door Brewing

Vancouver / Washougal

From: Gerald Braude
Sent: 5/29/2025 9:52:18 AM
To: DOH WSBOH
Cc:
Subject: June 4 BOH public comment

attachments\074B9FABF2644B1E_35dd3198.png

External Email

Dear Michelle: Below is my public comment for the June 4 BOH meeting. Thank you for all you do. -- Gerald Braude

Because the June 4 Board of Health meeting conflicts with my work, I cannot attend the meeting, but I'd like to let you know about the public comments that Natalie Chavez gave at the Vaccine Advisory Committee meeting the day after the last Board of Health meeting held on April 9.

She called out Tao Kwan-Gett for his ignorant lie that he gave you people at that April 9 meeting. She said the following:

"It was disturbing to hear the measles update at the Board of Health meeting, and I will focus on the two deaths from measles that were mentioned. I found the information shared very offensive and disrespectful. Nobody should be discussing the deaths of children unless they have thoroughly reviewed the records."

The fact is both of those deaths were due to medical error, the third leading cause of death in the United States, an alarming topic that the Board of Heath has never discussed.

Medical error—the third leading cause of death in the US | The BMJ
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F353

Both of those deaths occurred at the same Covenant Children's Hospital in Lubbock, Texas.

The first death
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F414
6a66-48c8-96af-
a367010e85ec%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-
iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1
was not directly due to a measles infection, from which the child was almost fully recovered, but because of the hospital's failure to identify the correct antibiotic in a timely fashion, coupled with a nine-hour delay once the correct antibiotic was identified.

As for the second death, Dr. Pierre Kory, who has extensive experience in pulmonary and critical care medicine, told
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fd08
b794-42c0-a5cd-

1eb85e877673%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1
The Defender
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fd08
b794-42c0-a5cd-1eb85e877673%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1
that the child's medical records showed she died from "ARDS secondary to hospital-acquired pneumonia," which he said she likely developed during a previous hospital stay.

At the April 9 Board of Health meeting Kwan-Gett said the following:

Measles activity continues to increase nationally and globally. Of course, we are closely following the Gaines County, Texas, outbreak, which has spread to eighteen additional counties in Texas as well as two surrounding states. Texas has reported nearly 500 cases, mostly centered around the Mennonite community. There are fifty-six hospitalizations and two deaths, both in children.

As soon as Kwan-Gett said, "two deaths, both in children," you people on the board gasped. I was there in person, and I saw it. But your eyes were not bulging and your draws were not dropping because of so much of these deaths but because Kwan-Gett said they were due to measles—an ignorant lie that was completely disrespectful to you and the residents of Washington. Granted this lie was not as damaging as when he and Umair Shah pushed the lie that the COVID-19 shots prevent transmission of the virus, but still this lie shows his negligence as the chief medical officer of the Department of Health.

Instead of providing credible leadership, Kwan-Gett instead acted as a marketing agent for the pharmaceutical industry when he said, "And of course, the best way to prevent a measles outbreak in our state is to ensure that everyone is up to date on their MMR vaccinations as recommended by the CDC."

In his book Vax Facts
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F0df
2c84-42f9-985c-727610b8b7fe%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1
, Dr. Paul Thomas concedes the effectiveness of the measles vaccines:

There's no question that the measles vaccine has been largely effective. Except for 2019, there have been fewer than a thousand cases per year since 1993. There has only been one person listed as a measles death in the last decade, a woman in Washington State who was on immunosuppressants and died from multiple major serious health conditions. She was counted as a measles death because her blood tested positive for measles virus after her death. It hardly seems fair to count that as a death from measles. It does, however, provide an opportunity for the CDC to claim measles is still killing people in the USA. But no one ever mentions the fact that people who are immunocompromised, as that woman was, are also susceptible to infection from the three viruses in the live-virus vaccine. Effectively, measles is no longer a threat.

But conspicuously missing from Kwan-Gett's report to the BOH was the 573 deaths
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fe9c
61f5-4186-a775-dae42423ed19%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1
reported to VAERS following the measles vaccines since 1990.

As mentioned by Dr. Thomas, only one death from measles has occurred over the past decade, but, during this same period, VAERS shows seventy-three deaths <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F16c7163-4591-99d6-3fe96c954045%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 following the measles vaccines.

Four of those deaths <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F16c7163-4591-99d6-3fe96c954045%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 have occurred here in Washington.

The most recent death in Washington following the measles vaccine occurred on February 22, 2020. Here is the beginning portion of the submitted write-up:

Patient is a previously healthy 13 month old boy who presented with respiratory failure, then developed ARDS and multiorgan dysfunction on VA ECMO, requiring vasoactive support and CRRT. Subsequently found to have multiple disseminated viral infections, including HSV, adenovirus, and low level positive CMV and EBV. Suspected immunodeficiency, workup pending. In setting of recent MMR and varicella vaccinations, critical illness, and suspected immunodeficiency, workup for disseminated vaccine strain measles sent at CDC. Positive for vaccine-strain measles from nasopharynx and urine.

Kwan-Gett and the media would have you believe that measles is a deadly disease. But, as I just discussed, any suggestion that MMR (measles-mumps-rubella) vaccines are safer than measles infection isn’t supported by facts.

Gerald Braude

Port Townsend

Search Results

From the 4/25/2025 release of VAERS data:

Found 73 cases where Vaccine targets Measles (MEA or MER or MM or MMR or MMRV) and Patient Died and Submission Date from '2014-01-01' to '2024-12-31'

Government Disclaimer on use of this data

Table

Age	Count	Percent
< 6 Months	3	4.11%
6-11 Months	2	2.74%
1-2 Years	38	52.05%
3-5 Years	7	9.59%
6-17 Years	5	6.85%
Unknown	18	24.66%
TOTAL	73	100%

Case Details

From: Geri Rubano
Sent: 5/7/2025 7:42:07 AM
To: DOH WSBOH
Cc:
Subject: Florida bans water fluoridation

External Email

Dear Board,

I’m sure you’ve heard the latest news about Florida banning water fluoridation.
I hope you’ll also consider the same. Forcing a medication on the people is unethical and takes away their right to choose what goes into their bodies.
Our bodies, our choice.

Thank you,

Geri Rubano
Camas, WA
Sent from my iPhone

From: DOH Information
Sent: 5/28/2025 12:37:23 PM
To: DOH WSBOH
Cc:
Subject: FW: Feedback Form Submission

Hello,

We are passing along this input from a constituent regarding vaccine policy.

Kind regards,

Customer Service

Information Desk

Executive Office of Public Affairs & Equity

Washington State Department of Health

DOH.Information@doh.wa.gov <mailto:DOH.Information@doh.wa.gov>

1-800-525-0127| www.doh.wa.gov
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=05%7

From: Washington State Department of Health <no-reply@doh.wa.gov>
Sent: Tuesday, May 27, 2025 12:55 PM
To: DOH Information <DOH.Information@DOH.WA.GOV>
Subject: Feedback Form Submission

External Email

Submitted on: May 27, 2025 - 12:55pm

Please select one:

Public Health and Vaccine availability

Please enter your comments or questions in the space provided below:
I hope that WA state will continue to promote the COVID vaccine to protect children and pregnant women. Leaving these vulnerable groups without the option to protect themselves because of the ill-informed beliefs of an anti-vax activist at the federal level is unconscionable. One of the things that I love about WA is that we allow people to have the choice to access needed health care. I hope that we can set an example as a place that promotes public health and prevention regardless of popularity and follow the science.

Would you like a response from us?
No

_____

From: Derek Kemppainen
Sent: 5/30/2025 11:52:37 AM
To: DOH WSBOH
Cc:
Subject: FDA Moves to Ban Sodium Fluoride Supplements while DOH Recommends Adding it to Water

External Email

Dear DOH & WSBOH,

The May 13th, 2025 announcement from the U.S. Department of Health and Human Services (HHS) about removing ingestible fluoride prescription drugs for children from the market raises serious concerns about the safety and legitimacy of the promotion of community water fluoridation by the DOH.

This move shows that even the federal government is now taking a firm stance against the ingestion of fluoride, especially by children. The FDA is acting to remove fluoride drops, tablets, and lozenges from the market due to safety concerns. These products have never been approved by the FDA, and yet they've been prescribed to children for years.

These fluoride supplements contain the exact same active ingredient—sodium fluoride—that the DOH recommends adding to the public water supply. The only difference is that fluoride tablets require a prescription and are taken in measured doses, while the DOH recommends giving this substance to everyone, every day, with no medical oversight, no individual consent, and no control over how much is consumed.

In effect, the DOH recommends each City take on the role of prescribing physicians—distributing a prescription-only drug to the public without medical licenses, without valid prescriptions, and without any individualized assessment of need or risk.

If the FDA is now removing this substance from the market when prescribed to children under a doctor's care, how can it still be considered safe or appropriate to give it to the entire population through the water?

Please withdraw your support for this mass medication program which violates the core principles of informed consent, and the duty of the department of health to assure the public their water is free of harmful substances.

Here is the full HHS announcement for your review:

FDA Begins Action to Remove Ingestible Fluoride Prescription Drug Products for Children from the Market

The U.S. Food and Drug Administration (FDA) today announced that it is initiating action to remove concentrated ingestible fluoride prescription drug products for children from the market. Unlike toothpaste with fluoride or fluoride rinses, these products are swallowed and ingested by infants and toddlers. They have also never been approved by the FDA. Ingested fluoride has been shown to alter the gut microbiome, which is of magnified concern given the early development of the gut microbiome in childhood. Other studies have suggested and association between fluoride and thyroid disorders, weight gain and possibly decreased IQ.

"The best way to prevent cavities in children is by avoiding excessive sugar intake and good dental hygiene, not by altering a child's microbiome. For the same reason that fluoride may kill bacteria on teeth, it may also kill intestinal bacteria important for a child's health," said FDA Commissioner Marty Makary, M.D., M.P.H. "I am instructing our Center for Drug Evaluation and Research to evaluate the evidence regarding the risks of systemic fluoride exposure from FDA-regulated pediatric ingestible fluoride prescription drug products to better inform parents and the medical community on this emerging area. When it comes to children, we should err on the side of safety."

The agency has set a goal date of October 31 for completing a safety review and public comment period and for taking appropriate action regarding removal of these products from the market. In conjunction with this evaluation, the U.S. Department of Health and Human Services plans to disseminate best practices for dental hygiene in children that are feasible, effective and do not alter gut health.

"Ending the use of ingestible fluoride is long overdue," said HHS Secretary Robert F. Kennedy, Jr. "I'm grateful to Commissioner Makary for his leadership on this vital issue — one that directly safeguards the health and development of our children. This decision brings us one step closer to delivering on President Trump's promise to Make America Healthy Again."

Several states have taken action to stop fluoridation of drinking water, and fluoride is not added to drinking water in most of Europe or other countries of the world. This action by the FDA is consistent with Secretary Kennedy's Make America Healthy Again effort to ensure children grow up in a healthy environment.

Source: https://www.hhs.gov/press-room/fda-to-remove-ingestible-fluoride-drug-products-for-children.html
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hhs.gov%2Fpress-room%2Ffda-to-remove-ingestible-fluoride-drug-products-for-children.html&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Cc0c88974f2f243a1462608dd9fab243c%7C1

Derek Kemppainen

360-975-2011

_____

From: Victoria Ferrer
Sent: 5/30/2025 11:57:05 AM
To: DOH WSBOH
Cc:
Subject: Citizen comment on agenda item for June 4th, 2025

External Email

Hello,

I am a city councilor speaking as a citizen today. I urge you to please reconsider supporting community water fluoridation.
Your job is not solely to improve the oral health of Washington residents, but to protect our overall health.
I never had a problem with fluoride until recently when I discovered the negative impacts fluoride has on the body. Although it may be good for the teeth topically it can have negative health effects on the brain, bone, and the microbiome when ingested.
I do not know any other medication where it is one-size fits all. Medication guidelines usually provide recommended doses for age or weight. People respond very differently with medications and fluoride should not be an exception to this rule. Some people thankfully are very resistant while others are unfortunately very vulnerable and can suffer from even low exposure.
It was just recently discovered how dangerous PFAS is and the guidelines have been changed to be as close to zero as possible. I ask you to look into your hearts and open your minds to the possibility that fluoride guidelines should change to meet the same guidlines as PFAS.
I have a hard time understanding why we are keeping fluoridated water because there are no other EPA restricted contaminates that are intentionally added to the water.
I think fluoride should be an individual choice. Low-income Washington residents can pick it up from their local food banks and the Dollar Tree.
Since fluoride is not essential to the body and is labeled a toxic substance I would ask you to remove it from the water system.

Thank you,

Victoria Ferrer

From: bill teachingsmiles.com
Sent: 5/30/2025 8:07:39 AM
To: DOH WSBOH
Cc:
Subject: Fw: Recommended Guidance for Fluoride Panel

attachments\51969AC19F55457D_Board Guidance to Panel pdf.pdf

External Email

Dear WSBOH,

Sorry if this is a repeated repeat; however, my emails do not seem to be going through.

Please confirm receipt of this email.

Thanks

Bill

From: bill teachingsmiles.com <bill@teachingsmiles.com>
Sent: Friday, May 30, 2025 7:46 AM
To: Washington State Board of Health <wsboh@public.govdelivery.com>
Subject: Fw: Recommended Guidance for Fluoride Panel

Please confirm you have previously received this email and attachement and forwarded to the Board of Health members.

I do not want this as public comment at a meeting but rather communication with the Board.

Thank you,

Bill Osmuson DDS MPH

From: bill teachingsmiles.com
Sent: Wednesday, May 28, 2025 3:13 PM
To: wsboh@sboh.wa.gov <wsboh@sboh.wa.gov>
Subject: Recommended Guidance for Fluoride Panel

Dear Board of Health Members,

I sent the attached last weekend and have not heard back confirmation it was received. If it was received, please delete this copy.

Thank you,
Bill Osmunson DDS MPH

Dear Washington State Board of Health,

WSBH May 26, 2025

RE: Recommending Further Guidance for the Fluoridation Panel

I am a non-voting observer to the Fluoridation Panel (Panel).

On the surface, the charge to the panel is reasonable, although incomplete. The charge in part is to *". . . listen, learn, and develop our own way to consider all relevant science. . . ."*

The science on fluoridation is enormous, with many streams of evidence. Compiling all relevant science in a few meetings over a few months is unrealistic. More specific guidance would be valuable. For the last five months, the Panel has heard evidence of developmental neurotoxicity as reported by the National Toxicology Program and the US Court under Judge Chen. Proponents and opponents of fluoridation have presented some limited evidence.

Panel members are good people, educated and experts in their specialties, who have been asked to make judgments on complex scientific issues outside of their education, expertise and experience. For most, the science is jarringly contrary to their education, employment, and understanding.

Some Panel members are clearly having problems and would do well to be given further coaching and guidance by the Board. The Panel has serious problems with judgment on the science and bias from deep, visceral belief with decades of claims of "safe and effective". Their education and many years of promoting fluoridation do not permit a rapid and objective, neutral, clear evaluation and judgment. A paradigm shift for them is not unlike asking the Pope to evaluate the scientific validity of the virgin birth.

I. JUDGMENT OF A SCIENTIFIC STUDY VERSUS A PUBLIC HEALTH POLICY.

In a court of law, jury members will be picked who are neutral and the judge will give directions to the jury. Panel members in this case were not selected because they are or were neutral or fresh to the topic nor for their research experience.

Perhaps the selection of Panel members was noble, but the choice of members for the Panel did not include scientific experts with degrees in basic sciences such as pharmacology, chemistry, physiology, research evaluation and ethics, but largely due to their employment in public health and at the Department. If we consciously or unconsciously select members of a committee who have long-held opinions on a topic and their financial and employment relationship involved, the conclusion has been virtually preordained.

It took me several years and a couple of thousand hours of study before I was comfortable speaking up with caution on fluoridation, and several thousand more hours before the science convinced me that many are being harmed with too much fluoride. The paradigm shift for me was very difficult. And I maybe one of the only people attending who are not receiving any remuneration for their involvement. I am giving my time because my past promotion of fluoridation harmed so many, guilt.

A judge in court will give guidance to a jury. The Board has given guidance to this Panel; however, more precise guidance would facilitate the decision-making process.

For example, to what degree of confidence in the science does the Board recommend the panel use. For example, harm proven with absolute certainty? Or 100% confident in safety, dispelling doubt that the water is safe to drink for 100% of those in Washington State? In addition, what aspects of the science, ethics, risks, and laws should be reviewed? A few suggestions are submitted at the end.

1. **The Board would be wise to consider Susser**, in "Causal Thinking in Health Sciences," Oxford Press, 1983,

> *"Our many errors show that the practice of causal inference. . . remains an art. Although to assist us, we have acquired analytic techniques, statistical methods and conventions, and logical criteria, ultimately the conclusions we reach are a matter of judgment."*

In other words, the over-simplistic mantra of claims of "science-based" requires the art of judgment. Judgment is not simple arithmetic where we add up a couple of numbers. The more educated a person becomes in their specialty, the less dogmatic they often become with the empirical evidence.

Public Health policy judgment is more complex than any other judgment in health care. All specialties, including basic sciences, ethics, laws, marketing, money, toxicology, pharmacology, chemistry, dentistry, medicine, epidemiology, history and more, need to be included. Public health policy evaluation requires a "global" view of nature, each human, and species, without limitation. In addition, most of nature is still unknown, and public health policy must acknowledge our possible serious limitations and errors in scientific understanding.

In part, these unknowns are precisely why the Legislature requires judgment with absolute confidence, dispensing any doubt the water is safe to drink. Is safety for the statistical mean? Or 90th percentile? Or 99th percentile? Or 100% of the public?

2. All substances have potential risk. To what level of confidence of risk does the Board expect the Panel to make a judgment? Absolute certainty of safety or absolute certainty of harm or something in the middle?

a. Malpractice requires a confidence of harm greater than 50/50. In other words, if you are a juror in a public health malpractice case, you need to have confidence of greater than 50/50 that the fluoride caused harm to the person or people. The Surgeon General of Florida has determined fluoridation is Public Health malpractice. He has greater than 50/50 confidence that fluoridation is causing harm.

b. Criminal action requires judgment to the preponderance of the evidence of harm. The EPA scientists find fluoridation borders on a criminal act, more confident than 50/50.

c. Assuring, confidently dispelling doubt of safety as required by RCW, requires judgment from the other end of the harm/safety spectrum, absolute certainty of safety.[1] At what level of confidence does the Board want the Panel to make the judgment?

Public Health Policy Judgment requires pulling many streams of evidence together to consider. In contrast, a research study attempts to isolate and test a single variable. Judgment of a scientific study is different than judgment of a public health intervention. A researcher may focus on the details of a specific study, which is valid and important.

Judgment of public health policy on the other hand, should be made based on all streams of evidence from basic sciences of chemistry, physiology, and toxicology; to individual studies on all cells, systems and organs of the body; each individual's health, age, genetics; each person's total toxic burden of all synergistic toxins; a margin of safety; authorized regulatory agency (FDA) approval including state and Federal laws; readily available options; lack of current significant efficacy; lack of dosage control, cost benefit risk assessment; and the removal of individual consent. A monumental task.

For example, we can do research on the effects of tobacco on stained fingers compared to an auto mechanic's stained fingers, and perhaps mistakenly conclude that tobacco is safe because the stains from both are similar. However, judgment on tobacco policy safety requires considering all streams of evidence on tobacco smoking, not just stained fingers. The panel has in effect, looked at just a few streams of evidence and not seriously considered alternatives.

The National Academy of Science was charged with evaluating EPA's MCLG for fluoride in 2006 to "absolute certainty of harm" rather than certainty of safety. And with absolute certainty, the conclusion was the EPA's MCLG is not protective.

The National Toxicology Program gave fluoride the second-highest confidence rating of harm.

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[1] RCW 43.20.050 (2)(a) The Board of Health is to "Adopt rules necessary to **assure safe** . . . drinking water,"

The Court was only required by law to achieve confidence of "presumed" and concluded with detail that fluoridation is a presumed risk.

b. For fluoridation, there are arguably more than 30+ serious health risks (laws, ethics, regulatory agencies, etc) that need to be reviewed to "consider all relevant science, of risks and one possible benefit" to positively assure the public the water is safe from each risk. The panel has considered a moderate amount of science of fluoride's effect on lowering IQ, and fluoride's effect on dental caries. At least 95+% of "all relevant science" on fluoridation has not been considered by the Panel. The Panel has apparently finished their review and is attempting a conclusion based on an incomplete review of the science and holds serious bias.

If the Board actually means "all the relevant science," then the Board needs to confirm to the panel, "all the relevant science" and not just some of the science.

c. Geoffrey Rose in "Strategy for Preventive Medicine" page 148:

"The situation is basically different where individuals have no choice to reject a preventive measure. They can buy toothpaste with or without added fluoride, but if fluoride is added to the drinking water, they can hardly avoid imbibing it. . . We should expect a higher level of scientific evidence and popular acceptability for measures such as (fluoridation) which are imposed and not chosen by the recipients."

d. Several panel members continue to protect fluoridation, giving fluoridation the benefit of the doubt. Some Panel members are confused incorrectly suggesting that 1.5 ppm concentration of fluoride in water maybe harmful, but fluoridation at 0.7 ppm is less than half and is thus safe. Basic dosage is not understood.

- Dosage versus concentration: The fluoride added to water is a concentration in water of about 0.7 milligrams per liter. However, concentration is not a dosage of milligrams per kilogram of body weight.
  - Not everyone drinks the same amount of water. The statistical mean is about 1 liter of water a day; however, not everyone drinks the mean. Some drink bottled water and some drink over 10 times the mean and thus get 10 times the dosage of the statistical mean.
  - Not everyone ingests the same amount of fluoride from other sources. Some are on fluoride medications or swallow fluoride toothpaste or eat foods high in fluoride.
  - Not everyone is the same size or same age. The developing fetus is highly sensitive to toxins and infants on formula made with fluoridated water are at high risk due to high dosages.
  - Not everyone ingests the same amount of other toxins. Synergistic effects with other toxins are a serious risk.

- Not everyone has the same genetics. Variants in genetics can increase harm 30 fold. In other words, a 2 IQ loss for some could be 60 IQ loss for those with genetic variants.

- Some members do not understand the difference between relative and absolute percentages.

Absolute change has the same units as the original quantity. For example, 20 baby teeth with 5 fewer cavities is 25% reduction in dental caries.

Relative change gives a percent change. For example, reducing 1 cavity by 25% is 0.25 fewer cavities.

Therefore, a 5-cavity reduction and an 0.25-cavity reduction can both be expressed as a 25% reduction when in fact they are 20 times different. The fluoridation lobby, such as the American Dental Association representative, wants to put fluoridation in the best light and used a relative 25%. Scientists, such as the Cochrane Review used an absolute percentage of 3 to 4%. The same quarter of a tooth expressed with two different percentages.

What is my point? Judgment on 25% caries reduction is quite different than a 0% to 4% reduction of dental caries as presented in the more recent research. A Panel member may think fluoridation has no benefit, maybe slight 4% benefit. Or the panel member can think 25% is a highly significant reduction in dental caries.

And further, dental caries is a “moving target” affected by many variables. Historical evidence on benefit does indicate a benefit from fluoride ingestion; however, evidence over the last 15 years does not show consistent significant benefit ofrom fluoride ingestion and reports significant risk and harm.

And panel members need to keep in mind at the same time, not everyone is in the mean or average. Some individuals may have significant caries reduction while most everyone has no benefit. And the same concept for harm. Some may have serious harm while many are not harmed and the statistical mean may not be large.

The question must be answered, what is the acceptable level of harm? Can we accept possibly preventing some dental caries while sacrificing some intelligence? Teeth versus brains? Some panel members appear to be struggling with judgment on whether 25% caries reduction firmly held understanding versus an alleged 2 IQ loss.

A comparison must consider both benefit and risk after 80 years of fluoridation have only lower “observational studies” and no high quality randomized controlled trials of benefit or safety studies of risks.

3. BIAS: Some panel members are stuck in history.

Every person and every study has bias and limitations. Our past education, although essential, is the best our teachers knew. However, we must not camp on

history because science, our understanding of nature, is not stagnant. If we know it all, research would not be necessary.

For example, my mentor in school advised me that "50% of what they were teaching was wrong. The problem was that they didn't know which 50%. Our mission is to not only discover the new, but to discover what we are doing which is wrong.

And it is extremely important that we provide a margin of safety for the most vulnerable.

In my Public Health training, I was firmly instructed that it was not my part of my job as a public health expert to judge science or policy. We were instructed that we did not have the training or skills to judge the science; we were to promote policy. Even if our boss told us to promote tobacco smoking, we were to obey.

And yet, the Board is expecting the promoters of fluoridation, public health employees who have promoted fluoridation all their professional lives as safe and effective, to develop skills they may not have to make a judgment on a highly complex and controversial policy. Their decision may cause them serious professional harm.

Most panel members were trained that fluoridation is "safe and effective." Over their professional lives, they have constantly repeated to others in education their understanding of "safe and effective."

Some Panel members trust continuing education, colleagues, dentists, and physicians who repeat the marketing that fluoridation is "safe and effective." Funding for their programs in promoting fluoridation has further reinforced their understanding. Any information to the contrary is instinctively rejected or minimized. The natural thought is to think, "How could all their trusted authorities be wrong?" The thought that they have been wrong and millions harmed cannot be seriously entertained. Bias is blindingly powerful.

The Board has put the Panel members in a very difficult challenging position, expecting the Panel members to be objective jurors. The panel is like a judge selecting a jury of the relatives of the accused to judge the accused.

Department of Health Bias.

One of the panel members has stated to the public on the Department's web site,[2] *"DOH is aware of the newly released NTP. . . We are also aware of the recent federal district court ruling. . . ." "Evidence shows that community water fluoridation at*

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[2] https://doh.wa.gov/sites/default/files/2024-11/NationalToxicologyProgramMonographEnvironmentalProtectionAgencyRulingResponseDOH.pdf

optimal levels prevents tooth decay and promotes oral health in children and adults. . . . Community water fluoridation (CWF) is safe and effective ….”

Regardless of the evidence, fluoridation in their judgment, is safe and effective. Did the Department provide safety studies to refute the NTP or the Court? No, because there are none. After 80 years of fluoridation and not a single safety study of fluoride’s effect on the developing brain, no FDA approval, no individual patient consent, not a single randomized controlled trial, which are required for FDA approval, and panel members keep repeating the same flaws.

The obvious bias in support of policy is extremely difficult if not impossible to overcome. The National Toxicology Program, the highest toxic substance experts in the nation, and the US Court clearly do not assure the public the water is safe for everyone to drink. Some Panel members are relying on the fluoridation lobby rather as the highest authority.

When asked under oath, what is the safe level of fluoride verses the toxic level of fluoride, neither the EPA, CDC, FDA, nor three of the largest fluoride raw product manufacturers could provide a single study.[3] Neither has the Board, Department, or Panel provided studies on the safe versus toxic doses of fluoride.

Research science, as you well know, is a process. Fluoridation is a good example for testing risk. We first start with animals on high doses to test for harm. Then we lower the dose to see what the lowest dose is that causes harm, focusing the research on perhaps race or age or genetics where harm was discovered. Then we look at humans on high doses, in this case naturally occurring fluoride, and see if they are harmed. Then we progress to ever lower doses to find the lowest dose which is causing harm such as fluoridation at 07 ppm.

All research will not be exactly consistent. Researchers understand that a study not coming to the same conclusion can be very important, but lack of finding harm is not proof of safety. However, some Panel members incorrectly think a study not reporting harm is a safety study.

Some Panel members are looking at early studies of higher concentrations rather than more recent studies at 0.7 ppm, fluoridation.

Critically evaluating research is important. If a study on fluoride compares two cancers, we must understand that neither cancer is desirable. Just because no significant difference occurred in the study does not prove fluoride ingestion is safe. And a study that compares two sources of fluoride such as water or pills does not prove fluoride is safe.

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[3] https://fluoridealert.org/content/u-s-regulatory-agencies-dont-know-safe-vs-toxic-level-of-fluoride-2

We must also have a **margin of safety.** For example, a study took 300 mice and divided them into 3 groups of 100 each. The first 100 mice were given a dose of toxin "A" until the first mouse died (LD1). A second group of 100 mice was given a dose of toxin "B" until the first mouse in this second group died (LD1). The third group of 100 mice was given the LD1 of both toxin "A" and toxin "B." How many died?

When I first heard the study, I guessed it would be more than 2, maybe 10 mice died. I was wrong. The synergistic effects are exponential and we have many thousands of toxins that the NTP says have never been tested, CDC suggests 60% of Americans have one or more chronic diseases. Our knee jerk reaction is when we observe a disease is to develop a drug to treat the disease and make some money rather than prevent the disease by removing the cause. Removing the cause lacks financial gain for the drug manufacturer.

No wonder we have serious chronic diseases when we are giving people thousands of toxins that are not tested and we know that just two toxins at the LD1 dose for each toxin killed all 100 mice. Toxins can be synergistic and build on each other for a much more serious outcome. Research almost never studies multiple toxins at the same time. Safety cannot be assured when we have such limited evidence.

Unfortunately, some panel members are back at the early research that evaluated high doses to humans, rather than the current studies that used 0.7 ppm fluoride concentrations in water. The members are listening to the fluoridation lobby profiting from fluoride rather than reading the current research.

Before some suggested recommendations, we need to think through some of the science and regulatory authorities.

Most developed countries, regulatory authorities, have rejected fluoridation:

Austria REJECTED: "toxic fluorides" NOT added
Belgium REJECTED: encourages self-determination – those who want fluoride should get it themselves.
Finland STOPPED: "...do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride." A recent study found ..."no indication of an increasing trend of caries...."
Germany STOPPED: A recent study found no evidence of an increasing trend of caries
Denmark REJECTED: "...toxic fluorides have never been added to the public water supplies in Denmark."
Norway REJECTED: "...drinking water should not be fluoridated"
Sweden BANNED: "not allowed". No safety data available!
Netherlands REJECTED: Inevitably, whenever there is a court decision against fluoridation, the dental lobby pushes to have the judgment overturned on a technicality or they try to get the laws changed to legalize it. Their tactics didn't work in the vast majority of Europe.

Hungary STOPPED: for technical reasons in the '60s. However, despite technological advances, Hungary remains unfluoridated.
Japan REJECTED: "...may cause health problems...." The 0.8 -1.5 mg regulated level is for calcium-fluoride, not the hazardous waste by-product which is added with artificial fluoridation.
Israel SUSPENDED mandatory fluoridation until the issue is reexamined from all aspects.: June 21, 2006 “The labor, welfare and health Knesset committee” Maybe increase in costs?
China BANNED: "not allowed“
British Columbia, Most of Canada--stopped
Over 150 cities in the USA—stopped or after review, rejected.
Growing number in Washington State have rejected or stopped fluoridation,
Utah BANNED
Florida BANNED

Do those regulatory authorities raise any doubt on the safety of the fluoridated water? Yes. Those regulatory agencies cannot assure the fluoridated water is safe to drink and have put safety and freedom of choice as most important.

Compare those decision makers, regulatory authorities, versus endorsements by many organizations in the USA. Remember, endorsements are marketing and do not have “skin” in the decision. Regulatory authorities, decision makers have serious responsibility. However, like Pontius Pilot, authorities attempt to wash their hands of the harm by saying that they do not add the fluoride to the water, they just advise.

Do endorsements remove the doubt raised by the regulatory authorities? No. The Board cannot assure safety of the fluoridated water.

Consider additional evidence:
HHS RFK Jr and FDA Makarey are opposed to Fluoridation
Florida Surgeon General: CWF is “Public Health Malpractice”
EPA Scientists: CWF “Boarders on Criminal Act”
FDA “Do Not Swallow” the same dose as an 11 oz glass of CWF
FDA warned WSBH: CWF would be Banned if NDA is attempted
FDA: CWF is an Unapproved drug and therefore an illegal drug
WA Board of Pharmacy determined fluoride is a “Legend Drug”
FDA, EPA, CDC & 3 F MFG Not one safety study
Fed Court: determined CWF is an “Unreasonable Risk”
NTP Moderate Confidence of lower IQ
CWF is ≈70 to175 times the dosage of Mom’s milk
Cochrane (2024) Possibility of benefit or no benefit
Dosage for Benefit—Unknown
No randomized controlled trials of fluoride benefit, the “gold standard” of quality” research
Freedom for patient consent—police powers

Do any of those raise doubt, just a bit of doubt on the safety? The Board is to dispel doubt that the water is safe to drink. In contrast, many organizations endorse fluoridation but they are trusting each other rather than carefully reviewing science.

The National Research Council in 2006 did not dispel doubt in the safety of fluoridation advising the EPA of harm and risks, including:
»cell function (mitochondria),
v teeth, skeleton, arthritis,
» chondrocyte metabolism,
» reproductive and developmental effects,
v neurotoxicity, neurobehavioral effects,
» endocrine system,
» thyroid,
» gastrointestinal,
» renal, hepatic, and immune systems,
» genotoxicity, and carcinogenicity.

In 2025, this year, Chauhan[4] published review did not dispel doubt on the safety of fluoridation, that fluoride toxicity included,
»*"oxidative stress, upregulates hormonal mechanisms, causing hormonal disruption. . . bone deformity . . . dental fluorosis, Skeletal fluorosis . . . bone and joint abnormalities. . . hampers ATP formation . . . alters metabolic and reproductive hormones, . . . impaired spermatogenesis, . . . reduced sperm quality, and infertility. . . liver damage. . . genetic damage to DNA, IQ deficits, and increased risk of developmental abnormalities. Neurological impacts involve structural changes in the brain, memory issues, and neuronal loss. . . affects cellular organelles, inducing oxidative stress, apoptosis, and disrupting hormonal balance . . .transcription factors, and protein synthesis. It alters different genes implicated in bone metabolism, hormone signaling, and immune function, which leads to harmful impacts of fluoride on human health."*

To assure the water is safe to drink, the Panel must address all risks and determine the safe dose and toxic dose of each of those risks. The panel has just begun.

Instead of assuring the public the water is safe to drink, the Panel may default to EPA's MCL for fluoride of 4 ppm as safe. The city of Vancouver, WA, responded they are following the Department's advice. Some on the Panel want to follow the EPA advice. Everyone points the jurisdictional finger at everyone else. The EPA points to the FDA.

RCW 70A.125.080
»**Drinking water program.**

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[4] https://link.springer.com/chapter/10.1007/978-3-031-77247-4_5

»(1) The department shall administer a drinking water program which includes, but is not limited to, those program elements necessary to assume primary enforcement responsibility for . . . the federal Safe Drinking Water Act.

The Safe Drinking Water Act is clear: *"No national primary drinking water regulation may require the addition of any substance for preventive health care purposes unrelated to contamination of drinking water.* 42 USC 300g-1(b)(11)

In an FOI, I asked the EPA what their understanding of the SDWA was on fluoridation and EPA responded, *"the Act prohibits the deliberate addition of any substance to drinking water for health-related purposes other than the disinfection of the water."*[5]

Attorney Gerald Steel asked the EPA what agency was in charge of the fluoride added to public water with intent to prevent dental caries. The EPA water law office responded, "the FDA."

Can the FDA assure fluoridated water is safe to drink? No.
Congress charges one Federal Agency to make JUDGMENT ON BENEFIT and safety of a substance marketed with "intent" to prevent, cure, or mitigate disease in humans.

»The Agency has ≈12 decades of experience. (since 1906)
»The Agency has rules, guidelines, $finances$, and experts in all specialties to make a judgment of effective dosage, safe at that dosage, label with warning and GMP.

When the Board attempted to gain FDA CDER approval, the FDA warned the WSBH that if you tried, fluoridation would be banned. Although the FDA makes mistakes, no rational person would have all their doubts dispelled on the safety of fluoridation if the FDA would ban the drug.

And the FDA warns not to swallow 0.25 mg of fluoride, the same amount, dosage, of fluoride as is in one 11-ounce glass of fluoridated water. The FDA cannot assure the public fluoridation is safe and neither can the Washington Board of Health or Panel.

A quick review of some of the evidence the panel has reviewed:

»1. CWF takes away freedom of individual choice for a not highly lethal disease. Dental caries requires bacteria, bad diet, a tooth, (Oral Hygiene and Genes).
»2. CWF product is a Contaminated Waste Product
»3. Concentration is not Dosage.
»4. CWF is about half an individual's total fluoride exposure
»5. Fetus, Infants, and Children are Most at Risk of Harm
»6. Statistical Mean does not protect everyone.

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[5] FOIA Request HQ-FOI-01418-10

»7. EPA Regulates Fluoride as an Endemic Contaminant
»8. FDA Regulates Fluoride as a Drug
»9. Weight of evidence must include all risks and known harm.
»10. Public Health Malpractice v. Criminal Act v. Dispelling any Doubt
»11. Dental fluorosis is not disputed. The dispute is over whether cosmetic harm is harm or just an "side effect," and whether if someone only ingested fluoridated water and no other fluoride from any other source, which is impossible, would the person get dental fluorosis? And how much functional (structural) damage is caused by dental fluorosis.

If only dental fluorosis were considered, the Board could not assure the public fluoridated water is safe to drink.

The Washington State Board of Pharmacy did not disagree that fluoride is a poison as determined by RCW 69 38 010, along side Arsenic, Strychnine and Cyanide but was exempt as a Legend drug requiring a doctor's prescription.

And yet, in spite of overwhelming evidence, the Panel cannot assure, dispel doubt, the water is safe to drink. Yet, the Panel is struggling with judgment and the Board could help.

MY RECOMMENDATIONS:

The Board should provide the panel with guidance such as:

a. Which laws should the panel consider for primacy? Be specific and tell the Panel to determine safety with assurance, confidently, dispelling any doubt the water is safe to drink for 100% of the public.

The Board should instruct the Panel members to determine whether the addition of fluoride to public water is safe to drink for humans of all ages, genders, races, genetic variants and health status. To assure the water is safe requires confidence the water will not harm anyone. If the Board chooses safety for 99% of the public, then the Board is accepting harm for about 40,000 people in Washington State. A higher confidence of 100% should be chosen by the Board. What level of confidence in safety should each member have? If anything other than 100% of the people are protected from harm, a label must be included to protect high-risk individuals.

In brief, what percentage of the population must be protected?

b. Narrow the scope of the Panel by instructing them to only consider the addition of fluoride to public water, for now. Endemic fluoride is somewhat different and once safety of the addition of fluoride is determined, the panel can then discuss and determine naturally occurring fluoride. Take one step at a time.

c. The Board should instruct the Panel to provide a safety factor similar to the Court, which provided a safety factor of 10 plus 3. In other words, if the panel

determines fluoride in water is safe at 1.5 ppm, a safety factor of 10 would be 0.15 ppm fluoride in water would be chosen as safe to protect high-risk individuals. Would fluoridation at 0.15 ppm be safe for the fetus, infants and everyone?

d. The determination of safety is irrespective of possible benefit or cost benefit/risk. Safety, is a stand alone requirement of the Legislature. RCW does not require the Board to determine benefit of fluoridation. The Board must focus on safety and ensure safety.

The Food and Drug Administration (FDA CDER) is tasked with determining the benefit of drugs. None of the Panel members appear to have the qualifications, policies, procedures like the FDA CDER to determine the efficacy, dosage, and label of any drug.

e. In the unlikely and unforeseeable event that the panel determines fluoridated water is safe to drink, the Board should instruct the panel to develop a label, similar to an FDA CDER label.[6] There are many videos on drug labels which can be helpful. However, it is the FDA CDER who approve the label for drugs.

A label should include aspects such as:

This label and drug are not approved by the Food and Drug Administration Center for Drug Evaluation and Research.
Name of the Drug
Indications for Use (What is the Drug used for)
Dosage and Administration
Dosage and Strength
Contraindications
Warnings and Precautions
Adverse Reaction
Assay of purity for each batch of product purchased
Good Manufacturing Practices for the drug.

The Board should be commended for working on protecting the public from harm. We in public health have gone through some hard knocks over COVID, vaccines, chronic diseases, and more. Fluoridation is also highly controversial in part because we use police powers to medicate everyone with an unapproved illegal drug. We must be clear when communicating the scientific basis for our decisions with making public safety our primary goal.

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[6] The **FDA-approved drug labeling** is the primary tool for communicating essential information regarding the safe and effective use of a drug product[4]. It includes all labels and other written, printed, or graphic matters upon any article (or its containers or wrappers) or accompanying the article[5].

If in doubt, keep it out.

Sincerely,

Bill Osmunson DDS MPH

_____
From: bill teachingsmiles.com
Sent: 5/12/2025 9:26:03 AM
To: DOH WSBOH,Johnson, Laura W (DOH)
Subject: Lack of Fluoridation Benefit


attachments\52046C31BD304228_image001.png


attachments\61B15DBBF9024572_CDC 25% refuted one-pager FAN 4-30-25 PDF.pdf

External Email

Washington State Board of Health and Panel Members,

Please provide the attached simple one page statement we have put together on the concerns with the CDC's claim of fluoridation's 25% caries reduction benefit to the Board of Health members and the Department of Health's Panel members.

Thank you,

Bill

_____

From: Johnson, Laura W (DOH) <Laura.Johnson@DOH.WA.GOV>
Sent: Tuesday, April 8, 2025 5:09 PM
To: bill teachingsmiles.com <bill@teachingsmiles.com>
Cc: Jenks, Lauren (DOH) <Lauren.Jenks@DOH.WA.GOV>
Subject: Thank you

Dear Dr. Osmunson,

Thank you for the time you took to be with the Fluoride Science Review panel today. We appreciated the insights and expertise you shared. We look forward to considering the information you shared today and in the pre-recorded presentation as the panel develops recommendations for the State Board of Health’s consideration.

Best regards,

Laura

Laura Johnson

Gender Pronouns: she/her

Office Director

Environmental Public Health Sciences

Environmental Public Health

Washington State Department of Health

laura.johnson@doh.wa.gov <mailto:laura.johnson@doh.wa.gov>

360-236-3325| www.doh.wa.gov
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=05%7

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%

The CDC's claim that fluoridation reduces cavities by 25% in children and adults is incorrect

Summary: The CDC's claim of 25% reduction in cavities is based on outdated, low-quality studies and ignores the most recent, highest-quality studies that show fluoridation no longer reduces cavities by more than a tiny amount, if at all.

The CDC declares water fluoridation **"reduces cavities by about 25% in both children and adults."** This is accepted without question by most media and virtually all organizations promoting fluoridation, led by the American Dental Association and the American Academy of Pediatrics. But ***this statement is erroneous.*** It is based on *just two outdated references*.

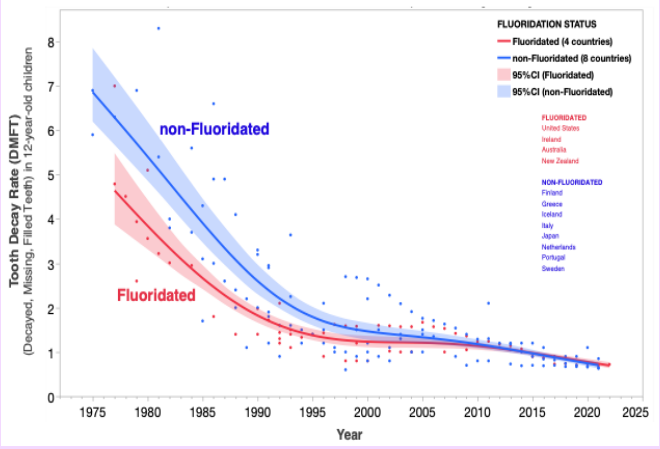
Children

The CDC's sole reference is an outdated 2015 Cochrane Collaboration review which said there was a 26% reduction in decayed teeth. But CDC omits the report's major caveats:

> **"These results are based predominantly on old studies and may not be applicable today."**
>
> **"The majority of studies (71%) were conducted prior to 1975 and the widespread introduction of the use of fluoride toothpaste . . . over 97% of the 155 (fluoridation) studies were at a high risk of bias, which reduces the overall quality of the results."**

The CDC fails to mention a 2024 update to the Cochrane review. The update analyzed 21 higher quality studies ***conducted after 1975***, and found fluoridation reduces cavities by just **3%-4%, only 1 decayed tooth per 4 children.** This meager benefit was not statistically significant and includes the possibility of **zero benefit.**

Consistent with the Cochrane 2024 findings, World Health Organization data comparing cavity rates for children in fluoridated versus non-fluoridated nations shows **no difference whatsoever in the past 20 years**:



Adults

The CDC's sole reference is a 2007 study by Griffin et al., a meta-analysis of **nine** studies, each comparing cavity rates in high fluoride versus low fluoride areas. It reported:

> **"The prevented fraction for water fluoridation was 27%."**

The Full Truth: The CDC omitted this about Griffin (2007):

- Its studies were done in 1962-1992: 33 to 63 years ago.
- All had fluoridated water at levels above the current 0.7 mg/L; mostly 1.0 to 1.5 mg/L and one as high as 3.5 mg/L – *making them irrelevant for measuring effectiveness at today's level.*
- Eight were low quality cross-sectional design and only one was a higher quality prospective design.
- Only one was blinded, so the dental examiners didn't know who had fluoridated water. The eight others had a high risk of researcher bias favoring fluoridation.

The updated Cochrane 2024 review didn't find a single study in adults that met even their lowest quality criteria.

The CDC also fails to mention the 2024 LOTUS study. ***It's the largest, most statistically powerful study ever done, analyzing 6.4 million people in the UK's National Health Service.*** It found only ***a miniscule 2% lower cavity rate*** in permanent teeth of adolescents and adults drinking fluoridated water, which amounts to ***only 1/5th of a cavity per person*** from living 10 years in a fluoridated area. The study described this as an **"exceedingly small"** difference.

Furthermore, the economic "benefit" was less than the cost of a coffee a year, even when no capital or financing costs of fluoridation were considered. When those are included, **fluoridation represents a net loss of money**.

Document produced by Fluoride Action Network 4-30-25

The newest studies show fluoridation no longer provides any meaningful reduction in cavities

From: bill teachingsmiles.com
Sent: 5/30/2025 7:43:58 AM
To: DOH WSBOH
Cc:
Subject: Public comment for June 4, 2025

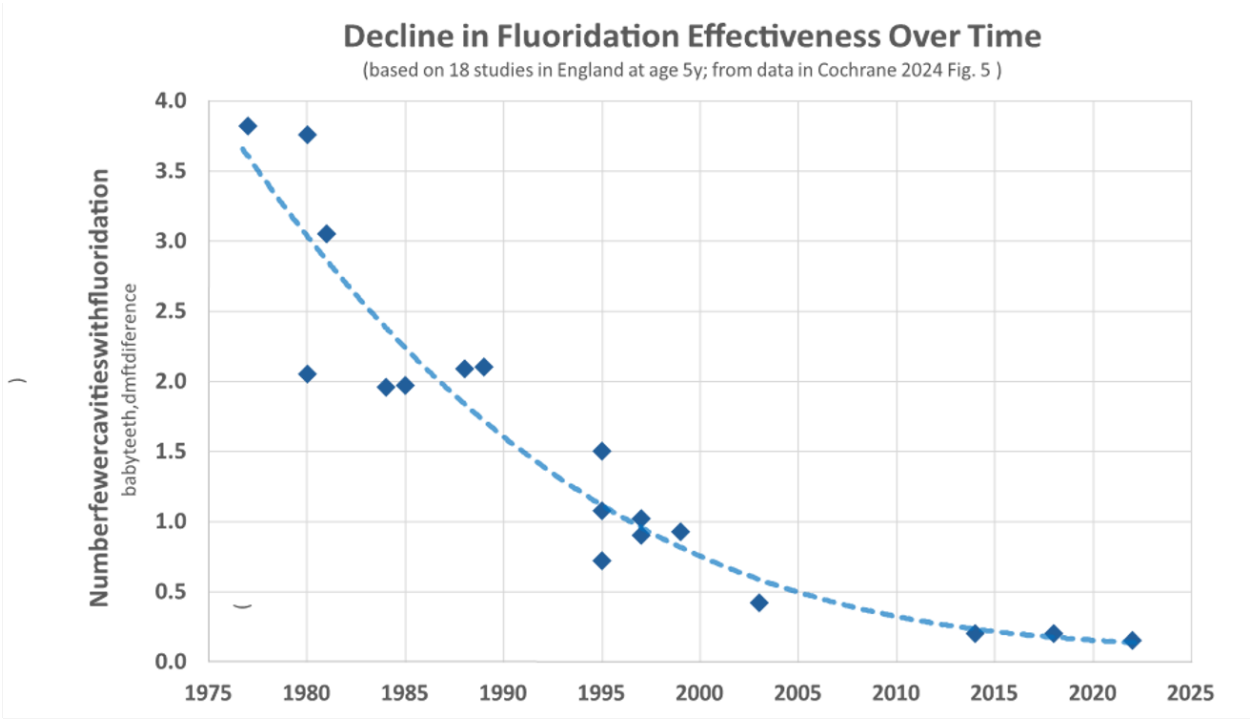
attachments\10D7514EA1D1497F_Graphs 5 25 BOH.pdf

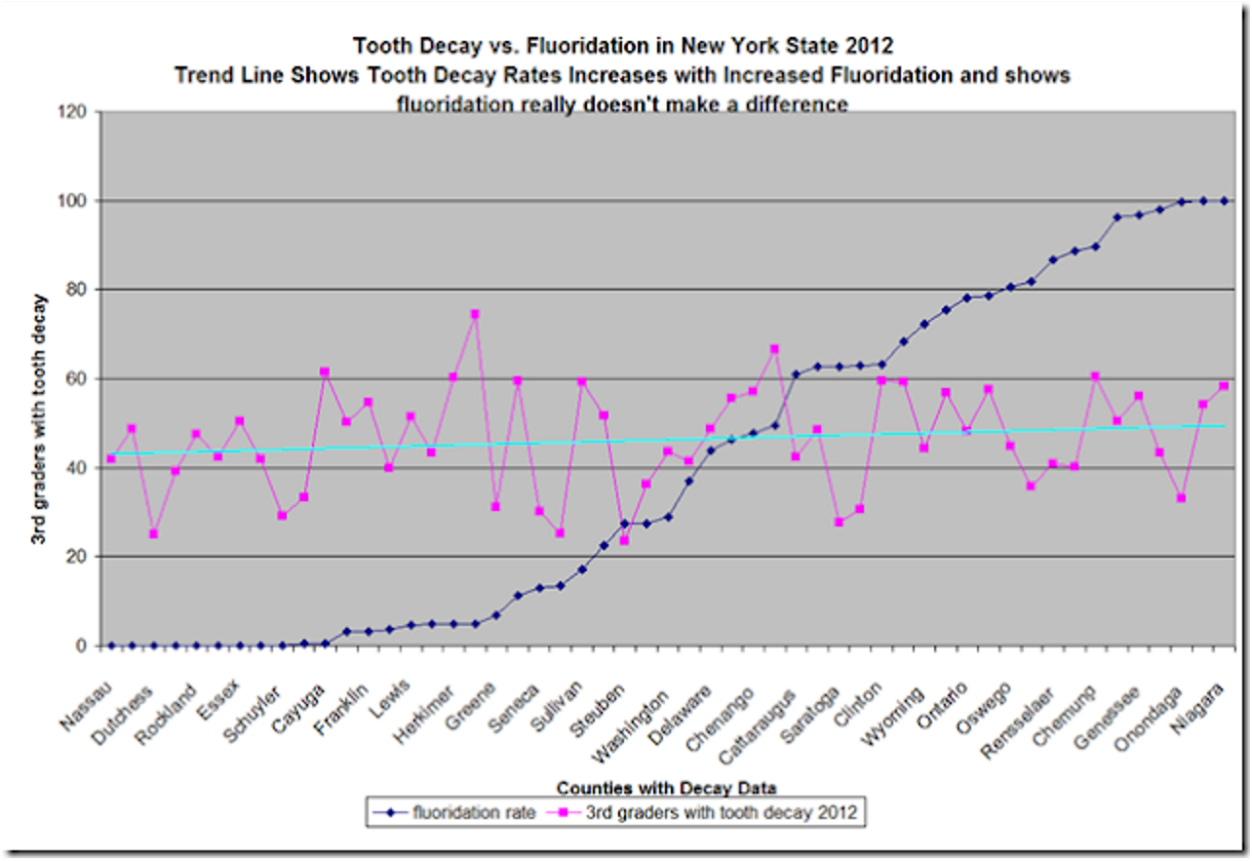
External Email

Attached are three charts and one picture for public comment at the Board of Health Meeting of June 4, 2025.

Thank you,

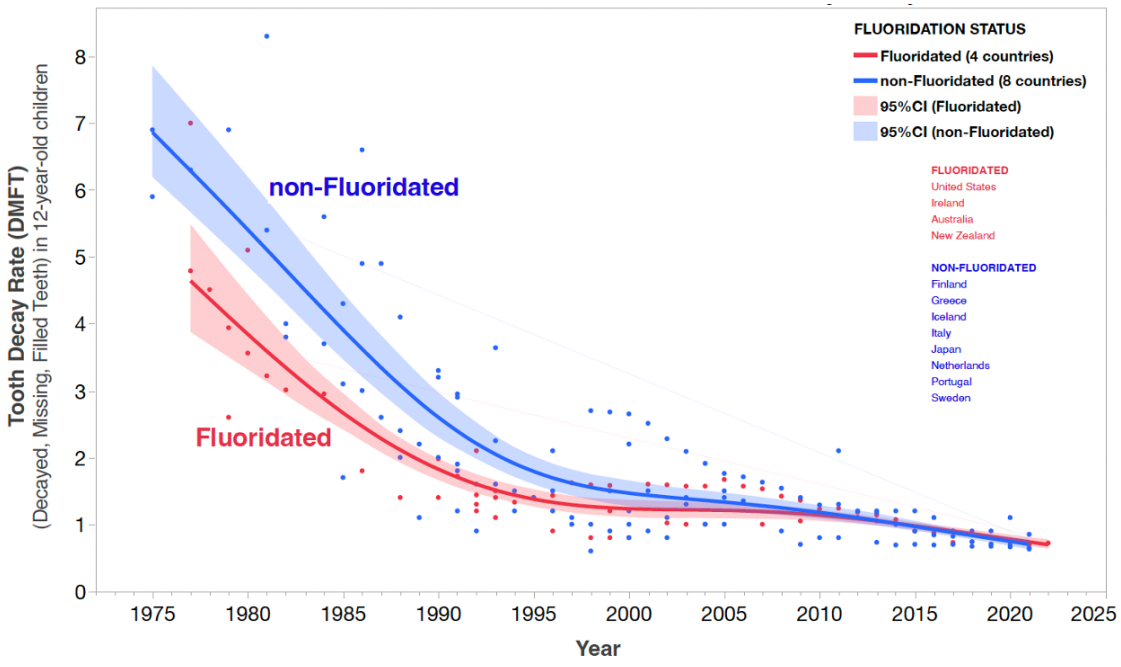
Bill Osmunson DDS MPH


Decline in Fluoridation Effectiveness Over Time
(based on 18 studies in England at age 5y; from data in Cochrane 2024 Fig. 5)
Numberfewercavitieswithfluoridation
babyteeth,dmftdiference
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
1975
1980
1985
1990
1995
2000
2005
2010
2015
2020
2025


Tooth Decay vs. Fluoridation in New York State 2012
Trend Line Shows Tooth Decay Rates Increases with Increased Fluoridation and shows fluoridation really doesn't make a difference
3rd graders with tooth decay
120
100
80
60
40
20
0
Nassau
Dutchess
Rockland
Essex
Schuyler
Cayuga
Franklin
Lewis
Herkimer
Greene
Seneca
Sullivan
Steuben
Washington
Delaware
Chenango
Cattaraugus
Saratoga
Clinton
Wyoming
Ontario
Oswego
Rensselaer
Chemung
Genesee
Onondaga
Niagara
Counties with Decay Data
fluoridation rate
3rd graders with tooth decay 2012


Raised on Infant formula, made with fluoridated water

World Health Organization (WHO) Data
Comparing Fluoridated and Non-Fluoridated Developed Nations
Average cavity rates in both declined dramatically and are now indistinguishable



- WHO data available from: https://capp.mau.se
- The fluoridated nations have at least 60% of their populations with artificially fluoridated water while non-fluoridated nations have 0%.
- Non-fluoridated nations do not have significant sales of fluoridated salt.
- The large majority of countries in the world have no artificial fluoridation. Only 2% of the population of Europe has fluoridated water.