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From: Erin Harnish  
Sent: 6/2/2025 9:52:20 AM  
To: DOH WSBOH  
Cc:  
Subject: Support of Fluoride

External Email

My name is Erin Harnish, I am a doctor specializing in Pediatrics and have lived in and practiced in WA for over 27 years. I support the continued fluoridation of our city water and at the level recommended which is 0.7 milligrams per liter. I do want to help shed light on the recent report that was on 1.5 milligrams per liter- that is twice the recommended limit- and the concern for those very high fluoridation communities saw 1-3 points of lower IQ in children. This is NOT the recommended amount, nor the amount in our Longview water which is about half of that. The report was referring to 2 times the amount recommended. The new report is from the US dept. of Health and Human Services' national Toxicity Program and based on reviews in studies in Canada, China, India, Iran, Pakistan, and Mexico. In this meeting, we are discussing the well managed appropriate levels of fluoridation of our water, which are indeed low levels, but enough to prevent cavities and strengthen teeth.

In Longview we mobilized support from our dentists and doctors and concerned citizens and had overwhelming support with letters and testimony for keeping fluoride of about 80% or more PRO fluoridation.

As a pediatrician we are focused on prevention and health of children and VERY much support the need for the fluoridation of our city water. It is to be at the appropriate levels and we have the added support of all credited medical societies and associations. I have had the honor to represent our community at both the Washington State Medical Assoc and nationally I represent Washington state to the AMA. The WSMA has policy that supports fluoridation: it reads; the WSMA endorses the fluoridation of all public water supplies in Washington state and encourages legislation and/or regulations that would require the Fluoridation of public water supplies where they are fluoride deficient. Deficient would be less than the 0.7 milligrams per liter, as that is the appropriate amount and what we have been doing and should continue doing.

Feel free to contact me.

Erin

Erin Harnish MD FAAP

Community Pediatrician

Sent from my iPhone

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From: Christine Johnson  
Sent: 6/3/2025 8:39:12 AM  
To: DOH WSBOH  
Cc:  
Subject: Community Water Fluoridation

External Email

Hello,

As a longtime dentist in a community lacking fluoridation, I saw many struggle with high rates of decay. It affected their overall health and their economic situation. So much time, money and effort would have been saved if our water had been fluoridated.

Now I live in a community with water fluoridation and the dental health here is much better.

Please continue to support community water fluoridation. It especially helps those most vulnerable, but is an important factor in keeping everyone healthy and happy with strong, healthy teeth.

Thank you,  
Christine Johnson, DDS  
Longview, WA  
Sent from my iPad

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From: Emiley McCorkle  
Sent: 6/3/2025 9:27:56 AM  
To: DOH WSBOH  
Cc:  
Subject: Continued Community Support for Water Fluoridation

External Email

Dear Members of the Washington State Board of Health,

My name is Emiley McCorkle, and I serve as the Coordinator for the Access to Baby and Child Dentistry (ABCD) Program in Cowlitz and Wahkiakum Counties. I am writing to express my continued support for community water fluoridation as a safe, effective, and essential public health measure.

As someone who works directly with families and young children, many of whom face significant barriers to preventive dental care, I see firsthand the critical role that fluoridated water plays in reducing dental disease and promoting long-term oral health. The ability to provide this level of protection, especially to our most vulnerable populations, is one of the simplest and most impactful public health strategies we have.

While I understand that the Washington State Department of Health's upcoming presentation to the Board will not include formal recommendations, I appreciate the opportunity to submit community feedback. In our community, we have worked diligently to educate the public and decision-makers about the science, safety, and benefits of fluoridation.

Thank you for your leadership, for including public input in this process, and for your ongoing commitment to policies that support equity, health, and wellness in Washington.

Emiley McCorkle  
Youth and Family Link  
(360) 423-6741  
907 Douglas Street  
Longview, WA 98632

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# 8

Last Name

Langdon DMD

E-Mail

[JeffreyLangdonDMD@gmail.com](mailto:JeffreyLangdonDMD@gmail.com)

First Name

Jeffrey

Organization/Title

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Comment

Fluoridation is a safe and effective way of preventing tooth decay which causes immense amounts of pain if left untreated.

Supporting Documents

No attachments

Preferred Language

–

Other (Preferred Language)

–

Comment Status

Received

Time Comment Received

6/2/2025 9:08pm PDT

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From: lisa@informedchoicewa.org  
Sent: 6/4/2025 9:58:40 AM  
To: DOH WSOH  
Cc:  
Subject: public comment: please deliver to BOH members



attachments\80012124390B4BB1\_image002.jpg

External Email

Dear Board members,

Here's my testimony from the meeting, lightly edited.

I'm Lisa Templeton with Informed Choice Washington, urging caution over the FDA's recent approval of Moderna's latest COVID shot, "mNEXSPIKE."

Approved for ages 12 and up, the product underwent limited trials with major gaps in safety and efficacy. About 11,500 people were split into two groups for the "efficacy" trial; one group got another vaccine--Spikevax, not a true placebo. Safety testing included only 689 people, which is an underpowered sample too small to detect most harms.

The package insert

<<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fda.gov%2Fmedia%2F18673>

\* discloses that 2.7% of clinical trial participants experienced serious adverse reactions.

The public deserves full disclosure of this risk! The trials did not test for prevention of illness, hospitalization, or death—only antibody response, a weak surrogate marker for real protection.

Unlike Spikevax, mNEXSPIKE uses self-amplifying mRNA—an entirely different platform that replicates inside cells and extends RNA expression. This platform lacks baseline safety data and, again, was compared only to an earlier, non-equivalent vaccine—not to an inert placebo.

The package insert confirms myocarditis and pericarditis risk—highest in males aged 12 to 24. Myocardial damage is permanent—those cells don't regenerate, and the damage shows up on MRI scans.

The insert also notes that data on mNEXSPIKE in pregnant women are insufficient to assess vaccine-related risks. It also hasn't even been evaluated for carcinogenicity, genotoxicity, or effects on male fertility—in animals or humans.

Without long-term data and with major safety gaps, this approval sets another dangerous precedent and further erodes public trust. I urge the Board to oppose promotion of this pharmaceutical product, especially in health messaging and school policies.

At the very least, I ask that the Board publicly insist on rigorous, long-term transparent trials—measuring real-world outcomes--not just antibody levels--and comparing against inert placebo.

Washingtonians expect science, not marketing. And we deserve transparency—not another rushed product rollout that seems to be fueled more by profit motive than scientific integrity.

Thank you for your attention,

Lisa Templeton

Director

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\* Here's the URL for the package insert:

<https://www.fda.gov/media/186738/download?attachment>

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From: Derek Kemppainen  
Sent: 6/4/2025 10:49:58 AM  
To: DOH WSBOH,DOH EPH DW Info  
Cc:  
Subject: Public Comment on Fluoridation June 4th 2025

External Email

Dear DOH, WSBOH & DWAG,

Thank you for the opportunity to speak to you today, and thanks for the update on the fluoride study sessions.

Here is the public comment I shared at today's DOH meeting for your reference.

Good morning,

My name is Derek Kemppainen, and I'm here today to speak about fluoride.

After World War II, Nazi doctors were prosecuted in the Nuremberg Trials for medical crimes against humanity. Some were hanged. Others received life sentences.

Their defense—that they were just following orders—was rejected. The conclusion was clear: Each person has a personal responsibility to refuse participation in unethical practices, even when others say it's OK

This principle applies today - each of you are accountable for your actions and decisions on water fluoridation.

I'd like to ask a series of direct questions regarding the fluoride program that you promote—ones that you should be prepared to answer under oath in a court setting, as the doctors did after WWII.

1. Is any form of fluoride approved by the FDA for ingestion through the public water supply?  
The truthful answer is: No.
2. Does fluoride meet the Washington State legal definition of a poison?  
The answer is: Yes. By state law, any substance that is harmful to human health in sufficient dose is a poison—and fluoride meets the definition.
3. Does Washington State law prohibit the addition of poison to the public water supply?  
The answer is: Yes.
4. Is the fluoride used in water fluoridation classified as hazardous industrial waste up until it is added to the water supply?  
The answer is: Yes. These are byproducts of phosphate fertilizer, aluminum, and other industries. If not dumped into our water, they would have to be disposed of as hazardous waste under EPA regulations.

5. Are you aware that U.S. District Judge Edward M. Chen ruled that a preponderance of evidence shows that fluoride at 0.7 ppm poses an unreasonable risk to children's developing brains by reducing IQ?

The answer is: Yes, you have been made aware.

6. Do you have scientific evidence that proves that 0.7 ppm fluoride in water does not pose an unreasonable risk to the developing brain?

The answer is: No. This evidence does not exist

7. Does public water fluoridation allow for individual informed consent, as required by the Nuremberg Code and basic medical ethics?

The answer is: No. People cannot consent to a medication added to their tap water, and they cannot control the dosage.

8. Is mass water fluoridation, without FDA approval and without informed consent, effectively an unapproved medical experiment on the public?

The answer is: Yes.

If these answers are true—and I challenge you to provide credible evidence otherwise—then this program is a violation of federal drug law, state poison laws, medical ethics, and international human rights.

I'd like to remind this Department: "I was just following CDC guidance and tradition" is not a defense. If you continue to support the mass medication of the public without consent, you may one day be held personally and legally accountable—just as those in Nuremberg were.

You are not bound by past policy. You are bound by truth, law, and ethics. I urge you: stop supporting this program before more harm is done.

Thank you.

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Derek Kemppainen

360-975-2011



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From: Davis, Michelle (SBOH)  
Sent: 6/4/2025 8:48:29 AM  
To: Yuan, Grace,DOH WSBOH  
Cc:  
Subject: RE: Support for agenda item no. 12 on June 4, 2025

Yes, I will. Thanks!

From: Yuan, Grace <grace.yuan@klgates.com>  
Sent: Tuesday, June 3, 2025 11:22 PM  
To: DOH WSBOH <WSBOH@SBOH.WA.GOV>; Davis, Michelle (SBOH) <Michelle.Davis@sboh.wa.gov>  
Subject: FW: Support for agenda item no. 12 on June 4, 2025

External Email

Michelle: My computer is telling me that this email address is no longer valid. So I hope you can forward it to the comment email box.

From: Yuan, Grace  
Sent: Tuesday, June 3, 2025 10:39 PM  
To: wsboh@sboh.wa.gov <mailto:wsboh@sboh.wa.gov> .  
Cc: Michelle.Davis@sboh.wa.gov <mailto:Michelle.Davis@sboh.wa.gov> ; Helpling, Nina D (SBOH) <nina.helpling@sboh.wa.gov <mailto:nina.helpling@sboh.wa.gov> >  
Subject: Support for agenda item no. 12 on June 4, 2025

I am writing on behalf of the Puget Sound School Coalition. The Coalition supports the repeal of WAC 246-366A (State Board of Health June 4, 2025, agenda, item no. 12). The State Board adopted this rule in 2009, but it has never been implemented and is out of date.

As the Legislature funds implementation of the proposed new school rules, we believe that WAC 246-370 is the appropriate and forward looking rules.

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