Dear Water District,

Under the Freedom of Information Act, please provide the following information: If you fluoridate water, under whose drug license is fluoride dispensed into your district's water?

SUMMARY: The theory of fluoridation contends that the ingestion of water containing about 1 ppm of fluoride reduces dental decay.

I. Washington Code places the authority for fluoridation with Water Districts.
II. We are ingesting too much fluoride from many sources. Extensive increases in fluoride pesticide residues on food crops, fluoride post-harvest pesticide residues on grains, fruits, vegetables, fluoride medications and fluoride dental products, resulting in many people, especially children, ingesting an excess dosage.
III. Fluoridated communities no longer show a reduction in dental decay or reduction in dental expenses and communities which stop fluoridating do not show an increase in dental decay.
IV. Risks, both medical and dental, from excess ingested fluoride are serious.
V. Cost effectiveness of fluoridation clearly shows fluoridation is very expensive.

Professionals at the US Environmental Protection Agency (EPA) said, *"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."*

Washington State law places the authority and option of fluoridation with Water Districts. However, Washington State law also defines fluoride as a poison to be dispensed as a legend drug under the supervision of a licensed doctor.

It is a Class B felony to dispense a prescription drug without a drug license. Accordingly, Water Districts must have a doctor prescribing to their patients the fluoride it dispenses. Lacking a prescribing physician, it is unlawful for the Water District to medicate patients with fluoride. The health of the public would be best served with a cessation of fluoridation and the Water District and their Board Members are requested and advised to stop fluoridation.

The terms "fluoride" and "fluoridation" herein refer to the chemicals such as hydrofluosilicic acid which are variously contaminated with arsenic, lead, cadmium, radium, aluminum, and other contaminants. Fluoridation of water supplies is actually the addition of several toxic and hazardous substances.

I. APPLICABLE STATUTES, AUTHORITY AND RESPONSIBLITY:

A. AUTHORITY and RESPONSIBILITY: Water Districts have the authority and responsibility for deciding whether to fluoridate.

[4] Waters - Water and Sewer Districts - Fluoridation of Water - Statutory Authority - In General. RCW 57.08.012 expressly vests water districts with the authority to decide whether to fluoridate their water.
No. 73734-7. En Banc Parkland Light and Water Co. v. Takoma Pierce Co. Board of Health

B. To dispense fluoride, the Water District needs a drug license. The Washington Department of Health (DOH) when asked under who's drug license they dispensed fluoridation substances, responded *"DOH only regulates those who choose to dispense fluoride and therefore DOH does not need a drug license to dispense fluoride."* See: RCW 57.08.012 With the authority to fluoridate, comes the responsibility to determine the safety and efficacy of fluoridation

and the amount of exposure of fluoride from other sources. No Federal or State agency has reviewed the science to make the determination of safety or efficacy. The Water Districts must make that determination.

C. *"RCW 69.38.010 "Poison" defined. As used in this chapter "poison" means:*
(1) Arsenic and its preparations;
(2) Cyanide and its preparations, including hydrocyanic acid;
(3) Strychnine; and
(4) Any other substance designated by the state board of pharmacy which, when introduced into the human body in quantities of sixty grains or less, causes violent sickness or death."

60 grains is 3,888 mg. There is no dispute that 60 grains of fluoride will cause violent sickness or death. The probable toxic dose (PTD) of fluoride if swallowed at one time is considered 5 mg/kg[1] or about 250 to 350 mg for an adult and much less for a child. 3,888 mg of fluoride is lethal. The Board of Pharmacy does not dispute the scientific evidence that fluoride (silicofluorides, hydrofluosilicic acid, sodium fluoride, fluoridation chemicals) when introduced into the human body in quantities of 60 grains or less will probably cause violent sickness or death. The laws of science are undisputed. As defined by RCW 69.38.010, fluoride is a poison. The liability of putting a clearly defined poison into humans without their consent and without the supervision and prescription of a licensed doctor should be carefully weighed.

D. Fluoride in water is a Legend Drug. *"RCW 69.38.020 Exemptions from chapter. All substances regulated under chapters 15.58, 17.21, 69.04, 69.41, and 69.50 RCW, and chapter 69.45 RCW are exempt from the provisions of this chapter."*

RCW 69.41.010 Definitions (9) "Drug" means: (b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (c) Substances (other than food, minerals, or vitamins) intended to affect the structure or any function of the body of man or animals; and (d) substances intended for use as a component of any article specified in (a), (b), or (c) of this subsection."

Fluoride substances are added to water by Water Districts with the intention of mitigation and preventing dental disease, tooth decay, and therefore the fluoride substances are drugs. Fluoride is not a food, mineral or vitamin and is intended to affect tooth structure.

1. Fluoride is a Legend Drug. Read a fluoridated toothpaste tube. It says, "Drug Facts". Fluoride in toothpaste is over-the-counter and is clearly labeled as a "not to be ingested" substance. Fluoride for ingestion is defined by the FDA as a Drug and defined by Washington Code as a Legend Drug.

2. When I went to the Pharmacist and requested fluoride for ingestion, I was denied and told I was required to get a Doctor's prescription.

3. Fluoride is not a food, mineral or nutrient. Remove a nutrient from the diet and the absence will be a disease. For example, remove Vitamin C and the patient will develop scurvy. There is no other way to prevent scurvy. Remove fluoride and the patient will not develop any disease. Fluoride is an attempt to prevent tooth decay, but tooth decay is not caused by the absence of or inadequate intake of fluoride. There is no "RDA" Recommended Daily Allowance for fluoride. The American Dental Association has promoted the term "Optimal" amount of fluoride, but the trade/marketing term is not a scientific term.

4. The FDA in Congressional Hearings 2001 clearly stated that fluoride as used for the treatment or mitigation of disease is a drug. When I called the FDA Dental Division last month, the FDA confirmed that ingested fluoride for mitigation of disease is a drug.

5. Fluoride should not be compared to Iodine as a trace element. The absence of Iodine causes causes goiter but the absence of fluoride does NOT cause dental decay. Iodine is considered lethal at 4,000 to 8,000 mg, slightly higher than defined by RCW 69.38.010 and far less toxic than fluoride.

Fluoride is dispensed in water for the purpose of cure, mitigation, treatment and primarily prevention of tooth decay, a disease in humans, and therefore is a "drug"[2] and RCW 69.38.020 exempts the substance fluoride as a poison by designating it a legend drug which requires a doctor's prescription and supervision.

E. *"RCW 69.41.030 Sale, delivery, or possession of a legend drug without prescription or order prohibited – Exceptions – Penalty.*

(1) It shall be unlawful for any person to sell, deliver, or possess any legend drug except upon the order or prescription of a physician" (or other listed doctors). Water Districts are not listed and are not doctors.

"(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."

F. (*RCW 18.130.190) Unlicensed Practice: This category applies to any circumstance involving a person who doesn't have a valid Washington credential to practice a regulated health care profession.*

G. Centers for Disease Control (CDC) states on its website, *"it is not CDC's responsibility to determine what levels of fluoride in water are safe"* http://www.cdc.gov/fluoridation/safety.htm

H. Environmental Protection Agency (EPA) is prohibited in the Safe Drinking Water Act from adding anything to water for the treatment of humans. EPA is responsible for treating water, not people.

I. *WAC 246-290-220 (3) "Drinking water materials and additives: Any treatment chemicals with the exception of commercially retailed hypochlorite compounds such as Clorex, Purex, etc., added to water intended for potable use must comply with ANSI/NSF Standard 60."* NSF (a corporate funded not for profit organization) does not determine the safety of the fluoride products, but rather the contaminants in the fluoride product.

J. 90+% of European Governments and Dental Associations have rejected, banned, or stopped fluoridation due to environmental, health, legal, or ethical concerns. Only six countries in the world continue to fluoridate. Both the Nobel and Pasteur Institutes have rejected fluoridation.

II. EXPOSURE OF FLUORIDE HAS INCREASED, WE ARE INGESTING TOO MUCH FLUORIDE: Fluoride from water is only one source of fluoride exposure and fluoridation is now simply an excess dosage of fluoride.

A. As the legal authority fluoridating, the Water Board must determine how much fluoride exposure is desired. Everyone agrees too much fluoride can be toxic. How much fluoride does the Water Board want people to ingest and is that amount protective of all ages and all people? The Water Board, or its prescribing physician, must determine a margin of safety which is protective of all, using the precautionary principle.

B. The strongest evidence of increased exposure of fluoride is the increased prevalence of dental fluorosis in children, found before fluoridation to be less than 10%, in the mid 1990's to be 22% and early 2000's increased to 32%. The only cause of dental fluorosis is an excess exposure to fluoride. To reduce the excess fluoride exposure,

the most reasonable place for reduction would be water fluoridation. Medications, pesticides, foods and dental products all have valuable purposes and provide better patient/consumer choice. Water fluoridation is the most reasonable source of fluoride to reduce total exposure.

C. There is no Recommended Daily Allowance for fluoride. The absence of fluoride does not cause dental decay or any disease. Fluoride is not a nutrient. Dental decay is caused to a large degree by poor diets, lack of careful daily cleaning of the teeth, lower socioeconomics, general health, genetics and more. With a good diet and cleaning, dental decay, gum disease, and many other diseases are reduced, mitigated. The only theoretical benefit from fluoridation is a reduction in one disease. Time, money and emphasis should be on life style changes rather than throwing pills at ills.

D. Nature filters out the fluoride for infants and is a good indication of Nature's "opinion" on the optimal level of fluoride, almost zero. Mother's milk contains almost no fluoride, about 250 times less fluoride than fluoridated water. Man's laws fluoridating water do not change Nature's laws of toxicity.

E. The so called "optimal" levels of fluoride are flawed historical guesses.

F. The most definitive current review of fluoride exposure can be found between pages 19-70 of the National Research Council's 2006 committee report requested by the EPA, "Fluoride in Drinking Water: A Scientific Review of EPA's Standards" 576 pages (NRC 2006). The unanimous conclusion by these 12 scientists is that the EPA's maximum contaminant level of fluoride, 4 ppm is not protective. Note: 4 ppm has been determined as not safe, and the Water District uses police powers to medicate everyone at 1 ppm. An adequate margin of safety would be a factor of 10 because different people have different reactions to chemicals and not everyone drinks the same amount of water or ingests the same amount of fluoride from other sources and some people are more sensitive to chemicals such as fluoride.

G. The EPA in 2004 and 2005 permitted sulfuryl fluoride as a post-harvest fumigant pesticide with significant amounts of fluoride pesticide residue on most foods. For example 850 ppm of fluoride for egg and 900 ppm of fluoride on dried egg, 125 ppm of fluoride in wheat. Toothpaste has about 1,000 ppm and should not be swallowed.[3] Not all foods have the maximum residue permitted by law; however, if an EPA application was made for specific levels, we can be confident those levels will occasionally be reached. When sulfuryl fluoride is applied to foods, the following warning is required.

I. Increases in fluoride pesticide residues in 1997 further increase total exposure. For example, an increase permitted pesticide residue of Cryolite (52% fluoride) from 7 ppm to 180 ppm in lettuce.[4]

J. New medications and Dental products further increase exposure of fluoride. When fluoridation started over 60 years ago fluoride toothpaste was not available. Fluoride in water is now excess fluoride and the most logical place to reduce fluoride exposure.

III. BENEFITS OF FLUORIDATION: As a Dentist who promoted fluoridation for 25 years, looking once again at the benefits and risks of fluoridation, I was shocked to discover that current scientific research on fluoridation no longer shows evidence of reducing tooth decay.

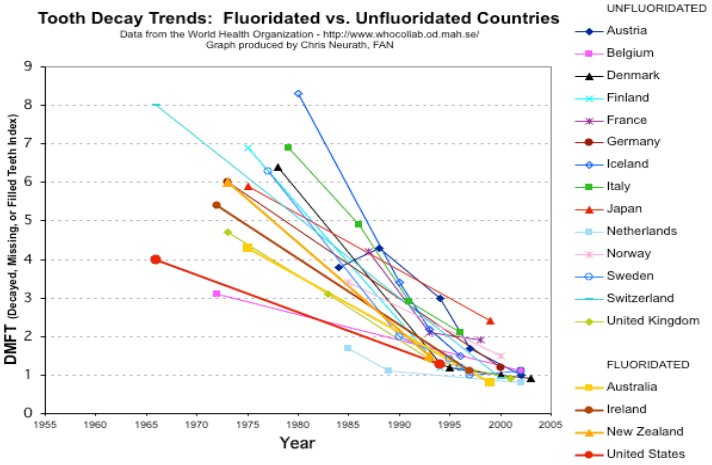
"Evidence for whether an intervention works when applied in the community at large is referred to as its effectiveness. . . . Effectiveness studies more accurately reflect results that may be expected from the implementation of interventions."[5] For example, if one community vaccinated everyone with a polio vaccination and another did not, we should be able to measure a reduction of polio disease in the polio vaccinated community.

Claims of a reduction in dental decay by 20% to 40% are flawed and certainly historical. References for those huge benefits are from data taken 20 or more years ago. If the first decay on a tooth can be prevented, then replacement costs for that filling, or subsequent crown, root canal, extraction, bridge, implant would not be necessary. A 20-40% reduction of initial decay would translate into a reduction in total life time dental expenses of more than 50%. However, the glaring problem of why dental expenses are similar in both fluoridated and non fluoridated developed communities must be answered. Does fluoridation no longer reduce dental decay, does fluoridation cause other dental expenses or is the evidence flawed? Dentists are puzzled as to the lack of reduction in dental expenses in fluoridated communities.

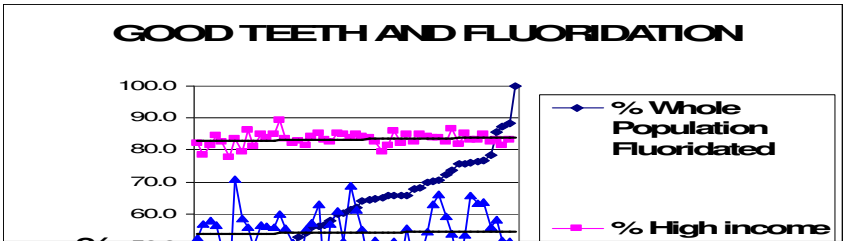
A. Ingestion of fluoride is not likely to reduce tooth decay (CDC 1999 MMWR, 48(41); 933-940, October 22).

B. National Institute of Health (NIH) evidence for fluoridation is "incomplete". 2001 Consensus Development Conference Conclusion.

C. Data from the World Health Organization of dental decay over the last 4 decades indicates those developed countries which do NOT fluoridate have reduced tooth decay as much as those which predominantly do fluoridate. http://www.fluoridealert.org/health/teeth/caries/who-dmft.html

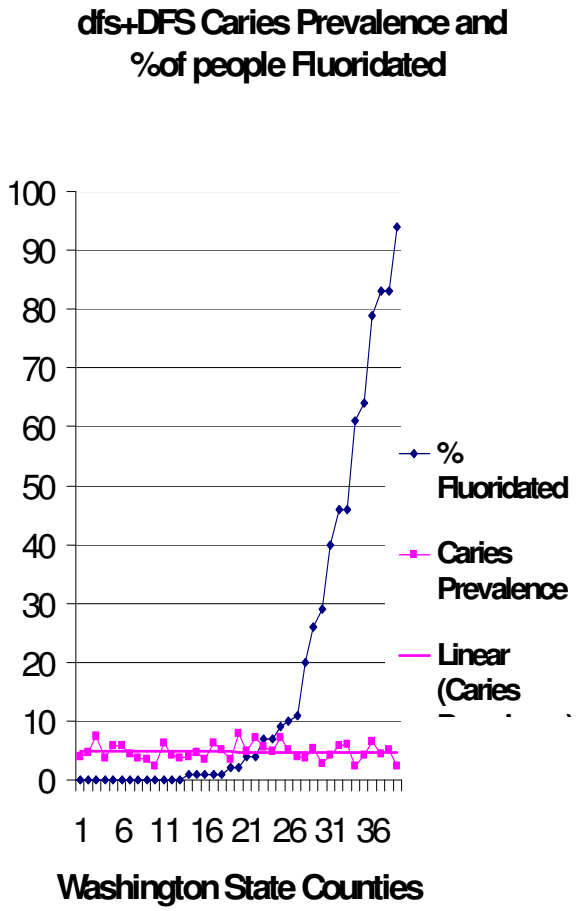


D. Data from the National Survey of Children's Health when graphed ranking the 50 US States according to the percentage of their whole populations fluoridated, does not show a benefit of improved dental health for either the rich or poor. A state could fluoridate everyone or no one and the percentage of people reporting very good and excellent teeth would be the same. The Water District does not improve dental health by fluoridating water. http://www.fluorideresearch.org/404/files/FJ2007_v40_n4_p214-221.pdf



E. Washington State fluoridates 59% of residents on public water and Oregon only 19%. However, surveys indicate Oregonians have similar or better dental health and confounding factors are in Washington's favor. The evidence for benefit from fluoridation is lacking.

F. In 1996, Leroux (UW) in the Journal of Dental Research listed the counties of Washington and the dental decay prevalence and the percentage of people fluoridated. Again, any benefit from fluoridation is not detected by comparing the prevalence of dental decay in counties that fluoridate and those that do not. Water Fluoridation did not reduce tooth decay.



G. Dentists are puzzled as to why fluoridation no longer appears to reduce dental expenses or decay. Perhaps it was poor historical studies failing to include confounders such as socioeconomic differences or delay in tooth eruption caused by fluoridation. In any case, after 60 years of fluoridation, evidence for the effectiveness of fluoridation cannot be demonstrated. Several studies have been done where fluoridation has been stopped and a cessation of fluoridation does not result in an increase in dental decay.

Fluoride, the only mass medicated drug without the patient's consent must have current evidence for effectiveness in reduction of dental expenses and decay or fluoridation should be stopped.

IV. RISKS FROM OVER EXPOSURE OF FLUORIDE

Fluoride is an enzymatic reactor. It reacts and interferes with various chemical functions of the body. Fluoride at levels of 5 mg/kg can be lethal, but low levels of fluoride over long periods of time will cause or contribute to serious long term health damage.

The most definitive source of risks from too much ingested fluoride is the NRC 2006 with the conclusion that the EPA's Maximum Contaminant Level if water of 4 ppm is not protective of disease. The Committee did not review fluoridation, the intentional adding of fluoride to water at levels of 1 ppm. However, the scientific evidence selected clearly shows fluoride at much lower levels than 4 ppm can be harmful to many.

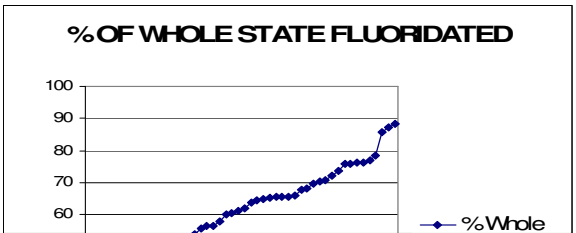
Some of the dental and medical risks of violent sickness and death from too much fluoride raised by the NRC 2006 report included:

- Tooth Damage
- Rheumatoid and Osteoarthritic-like Pain
- Bone Cancer
- Bone Fractures
- Thyroid Reduction
- Diabetes
- Obesity
- Kidney damage
- Reproductive problems
- Lower IQ and increased Mental Retardation
- Allergies (overactive immune system)
- Gastrointestinal disorders, etc.

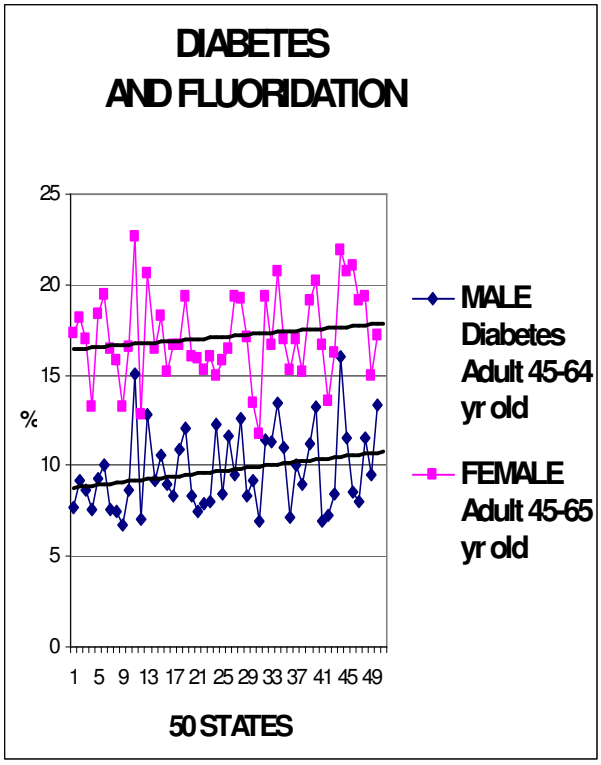
Let's look at some of these diseases. The NRC 2006 report found, "The primary endocrine effects of fluoride exposure in humans and animals include thyroid function decrease" (which contributes to obesity, skin disorders, lower basal metabolic rate, feeling tired, increased heart disease, etc. The medication to treat hypothyroidisum is the 2nd most common US prescription (1999).

A. The NRC 2006 report continues "Diabetes and impaired glucose tolerance" (there is a six-fold increase in diabetes since 1958 when fluoridation started, 7% of US population, sixth leading killer, $132 Billion medical expense, and estimates place 50% of children born after 2000 are at high risk of diabetes,[6] and "Early Puberty onset".[7]

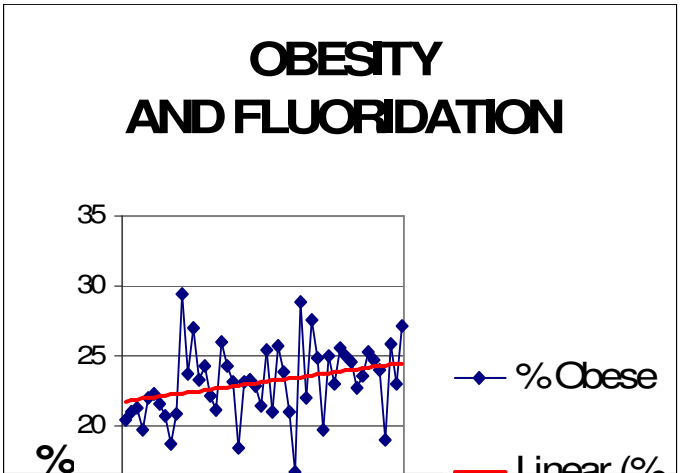
B. These risks are sometimes difficult to fully understand and have several contributing factors. To illustrate the NRC 2006 concerns, I ranked the 50 US states in order of the percentage of their whole population fluoridated. The least percentage of people are on the left and the greatest on the right (see the chart below). The other graphs have the states ranked in this same order.



C. The NRC 2006 is correct, states with more people on fluoridated water (fluoridation of water contributes to the dosage, total exposure of ingested fluoride) finds more people with diabetes.[8]

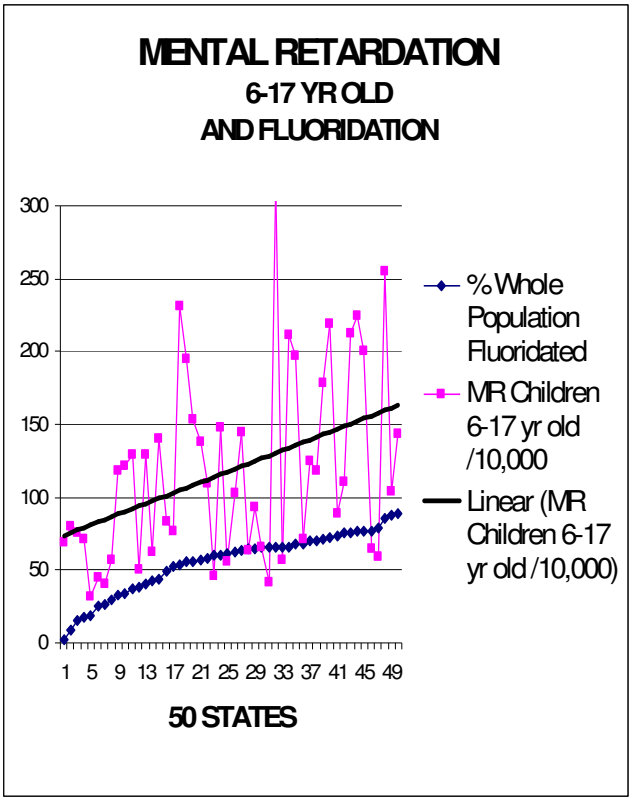


D. The NRC 2006 report is correct, the more the fluoride intake, the higher the obesity rate.[9]

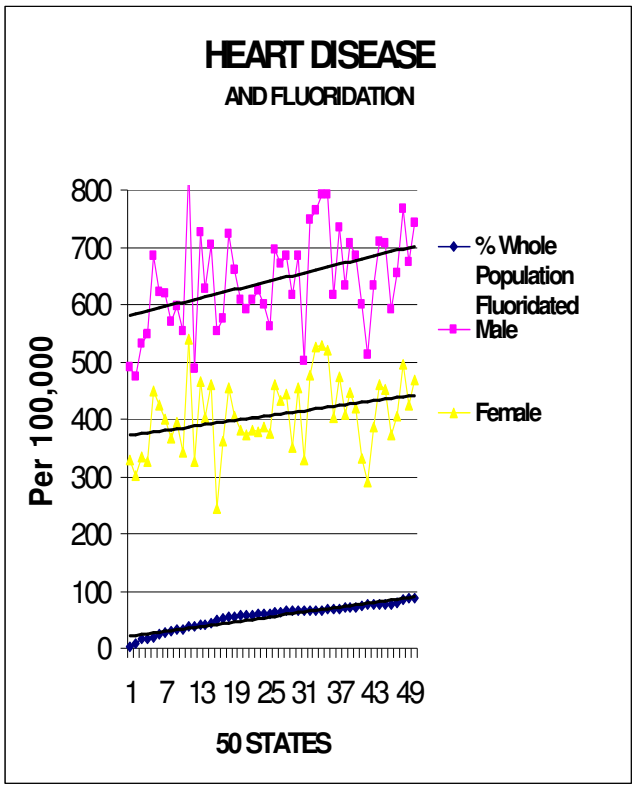


E. The NRC report is correct with concerns of damage to intelligence. For example, reasonable evidence in each state on intelligence is found for those with below 70 IQ for Special Education. Data for higher IQ levels was not found for each state and could not be compared. However, studies finding a decrease in IQ are of serious concern for everyone.[10] States with more fluoridation have a higher prevalence of mental retardation.[11] The costs of Special Education, decreased IQ are a life time of suffering and sorrow not only for the person but also for parents and tremendous expense for schools, welfare, and employers. The doubling of the percentage of mentally retarded in more fluoridated states[12] (at 1 ppm) is consistent with other literature finding a seven-fold increase of mentally retarded persons when comparing similar communities with 0.3 ppm to 3.4 ppm fluoride.

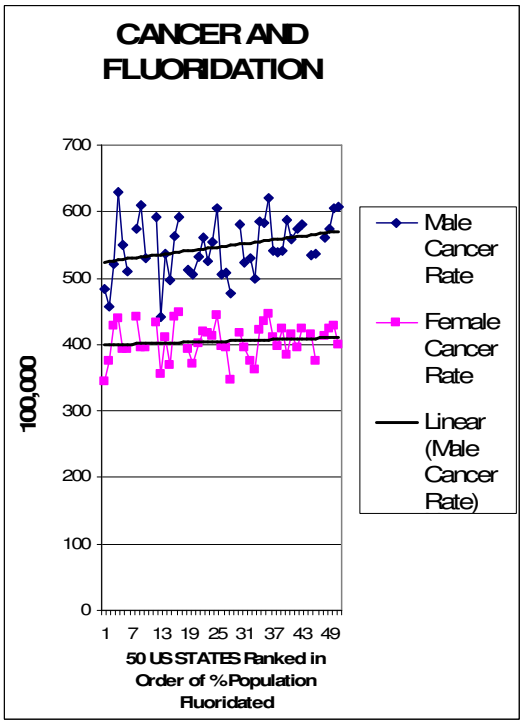
Fluoride is attracted to calcium and areas of the body high in calcium are obvious targets such as nerves, teeth, and bones.

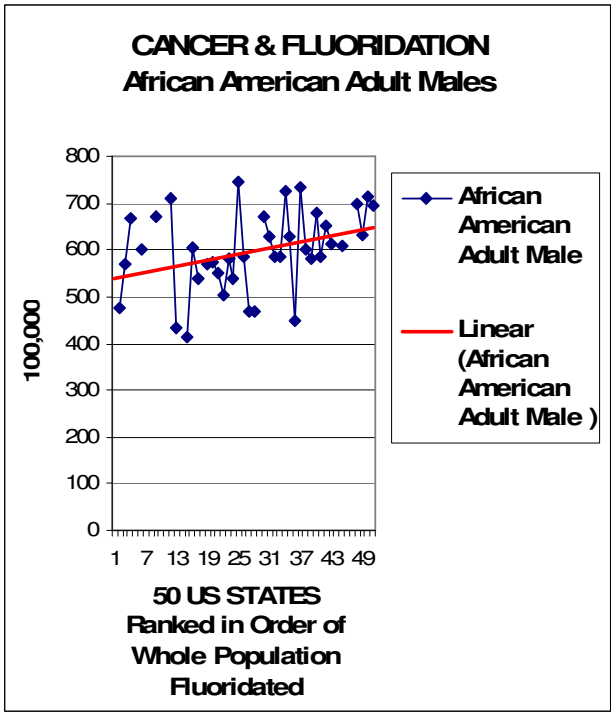


F. Fluoridation seems to increase heart disease for males more than females.[13]

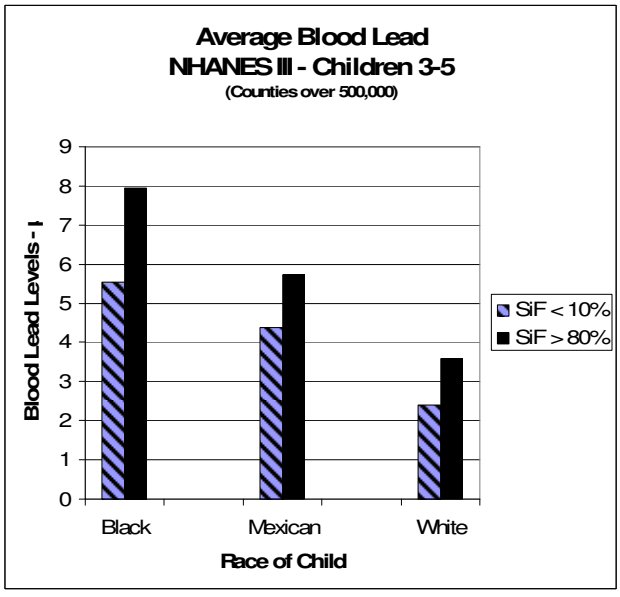


G. The NRC is correct in their concern for an increased rate of cancer from fluoride, especially bone cancer. There does appear to be an increased rate of cancer for males and black males.[14] Although Osteosarcoma is a rare cancer, it has been shown to be between 300 to 500% higher in boys on fluoridated water during growth spurts

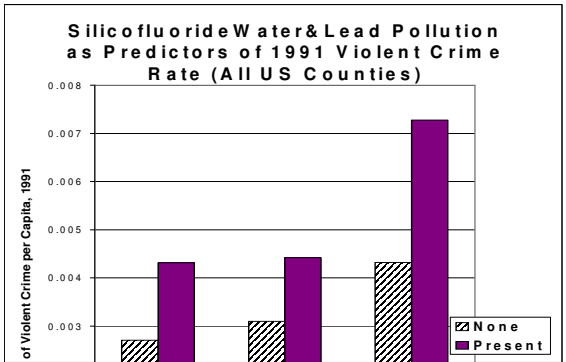


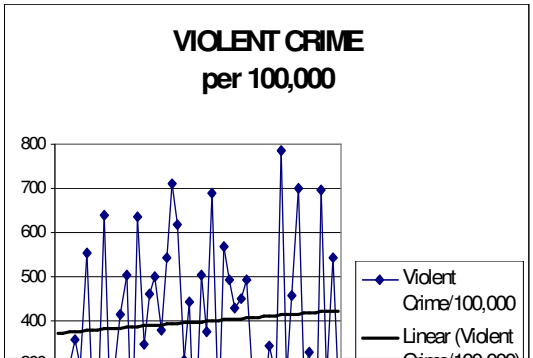


H. Blood Lead levels are higher in children on fluoridated water.[15] No amount of lead can be considered safe. The Water District should have an immediate cessation of fluoridation due to an increased blood level of lead even if no other risks were considered.



I. Increased Violent Crime has been found in fluoridated communities.[16]





J. The chemicals added to water for fluoridation are waste or byproducts of industry and not pharmaceutical grade.

V. COSTS FOR FLUORIDATION ARE UNACCEPTABLE:

Savings:

1. A reduction in dental expenses is the only known potential savings from fluoridation. Numerous task forces and studies have estimated millions of theoretical dollars in dental cost savings from fluoridation, but few have looked at the actual cost differences between fluoridated and non-fluoridated developed communities with similar socioeconomics. Even when the actual cost data is cherry picked for the greatest possible benefit,[17] the actual costs are similar and some have shown a cost increase with fluoridation. After 60 years of fluoridation, certainly the data showing actual cost savings should be abundantly clear, but effectiveness of fluoridation based on actual cost savings is not found.

Expenses:

1. Donated time, advertising and marketing for both sides should be included in startup costs. It is now common for several hundred thousand dollars to be spent trying to get fluoridation started/stopped.
2. Equipment Installation and Maintenance depends on the size of the Water District but often exceeds $1,000,000.
3. Dental Damage from excess fluoride is not included by those promoting fluoridation and often dismissed as simply “cosmetic.” Many people think the cosmetic damage is ugly and choose to cover the teeth with veneers costing $15,000 to $30,000 with a lifetime expectancy of 15 years. Lifetime costs for dental fluorosis can be in excess of $100,000. Even a fraction of the one third of US children now having dental fluorosis seeking treatment represents a huge cosmetic dental expense into the hundreds of millions or billions of dollars. Research on possible increased periodontal disease and fractured teeth is just starting and is a possible reason for the lack of a reduction in dental expenses. If fluoride reduces decay and increases fractured teeth, any cost benefit could be wiped out.
4. Medical Damage costs have staggering implications. The studies and ecological implications of perhaps double the mental retardation incidence must include the extra parental time and expenses, Special Education costs, employee/employer costs and welfare costs which reach into the billions of dollars. Even if only 1% of one of the medical diseases listed by the National Academy of Sciences is “proven” to be caused by fluoridation, the costs for fluoridation are too high.

Without benefit and even with theoretical estimated benefits, the risks are simply too high.

Per my first paragraph, and within the rights granted under the Freedom of Information Act, please disclose under whose drug license your Water District is dispensing fluoride.

If you have any questions, would like an in-person presentation to your Water Board, or desire additional references, please contact me.

I respectfully request your response.

Bill Osmunson DDS, MPH
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[1] "it may be concluded that if a child ingests a fluoride dose in excess of 15 mg F/kg, then death is likely to occur. A dose as low as 5 mg F/kg may be fatal for some children. Therefore, the probably toxic dose (PTD), defined as the threshold dose that could cause serious or life-threatening systemic signs and symptoms and that should trigger immediate emergency treatment and hospitalization, is 5 mg F/kg."
SOURCE: Whitford G. (1996). Fluoride Toxicology and Health Effects. In: Fejerskov O, Ekstrand J, Burt B, Eds. Fluoride in Dentistry, 2nd Edition. Munksgaard, Denmark. p 171."

2 "The Food and Drug Administration Office of Prescription Drug Compliance has confirmed, to my surprise, that there are no studies to demonstrate either the safety or effectiveness of these drugs which FDA classifies as unapproved new drugs." SOURCE: Letter from Dr. David Kessler, M.D., Commissioner, United States Food and Drug Administration, June 3, 1993 to Congressman Kenneth Calvert, Chairman, Subcommittee on Energy and Environment, Committee on Science, Washington, D.C.

"Fluoride, when used in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animal, is a drug that is subject to Food and Drug Administration (FDA) regulation." SOURCE: United States Food and Drug Administration letter Dec, 2000, to Congressman Kenneth Calvert, Chairman, Subcommittee on Energy and Environment, Committee on Science, Washington, D.C.

The (Canadian) National Association of Pharmacy Regulatory Authorities (www.napra.org) states that "fluoride and its salts" are considered a drug:

- Schedule I drug at doses greater than 1 mg requires a prescription.
- Schedule III drug at doses at or less than 1 mg per dose can only be bought at pharmacies.

Europe

The legal definition of a medicinal product in the European Union (Codified Pharmaceutical Directive 2004/27/EC, Article 1.2) is any substance or combination of substances "presented as having properties for treating or preventing disease in human beings" or "which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action." Furthermore, in 1983 a judge ruled that fluoridated water fell within the Medicines Act 1968, "Section 130 defines 'medicinal product' and I am satisfied that fluoride in whatever form it is ultimately purchased by the respondents falls within that definition." Source: Lord Jauncey. Opinion of Lord Jauncey in causa Mrs Catherine McColl (A.P) against Strathclyde Regional Council. The Court of Session, Edinburgh, 1983.

"If fluoride is a medicine, evidence on its effects should be subject to the standards of proof expected of drugs, including evidence from randomised trials." "There have been no randomised trials of water fluoridation." Source: Cheng KK, Chalmer I, Sheldon TA 2007 British Medical Journal October 6, 335: 699-7

[3] **http://www.epa.gov/EPA-PEST/1996/May/Day-08/pr-685.html**
[4]

http://mbao.org/2004/Proceedings04/064%20WelkerJ%20UPDATE%20ON%20THEWelkerJ%20DEVELOPMENT%20AND%20COMMERCIALIZATION%20OF%20PROFUME.pdf
[5] McDonagh MS, Whiting PF, Wilson PM, Sutton AJ, Chestnutt I, Cooper J, et al. Systematic review of water fluoridation. BMJ 2000;321:855-9. Full report available from: http://www.york.ac.uk/inst/crd/fluorid.htm. Analysis and comment available from: http://www.fluoridealert.org/york.htm.
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