

WASHINGTON ACTION FOR SAFE WATER

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Governor Chris Gregoire
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Sent by e-mail to: info@chrisgregoire.com

RE: Appeal to the Governor under RCW 34.05.330(3) for Board of Health Rule Change

The Board of Health has denied¹ our petition² to provide a caution to the public that fluoridation has risk of cancer. We are requesting you to reverse the Board of Health's decision and protect infants and children. We are also appealing to the Governor to encourage and support, a scientific and legal review by competent scientists and lawyers inclusive of all stakeholders of the science for and against fluoridation. This could be done without cost to the state of Washington and would result in significant economic and public health savings.

In support of this appeal is our comment³ and others⁴ to the US Environmental Protection Agency proposed fluoride RfD of 0.08 mg/kg/day for pitting dental fluorosis. The EPA has failed to protect the public because the EPA has chosen an overriding intent to protect the pollutant and medicate the public instead of public safety. Although naturally occurring fluoride is usually found in hard water with higher calcium levels and appears to be less toxic, our petition to the WBOH includes both water systems with naturally and artificially added fluoride.

The current recommendation lowering fluoride concentration in water is a direct admission that many have been ingesting too much fluoride. The science supporting the excess fluoride ingestion is decades old. Yes, for decades many have been ingesting too much fluoride. Although Health and Human Services (Centers for Disease Control) has recommended about a 30% reduction in fluoride concentration in public water, most infants (estimated 80%) and many children (estimated 10-40% from 0.5 to 7 years of age) will not be protected. RCW 43.20.50(2) mandates the Board of Health to assure safety of water. Water with fluoride concentrations above 10 ppb (0.01 ppm), is not safe for everyone.

The Board of Health has mistakenly relied on the CDC and EPA to determine the safety and efficacy of adding fluoride to public water. Neither the CDC nor EPA have jurisdiction over the approval of adding fluoride to public water. When public health agencies make mistakes, the damage is multiplied over millions of people.

¹ Appendix AA BOH Denial

² Appendix BB WASW Petition and Appendixes A-P

³ Appendix CC WASW EPA Comment Appendixes 1-124

<http://fluoridealert.org/re/osmunson.4-19-11.pdf>

⁴ Other comments to the EPA <http://www.fluoridealert.org/re/thiessen.4-19-11.pdf>

<http://fluoridealert.org/fan-dose-response.comments.apr.2011.pdf>

<http://fluoridealert.org/fan.exposure.revised.4-22-11.pdf> <http://fluoridealert.org/since-nrc.html>

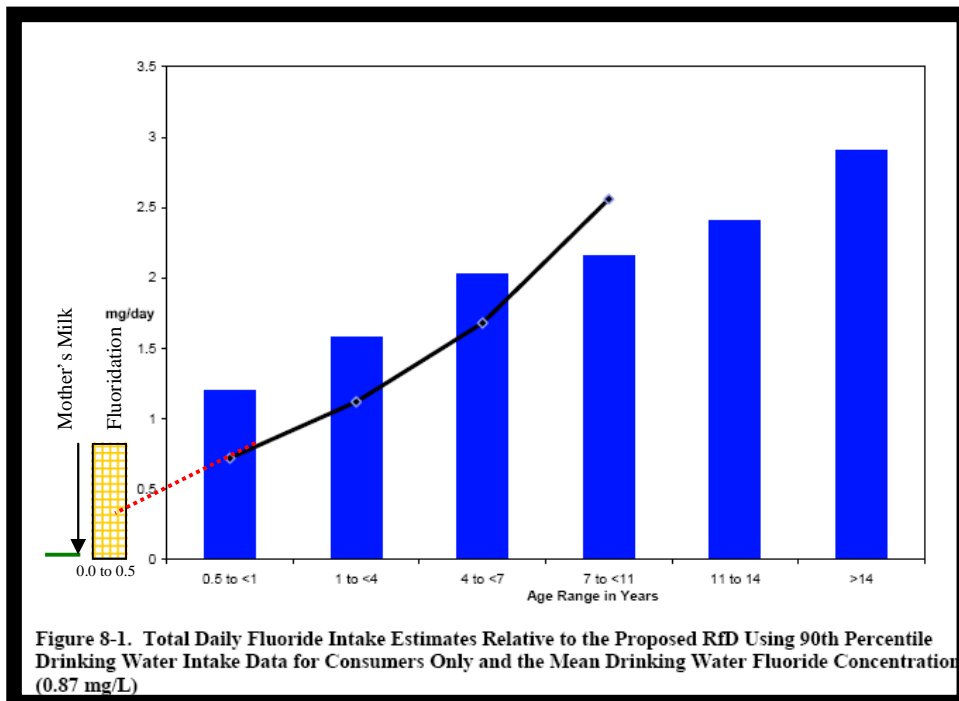
The concentration of fluoride in mother's milk must be chosen as the normative value of fluoride concentration for infants. In effect, the Board of Health has chosen not to protect infants and placed infants in harm by rejecting mother's milk as normative.

The Legislature did not authorize the Board to determine the efficacy of fluoridation or fluoride concentration, but to ensure safety of the water. The Board is to focus on water safety, not alleged efficacy of contaminating public water. The FDA CDER is to determine the efficacy of fluoridation, not the Board of Health or CDC.

The EPA Dose-Response Analysis graph below demonstrates failure to protect the public by NOT including:

- A. the most vulnerable, those under six months of age,
- B. 10% of the population drinking the most water,
- C. the percentage of children above the black line,
- D. the graph does not include other sources of fluoride such as toothpaste which doubles the blue lines but does not raise the black line.
- E. the graph does not include a margin of safety, usually 10 to 100, which is required by the SDWA to protect sensitive subpopulations.

Note: We have modified the graph on the left to include infants from 0 to 0.5 years of age. If the infant is on mother's milk, the infant would receive almost no fluoride. If the infant is on Board of Health approved fluoridated water to make infant formula, all infants would ingest more fluoride than mother's milk and most infants would ingest more fluoride than 0.08 mg/kg/day recommended by the EPA



The CDC states, "One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed."⁵ Only about 13% of infants are exclusively breast fed at 6 months of age. Indeed, mothers should protect their infants from any nutrition which is not similar to mother's milk, such as fluoridated water. The contradiction in promoting mother's milk and fluoridation makes public health agencies look scientifically incompetent.

The Board of Health does not have evidence mother's milk has an inadequate concentration of fluoride or that a higher fluoride concentration for infants is safe. In other words, the BOH cannot have it both ways. Either Mother's milk is best and fluoridation is flawed or fluoridation is best and Mother's milk is flawed. Take your pick, but you can't have it both ways and appear competent.

Mother's milk is not a new invention. The lack of fluoride in mother's milk is not a new discovery. Mother's milk is not flawed and defective in fluoride concentration. It does not take a special educational degree to understand the significance of mother's milk on our species. Even though infants do not vote or pay taxes, many will survive fluoridation and will have every right to distrust government for causing them damage.

History has not remained silent on the atrocities of science experimenting on patients without the patient's consent. Fluoridation is one such experiment which one day will be viewed as a crime against humanity and is not permitted in most developed countries. The Board and Governor must no longer be public health Drones.

The Legislature did not exempt infants, children or a significant percentage of the population from "safety." The vast majority of the population is at risk of ingesting too much fluoride during the first six months because only about 20% are exclusively breast fed. Our petition to the Board of Health is based foremost on the protection of infants and children.

Our petition to the Washington Board of Health is not limited to just those water districts who add fluoride to water, but rather all water systems with more fluoride concentrations than the highest levels of fluoride recorded in mother's milk, 10 ppb. The mean concentration of fluoride in mother's milk is 4 ppb. Most samples of Mothers' milk have no detectible fluoride, less than 1 ppb. In other words, our petition at to the Board of Health at 10 ppb is a pragmatic compromise between Mother's Milk at less than 1 ppb and the Board of Health Rules at 800 to 1,300 ppb.

Our petition for health education, providing parents with caution, is well within the Board of Health's jurisdiction.

Your careful consideration for the protection of infants and children is requested.

Sincerely,

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⁵ <http://www.cdc.gov/breastfeeding/promotion/index.htm> accessed 5/10/11