From:	Ricks, Tim DMD (IHS/HQ)
To:	Eckert, John (FDA/OC)
Subject:	RE: Update on COVID-19 from the ADA HPI
Date:	Wednesday, July 8, 2020 9:05:09 AM
Attachments:	draft_fluoride_monograph.pdf

Good morning John,

Attached is the 1st monograph that was released last December. The NASEM review, released in January, can be found at https://www.nap.edu/read/25715/chapter/1. Here are the key points to the public smacking:

> The committee, however, identified several issues associated with the protocol. First, the role of the Office of Health Assessment and Translation (OHAT) handbook in developing the protocol is unclear. The protocol scarcely refers to the OHAT handbook and does not discuss the role of the handbook in its development. That ambiguity leads to concerns about the lack of detail in the protocol and about apparent conflicts between methodologic approaches in the protocol and the handbook itself.
>
> Second, important details are missing from the protocol, including information on the strategy used to update the experimental animal literature, expertise and experience of review team members, and the planned conduct of statistical analyses. It does not provide explicit exclusion and inclusion criteria for study selection, which are critical for transparency of the process and reproducibility of the findings. It also does not provide justification for some of its decisions, for example, regarding screening parameters or what information to make publicly available, such as the list of excluded studies.
>
> Third, there are some inconsistencies in the details provided in the protocol and the methods ultimately implemented in the monograph, including how mechanistic data would be considered, how the outcome assessment would be conducted, and which confounders were identified as critical covariates. Those discrepancies are troubling because inconsistencies between the protocol and the monograph raise questions about how the process was actually conducted, about what changes were made, and about when and why modifications were implemented.
>
> The committee found some issues associated with data presentation and communication of various aspects of the process that are discussed further in the context of the evaluation of the animal and human evidence. One particular aspect of communication needs to be emphasized here. Many people are interested in whether water fluoridation to prevent tooth decay poses a threat to human neurodevelopment and cognition. Although the monograph provides some discussion of dose–response relationships, NTP did not conduct a formal dose–response assessment and needs to state clearly that the monograph is not designed to be informative regarding decisions about fluoride concentrations for water fluoridation.

Following this NASEM report, NTP went back to the drawing board. I have heard through NIDCR that they will still make the conclusion that fluoride is neurotoxic, especially to children….but again, at what level?

- The first recommendation for fluoride concentration came from the USPHS in 1962, and it was 0.7 – 1.2 mg/L or ppm.
- The second recommendation came from an expert panel convened in 2010, with the report released in 2015, where the USPHS said 0.7 mg/L was optimal fluoridation, acknowledging that the upper limit was lowered because there are many sources of fluoride now (toothpaste, fluoride gels, etc.) that didn't exist in 1962.
- The EPA has set the maximum contaminant level for fluoride at 4.0 mg/L, and a secondary contaminant level of 2.0 mg/L.
- But again, OPTIMAL fluoridation is 0.7 mg/L.
- The 1st NTP monograph said that fluoride was "presumed to be neurotoxic or have cognitive effects" at >1.5 mg/L, double what the USPHS recommends.

With that last statement in mind, I suspect that NIEHS/NTP will make that same conclusion as there are NOT any studies showing toxicity at a level <1.5 mg/L. So there really isn't anything 'new' here, as we know that even water can be toxic at high enough doses! I think the SG's communications team just got scared of negative publicity (I wonder where they were when he said masks weren't necessary or when he chastised the media for their reporting). But the bottom line is that he will be marked as the first SG to not support fluoridation since it was first supported by the USPHS 75 years ago.

Just between us of course….

Timothy L. Ricks, DMD, MPH, FICD
Rear Admiral (RADM), Assistant Surgeon General
Chief Dental Officer, U.S. Public Health Service
IHS Headquarters Division of Oral Health

- Continuing Dental Education Coordinator
- Oral Health Promotion/Disease Prevention Coordinator
- Expanded Function Dental Assistant Program Coordinator
- Dental Lead, Government Performance and Results Act
- Oral Health Surveillance Coordinator

From: Eckert, John <John.Eckert@fda.hhs.gov>
Sent: Wednesday, July 8, 2020 6:43 AM
To: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Subject: RE: Update on COVID-19 from the ADA HPI

Have you seen the content of the NIEHS monograph yet? I would doubt it, but I think the ASH's office should share it with you so you can see what the institute is planning to publish. I suspect that the report will be critically analyzed by the scientific/public health community once it is out, and it may not stand the test of time. There is no disputing the long-term public health benefits of fluoridation to dental health. You're absolutely right about the way the SG's inaction on a statement in this era of challenging science. It won't go well. I fondly remember the days when science was immune to politics.

CAPT John J. Eckert, PhD, CIP

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From: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Sent: Tuesday, July 7, 2020 3:37 PM
To: Eckert, John <John.Eckert@fda.hhs.gov>
Subject: RE: Update on COVID-19 from the ADA HPI

Yep, I get the same thing. There are those that think the stopgap is necessary to keep our strength up for the public health emergency, but I would say that the majority of officers (not just dental) that I've spoken with mistrust CCHQ and believe that CCHQ is just trying to keep Corps numbers artificially high for now for political reasons. I think the mistrust comes from what we've all been talking about – the Friday evening and holiday even policy releases, or worse, the release of policies during holidays or government shutdowns.

On another note, and this is not public so please do not share, the SG agreed to sign a statement of support for water fluoridation a few weeks ago, as past SGs have all done. But then his comms team learned of a new NIEHS monograph that might say some negative things about fluoridation, and they pulled the plug. It has been quite the fiasco and I think will be a very damaging legacy to our SG that for 75 years the USPHS has backed fluoridation and it will be perceived by many that now we don't. I could fill you in more on this topic, but it is very discouraging from a dental public health standpoint.

I try to be as positive as possible, but positivity now borders on lunacy.

From: Eckert, John <John.Eckert@fda.hhs.gov>
Sent: Tuesday, July 7, 2020 3:24 PM
To: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Subject: RE: Update on COVID-19 from the ADA HPI

I had a call with my Scientists today at noon, and the anger is palpable. If leadership does get it, they aren't doing a very good job of getting out in front of issues. You would have been proud of me today…I was all positive, but realistic too. I told them to expect these promotion rates to persist for the foreseeable future, and they could even go lower if the denominator continues to grow while the numerator remains the same.

I know I have officers who think that the stop loss was put in place to prevent officers who are disillusioned and demoralized by the low promotion rates from separating. They feel as if they are being held against their will. There will be officers (I don't know if mine will be among them) who will be sending letters to Senators and Representatives over the coming weeks.

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From: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Sent: Tuesday, July 7, 2020 3:19 PM
To: Eckert, John <John.Eckert@fda.hhs.gov>
Subject: RE: Update on COVID-19 from the ADA HPI

And the only way to maintain our strength is to keep people from retiring or separating. There are so many angry officers right now, and I don't think leadership doesn't get that.

From: Eckert, John <John.Eckert@fda.hhs.gov>
Sent: Tuesday, July 7, 2020 3:14 PM
To: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Subject: RE: Update on COVID-19 from the ADA HPI

Good lord. We have a howitzer pointed straight at our feet.

CAPT John J. Eckert, PhD, CIP

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From: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Sent: Tuesday, July 7, 2020 3:11 PM
To: Eckert, John <John.Eckert@fda.hhs.gov>
Subject: RE: Update on COVID-19 from the ADA HPI

I hope that this will filter over to CCHQ and they'll say "Wow, this looks like a great opportunity to recruit."

By the way, and just for your information, last week Susan had a call with several senior leaders in IHS to make the big announcement that they had one or two physicians and two dentists that had made it through clearance and that IHS had first dibs on them. Turns out one dentist won't answer any e-mails, and the other just accepted an IHS long-term training assignment into oral surgery school, and he emphatically said he would NOT join the Corps since the Corps penalizes officers from concurrently receiving the retention bonus while completing long-term training active duty obligations. This was part of the new HPSP policy that had specialists very upset. This dentist going into oral surgery training stood to lose $400,000 in retention bonus payments if he had joined the Corps.

Tim

From: Eckert, John <John.Eckert@fda.hhs.gov>
Sent: Tuesday, July 7, 2020 2:51 PM
To: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Subject: RE: Update on COVID-19 from the ADA HPI

That's very important information. I was actually unaware, but am not surprised that the ADA is collecting these data. With dentists still only back to about 2/3 of pre-COVID number of patients/day, the backlog of patients must be growing astronomically, and there is likely growth of dental disease that is only going to get worse before these folks can get back in.

I do agree with you that this information could be a selling point for young dentists. There is job security; however, promotion potential is not great.

CAPT John J. Eckert, PhD, CIP

Phone: 240-472-0951
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From: Ricks, Tim DMD (IHS/HQ) <Tim.Ricks@ihs.gov>
Sent: Tuesday, July 7, 2020 2:35 PM
To: Dulaigh, Joel (OS) <Joel.Dulaigh@hhs.gov>; Wright, Janet (OS) <Janet.Wright@HHS.GOV>
Cc: Eckert, John <John.Eckert@fda.hhs.gov>
Subject: FW: Update on COVID-19 from the ADA HPI

CAPT Dulaigh and Dr. Wright,

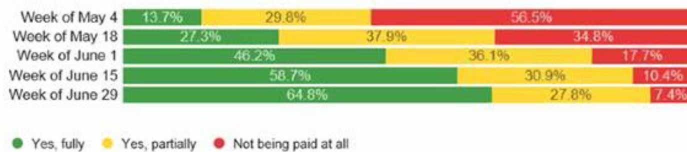
Here is an update on dentistry as it relates to COVID-19….from the American Dental Association's bi-weekly polling.

1. **Only 2/3 of non-owner dentists are being paid.** While this is a big concern nationally, it could be an opportunity for the USPHS and the various agencies with dentists to recruit if our marketing could focus on job security, etc.

Core Questions

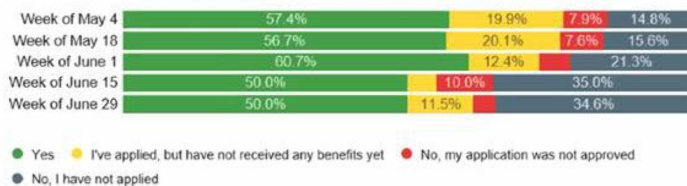
PAY STATUS OF ASSOCIATES, EMPLOYEES, AND INDEPENDENT CONTRACTORS

[If non-owner dentist] **Are YOU being paid this week?**



Insight: Nearly two-thirds of employee dentists are back to being paid fully. Employee dentists continue to lag when it comes to re-hiring.

[If Not Being Paid at All] **Are you currently receiving unemployment benefits?**



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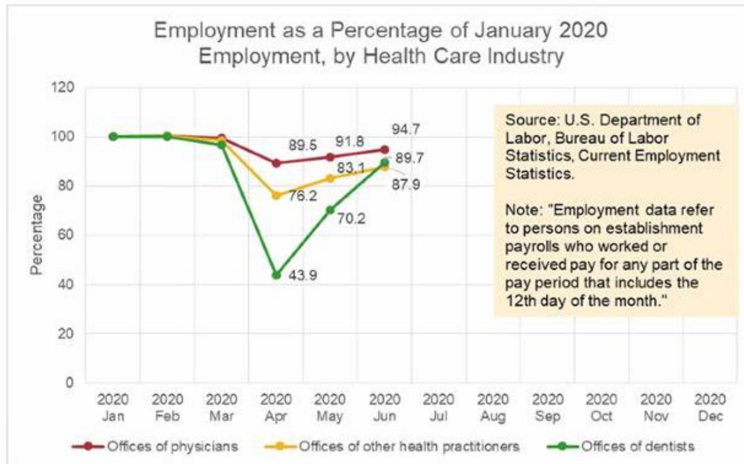
2. **The dental industry is back to 90% of pre-COVID staffing levels.**

Core Questions



Insight: BLS data show employment in dental offices in June was at 90% of pre-COVID-19 levels, in line with data from HPI's survey.

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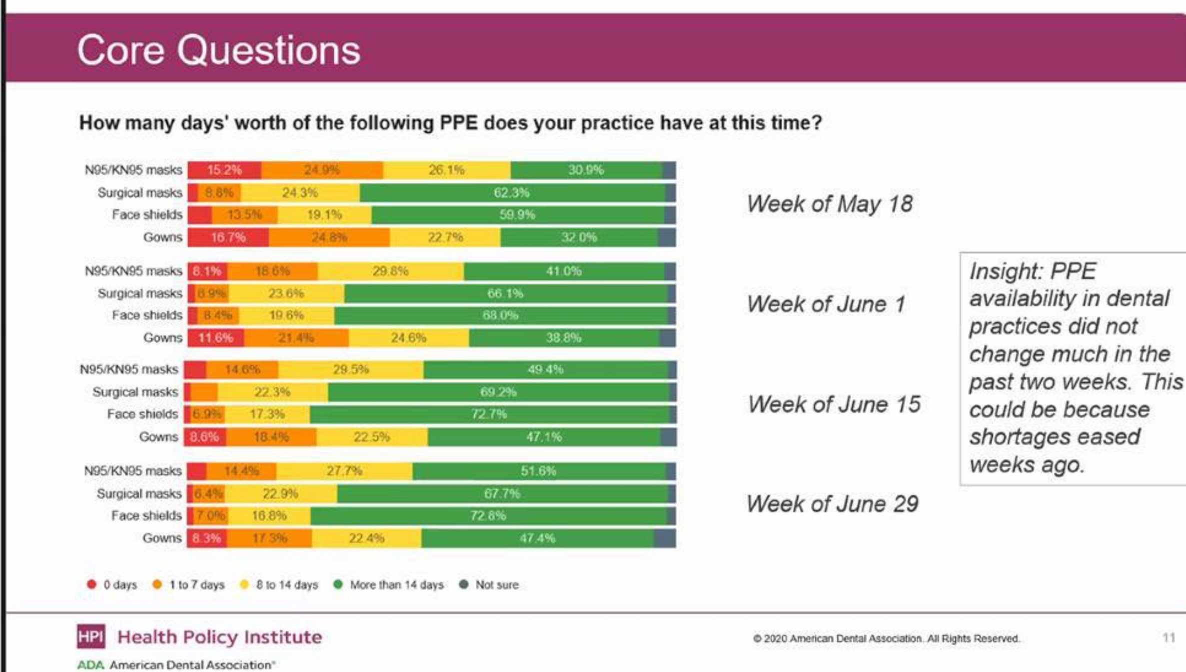
3. **PPE supplies for dental practices haven't really changed over the last two weeks.**



4. **The new protocols related to COVID-19 has decreased patients by 1/3 ("maximum" is self-reported capacity).** This is a significant economic impact to the profession. However, current average patient load is very close to maximum capacity (20.5/23.6).

Question of the Week

Number of patients seen in practice per day

Insight: Due to a variety of COVID-19 related factors, maximum patient capacity in dental offices has declined significantly. Patient volume is close to maximum levels. This indicates there is very little "slack" in the system.

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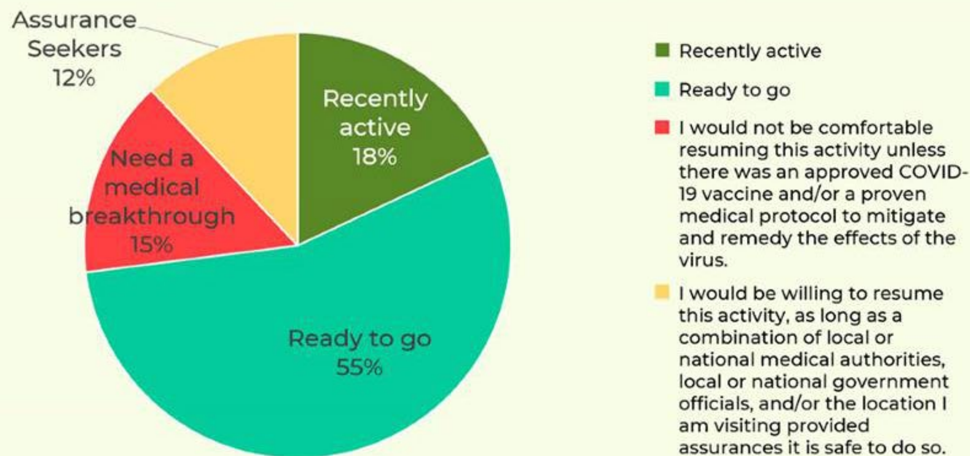
5. **¼ of patients still don't want to go to the dentist unless there is some assurance or a vaccine.**

ENGAGEMENT: VISIT A DENTIST'S OFFICE

Which of the following conditions is closest to your current point of view… Visit a dentist's office



'277, Back to Normal Barometer, June 17, 2020

SPORTS& LEISURE Engagious ROKK 2020 BACK TO NORMAL BAROMETER

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