

From: [Dr. Johnny Johnson](#)
To: [Jim Kershaw](#)
Cc: "[Jennifer Johnson](#)"
Subject: FW: Clarification on points made at Washburn Commission Meeting.
Date: Thursday, January 16, 2025 1:57:52 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image006.png](#)
[image007.png](#)
[Whall 4-2-12 Calc F- amt in TP fluoride toothpaste.pdf](#)
[Reply to email from council member.docx](#)
Importance: High

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Here you go big guy. I pasted it into a Word document as well. All of the hyperlinks are intact.

From: Keith Hapip Jr [REDACTED]
Sent: Wednesday, January 15, 2025 3:14 PM
To: Jim Kershaw <jkershaw@bismarcknd.gov>
Cc: Chelsey Brandt <washaud@westriv.com>
Subject: Clarification on points made at Washburn Commission Meeting.

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Hello Jim,

I am seeking evidence through either medical studies or other evidence that would back up some of the statements you made at the commission meeting. The list is below with the timestamps to when you said it. For a reference here is a link to the City commission meeting if you would like context to your statements: <https://www.youtube.com/watch?v=U0aV3Pymn7Q>

1. Time Stamp: 32:46

“One thing that surprised me was most community dentists support water fluoridation. Which is surprising because it would cost them money earned from other services. That fact alone proved to me that they are truly public health orientated and not just out to make dollars.”

Would you please provide a list of the community dentists you are referring to? Are these dentists that have come to meetings on the subject or did you independently survey their opinion on the matter?

A. I have presented on panels with the Association of State and Territorial Dental Directors ([ASTDD](#)) – 8,400 members

- B. I present with public and private dentists, dental hygienists, and other dental health professionals from around the world at the [annual](#) National Oral Health Conference
- C. Collaborate with the [North Dakota Dental Association](#) and its members
- D. Present with Dr. Johnny Johnson (President, American Fluoridation Society) for the Florida Dental Association ([FDA](#)) - >8,000 members

2. Time Stamp: 33:40

“The additive used for fluoridation is no different than the naturally occurring fluoride found in all water.”

*Would you please provide evidence that it is the **same** compound? What is used to supplement the water? What is the **manufacturing process** of creating that product and is there any way it is **different from naturally occurring fluoride**?*

A. **Types of Fluoride Additives:**

Community water systems in the United States use one of three additives for water fluoridation. Decisions on which additive to use are based on cost of product, product-handling requirements, space availability, and equipment.

The three additives are:

- Fluorosilicic acid: a water-based solution used by most water systems in the United States. Fluorosilicic acid is also referred to as hydrofluorosilicate, FSA, or HFS.
- Sodium fluorosilicate: a dry salt additive, dissolved into a solution before being added to water.
- Sodium fluoride: a dry salt additive, typically used in small water systems, dissolved into a solution before being added to water.

B. **Sources of Fluoride Additives:**

Most fluoride additives used in the United States are produced from phosphorite rock. Phosphorite contains calcium phosphate mixed with limestone (calcium carbonates) minerals and apatite—a mineral with high phosphate and fluoride content. It is refluxed (heated) with sulfuric acid to produce a phosphoric acid-gypsum (calcium sulfate-CaSO₄) slurry. The phosphoric and fluoride gases that are released in the process are then separated. The fluoride gas is captured and used to create fluorosilicic acid.

According to the American Water Works Association Standards Committee on Fluorides, the sources of fluoride products used for water fluoridation in the United States are as follows:

- Approximately 90% are produced during the process of extracting phosphate from phosphoric ore.

Approximately 5% come from the production of hydrogen fluoride or sodium fluoride.

- Approximately 5% come from the purification of high-quality quartz.

Since the early 1950s, FSA has been the main additive used for water fluoridation in the United States. The favorable cost and high purity of FSA make it a popular additive. Sodium fluorosilicate and sodium fluoride come from processing FSA, or from processing hydrogen fluoride. FSA can be partially neutralized by either table salt (sodium chloride) or caustic soda to get sodium fluorosilicate. If enough caustic soda is added to completely neutralize the fluorosilicate, the result is sodium fluoride. About 90% of the sodium fluoride used in the United States comes from FSA

C. **Fluoride Additives Are Not Different From Natural Fluoride:**

Some consumers have questioned whether fluoride from natural groundwater sources, such as calcium fluoride, is better than fluorides added “artificially,” such as FSA or sodium fluoride. Two recent scientific studies, listed below, demonstrate that **the same fluoride ion is present in naturally occurring fluoride or in fluoride drinking water additives** and that no intermediates or other products were observed at pH levels as low as 3.5. In addition, **the metabolism of fluoride does not differ depending on the chemical compound used or whether the fluoride is present naturally or added to the water supply.**

- Finney WF, Wilson E, Callender A, Morris MD, Beck LW. [Re-examination of hexafluorosilicate hydrolysis by fluoride NMR and pH measurement](#), *Environ Sci Technol* 2006; 40:8:2572.
- G.M. Whitford, F.C. Sampaio, C.S. Pinto, A.G. Maria, V.E.S. Cardoso, M.A.R. Buzalaf. [Pharmacokinetics of ingested fluoride: Lack of effect of chemical compound](#), *Archives of Oral Biology*, 53 (2008) 1037–1041.

3. Time Stamp: 34:30

“For every study that opposes CWF there is 2-3 times that amount in support of it”

Would you provide where you got these numbers from?

- This is just an estimate. There are just shy of [7,000](#) research articles and reviews on the National Institute of Health, National Library of Medicine, PubMed. The overwhelming preponderance of the literature supports water fluoridation as effective in reducing cavities and safe for everyone.

4. Time Stamp: 34:39

“Fluoride does work systemically by being in your saliva and coating teeth with a

small amount throughout the day, it recoats the teeth and strengthens enamel.”

Would you please provide evidence for this claim? I have been unable to locate anything about systemic effects at this time specific to teeth.

Benefits: Strong Teeth:

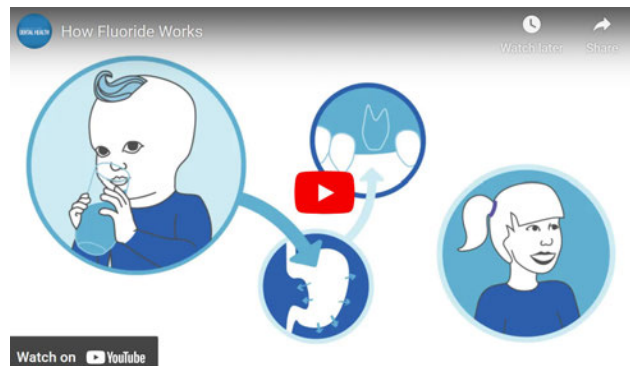
Fluoride benefits children and adults throughout their lives. For children younger than age 8, fluoride helps strengthen the adult (permanent) teeth that are developing under the gums. For adults, drinking water with fluoride supports tooth enamel, keeping teeth strong and healthy. The health benefits of fluoride include having:

- Fewer cavities.
- Less severe cavities.
- Less need for fillings and removing teeth.
- Less pain and suffering because of tooth decay.

How Fluoride Works:

Fluoride has been proven to protect teeth from decay. Bacteria in the mouth produce acid when a person eats sugary foods. This acid eats away minerals from the tooth's surface, making the tooth weaker and increasing the chance of developing cavities. Fluoride helps to rebuild and strengthen the tooth's surface, or enamel. Water fluoridation prevents tooth decay by providing frequent and consistent contact with low levels of fluoride. By keeping the tooth strong and solid, fluoride stops cavities from forming and can even rebuild the tooth's surface.

I Like My Teeth – American Academy of Pediatrics, Campaign for Dental Health



5. Time Stamp: 44:10

You alluded to something worse than cavities comes from the cessation of CWF.

What are the worse things and what evidence do you have for that claim?

- Cessation of fluoridation has been studied extensively worldwide over the past

several years. Cavity rates begin to soar within three years after fluoridation is stopped. This is visible first on the baby (primary teeth) as the enamel is thinner on them than permanent teeth. As time passes, cavities begin to soar in the teeth, especially in people who were born after fluoridation was stopped.

- Additionally, the need to treat extensive dental cavities [soars](#) in communities when fluoridation stops.
- Water operators prevent more cavities than all dentists combined could prevent in their offices over their lifetimes.

Avoiding the need for treatment under general anesthesia in OF

- U.S. and International studies confirm benefits for children
- Reduced by 2/3rd
- Water Operators [prevent more cavities](#) by fluoridating the water than all of us can do in our lifetimes



-Kip Duchon, retired CDC National Fluoridation Engineer

(Sources: J. Derry, "Tooth Decay: A Silent Epidemic, Especially For Poor Kids in Ohio," Colorado Public Radio, March 12, 2013. "An alternative marker for the effectiveness of water fluoridation: hospital extraction rates for dental decay: a low-income study, Elmer et al, British Dental Journal 2014; 216: E10. Klivitsky et al., "Hospitalizations for dental infections: Optimally versus non-optimally fluoridated areas in Israel," Journal of the American Dental Association)

Avoiding the need for treatment under general anesthesia in OF



(Sources: An alternative marker for the effectiveness of water fluoridation: hospital extraction rates for dental decay, a low-income study, Elmer et al, British Dental Journal 2014; 216: E10. Klivitsky et al., "Hospitalizations for dental infections: Optimally versus non-optimally fluoridated areas in Israel," Journal of the American Dental Association)

- Dental cavities are the most common chronic disease of adults and children. It is an infectious and transmissible disease. It is more common than asthma, diabetes, and obesity.
- Extensive cavities in young children often have to be treated in the operating room under general anesthesia. Their whole mouth has to be restored at one time. These children are unable to cooperate for this extensive of needs due to a variety of reasons, including age, inability to sit still, language barriers, mental disabilities, medical complications, and many other reasons.
- Cavities that damage the nerve of the tooth leads to the nerve dying. The [infection from an abscessed tooth](#) can get into the blood stream which can lead to septicemia, brain abscess, heart attack, stroke, [Ludwig's angina](#), facial plane

swelling, infection involving the neck and throat, [and many more medical complications](#). Death can and does occur from these complications.

6. Time Stamp: 46:45

“The other thing that gets brought up is there’s the call poison control if your child swallows toothpaste. By the time they have swallowed enough toothpaste, the **detergent or whatever is in there they are going to throw it up before they become sick and there will be a short term overexposure like that is not going to cause permanent damage.”**

*I called poison control here in North Dakota and they said that if a **child swallowed over two ounces there would be serious medical concern** and an antidote of calcium would be necessary due to how it binds to the fluorine in the system. They denied any knowledge of toothpastes containing vomit inducing properties.*

Would you be able to provide evidence for your claim that clearly contradicts what poison control told me.

From the attached email from Dr. Clifford W. Whall, Jr., PhD, Director, Acceptance Program, Council on Scientific Affairs, American Dental Association with Dr. Johnny Johnson, Jr., pediatric dentist:

- “Second, the **abrasives and surfactants** in toothpaste **cause emesis** if too much is ingested.”
- “After reviewing the literature that concluded that the estimated **lethal dose of fluoride ion (F⁻) for a 20kg [44 pounds] child was about 480 mg F⁻**”
- “One popular **adult sized tube** is **6.4 oz**, which contains 6.4 X 33.3 mg F⁻ = **213 mg F⁻**.”
- **Using the above amount of fluoride from toothpaste that would need to be swallowed at one sitting for a young, small child to receive a lethal dose of fluoride would be two full-sized adult tubes of toothpaste.**
- I (Dr. Johnny Johnson) contacted the poison control center 800-222-1222 and spoke with a doctor on January 16, 2025. A child would have to swallow a whole tube of toothpaste (child size) to get enough to get sick. They would recommend that the child drink milk to tie the fluoride ion to the calcium ion in the milk. They would not have to be sent to the hospital. But they would throw up from the foaming agent [surfactant] in the toothpaste before they could swallow that much.

Further, no one in the U.S. has ever died from accidental toothpaste ingestion.

Thank you for your time,

Keith Hapip Jr.

Hi Jim,

I went through the points provided to you by Mr. Hapip and answered each point with references. If there are any further questions that I can be of assistance with, please let me know. You can also give Mr. Hapip my contact information if he would like to speak directly with me.

Respectfully,



Johnny Johnson, Jr., DMD, MS
Pediatric Dentist
Diplomate, American Board of Pediatric Dentistry
Life Fellow, American Academy of Pediatric Dentistry
President, American Fluoridation Society
Web: AmericanFluoridationSociety.org
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Email: DrJohnny@AmericanFluoridationSociety.org



The American Fluoridation Society is a group of healthcare providers who help provide communities with the science of water fluoridation from around the world. We do not accept any income for our work. This is our time in life to give back for the gifts that God gave us to provide for others.

From: Jim Kershaw <JKershaw@bismarcknd.gov>

Sent: Wednesday, January 15, 2025 6:33 PM

To: Dr. Johnny Johnson <drjohnny@americanfluoridationsociety.org>; Jennifer Johnson
[REDACTED]

Subject: Re: Clarification on points made at Washburn Commission Meeting.

Don't reply to him now. I have a plan.

Jim Kershaw
Superintendent

City of Bismarck-WTP
615 River Road
PO Box 5503
Bismarck, ND 58506-5503

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From: Dr. Johnny Johnson <drjohnny@americanfluoridationsociety.org>
Sent: Wednesday, January 15, 2025 5:16 PM
To: Jim Kershaw <JKershaw@bismarcknd.gov>; Jennifer Johnson [REDACTED]
Subject: Re: Clarification on points made at Washburn Commission Meeting.

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Can I respond to the cocksucker? He's a stupid fuck. I'm betting that the antis have their own poison control center in NoDak.

Fucking idiot

Johnny Johnson, Jr., DMD, MS
Pediatric Dentist
Diplomate American Board of Pediatric Dentistry

Life Member American Academy of Pediatric Dentistry
President, American Fluoridation Society
e: DrJohnny@AmericanFluoridationSociety.org
c: 727-409-1770
w: americanfluoridationsociety.org

From: Jim Kershaw <JKershaw@bismarcknd.gov>
Sent: Wednesday, January 15, 2025 4:27:36 PM
To: Johnny Johnson <drjohnny@americanfluoridationsociety.org>; Jennifer Johnson
[REDACTED]
Subject: Fw: Clarification on points made at Washburn Commission Meeting.

Throw me a lifeline old wise wondrous one.
This dink is at it.

Jim Kershaw
Superintendent

City of Bismarck-WTP
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PO Box 5503
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