

Understanding The Fluoride Fraud...

res ipsa loquitur

Before I get into this fluoride fraud issue I want to explain to you that fluoride use in regards to dentistry is used in two distinctly different ways and with two distinctly different chemical forms of the element fluorine.

Fluoride use is either **topically applied** or it is **ingested**.

The **ingested** form would be fluoridated drinking water which usually contains hydrofluosilicic acid or sodium silicofluoride. There are also fluoride tablets that are given to children as well as quite a few pharmaceutical medications that contain fluoride.

The **topical** form would be toothpaste which usually contains sodium fluoride. There are also fluoride gels that are usually made with a tin fluoride. There are also fluoride varnishes that are applied in the dental office environment and fluoride mouthwashes and gels that are made for home use.

It is important to understand the differences between ingested fluoride and topical fluoride as the chemistries, reactions and effects are radically different. What I will spend most of my writing time on here will be the ingested form as that is where the fluoride fraud began many years ago. I will eventually discuss the topical fluorides but it will be at the end. For now consider the bulk of this paper to be on ingested fluorides as found in the public drinking water supplies.

To explain this fluoride fraud I will take you back to the beginning of my fluoride education and explain how I got brainwashed and then how I got unbrainwashed and accurately educated.

My Personal Fluoride Educational History

I was ten years old when in 1953, my town, Tulsa, OK, begin to fluoridate the public drinking water. Back then I had an **assumed trust** in dentist and my City Government and held it they were **ALL** looking out for my safety and well being and they would be **ethical** and would do nothing that would cause any kind of harm to me or others

Even after having already spent time in the dental chair at that young age getting teeth drilled and filled I thought I was being looked out for and protected by the establishment and the dentist.

How naive I was...

I don't think I ever gave this fluoride subject another thought until years later when I was in dental school.

In dental school we **never** had a course called Fluoride 101. During my second year of dental school there was a brief ten minute class discussion one day about the benefits of fluoridated drinking water on reducing tooth decay. There was someone in my class who said something to the professor about having heard that fluoride was somehow bad and should not be in the drinking water. The instructor quickly responded that it was well known that fluoridated drinking water reduced tooth decay and that fluoride was safe, beneficial and of value. This professor also declared that

there were some people out there who were misinformed and anti-science and they did not know what they were talking about and he reassured us that as a dentist we are the “**fluoride experts**” and we know that fluoridated drinking water is a good thing and we should just **ignore** anyone who disagreed.

I did not give this fluoride subject anymore thought. Like the other sheep in class I took everything my dental instructor(s) said as gospel truth. Besides, to pass a course and to eventually graduate from dental school it is necessary to give the right answers on a test...even if an answer is not factual.

During our third year of dental school we started treating patients and begin to apply fluoride topically on their teeth after a cleaning.

The fluorine chemical we used after cleaning their teeth was a sodium fluoride. It was supplied to us in a dry powder form. Once we were thru with their teeth cleaning we would mix this sodium fluoride powder with a small amount of distilled water and the patient would take a mouthful and swish it around the teeth.

This solution had to be mixed fresh and used immediately as it was very reactive and chemically unstable and would react with the water and chemically breakdown very quickly. It also tasted **extremely** terrible and if it was accidentally swallowed, nausea and vomiting was immediate. .

As I stated above, in dental school we did **not** take any course called Fluoride 101. As dental students we were only taught how to mix and apply the fluoride

chemical. We were also indoctrinated with the dogma that if anyone expressed any opposition to the ingestion of fluoridated drinking water they were to be referred to as quacks, or anti-science or some other derogatory name and the public was considered to be **not** knowledgeable. That **extremely** minimal training qualified us dentists to be called a “**fluoride expert.**”

When a dental student graduates from Dental School we get a diploma as well as a badge to wear that certifies us as an official “**Fluoride Expert.**”

The time frame here is 1970. Back then research for more stable fluoride solutions to use for topical applications in the dental office was in the infancy stage. Until the more stable compounds were developed a few years later the unstable fluoride chemical solutions that were used had to be mixed and used immediately.

Eventually there were a couple of fluoride solutions developed that gave the fluoride solutions an extended shelf life. Flavorings were added for taste and the job of applying fluoride chemicals in the dental office environment was made easier.

One method used to extend shelf life was to use a stannous (tin) fluoride chemical that was placed in a glycerin gel. The fluoride did not react with the glycerin gel, thus the fluoride molecule remained reactive longer.

The other way was to use an acidic solution because by keeping the fluoride acidic the shelf life could be extended.

I used both of these fluoride topical solutions in my dental practice for several years and thought I was doing the modern and technically correct thing.

It was in the early 1980's that I began to wake up to the fluoride fraud. Here is what happened that woke me up.

THE WAKE UP...

As I wrote in the gingival sulcus section, I had been aware of Dr. Bass and his work for many years. In the late 1970's I contacted Tulane University Medical School and obtained the complete collection of Dr. Bass' research papers regarding his gingival Sulcus dental research.

When Dr. Bass retired as Dean of Tulane University Medical School in 1940, he did not end his research work. Tulane Medical School gave Dr. Bass full access to the research facility and supplied him with whatever he needed to continue his research work. It was after his retirement at age 65 that he again began to do serious research work regarding dental disease.

In 1957, at age 82, Dr. Bass had one of his research papers titled **Some Important Developments Presently Influencing Dental Health In America**, Published in the Journal of the Louisiana Medical Society, 1957, 109; 201.

In this publication Bass wrote some things about fluoride that I had never been exposed to in any of my formal dental education. As I studied Bass' fluoride comments I begin to question for the first time if I had also been misled on fluoride as I had been with dental disease.

Now for the crossover: Prior to reading that paper of Dr. Bass' I was only aware of the dental professions ignoring of Bass' work related to the gingival Sulcus. I wanted to get this information about Bass' gingival sulcus work out to the public and all of my communications with the American Dental Association (ADA) fell on deaf ears and the only response I got from the ADA was an attempted con job. I also wrote several letters to several other health officials, newspapers, politicians and others. The response from them was either nothing or they told me they would consult with their family dentist. Their family dentist would reassure them that I did not know what I was talking about and would sometimes attempt to set me straight. I even placed some quotes from Dr. Bass in the newspaper in the form of ads. That got the dental board real upset as they did not want Dr. Bass' work to get out. I was putting in a lot of time and effort but getting nowhere. Sort of like spinning my wheel on ice!

So I backed off and thought...

When I found that publication of Dr Bass' where he opposed the fluoridation of the public drinking water supply I got a bright idea to contact some anti-fluoridation groups and maybe educate them about Bass' gingival sulcus research work thinking the anti-fluoridation folks would appreciate a method of oral hygiene care that would eliminate tooth and gum disease thus eliminating the **perceived** need for fluoride.

I did not go to the anti-fluoride groups for the purpose of eliminating fluoride from the drinking water because at that

time I didn't hold it that fluoride was as big of a problem as I now know it to be. Remember, at that time all I had was my dental school education and my official "Fluoride Expert" badge that proved that I was **already** a fluoride expert and that I knew how good, great and wonderful fluoridated drinking water was.

I just wanted to piggyback Bass' work onto the anti-fluoride issue...

Once I contacted some anti-fluoridation groups... **What a surprise I got...**

Robert Mick, D.D.S.

As I contacted anti-fluoride groups I was eventually referred to Dr. Robert Mick, D.D.S. I never personally met him face to face but I did have numerous phone conversations with him. Dr. Mick first instructed me to contact the ADA and have them supply me with their documentation that supported their position that fluoridating the public drinking water supply reduced tooth decay and was safe, beneficial and of value.

Dr. Mick then referred me to a tremendous amount of fluoride literature that I had never been exposed to in my formal dental school education. Keep in mind that my ten minutes of formal dental school fluoride education qualified me to be a **"fluoride expert."**

Remember: When dental school graduates complete their ten minute dental school fluoride education they all get that Fluoride Expert Badge of Distinction to wear on their lapel and the

American Dental Association **guarantees to the public** that **ALL** graduate dentists are now **"Fluoride Experts"** and the dentist should absolutely **NEVER** be doubted!

As I studied the information that Dr. Mick referred me to I began to see that in dental school us dentists are taught **absolutely NOTHING truthful** about fluoride chemistry or its effects on human cellular physiology.

THE TRUTH...Really!

As I studied and begin to understand the research information I received from the ADA, Dr. Mick and others I began to write papers of my own and over time the various anti-fluoridation groups began to read these papers. Eventually I was invited to several communities where they were dealing with attempts to have fluoride added their public drinking water supplies. I presented my material at their educational forums. In time I was also asked by an anti-fluoridation group to testify at an EPA hearing in Washington DC.

These anti-fluoridation groups were happy to have a knowledgeable dentist on their side as it was very beneficial for them when they were dealing with the **educationally deficient ADA educated** pro-fluoride dentist.

I know that after I presented my information at several public meetings where I went up against pro-fluoride dentist I would always have people who would listen to both sides of the debate and then question as to which side they should believe. I can understand that situation as I have been on both sides of this issue. Is fluoridated drinking water

safe, beneficial and of value as claimed by the dental establishment or is it all just a fraud as claimed by me, many scientist and others?

At these public debates with the educationally deficient pro-fluoride dentist there was never time to give the full story as time was usually used up debating the dental establishment's time delaying **scripted responses**.

So what I will do here is give you the same information that I found that convinced me that Dr. Mick, other non-fluoride dentists and the other non-dental anti-fluoridationist are right on. I think in time you will agree with me...**even if you are a dentist who is currently into denial.**

What I want to do now is give you an accurate story of the history of fluoride in relation to dentistry as taught to me by the late and great Dr. Mick.

This is complicated for me to write because in the earlier years of this fluoride scenario there were several investigation and research scenarios going on at the same time and I have to write about them one at a time. Its sort of like in the movies where there are several scenes going on at the same time and the movie keeps jumping from one to another and then back to another and another and ties together several things that are going on at the same time.

Just as all scenes cannot be shown at the same time I can't write about all the scenarios at the same time. So I pray that I have the skill to find the means to explain all of this in a way that is

understood by the reader. If I don't, let me know so I can keep editing.

Because of the complexity of this fluoride issue, I have given considerable amount of thought into how to organize and present this information. What I have decided to do is give you the **conclusion first** and then explain how I got to that conclusion.

The conclusion is this: Dentistry originally got into this fluoride issue in the early 1900's in order to find what was causing the stained and disfigured teeth in people who resided in certain areas of Colorado, New Mexico, Texas and Oklahoma. In some of these areas, even though the teeth were disfigured and stained, the decay rate was lower when compared to the population in general. This disfiguring that was present was usually referred to as **mottling**.

Webster's Dictionary defines "mottle" as: "1. To diversify with spots or blotches of a different color or shade. 2. A diversifying spot or blotch of color."

Webster's Dictionary defines "mottled enamel" as: "Tooth enamel having areas of varying whiteness and abnormally susceptible to staining, caused during the childhood development of teeth by the drinking of water containing **excessive** levels of fluoride."

In the course of finding the cause of mottled and stained tooth enamel and the lowered decay rates, in the 1920's, 30's and 40's, several dental researchers as well as the United States Public Health Service (USPHS), analyzed the soil, water and the food sources in the areas

where those individuals lived who displayed those pathological symptoms.

Eventually it was determined that the teeth that didn't seem to decay much were a result of very high levels of phosphorous and calcium and other minerals that were present in the well water that was used for drinking water and also the same high mineral content was found in the locally grown vegetables.

There were high levels of many minerals in the well water and the ones pertaining to the dental issues were primarily the high levels of calcium and phosphorus, both known to be very essential to strong tooth and bone formation.

In addition to the high phosphorous and calcium mineral content of the well water some of the water also contained the element fluoride.

That fluoride in the well water was found to poison the cells that are involved with normal tooth development thus causing interference in normal tooth calcification process resulting in mottling and disfigured teeth.

When the tooth did not develop properly due to the toxic effects of the fluoride on the cells that form the tooth, then when that disfigured tooth finally erupted into the mouth the tooth would absorb minerals from the water and food and eventually the tooth would stain brown.

The time frame during which these "scientifically based conclusions" were made was from the early 1900's to about 1935. During those early years the ADA and the USPHS were both behaving

very ethically and were accurately verifying and describing the toxic dental and metabolic effects of consuming fluorides even at the **very low concentrations** as found in the drinking water supplies.

A point of interest here: Even though the conclusion was reached at that time that it was the fluoride that was causing the mottled disfigured teeth and that it was the high levels of calcium and phosphorous in the food and well water that was responsible for the lowered decay rates, Aluminum Corporate America, in the middle 1930's begin to firmly twist the arm of the USPHS and the ADA to force them to begin their word spin to downplay calcium and phosphorous and began to manipulate the science to make it appear that fluoride was somehow the hero.

To give you some documentation that calcium and phosphorous are important to the calcification of teeth, today, in this year of 2009, if someone has sensitive teeth due to enamel erosion or there is a high decay rate, there is prescription toothpaste called Soothe RX that is made with an intentional **very high** concentration of **calcium** and **phosphorous** to be used to recalcify damaged tooth structure. Not many people are aware of this toothpaste because of the need for a prescription to obtain it.

About 1935 the USPHS spin doctors begin to claim that it was the fluoride that was responsible for lowered tooth decay rates. They also begin to spin that those high levels of calcium and

phosphorous had been determined to be **ineffective** in reducing tooth decay rates.

So why is it then that now 2009 calcium and phosphorous is being used specifically for the purpose of recalcifying teeth? And it does work...

Back to deceptionville though: When the aluminum and fertilizer industry heard that lowered tooth decay rates might be connected to high minerals (calcium and phosphorous) in the water and food, they also learned that fluoride had been found in the water analysis and had been included in the initial **guessing** as the cause of lower tooth decay rates.

Why would the aluminum and fertilizer industry be interested in all of this?

Answer: When the ore containing aluminum is mined from the earth, in addition to the aluminum, that ore also has other chemical elements in it including the chemical element fluorine.

To extract the aluminum from that ore the ore is crushed and treated with acid chemicals to dissolve the other minerals out of the ore so that eventually what is left is the raw aluminum.

The waste chemicals left over from the aluminum extraction are the highly reactive, toxic, corrosive and deadly fluoride acids, hydrofluosilicic acid and sodium silicofluoride.

There is absolutely no market for these waste acidic fluoride chemicals and the aluminum industry had to find ways to

store them and/or neutralize them. In simple words, the aluminum industry had to pay a lot of money to dispose of a waste for which they had no market which meant an increase in overhead expense for them and less profit to give to the shareholders.

To safely dispose of these very toxic waste acidic fluoride chemicals was a very expensive process. An expense the aluminum industry did not want to have.

EUREKA...

Aluminum Corporate America Sees Dollar Signs

Along comes some emerging science that could be manipulated to hint that tooth decay rates and fluoride might somehow be spun together to make it appear that ingesting fluoridated drinking water will somehow reduce tooth decay.

Wouldn't that be great (profitable) for the aluminum industry to be able to convince the dental establishment that dripping these toxic waste fluoride acid chemicals in the public's drinking water would somehow reduce tooth decay and be safe, beneficial and of value.

Just think, the aluminum industry would not have to be financially responsible for responsibly getting rid of their very toxic and hazardous fluoride waste solutions; and maybe they could even make a few bucks along the way for the shareholders.

This waste fluoride scenario wasn't just an issue with the aluminum industry; the

fertilizer industry also had tons of waste fluoride chemicals left over on a daily basis from the manufacturing of phosphate fertilizer. The fertilizer industry also would mine rock ore with high levels of phosphorous in it and the ore also contained the fluoride element. The acid extraction process was similar to that used in the aluminum extractions and there were waste fluoride chemicals left over with absolutely no market value. Once again, they had to pay to store and neutralize this waste and this cut into profits and shareholder returns.

With dollar signs dancing before their eyes The Aluminum and Fertilizer Corporate America then begin to wine and dine and manipulate the top brass at the USPHS to convince them to put the credit for “reducing tooth decay” on fluoride instead of calcium and phosphorous. All this went on behind the scenes of course...you know, on the golf course, or on trout fishing junkets...

The USPHS is structured much like the ranks in the military. These USPHS dentists are considered to be “Dental Officers” and there is a chain of command and over time an Officer has the opportunity to move up the ladder to a higher rank which means more power, status, income and a better benefit and retirement plan.

Advancing up in the ranks is also evidence of faithfully following orders and being obedient. If one doesn't become a yes man (or yes woman) then they are usually passed over and elbowed to the side. This advancing up the ranks is nothing unique to the USPHS; this same scenario goes on daily in Corporate America. You got to be a yes man to advance up the corporate

ladder. The only question is how many does one need to stab in the back and how many dead bodies does one have to climb over to get to the top?

Since Corporate America owns the USPHS it was very easy for the aluminum industry to go to the USPHS and tell them just how things were going to be done.

Once the top brass at the USPHS got the message, they then went to their dental division and explained to **their** dental officers that if they wanted to be good Americans and get their pay raises and promotions up the USPHS Corporate Ladder then they had best go along with this manipulation of the science.

The **premeditated goal** for the aluminum industry was for the USPHS to **manipulate the science** to make it somehow appear that fluoride is connected to lowered tooth decay rates and that fluoride is no longer to be considered a toxic chemical and to document that fluoridated drinking water has now been “proven” to “reduce tooth decay” and is “safe, beneficial and of value.”

I am sure that it was made clear that if any USPHS dental officer did not want to go along with the deception then that officer should get ready to get elbowed to the side...no promotion, no pay increase, maybe even harassed out if you dare to speak up. That is still true today with the USPHS as well as in Corporate America in general. If you aren't going to be a yes man (or yes woman), then move over and get out of the way cause you are going to get passed up or moved out.

Then, for all the same reasons, that is, Glamour, Greed, Arrogance, Perceived Security and lack of ethics; the dentists at the American Dental Association eagerly went along with this fraud.

The aluminum and fertilizer industries, the USPHS and the ADA were all in bed with each other.

As a result, all of us are now getting a daily dose of drops of poison in our body buckets.

Here is how it all happened...

OR

Res ipsa loquitor

OR

Let the facts speak for themselves...

IN THE BEGINNING...

In the Beginning God created Heaven and Earth...as well as the element Fluorine.

If you look at the Periodic Table of Elements you will see that Fluorine is in a family of chemical elements known as **halogens**. In that same chemical family is chlorine, bromine and Iodine. Fluorine is the most reactive of the halogens. Much more reactive and stronger than chlorine

Fluorine is also the most electronegative element on the Periodic Table of the Elements and is also the most reactive nonmetallic element.

Fluorine is a pale-yellow, corrosive toxic gas that occurs combined in fluorite, cryolite, phosphate rock and other minerals.

When fluorine is combined with other elements it is called fluoride. For example, when fluorine combines with calcium the resulting molecule is called calcium fluoride. So the difference between fluorine and fluoride is whether it is single molecule of fluorine or is the fluorine combined with some other element.

The **halogen** most of us are most familiar with is chlorine. Chlorine, used to disinfect and bleach, is well known to be very toxic and deadly.

Don't do this: But if I was to ask you to open a bottle of laundry bleach (which is just a very dilute chlorine solution) and then ask you to stick your nose over the opening and take a big sniff. I doubt you would be interested in doing that since you already know that even a brief sniff of that dilute chlorine laundry bleach solution will immediately give you immediate respiratory distress and irritate your eyes. Well, fluorine, being in the same chemical family as chlorine, **but more reactive**, is many times stronger and many times more toxic than that dilute chlorine laundry bleach solution.

Take a whiff of fluorine and it will tear up your sinus, throat and lungs and severely burn your eyes and could cause death.

Chlorine is well known for its killing properties and is used in the public drinking water supplies to kill organisms. When you boil water, the chlorine evaporates out and is no longer in the water.

When you boil water with fluorine in it, the fluorine does not boil out and what happens instead is the water boils out as steam; the fluorine remains in the water and as the water boils out and there is less water so the fluorine becomes more concentrated.

If you start out with one quart of tap water that contains 1 part per million (ppm) of fluorine and then boil out one-half the water, that pint of water that is left now has 2 ppm of fluorine in it. So as you boil water for coffee or tea, you increase the amount of toxic fluorine that you ingest.

In Volume 44, News of Dentistry, June 1952, Page 769 is a copy of a page from the original **1908** book of minutes of the Colorado Springs Dental Society. On this page is recorded the earliest known organized action in the investigation of “Colorado Stain” which **later** became known as “**mottled enamel.**”

The minutes of this dental meeting, dated May 08, 1908, state that: “Considerable discussion was had...with reference to the brown stains, or so-called “Colorado Stain” so frequently found upon children’s teeth in Colorado Springs.

“A motion was made that a suitable patient with this condition be secured and that this society pays for the expenses of such patient to the State Dental Association meeting in Boulder in June, so that the case might be inspected by members of that body.”

Two members, “Dr’s Fleming and McKay were appointed to look after this matter.”

Again, this is the earliest known organized action in the investigation of fluorosis or mottled enamel.

As this “brown stain” investigation proceeded it was soon noticed that brown stain was also found to exist in Western Oklahoma, Southern Colorado and Eastern New Mexico. Several DDS’s and PhD’s, and eventually the United States Public Health Service (USPHS) began to study this brown stain issue.

One researcher, C.A. Pierle, Ph.D., in Canyon, Texas, a community a few miles South of Amarillo, Texas, published in the **Journal of the American Dental Association**, July, **1926** his research data titled **Production Of Mottling And Of Brown Stain.**

He studied the children in the public schools in an area located in a radius of 100 miles from Canyon Texas. He found that “if a child was born and reared within the area, its chances of **escaping** the condition (mottling) were small.”

He also found that “if a child were born outside the area had moved into the endemic area anytime before the eruption of the permanent teeth, the chances of escape are small. But if the child moved into the area after 14 or 16 years of age then the teeth were **rarely** marked.”

For those who did have brown stain, the condition of the teeth did differ widely. Sometimes the teeth would be mottled

with paper white spots, sometimes pitted with shallow holes. Some were brown over the entire surface while others were streaked.

Dr. Pierle also concluded that the condition was not connected with mouth hygiene and it affected the rich and poor, clean and unclean in like manner.

Dr. Pierle experimented with rats and guinea-pigs looking at the diet and the drinking water as a source of the brown stain.

At this point in time (1926) it still wasn't clear what was causing the brown stain but the researchers were beginning to think that it came from outside the tooth and was associated with a nutritional component as well as something to do with the drinking water. At this time, the vast majority of the victims in these areas ate foods grown in the local soil and drank well water.

(As a point of interest, Dr. Weston A. Price whose nutritional work is the basis for today's Weston A. Price Nutritional Foundation, was associated with Dr. Pierle's research work on the cause of brown stain and mottling.)

Another study done titled **The Capillaries of the Enamel and Their Relation to Mottled Teeth** was published by Theodore B. Buest published in the **Journal of the American Dental Association**, July, 1926, page 980.

This study was read before the Section on Histology, Physiology, Pathology, Bacteriology and Chemistry

(Research) at the Sixty-Seventh Annual Session of the American Dental Association, Louisville KY, September 23, 1925.

This study was funded by a grant from the Research Commission of the American Dental Association.

Stop and look at that last sentence above that is in bold type. I want you to know and remember that at one time in history the American Dental Association was actively supporting research to **truthfully** find out what was disfiguring and staining the teeth in these afflicted areas of the country.

Buest's conclusion in this study was that the stain was coming from outside the tooth, not inside.

Other studies come to these same conclusions. However, there was still the question as to what was causing the disfiguring of the teeth.

This research into the cause of mottling and brown stain continued over the years and eventually it was determined that it was fluoride that caused the mottling damage to the tooth. This damage occurred during the development of the tooth when it is still developing inside the jaw all of which occurs before the tooth erupts into the mouth. Then the brown stain occurs when the mottled tooth finally erupts into the mouth and is then exposed to the minerals in the water.

When fluoride was finally documented to be the culprit here there were several studies published in the Journal of The American Dental Association where the

ADA **truthfully** explained the science of the toxic chemical fluoride.

First I will quote from a study published in the **Journal of the American Dental Association**, Volume 23, page 568, April, **1936**, titled **Fluorine In Relation To Bone And Tooth Development** by Floyd DeEDS, Ph.D.,

This study states “For many years now a **pathologic condition** known as enamel dystrophy, or mottling of the enamel, has been of interest to the dental profession...”

“Within the last few years, interest in this **pathologic condition** has been intensified by **the discovery that fluorine is the etiologic factor.**”

So it’s now official. The American Dental Association, in 1936, published that fluoride is the toxic chemical that is damaging the teeth.

This study further states: “Evidence supports the idea that fluorine plays no important biological role” and that **“Studies have shown that one (1) part, and possibly 0.8 parts of fluorine per million parts of water will produce definite signs of enamel dystrophy in children born and reared in an endemic area.”**

(POINT OF REFERENCE: As I give you the different studies here you will notice that there will be different parts per million (ppm) of fluoride listed as being found “naturally” in the drinking water. At that time there was not a specific “recommended” part per million of fluoride to be used as it had not been yet determined as the “science” had not yet progressed that far.

Understand that today in this year of 2009, the ADA and the USPHS recommends a level of 1.0 to 2.0 ppm and the Environmental Protection Agency (EPA) allows up to a Maximum Contaminant level of 4.0 ppm.

Since mottling of the enamel starts becoming visible at levels as low as 0.01 ppm, this means that the ADA now recommends fluoride levels in the public drinking water that is ten times the level where the first visible sign of fluoride poisoning occurs and the EPA allows fluoride in the drinking water at a level of 40 times the level where the first visible sign of fluoride poisoning occurs.)

To continue quoting from Dr. DeEDS publication, “A comparison of toxicity data suggests that **fluorine, lead and arsenic** belong to the **same group**, as far as ability to **cause** some symptoms of toxicity **in minute dosage** is concerned.”

“Fluorine, a general protoplasmic poison, exerts a strong inhibitory action on many enzymes.”

Still quoting: “The toxic effects of fluorine on enzymes suggest the possibility of interference with **metabolism** and with the **enzymatic** process associated with normal bone and tooth formation”

“Fluorine is a general protoplasmic poison, but the most important symptoms of chronic fluorine poisoning known at present are mottling of the teeth and interference with bone formation.”

“When the threshold value is exceeded, as it is in drinking water containing one or more parts of fluorine per million, detectable signs of toxicity appear.”

This research paper of Dr. DeEDS was presented to the Annual Meeting of the California State Dental Association, April 09, 1935.

Remember, this study you just read is from the **Journal of the American Dental Association**, 1936.

The next paper I want to share with you was also published in the **Journal of the American Dental Association (JADA)**, Volume 31, page 1360, October 01, 1944. This paper, titled **The Effect of Fluorine on Dental Caries** was written by the Editor of the JADA, L. Pierce Anthony, DDS.

If this does not speak officially for the American Dental Association I don't know what does. The Official Editor of the Official Publication of the American Dental Association; how can you get more official than that? The Official Voices of ADA!

In this publication Dr. Anthony states that “studies on the subject (on the role of fluorine in producing mottled enamel) conducted by H. Trendley Dean, of the United States Health Service, led to a nation-wide effort to **eliminate** the principal source of mottled enamel, namely, excessive amounts of fluoride in the drinking water...”

Dr. Anthony then writes that “our knowledge of the subject certainly does

not warrant the introduction of fluorine in community water supplies generally.”

Anthony then writes “**We do know** that the use of drinking water with as little as **1.2 to 3.0 parts per million** of fluorine will cause such **developmental disturbances in bones as osteosclerosis, spondylosis and osteopetrosis, as well as goiter**, and we cannot afford to run the risk of producing such serious systemic disturbances in applying what is at present a doubtful procedure intend to prevent development of dental disfigurements among children.”

(What I will show you later is a Report from the US Surgeon General where the US Surgeon General has his spin doctors manipulate word definitions so the USPHS is later able to **deny** that fluoridated drinking water causes any of the known “**developmental disturbances**” listed in the previous paragraph. Also understand that the recommended and allowed levels currently (2009) allowed for fluoride in the drinking water equal or exceed the toxic amounts Dr. Anthony warned us about in that above paragraph.)

The authors conclude...”the teeth of the individuals ...in which comparatively large amounts of fluorine are found, in this case 1.6 to 4.0 parts per million, are **structurally weak**; in some cases, the tooth structure being so impaired as to crumble on attempts to place fillings.”

Dr. Anthony **concludes** “in light of our present knowledge or lack of knowledge of the chemistry of the subject, the potentialities for harm far outweigh those for good.”

Remember, this was 1944...and this was the official voice of the ADA.

What is going on here is that a brown stain problem was noticed and first reported in 1909 and the cause of it was being searched for. As this was researched there were several things that were looked at, those being the chemistry of the food and the chemistry of the soil the food was grown in and the chemistry of the drinking water. The water was analyzed to determine the type and amount of the different minerals and any other chemicals present. The amounts of the minerals and other chemicals was expressed in parts per million (ppm).

The parts per million levels and the kinds of minerals present determine the hardness or softness of the water. What you will eventually see is that it was ultimately found that several variables were occurring together to produce the mottling and brown stain.

One variable was the concentration of fluoride in the water. Other variables were the actual amount of each mineral in the water and then what were the actual minerals present in the water. Some of the well water was found to be very high in minerals but low in fluoride while other well water sources were low in minerals and high in fluoride, and then there were those in-between. There were multiple variables in the water analysis of each community studied. No two drinking water sources presented with the same analysis.

It was determined that areas with low decay rates were associated with food

and water that contained very high levels of phosphorous and calcium.

If that water also had fluoride in it then there was interference with normal development of the teeth. The amount of mottling or disfiguring visible in the erupting tooth could vary depending on the concentration (ppm) of the fluoride present.

(It was eventually concluded that the low tooth decay areas were low because of the high calcium and phosphorus but when Aluminum and Fertilizer Corporate America caught on to fluoride being somehow mixed into the scenario, with dollars signs before their greedy eyes, they jumped in and manipulated the USPHS and the ADA to begin scripting or modifying studies to make it appear that fluoridated drinking water had something to do with tooth decay rates.)

Here is how fluoride interferes with normal tooth development: Teeth develop in the jaw in what are called tooth buds. The enamel on the crown of the tooth develops first. The crown of the tooth is that part that erupts into the mouth that you can see. The tooth is progressively calcified from the crown down the tooth until the tip of the root is completed.

The calcification of the tooth, which all occurs inside the jaw before the tooth erupts, is a slow process that takes years to complete. The calcification process is a biological process that requires specific minerals as well as a series of very complicated biological enzymatic reactions.

The normal calcification process requires several chemical elements being present including calcium and phosphorous. If the necessary chemical elements are not in the individual's diet the tooth may not calcify correctly. Or, if there is interference with the needed enzymatic reactions due to any amount of fluoride or other toxin being present in the cells then proper calcification will also not occur as it should.

If all the pieces to the calcification process are not present, or if some enzyme toxin like fluoride is present then tooth calcification in the area that is presently being calcified does not occur correctly and when the tooth erupts into the mouth that area of the tooth is mottled or disfigured and can stain brown. How disfigured the tooth is will depend on how intensely and how long the normal calcification process was interfered with.

When fluoride is ingested in the drinking water, the fluoride, since it is an enzyme poison at levels even lower than recommended for "optimal fluoridation" as found in drinking water, interferes with normal tooth calcification.

When the fluoride is ingested it is circulated throughout the body, inactivating enzymes in **ALL** the cells of the body. How many enzymes are inactivated, poisoned, depends on the total amount of fluoride the individual is exposed to and over what time period.

This enzyme poisoning from fluoride occurs in all cells in all the organs and tissues in the body. The fluoride ion is not just selective for the tooth bud cells. When the fluoride ion is ingested it will

interfere with the first enzyme it meets no matter what tissue or organ the cell is located.

When the enzymes in the cells in the tooth bud that form the tooth are poisoned, then biological chemical reactions don't occur and that part of the tooth does not calcify correctly and is disfigured.

This is why fluoride is such a good rat poison. In **slightly** higher concentrations so many enzymes are poisoned at once that the rat can not survive and dies due to a cessation of enzymatic reactions in **ALL** cells of the rat's body.

This enzyme poisoning goes on in the body of anyone who ingests fluoride from any source no matter how small the ingested dose. The goal of the USPHA and the ADA is to keep the exposure low enough that you **don't notice** that you are being **chronically poisoned**. Go look in a mirror and notice if you have those white mottled areas on your teeth, if you do, you are a victim. If you don't, you are still a victim.

Throughout this writing I will use the words **chronic** or **acute** when referring to the amount of exposure to fluoride. **Chronic exposure** is defined as "constant, continuing over a long time." Where as **acute exposure** is defined as "extremely great, severe, sudden, or excessive."

In regards to fluoride, an acute exposure would be getting a large dose of the toxic fluoride in a very short period of time, such as with an industrial accident or with fluoride rat poisons because you want the rat to die **NOW...**

A chronic exposure would be just ingesting a minute exposure of the toxic fluoride over a long period of time such as you get when drinking fluoridated water where you get exposed to a small amount of the toxic fluoride daily, over many years. This way you don't die NOW like the rat that got a larger dose (acute) all at once.

Instead, with low level chronic fluoride ingestion you just exhibit symptoms of a low level poisoning such as developmental disturbances in bones like osteosclerosis, spondylosis and osteopetrosis, as well as goiter and mottled teeth and mottled bone, metabolic disorders and bone developmental diseases that show up in later years after a **chronic life time** of a low level exposure to the toxin fluoride.

Back to tooth development: As this enzyme poisoning continues to occur, the tooth continues to develop in the jaw with defective enamel. Then, eventually, when the tooth finally erupts into the mouth, it erupts with those calcification defects. How much the calcification process is interfered with and how defective the tooth will be is determined by the **amount** of fluoride exposure and the **length** of exposure.

Visible evidence of defective calcification of tooth structure can be detected even at a low level of fluoride ingestion of **0.10** part per million. So the first visible symptom of chronic fluoride poisoning, mottled enamel, occurs at a level of **0.10** part per million. That's one-tenth of one part per million.

The USPHS and the ADA recommend and allow that drinking water be fluoridated at a level of anywhere from

1.0 to 2.0 ppm and the EPA allows fluoride levels of drinking water to be as high as 4.0 ppm. This means these agencies that profess to protect us from harm are recommending that we be exposed to fluoride levels that are ten to 40 times **higher** than the 0.10 ppm required to produce the **first visible symptoms of chronic fluoride poisoning**.

I want to be sure you are clear on this point: The first visible symptom of chronic fluoride poisoning occurs at 0.10 parts per million (ppm). That's **zero point one ppm**. The ADA recommends that public drinking water supplies be fluoridated at a level of 1.0 to 2.0 ppm. That's **one point zero to two point zero ppm**. That means we are being exposed to 10 to 20 times the amount of toxic fluoride that it takes to produce the first visible symptom of chronic fluoride poisoning.

While the developing teeth are being damaged from the fluoride poisoning of the enzymes, this same scenario is taking place with the calcification of your entire skeletal system, you just don't see it but its happening. Nor do you see the chronic poisoning of cellular enzymes in the organs and tissues elsewhere in our body. Don't think that this poisoning scenario is going on only with someone else...it is going on with YOU right now even as you read this. Even if your community does not add fluoride to your drinking water, or even if you don't drink fluoridated water, you are still

ingesting fluorides as the contamination is wide spread.

That interference with the calcification of the skeletal system goes on any time you are ingesting fluorides. Think about a young child whose skeletal tissues are currently forming and calcifying and is attempting to do so even in face of a continual exposure to chronic toxin exposure. Wonder what the future holds for that child? Maybe there will be brittle bone disease in a few years! What if that is your child, or was it you? Would you be pleased?

Daily ingestion of the fluoride ion also interferes with the cellular physiology in the mitochondria within the cells and this has been directly connected as to one of the contributing factors in chronic fatigue syndrome.

The bones of our skeletal system also become mottled when the fluoride interferes with the enzymes in the cells that are responsible for normal bone formation. This bone mottling just can't be seen like the tooth mottling can be seen. That's why this mottling of the teeth is called the "first visible symptom" of chronic fluoride toxicity. Mottled bone is the first non visible symptom.

The fluoride is also poisoning enzymes in all the cells of the body, not just the calcified tissues. Again, how severe the poisoning is all depends how many parts per million ingested. The more fluoride ingested, the greater the poisoning.

Go look in the mirror, do your teeth have light spots in them. Do they have brown spots in them? The more white spots or brown spots the more your body has

been poisoned. Too bad you can't see what is going on with your bones or your cellular respiration.

I have given you information here referring to ADA and USPHS studies that were done back at a time (prior to the middle 1940's) when the dental and medical establishment told the **truth** about the toxicity of ingesting even a small amount of fluoride. I don't want you to have to read all those studies that document this one time truthful reporting but I do want you to get that the early literature is full of truthful documentation of numerous adverse health effects from chronic ingestion of even a minute amount of the of fluoride ion. However, I do want to present you with at least a few examples of word spin that have been put into this fluoride fakery scenario. So here are a few more, briefly:

This study is published in the American Journal of Public Health, Volume 26, **1936**, page 567 and titled **Some Epidemiological Aspects of Chronic Endemic Dental Fluorosis** by H. Trendley Dean, DDS, and Elias Elvove, Ph.D.

(Remember that H. Trendley Dean DDS name. He is a high ranking Dental Surgeon in the USPHS, and you will soon be given evidence where he shifts from telling the truth about ingested fluoride to supporting the fluoride fraud so as to preserve his status, his job, his income and his retirement salary.)

This study states: "In the light of present knowledge mottled enamel is a **water-borne disease** associated with the

ingestion of **toxic** amounts of fluoride present in the water used for drinking and cooking during the period of tooth calcification.”

Further stated is “There is some indication that the **skeletal system** might likewise be affected; if this is true, it would be necessary to extend the time range to include adults.”

Think about that now, **that was 1936**. In today’s time (2009) we have all those who are getting older and beginning to have problems with bone density, osteoporosis and brittle bones that fracture easily. What the ingested fluoride has been doing over the years is poisoning enzymes in the cells in the bone that are responsible for **forming** and **maintaining** healthy bone. When these bone forming and maintaining cells aren’t functioning correctly, bone health is not maintained and bones get brittle and fracture easier.

Instead of the medical community ordering the end of drinking water fluoridation to eliminate or reduce these bone problems people are experiencing they instead prescribe expensive bisphosphonate pharmaceutical drugs (Bonivia) that inhibit certain bone maintenance cells.

You think fluoridated drinking water ingestion is good for you...think again as you take you bisphosphonate drugs.

Understand that brittle bones are not due to a bisphosphonate drug deficiency.

Next I want to share a magazine story that appeared in the December 19, 1942, Colliers Magazine titled **The Town Without a Toothache**.

This is a story about a dentist named Dr. George W. Heard DDS. His dental practice was in the town of Hereford, seat of Deaf Smith County, Texas, a community a few miles South and West of Amarillo, Texas.

Dr. Heard had been practicing in Hereford for many years and almost from the start he noticed that there was “virtually no tooth decay in the county among **older** residents. There were gum and bone infections that would sometimes necessitate an extraction or plate (Dentures) work.”

When this article states that there “were gum and bone infections,” this means that even though the tooth decay rate was low, the people still experienced periodontal diseases. That is, gum diseases such as pyorrhea as well as loose teeth and gum abscesses. So people still lost their teeth, but just not due as much to tooth decay, just gum diseases.

Dr. Heard also stated that you “could bring spindly fishbone cattle up from Mexico, graze them for awhile, and they’d turn into fine big-boned animals...and the horses in the county had fine teeth.”

Dr. Heard spent twenty-four years attempting to get other dentist to listen to his story. Eventually Dr. Edward Taylor, a state dental officer promised to look into Heard’s claims.

In time Dr. Taylor came to Hereford and went house to house and asked if he could examine the family's teeth. He called on 56 people who were native to the area and could not find a single cavity. He then examined 810 school children and well over "half the group had no decay whatsoever." (Which means one half the group **did** have tooth decay.)

Taylor then examined people who have moved to Deaf Smith County in the course of the last six years. He found "evidence of old decay but the process had stopped."

Dr. Taylor then went west to the mountains of New Mexico and "saw the decay rate rise the farther they got away from Hereford. The same thing to the east north and south, decay rates rose the farther he got from Hertford. Low decay was something peculiar to a very small region in and around Hereford."

Once the area was blocked out, they "investigated the fluorides in the drinking water. Fluorine is a gas very much like chlorine-but more powerful."

"Water analysis at Hereford showed 2.5 parts of fluoride per million in the water."

Dr. Taylor then "searched for another Texas town with exactly the same concentration of fluorides and found in Gatesville, in the center of the state."

The children were examined and "the decay rate was low, but more than twice the rate at Hereford. So fluorine **didn't** explain it."

Chemists at Texas Technological College then begin to analyze foods.

From the "outset, one fact stood out clearly. Foods grown in Deaf Smith County were **astonishingly** high in phosphorous. Carrots contained 50 per cent more phosphorus than usual. Turnips were 30 per cent higher, lettuce 60 per cent. Meat and milk were similarly high. Wheat ran 600 per cent higher than normal. Calcium was also high."

(Understand that this time frame was 1939 and 1940. Deaf Smith County was rural cattle country and Hereford was a small community. People had gardens and grew their own food, milked their own cows and drank well water. Very little food was brought in from the outside. Also realize that it was the "**older**" citizens who had little if any tooth decay, those were people who were born and grew up in the late 1800's and early 1900's. What you will learn later is that as time went by and people begin to rely less on home grown food and begin to import food from outside the area, the decay rates begin to go up.)

Back to the article: It further states "Whether phosphorus alone is responsible for the unusual condition in Deaf Smith County, no one is yet prepared to say...Phosphorus is probably the most vital of all soil minerals. Over large areas of the earth, bad farming has mined the earth of this mineral. The result is soil exhaustion."

"Cattle grazed on such land (**phosphorus deficient**) fail to mature properly. **Human beings living on food from such land became sterile. It seems possible that tooth decay is merely the first outcropping of phosphorus deficiency.**"

“Research men have noted that rats fed a high phosphorus diet have unusually good teeth.”

Dr. Taylor wasn't “ready to say that phosphorus alone accounts for the low decay rate in Deaf Smith County. He is more inclined to ascribe it to a combination of factors. He thinks that fluorides pay a part: and sunshine, calcium and phosphorus as well.”

This article ends without Dr. Taylor drawing any additional conclusions.

For several years now (1930's and earlier) it was published in the Journal of the American Dental Association and Journal of the United States Public Health Service that “Fluorine, a general protoplasmic poison, exerts strong inhibitory action on many enzymes,” and that “The toxic effects of fluorine on enzymes suggest that the possibility of an interference with metabolism and with the enzymatic processes associated with normal bone and tooth formation.”

Also written in these early journals: “We do know that drinking water with as little as 1.2 to 3.0 ppm of fluorine will cause such developmental disturbances in bones as osteosclerosis, spondylosis and osteopetrosis, as well as goiter.”

Also written in these early journals is “...the most important symptom of chronic fluorine poisoning known at the present time are mottling of the teeth and interference with bone formation,” and “...when the threshold value is exceeded **as it is in drinking water containing one or more parts per million,** detectable signs of toxicity appear.”

Then along comes Aluminum Corporate America with all of its toxic waste fluoride solutions for which there is no market and they see an opportunity to fake some science so that it fraudulently is made to appear that the fluoride ion serves some essential human need.

All this corporate fraud simply for the egos, glamour and greed of the corporate officers and the shareholders!

Eventually the spin doctors hired by the aluminum and fertilizer industry are successful in their manipulation of the science and the aluminum and fertilizer industry now completes its purchase of the USPHS, the ADA and the American Medical Association (AMA).

Now: With Aluminum Corporate America's Victory Trumpets blasting away...it is announced...

As published in the American Journal of Public Health, December, 1950.

The American Journal of Public Health now states that the following resolutions were unanimously adopted by the Association on November 01, **1950.**

Their resolution # 11 states “Whereas, accumulated evidence indicates a sound basis for the fluoridation of public water supplies for the partial control of dental caries, therefore be it Resolved that this procedure be recommended as a **safe** and effective method for reducing the prevalence of dental caries.”

Then, in the December **1950** issue of the **Journal of the American Dental Association** is stated that “Data from the few controlled water fluoridation studies which have been underway for the last five years have proved so promising that the House of Delegates...passed the following resolution: Resolved, that in the interest of public health, the **American Dental Association recommends the fluoridation of municipal water supplies**...and that the ADA recommends the continuation of controlled studies of the **benefits** derived from the fluoridation of water supplies.”

(Notice that the ADA promises to continue to study the “**benefits**” derived from the fluoridation of water supplies. Notice how the spin doctors have made it appear there is now such a thing as “benefits” from the addition of the toxic chemical element, fluoride, to the public drinking water supplies.

Since there are no “benefits” how could they “continue to study” that which does not exist. Wouldn't it be much more humane and ethical for the ADA to also study the **harm from diseases** caused from the fluoridation of water supplies!)

Then, in the December 1951 issue of the **Journal of the American Medical Association**, the American Medical Association states that “Fluoridation of drinking water harmless,” and that “After considering the evidence available at this time, the Councils believe that the use of drinking water containing up to one ppm of fluoride is safe.”

WHAT...? Where does all of this sudden approval come from?

With what you have read so far you should already know but I want to share with you how this fakery was accomplished. This shift from telling the truth about fluoride chemistry to completing the fraud did not occur over night. The fraud started in late 1930's and continued to the late 1940's and early 1950's and continues to this day.. The fraud was **not** accomplished like switching a light from off to on. It was more like using a rheostat on a light dimmer. The deception was brought on slowly over time so that no one, **especially** the individual practicing dentist, would notice the slow change.

It's sort of like the story about how to boil a frog. You don't boil the water and then drop the frog into the boiling water as the frog will just jump out. What you do is put the frog in cool water and gradually heat the water over time so the frog doesn't catch on. The frog doesn't jump out and in time you have a boiled frog.

This rheostat shifting and frog boiling from truthful information to untruthful information is nothing new with the numerous governmental agencies and professional medical and dental organizations that are professing to serve and protect us. This scenario was already occurring in other areas long before the fluoride issue was born and still continues today.

WE THE PEOPLE are the FROGS

If you don't get that, maybe you should start paying attention since it is YOU, US, ME who are the victims, the frogs, the suckers, the gullible ones who have been duped.

Although I may not possess every study that was done years ago I do have quite a few and this rheostat like shifting is well documented. For example: In that 1936 study of Dr. Dean's that I referred to earlier (Some Epidemiological Aspects of Chronic Endemic Fluorosis) it can be seen where he begins his initial hinting that it has been determined that fluoride in drinking water has some connection to tooth decay rates.

What Dr. Dean and the UPSHS did was to study tooth decay rates and water analysis of numerous communities to see if they could hopefully find a connection.

In that December 1950, announcement from the American Dental Association it is stated that "Data from the few controlled water fluoridation studies which have been underway for the last five years have proved so promising..."

In 1984 I wrote to the ADA and the USPHS and asked for copies of those "controlled water fluoridation studies" that "proved to be so promising."

They sent me those studies that they now refer to as their "Classical Fluoridation Trials" that "would support the safety of water fluoridation."

They sent me the "Newburgh-Kingston Caries-Fluorine Study VIII. Combined clinical and roentgenographic dental findings after eight years of fluoride experience"

(Journal of the American Dental Association, June 1955, p680)

They also sent me the follow up Newburgh-Kingston ten year study (JADA, March 1956, p314)

It was very eye opening to read this "documentation." These "classical fluoridation" studies did **NOT** compare a fluoridated community to a non fluoridated community. Both communities had fluoride in the water, just different amounts. Newburgh's water contained 1.0 to 1.2 ppm of fluoride and Kingston had 0.05 ppm

What this Newburgh-Kingston study showed is that by the time the children were 16 years old, there was only 8.5 percent of the children in Newburgh **without** decay (that means 91.5 percent **WITH** decay) and there were only 4.8 percent of the children **without** decay in Kingston (that means 95.2 percent with decay).

What is going on here? The ADA is constantly telling us that fluoridated drinking water reduces tooth decay by 40-60 percent, yet, in this Newburgh-Kingston study 91.5 and 95.2 percent respectfully of the children **HAD** tooth decay. That is a difference of about 4 percent. And surprisingly that difference of 4 percent is somehow arbitrarily attributed to fluoride when in fact there is absolutely no evidence in these "classical" fluoride studies that fluoride had anything at all to do with this difference.

In addition, when these studies are read in full what becomes very obvious is that over the years of these studies the **same children were not followed** from year

to year. Children moved into and out of the communities and there was absolutely no effort made to take this most important variable into consideration in these studies.

There was also no mention of water analysis in these “classical studies.” What was the mineral composition of the water, especially calcium and phosphorous, and what was the mineral hardness or softness of the water as expressed in ppm? In most of these communities the source of the drinking water did not remain constant. When any scientific study is done “scientifically” there have to be **constants** and any **variables** have to be acknowledged and entered into the conclusions reached.

I explained in the Gingival Sulcus section how easy it is to manufacture a “study” that gives you whatever findings you want. You just state what you want the result to be and you then design a study that will give you that result. That’s how these “classical fluoridation” studies were done (faked).

I would be willing to bet that Dr. H. Trendley Dean, DDS, and the other USPHS establishment experts who created these ‘classical fluoride’ study scenarios all probably laughed and said they could easily get away with this fraud as probably no one (especially a dentist) would ever read these lengthy and boring studies anyway and all those sheep dentist out there would just willingly and naively go along with it because the USPHS and ADA dental establishment are absolutely not to be doubted by any of the dental puppets.

Another “classical” study the ADA sent to me was the Fifteenth year of the Grand Rapids Fluoridation Study. (Journal of the American Dental Association, December 1962, p780)

This Grand Rapids study was just as flawed as the Newburgh-Kingston studies. There were the inconsistent drinking water sources, not following the same children from year to year, not taking into consideration numerous variables such as nutrition, oral hygiene care or preventative dental care. . Same flawed study just a different community!

The only thing any of these “Classical Fluoride Studies” proved to me is that bovine excrement exists.

Don’t forget about the water analysis done in the studies that were done in Texas and Colorado in the 1920’s when they were first attempting to determine the cause of the brown stain, mottling, disfigured teeth and low decay rates.

At that time the difference in decay rates was determined to be connected to the hardness of the drinking water and the high mineral composition of the water, especially the phosphorous and calcium in the drinking water. Credit was also given to the high calcium and phosphorous mineral content of the consumed food that was grown locally in the area. It was shown back then that fluoride was **not** the hero.

Then in 1950, the USPHS, the ADA and the AMA all jump on the good, great and wonderful fluoride bandwagon...! Stating that “based on data from the controlled water

fluoridation studies...having proved so promising...we believe that the use of drinking water containing up to 1 ppm of fluoride is safe.”

Who do they think they are fooling? Do they think we are STUPID...?

Actually...I don't think they think we are stupid...I just think that they know that **they** are very good at understanding frog psychology and the psychology of how to boil frogs and how to brainwash gullible dentist.

Because we have become a citizenry of sound bites and headlines, we don't do our homework or our own investigations and as a result we swallow what we are spoon-fed by Corporate America's PR Department.

As I have previously stated, the USPHS, in order to make it appear that a known poison, fluorine, was somehow related to lowered tooth decay rates, tricked us dentists with several “classical fluoride” studies.

Too understand the trickery in these studies one had to learn to read between the lines to realize the deception. For example, in the Newburgh-Kingston studies it was necessary to realize that the same children were not followed from one year to the next and numerous other variables were not considered such as consistency of water sources, the mineral content of the water or the child's diet or oral hygiene care habits.

I firmly believe that the USHPS and the ADA knew that very few, if any, dentists or anyone else would **EVER** read any of

these very dry and boring “classical studies” and would instead just take the USPHS and the ADA at their word. As a result the practicing dentist was duped as was the public in general.

I think its time for all profluoride dentists to relinquish their “Fluoride Expert Badges” and accept a Boiled Frog Badge like the rest of us have to wear.

Then, in time, if that dentist can eliminate his or her fluoride educational deficiency then maybe someday the “Public Frogs” can bestow a genuine Fluoride Expert Badge on that dentist who has eliminated his/her fluoride educational deficiencies.

I have given you samplings of some of the studies I have obtained that are obviously con jobs. I explained earlier how the USPHS and the ADA determine what conclusion they want reached and then they design a study that will give that conclusion. That is, they wanted it to appear that fluoride had something to do with decreased tooth decay rates so they scripted studies that reached that conclusion...hoping that no one would read them and figure out their deception.

I want to give you one more study here that will demonstrate to you just how deceptive the USPHS can be.

This study, titled Domestic Water and Dental Caries, was published in Public Health Reports, Vol. 57, August 07, 1942, p. 1555.

In this study, there were twenty-one different cities included. Over a 16 month period the public drinking water was analyzed for fluoride content,

mineral content and the amount of tooth mottling and the tooth decay rates in children were evaluated. Those cities were in Illinois, Colorado, Ohio and Indiana.

This study report is 25 pages long and is very tedious and boring to read. I will not give the complete study here but will show you copies of three tables from this “study” that summarize the findings of this “study.”

You will notice the copies of these three tables from this 1942 USPHS publication are not real crisp in appearance as they are copies of copies and I think might even have been copied from microfilm. I will describe in detail the findings of this “study” and you can look at these tables so you can see for yourself the how the data was manipulated.

Keep in mind that this “study” is one of the “classical fluoride studies” from the USPHS that is supposed to document that fluoridated drinking water “reduces tooth decay.”

On pages 1172 thru 1175 of this study are three tables (# 9, 10 & 11).

Those tables are shown on the next three pages of this PDF. You might want to print those three pages so you can study them as I explain them to you.

Table # 9 documents the analysis of the “Fluoride (F) content of the public water supplies of the cities studied.”

Table # 10 documents the “Mineral analyses of the common water supplies of the cities studied.”

Table # 11 documents the “Summary of dental caries findings in 7,257 selected white school children, aged 12-14 years, in 21 cities of 4 States in relation to the fluoride (F) content of the public water supply.”

Each table places the test results of each of the cities in vertical columns.

First I want you to look at Table # 11 on the next page. Go about one-third down the page to where it lists the “**Mean Fluoride (F) content in part per millions of cities studies**”

The column to the left for Galesburg Illinois shows a “**mean**” fluoride level of 1.9 ppm and as you go across the chart from left to right, the “mean fluoride content” gradually **decreases** for each city listed until you get to the last column to the right where the “mean” fluoride level for Michigan City, Indiana is 0.1 ppm.

Then move down this Table # 11 to where it lists “**Percent of children with 1 or more permanent teeth showing dental caries**”

That column to the left for Galesburg, IL, the city with the **highest** “mean” fluoride level of 1.9 ppm, states that **72.2 percent of the children had “one or more permanent teeth decayed.”**

Then as you move across the table to the right the tooth decay rates gradually increase and when you get to that far

right column it shows that tested children in Michigan City IN, the city with the **lowest** “mean” fluoride level of 0.1 ppm, had **100 per cent of the children with “one or more permanent teeth showing dental caries experience with decay.”**

So when you look at these two lines, the “mean” level of fluoride in the water and the tooth decay rates, as you move from the left column where Galesburg IL is and read across the columns for the other cities until you get to Michigan City, the “mean” level of fluoride **decreases** and the number of children with one of more permanent teeth showing tooth decay **increases**.

For the moment this table appears to support the USPHS’s position that the city with the **highest “mean”** level of fluoride exposure has the **lowest** decay rate and the city with the **lowest “mean”** level of fluoride has the highest tooth decay rate.

Also listed in this Table # 11 just below the tooth decay line is the **“Percentage incidence of endemic dental fluorosis (mottled enamel).”**

Documented on this line of the table is the percent of the children who demonstrate “endemic dental fluorosis.”

(Remember that dental fluorosis is the first visible symptom of chronic fluoride poisoning.)

Notice that Galesburg IL, the city listed to the most left of the table, shows that **47.6 percent** of the children had **fluorosis**.

Now, move across the fluorosis line on this table from left to the right. Notice that as you move from the left to the right the percent of children with “endemic fluorosis” **decreases** and when you get to Michigan City IN the percent of the children with “endemic fluorosis” is close to zero. (Yes, I know that the number for Michigan City IN is not visible on this copy, but keep in mind this is a copy of a copy of a copy and it did not copy well in that area. On my copy I can make out that the number is 0. something. That is, zero point something.)

What can be concluded from this Table # 11 is that Galesburg IL, the city with the **highest “mean”** level of fluoride in the drinking water has the **lowest** “percent of children with 1 or more permanent teeth showing dental caries experience,” and had the **highest** “percent incidence of endemic dental fluorosis (mottled enamel),”

And: Michigan City IN, the city with the **lowest “mean”** level of fluoride in the drinking water has the **highest** “percent of children with 1 or more permanent teeth showing dental caries experience” and the **lowest** “percent incidence of endemic dental fluorosis (mottled enamel).”

If the USPHS’ premise is correct that consuming fluoridated drinking reduces tooth decay but does increase the incidence of tooth mottling then these findings listed in Table # 11 are exactly what you would expect to find.

So far this Table # 11 supports that USPHS’ premise.

TABLE 11.—Summary of dental caries findings in 7,257 selected white school children, aged 12 to 14 years, in 21 cities of 4 States in relation to the fluoride (F) content of the public water supply

	Galesburg, Ill.	Colorado Springs, Colo.	Elmhurst, Ill.	Maywood, Ill.	Aurora, Ill.	East Moline, Ill.	Joliet, Ill.	Kewanee, Ill.	Pueblo, Colo.	Elgin, Ill.	Marion, Ohio	Lima, Ohio ⁴	Evansston, Ill.	Middletown, Ohio	Quincy, Ill.	Oak Park, Ill.	Zanesville, Ohio	Portsmouth, Ohio	Waukegan, Ill.	Elkhart, Ind.	Michigan City, Ind.
SELECTION OF STUDY GROUPS																					
Total number of 12- to 14-year-old children present at time of selection.....	918	1,444	633	873	1,625	352	1,412	522	1,412	1,030	1,010	1,411	2,125	1,013	1,063	1,662	1,248	1,228	1,354	942	654
Number of 12- to 14-year-old white children whose histories on repeated questioning indicated continuity of exposure and who were examined.....	273	404	170	171	633	152	447	123	614	403	263	454	256	370	330	329	459	469	423	278	236
Percentage of the total present who were examined.....	29.7	28.0	26.9	19.6	39.0	43.2	31.7	23.6	43.5	39.1	26.0	32.2	12.0	36.5	31.0	19.8	36.8	38.2	31.2	29.5	36.1
WATER SUPPLY																					
Source ¹	G	S	G	G	G	G	G	G	S	G	G	S	S	G	S	S	G	S	S	G	S
Total hardness in parts per million.....	247	27	323	75	329	276	349	445	302	103	209	223	131	329	88	132	291	80	134	220	141
Mean fluoride (F) content in parts per million of cities studied.....	1.9	2.6 > 1.4	1.8	1.2	1.2 1.4 to 1.0	1.2	1.3	0.9	0.6 0.9 to 0.5	0.5	0.4	0.3	0	0.2	0.1	< 0.5	0.2	0.1	0	0.1	0.1
CLINICAL EXAMINATION																					
Unit basis of measurement:																					
Teeth:																					
Dental caries experience, permanent teeth, per 100 children examined.....	236	246 244	252	258	281	303	323	343	412 416	444	556	652	673	703	706	722 740	733	772	810	823	1,037
First permanent molar mortality, per 100 children examined.....	15.0	4.7	11.8	11.7	14.5	15.8	19.5	29.3	20.2	20.3	25.1	55.9	42.6	65.9	71.2	31.0	99.8	73.8	79.9	34.2	80.1
Tooth surface:																					
Dental caries experience, proximal surfaces, superior permanent incisors, per 100 surfaces.....	0.46	0.31	0.60	0.59	0.78	0.16	1.8	1.4	0.47	4.1	3.3	3.2	10.7	7.1	11.2	9.0	11.4	10.4	17.7	11.2	18.1
Child:																					
Percent of children with 1 or more permanent teeth showing dental caries experience.....	72.2	71.5	74.7	70.2	76.5	79.6	81.7	82.1	89.4	88.6	94.3	97.8	96.1	98.1	97.6	95.7	97.4	98.7	96.9	98.6	100.0
Percentage incidence of endemic dental fluorosis (mottled enamel).....	47.6	73.8	40.0	33.3	15.0	31.6	25.3	12.2	6.5	4.2	6.1	2.2	1.6	1.1	0.3	0.6	1.5	1.3	.2	0.4	

¹ S=surface water; G=ground water.

² There is both presumptive and direct evidence that prior to a few years ago the Maywood water contained probably 1.4 to 1.6 p.p.m. of F (Pub. Health Rep. 56: 761-792 (Apr. 11, 1941)).

³ There is both presumptive and direct evidence that prior to a few years ago the East Moline water contained as much as 1.5 p.p.m. of F (Pub. Health Rep. 52: 1249-1264 (Sept. 10, 1937)).

⁴ Prior to 1928 this water supply probably contained about 1.1 p. p. m. of F. See reference in text concerning treatment of raw water; see table 9 for its analysis.

⁵ Range of fluoride (F) concentration of water supply and dental caries experience rate children in these specified groupings.

TABLE 9.—Fluoride (F) content of the public water supplies of the cities studied
 (All samples collected from a tap in the distribution system having average domestic use unless otherwise specified)
 (Parts per million)

	Galesburg, Ill.	Colorado Springs, Colo.	East Moline, Ill.	Kewanee, Ill.	Pueblo, Colo.		Marion, Ohio		Lima, Ohio	Middletown, Ohio	Quincy, Ill.	Zanesville, Ohio	Portsmouth, Ohio	Elkhart, Ind.	Michigan City, Ind.
					North supply	South supply	Raw	Treated							
December 1939				10.9											
January 1940				.9				0.5	0.3	0.2		0.2	0.2	0.1	0.1
February								.4	.2	.1		.2	.2		
March		2.8			.7	.7	1.0	.4	.4	.2		.2	.1	.1	.1
April		2.6			.7	.8	1.1	.4	.3	.3	0.1	.1	.1	.1	.1
May		2.6			.6	.5	1.1	.6	.2	.2	.1	.2	.2	.1	.1
June		2.4			.4	.5	1.1	.4	.3	.2	.1	.2	.1	.1	.0
July		2.5			.5	.6	1.2	.4	.4	.3	.1	.2	.1	.1	.0
August		2.4			.5	.7	1.1	.4	.3	.2	.1	.2	.1	.1	.1
September		2.5			.6	.6	1.1	.4	.4	.2	.1	.2	.1	.1	.1
October		2.5	1.3		.5	.5	1.1	.4	.4	.2	.1	.2	.1	.2	.1
November		2.6			.6	.5	1.1	.4	.3	.2	.1	.2	.1	.1	.1
December		(¹)	1.3		.6	.6	1.1	.4	.3	.2	.2	.2	.1	.1	.1
January 1941		2.6			.6	.7					.1			.1	.1
February	1.9	2.6			.6	.6					.2			.1	.1
March			1.0								.2				
Mean	1.9	2.55	1.20	.90	.58	.61	1.10	.43	.32	.21	.13	.19	.13	.11	.09

¹ Well No. 1.

² Well No. 2.

³ Container broken.

⁴ Single samples of the Galesburg and Quincy public water supplies received in December 1938 disclosed a fluoride (F) content of 1.9 and 0.2 p. p. m., respectively.

⁵ 12 monthly samples collected between November 1933 and October 1934 (Pub. Health Rep. 50: 1719-1729 (Dec. 6, 1935) showed a mean fluoride (F) content of 1.86, 2.53, and 0.57 p. p. m. for Galesburg, Colorado Springs, and Pueblo (north supply), respectively.

NOTE.—The limit of the sensitivity of the procedure used for the fluoride determinations may be considered as about 0.1 part per million.

TABLE 10.—Mineral analyses of the common water supplies of the cities studied

	Galesburg, Ill.	Colorado Springs, Colo.	East Moline, Ill.	Kewanee, Ill.	Pueblo, Colo.		Marion, Ohio		Lima, Ohio	Middletown, Ohio	Quincy, Ill.	Zanesville, Ohio	Portsmouth, Ohio	Elkhart, Ind.	Michigan City, Ind.
					North supply	South supply	Raw	Treated							
Residue on evaporation	1,094.4	46.4	1,055.2	1,908.0	524.8	514.4	1,052.8	754.4	372.0	348.0	132.0	485.2	154.4	248.8	196.8
Loss on ignition	40.0	7.2	48.8	86.0	56.0	74.4	106.4	32.0	106.0	45.0	14.0	92.0	35.2	36.8	49.6
Fixed residue	1,054.4	39.2	1,006.4	1,822.0	468.8	440.0	946.4	722.4	266.0	303.0	118.0	393.2	119.2	212.0	147.2
Silica (SiO ₂)	7.2	8.0	7.5	38.0	14.4	16.0	28.0	19.6	2.0	8.0	10.0	13.0	8.0	12.0	17.6
Iron (Fe)	.1	.04	.04	.01	.06	.06	.08	.04	.01	.04	0	.05	.01	.01	.02
Aluminum (Al)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Calcium (Ca)	57.2	8.0	64.6	115.7	76.0	78.1	206.8	52.0	60.0	85.0	22.9	87.9	25.2	54.9	36.6
Magnesium (Mg)	25.3	1.6	27.8	38.0	27.2	25.5	55.9	19.2	17.9	28.4	7.4	17.4	4.2	20.1	12.0
Sodium and potassium (calculated as Na)	296.7	2.6	282.0	506.2	41.1	38.8	17.7	145.7	12.1	5.0	3.7	33.2	8.8	4.5	1.7
Carbonate (CO ₃)					9.6	8.4									
Bicarbonate (HCO ₃)	295.2	23.2	309.9	300.1	154.9	164.7	341.6	42.7	148.8	317.2	37.8	153.7	28.0	245.2	136.6
Sulfate (SO ₄)	351.7	4.9	240.3	308.6	213.1	203.8	463.2	450.9	89.7	49.4	45.3	89.3	57.6	16.0	21.4
Nitrate (NO ₃)	3.1	1.0	3.9	6.6	5.5	4.8	1.0	1.0	5.5	5.3	4.4	.4	3.4	.4	0.6
Chloride (Cl)	190.5	.5	265.0	689.0	10.5	9.0	4.0	4.0	18.0	6.0	5.0	106.0	8.0	3.0	5.0
Phosphate (PO ₄)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fluoride (F)	1.9	2.6	1.3	.9	.7	.7	1.1	.4	.3	.2	.1	.2	.1	.1	.1

The dates of receipt of these samples of water were as follows: Galesburg Feb. 1941, Colorado Springs May 1940, East Moline October 1940, Kewanee December 1939, Pueblo March 1940, Marion April 1940, Lima June 1940, Middletown January 1940, Quincy May 1940, Zanesville October 1939, Portsmouth April 1940, Elkhart November 1940, and Michigan City January 1940.

Assistant Chemist C. G. Rensburg carried out the determinations other than fluoride, using mostly the methods given in the Standard Methods of Water Analysis of the American Public Health Association. The phosphate was determined colorimetrically by an adaptation of the Benedict and Theis method (J. Biol. Chem., 61: 63 (1924)).

The USPHS and the ADA claim this study to be one of their “classical fluoride studies” and it is used to support their position that consuming fluoridated drinking water” reduces tooth decay” and is “safe, beneficial and of value.”

However, to see the serious flaw in this study look at Table # 9.

Table # 9 documents the “Fluoride (F) content of the public water supplies of the cities studied”

The tested cities are listed in the same order as on Table # 11. Recall that the city in the far left column, Galesburg IL, had the highest “mean” level of fluoride in the drinking water.

Notice in Table 9 that water samples were collected for 16 months. Notice that Galesburg IL, the city with the highest “mean” level of fluoride in the water **ONLY** had fluoride in the water one month out of those 16 months. What is going on here? If the USPHS and ADA’s premise is correct, in order for fluoride to “reduce tooth decay” as they claim, the fluoride ion has to be consumed daily. The ingesting has to be consistent, not just one month out of 16.

Now go across this table to the far right column, Michigan City IN. There was fluoride in the drinking water for 11 out of the 16 months. This exposure was not fully consistent but it was much more consistent than Galesburg IL.

Since the fluoride exposure was more consistent in Michigan City IN you would expect to find less tooth decay and a higher number of mottled teeth in Michigan City than in Galesburg. **However, the findings were just the opposite.**

Galesburg hardly had any fluoride in the public drinking water and had the lowest tooth decay rate and the highest incidence of mottling and Michigan City, who has the most consistent fluoride exposure, had the highest incidence of tooth decay and the least mottling.

What is going on here? This is all just the opposite of what you would expect to find!

When you look at Table 9 and see how the “mean” fluoride content of the drinking water was determined, it throws a whole different light on the conclusions reached by the USPHS.

Now let’s look at Table # 10. This table is the “Mineral analyses of the common water supplies of the cities studied.”

Notice that the Galesburg IL, the city with one of the highest mineral contents in the water is that city with the lowest incidence of tooth decay. The Michigan City IN, the city with one of the lowest mineral content in the water was the city with the highest incidence of tooth decay.

Again, what is going on here? It now looks like this study should have given the minerals, not fluoride, the credit

for a difference in tooth decay rates in these 21 cities.

Remember Hereford TX, the town without a toothache. Recall the discussion about the high minerals in the food and drinking water. Look at this Table # 10. The conclusion that can be reached from this Table # 10 is that if anything accounts for the differences in tooth decay rates it is the high mineral content of the water, not the fluoride that is responsible for any tooth decay rate differences.

At the bottom of Table # 10 is again this Fluoride content analysis. If you omit Table # 9 and only consider this fluoride analysis in Table 10 then one could erroneously conclude that fluoride **and a** high mineral content both could contribute to the lower tooth decay rates.

However, that conclusion would be incorrect when you look at Table 9 which shows how the “mean” fluoride level was determined.

Again, what is going on here? This is getting confusing! The UPSHS tells me this “classical fluoride study” documents their position that fluoride reduces tooth decay but when I actually read this study I don’t see that this study documents that. In fact, I see that it documents just the opposite. That is, Galesburg IL, the city with the **least consistent** fluoride exposure has the lower decay rate and Michigan City IN, the city with the **most consistent** fluoride exposure has the highest tooth decay rate. That’s backwards...!

Then Galesburg, the city with the least fluoride exposure has the highest incidence of mottling and Michigan

City, the city with the most consistent fluoride exposure has the lowest incidence of mottling. Just the opposite of what you would expect.

So what is going on here?

Actually, I don’t know! There are too many **unacknowledged variables** and conflicts in this study to draw any type of accurate conclusion. Actually I do know...the USPHS was just cranking out scripted studies in an attempt to support their con job that fluoride was some heroic chemical element so they could assist Aluminum Corporate America in their quest to find a market for their fluoride waste chemicals. They just didn’t think anyone would take the time to read this very boring 25 page “classical fluoride study” publication.

If the UPSHS had been paying attention and thinking here they would have omitted Table 9 from this study. Then they could have made it appear that consuming fluoridated drinking water would reduce tooth decay.

(Actually, that might have happened. About 25 years ago, when Dr. Mick had me get this study, I think that I recall that he told me that the USPHS eventually caught on to their mistake of including Table # 9 and they scripted another version of this study with Table # 9 omitted and that altered second version of this scripted study was published at a later date.

In that second version the USPHS was supposed to have left out Table # 9. When Table # 9 is omitted then it is made to appear that fluoride and lowered tooth decay rates are positively linked. I think I got a copy of that altered study

years ago but it is stored away somewhere in one of the many boxes of fluoride data that I have in a storage facility. Once I get this expanded fluoride section on line I will look for the modified study that eliminates Table # 9 and I will give the reference information here.)

This study is just one of many that the USPHS and ADA thought that no dentist would ever actually read and they thought they could just give it to us dentist and we would just blindly accept it as proof of their claims that fluoridated drinking water reduces tooth decay.

There is absolutely nothing in this “classical fluoride study” that scientifically documents that consuming fluoridated drinking water has anything at all to do with lowered tooth decay rates.

What this “classical study” really shows when you read thru the smokescreen and mirrors is that if fluoridated drinking water does anything at all dentally it is connected to **increases** in tooth decay rates.

In addition, this was not a **scientifically** done study in the first place. There were numerous variables that were never taken into consideration. Variables such as was the source of the drinking water consistent and did the child actually drink the water of their city all the time or were there ever other sources of drinking water during their younger years when the teeth were developing. That is, was the source of the water a variable or a constant? Were there variables in the mineral content of the drinking water? We know the fluoride content of the water was no where close

to consistent. What about diet, preventative dental care or personal oral hygiene care?

This study is just another example of Dr. H. Trendly Dean, D.D.S., and others, producing a fake scripted study to arrive at a predetermined conclusion so he/they could secure their promotions, ego, glamour, status, pay increases and retirement security.

Dupe, Dupe, Dupe...the frogs are almost done...pass the dipping sauce!

Before I show you how the aluminum and fertilizer industry created this fluoride fraud I want to share with you a letter written by Dr. Heard from Hereford, Texas, the “Town Without a Toothache.” Recall that Dr Heard is that dentist who, in the 1930’s, initially reported the low decay rates in Hereford TX and ask for assistance from the dental society in finding the reason.

Dr. Heard wrote the following letter dated March 15, 1954, to Mr. Roby C. Day:

“Dear Mr. Day:

“Hereford, Texas has been called the town without a toothache. This is not true. But the phrase has been used effectively by the people interested in marketing “sodium fluoride” all over the country.

“I have practiced dentistry here for years. The native population of Hereford and Deaf Smith County have remarkably good teeth. The incidence of caries or tooth decay was very low. I

finally succeeded in getting some members of the dental profession to come to Hereford to find the cause of the excellent dental health of our people.

“After considerable research, it was suggested that the relatively high content of natural fluorine in our water supply was responsible. I accepted this conclusion for a time. The people who had great quantities of sodium fluoride and sodium silico fluoride as by-products of the aluminum and fertilizer industries decided that when these by-products were added to city water supplies, they would produce the same type of dental health which existed here with the natural fluorine. They widely publicized “the town without a toothache.” They are, I believe, still doing it.

“As the years went by I continued to study the local situation. I observed that, as the town grew and more people began to live on processed foods, such as canned goods, white flour products, soft drinks, etc., tooth decay increased. This increase of decay occurred even though they were drinking the same fluorinated water we had always been drinking. I am now fully convinced that the good natural food is the preventive of dental caries as well as other diseases.

“I believe that fluorine does in a mild way retard caries, but I also believe that the damage it does is far greater than any good it may appear to accomplish. It even makes the teeth so brittle and crumbly they can be treated only with difficulty, if at all.

“The dental investigators who came to our County some fifteen years ago did, in my opinion, make a serious mistake

when they gave to fluorine the credit for our good teeth, and overlooked the quality of food grown in our rich, well mineralized soil. Every person I found who had no dental caries consumed much milk.

“Why use a poison, when correct food will maintain our bodies free from diseases and tooth decay. It is hellish and un-American to put poison in city water supplies and force citizens to drink it.

“I sincerely hope that at least some of your dentist are co-operating with you in getting the real truth about tooth decay over to your citizens.

“If I can further assist you, please call on me.

Cordially yours,

George W. Heard, D.D.S.
March 15, 1954”

I want to now spend some time to explain to you how the aluminum and fertilizer industry manipulated a very toxic poison into our drinking water supplies.

Andrew Mellon was Secretary of the US Treasury with jurisdiction over the US Public Health Service. He also founded ALCOA. ALCOA is the Aluminum Company of America. ALCOA had a tremendous amount of waste hydrofluosilicic acid and absolutely no market for it. Mellon, with dollar signs dancing before his eyes and being the astute business man he was then played his Top Brass card and instructed his

Underling Top Brass at the USPHS to manipulate and fake the fluorine research to eventually make it appear that fluorine was somehow connected to lowered tooth decay rates.

That is where H. Trendley Dean, DDS came into the picture. Then Dr. Gerald Cox, on the staff of the Mellon Institute (also owned by the Mellon family, and which has done much research on the effects of fluorides on human physiology, under contract with major corporations that produce fluoride), claimed that even if some fluoride was bad for teeth, a smaller amount was good and should be added to the water. In the late 1930's, Dean started publishing purposely skewed data to show that fluoride caused a reduction in tooth decay...Dr. Cox convinced a Wisconsin dentist, J.J. Frisch, to promote the addition of fluoride to the water supply. This was the beginning of the infiltration into the American Dental Association and the American Medical Association all to find an outlet for the by-product fluoride from the phosphate fertilizer and the aluminum industries.

I want to reiterate that when ore is processed in the aluminum and fertilizer industries there is an industrial fluoride containing chemical waste left over and there was **absolutely no market** for it. Any manufacturing company that has waste left over will always look for a market for their waste so that waste might be either sold for a profit or at least hauled off at no cost.

For example, in the forestry business there are wood chips, shavings, sawdust, all left over from their manufacturing of what ever wood product they are producing. That waste is then the raw

product for other businesses such as particle board manufactures.

If a manufacturing process leaves waste products for which there is no market, then it is necessary for that manufacturing company to have to somehow dispose of that waste, hopefully responsibly. If that waste is some type of chemical it must either be neutralized if toxic or hazardous and somehow be safely disposed of...all which incurs additional expense for the company...which means higher overhead, lower profits, unhappy share holders. CEO's usually getting their rears chewed out because of fewer profits and possibly being less competitive.

In the Corporate America scenario, profit for shareholders is the number one goal. Corporate integrity is usually just a lip service con job from their public relations department especially with companies that deal with toxic chemicals. If you doubt that then go see the movie **Erin Brockovich**.

In the manufacturing of fertilizer what they are after is the phosphorous. Phosphorous does not come out of the earth as a pure element. It is in the rock, the ore, in combination with many other elements such as silicon and fluoride. The fluoride is not wanted, it is a contaminant. What they do is take the phosphate rock (ore) and crush it into small granules and then treat it with acids to dissolve out the phosphorous. Then the waste solution left over after the phosphorous is extracted is an extremely toxic solution containing hydrofluosilicic acid as well as other toxic contaminants.

Prior to this USPHS and the ADA fluoride fraud, hydrofluosilicic acid had only been an incidental waste by-product of phosphorous fertilizer production. After the non-marketable fluoride chemicals were extracted from the phosphorous ore one would hope these waste chemicals would be properly neutralized and disposed of responsibly. But, to do so was very expensive and there was not a market for this waste even if neutralized! So why go to the extra expense to properly neutralize these waste chemicals when there is no return on the dollar?

This same scenario occurs in the aluminum manufacturing process. That is, the aluminum does not come from the earth as a pure element. The rock ore is mined, crushed, treated with strong acids to dissolve out the aluminum and then the extremely toxic waste chemicals with absolutely no market value are left over.

Again, it cost money for the aluminum and fertilizer manufactures to neutralize and responsibly dispose of these waste toxic fluoride chemical solutions. With dollar signs in his eyes, Andrew Mellon knew it would be much more profitable to just purchase the USPHS and the ADA and the AMA.

Dunlap Rubber Company in their monthly **Dunlap Dimensions Newsletter** describes how their rubber products are used to line the storage tanks that hydrofluosilicic acid is stored in. The reason for the rubber lining in the storage tanks and lines is due to the **“severe corrosive action of the acid.”**

Further stated is **“the acid is so corrosive that without the protection afforded by the rubber linings, the steel tank structures would be eaten away in a matter of hours.”**

Remember this. These waste fluoride chemicals are **EXTREMELY** chemically reactive. Very hazardous, dangerous, don't breath the fumes; don't come in contact with skin. These waste fluoride chemicals eat thru steel in a matter of a few hours! And you want this in your drinking water?

In the July 07, 1951, Chemical Week publication is an article written titled Water Boom for Fluorides.

This article is about how great it is for the companies who manufacture the equipment for dispensing fluoride into the drinking water and how they and the chemical manufactures will benefit from this boom. They are referred to as “Beneficiaries: Standing to benefit from the boom are chemical companies and equipment firms.”

Among the “beneficiaries” listed is the ALCOA aluminum company.

Again, Andrew Mellon, the founder of ALCOA and the top dog over the USPHS issued a **top-down** order instructing the USPHS to create the illusion that fluoride in drinking water was somehow connected to lowered tooth decay rates and was safe, beneficial and of value.

The lower level USPHS dentists such as H. Trendley Dean DDS then had to go along with this fraud or face not being promoted, thus reducing their status, income and retirement benefits. No

different today than in the 1930's. Yes, this fraud is still being perpetrated by the USPHS and the ADA and the AMA even today. If you want to advance thru the ranks in the USPHS or the ADA or the AMA, no matter how much you know about this fluoride fraud, you had better vote in favor of it or you will get elbowed out and will never get to move up the promotion ladder.

Just so the USPHS and the ADA and the AMA don't feel they are being picked on by me, this same job security scenario also goes on in Corporate America in general. In most corporations you don't get to be CEO by being honest; you get there by stabbing others in the back and climbing over their dead bodies on your climb to the top all the while misleading the public about your integrity. You doubt it; just watch the daily news reports.

We are frogs being boiled...

I need to tie some pieces of this puzzle together here to be sure what I want you understand is getting understood.

The waste fluoride solution is called hydrofluosilicic acid. Depending on the chemical used to extract the aluminum of fluoride from the ore, the waste chemical could vary slightly in chemical composition but **ALL** the waste fluoride solutions are highly reactive acids that will quickly corrode thru solid steel. If you doubt the chemistry of this fluoride stuff then go to water processing plant in your community and read the labels on the containers this stuff is shipped in. Notice the skull and crossbones and other warnings on the containers.

Now think back to Hereford Texas and Dr. Heard. Yes, they found fluoride in the water and the soil...as well as high levels of phosphorous and calcium. That fluoride they found in Hereford was **NOT** hydrofluosilicic acid or any other waste fluoride chemical. What was found in Hereford TX was a very stable fluoride compound called Calcium Fluoride.

Calcium fluoride is a more stable compound. In its dry form it does not eat thru steel and does not have to be stored in rubber lined tanks. That stuff they keep referring to as "naturally fluoridated water" was sourced from calcium fluoride that was in the soil. Then, when it rained and water soaked into the soil it dissolved out some of the calcium fluoride and it went to the deeper levels and into the water table and was called "naturally fluoridated water."

When some fertilizer or aluminum industry dumps their waste fluoride chemicals into some river or some injection well and this toxic chemical gets into the water table, it is not "naturally fluoridated water." It is also **NOT** the very stable chemical compound calcium fluoride that was found in the "naturally fluoridated water."

If by chance fluoride really did have some connection to tooth decay rates, why was calcium fluoride not used as it is a less toxic chemical to work with. Answer: There was not an oversupply of waste calcium fluoride as calcium fluoride isn't a waste product of anything.

Hydrofluosilicic acid has been documented to be more than 60 times more reactive and toxic than the more chemically stable calcium fluoride. So that fluoride chemical they are putting in your drinking water is 60 times **more toxic** than what was found in the water in Hereford TX.

Also, notice that what the fertilizer industry is doing is mining rock that is high in phosphorous and extracting the phosphorous to be used as the fertilizer as well as extracting other marketable chemicals and discarding the waste which is in the hydrofluosilicic acid.

Remember that in Hereford it was reported that the reason for strong bones and good teeth was due to the high levels of phosphorous and calcium in the locally grown food and well water.

The fertilizer companies know that food crops need a source of phosphorous for growth so they dissolve the phosphorus from the ore with toxic chemicals and then have a waste solution left over that has fluorine in it. They then actively encouraged the manipulation of the science so that this waste fluoride chemical is now dripped into your drinking water under the guise of reducing tooth decay. All the while they knew that fluoride wasn't the cause of lowered decay rates as it was the phosphorous and calcium.

If ALCOA and the fertilizer industry really-really wanted to do something to reduce tooth decay rates they would be dripping phosphorous and calcium into our drinking water.

The only problem there is they don't have any excess phosphorous or calcium

left over as they sell it all for a profit. And, if they did produce enough phosphorous to phosphadate our drinking water, they would have to produce a much more massive amount of phosphorous than they now do... Which means they would have to process a lot more ore and that would create even more hydrofluosilicic acid than they now produce and there still would not be a market for it and they would have to spend a lot of money neutralizing it and safely disposing of it being very careful to not let it get into the drinking water supply where it would cause tooth and bone mottling and fluoride poisoning in anyone who consumed it.

Bottom Line: In Hereford Texas and other locations, it was not the fluoride that had anything to do with tooth decay rates. If anything should have been given the credit for lowered tooth decay rates it was the high minerals, the high phosphorous and calcium in the soil and water that made the difference. The fluoride compound found in Hereford was calcium fluoride, a very stable compound, and not hydrofluosilicic acid which is merely an industrial solution with absolutely no market value...until Andrew Mellon smelled dollars and got his Glamour in the way and created the fluoride fraud.

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As I became educated about this fluoride fraud I began writing about all of this. There were anti-fluoridation groups who read what I wrote and one of them invited me to testify at a June 1985 Environmental Protection Agency (EPA)

Public Meeting to be held in Washington DC. The purpose of this meeting was “proposed rulemaking” regarding the “Recommended Maximum Contaminant Level (RMCL) of **fluoride pollution allowed** in primary drinking water.”

I agreed. They sent me a copy of the **Tuesday, May 14, 1985, Federal Register**. The proposed rulemaking was fully explained in that Federal Register.

Here is what was being proposed: The State of South Carolina Department of Health and Environmental Control were proposing that the EPA **increase** the Recommended Maximum Contaminant Level (RMCL) for **fluoride pollution** in drinking water.

The EPA had previously set the RMCL at 1.4 to 2.4 mg/liter (1.4 to 2.4 parts per million.) That is already a much higher level (double) than what the USPHS says is the “optimal level” for drinking water fluoridation.

The USPHS and the ADA sets the “optimal” level for drinking water fluoridation at 0.7 to 1.4 parts per million. Again, the current level **already** allowed by the EPA at that time was an amount that was **already double** what the USPHS currently recommended as the “optimal” ppm of fluoride in the public drinking water.

The difference between the USPHS and EPA figures for the allowable parts per million levels is due to two different factors or points of view. The USPHS’ “optimal” level of 0.7 to 1.4 ppm is based on the amount that supposedly reduces tooth decay **WITHOUT** causing too much mottling or fluorosis.

Remember, mottling or fluorosis is the first **visible** symptom of chronic fluoride poisoning.

The USPHS doesn’t recommend that drinking water contain more than 1.4 ppm as the fluorosis and mottling would become much more visible (severe) and then people might catch on they are being poisoned.

The EPA looks at it differently and they largely downplay the fluorosis and mottling issue and don’t look at fluorosis as being a factor in their decision as to how much fluoride **pollution** is allowed in the “**primary drinking water.**”

Instead, the EPA just look at the fluoride as being a pollution contaminant and the EPA wants to keep the pollution contaminant **level** low enough to not “**cause**” what they refer to as “**adverse health effects.**”

So the EPA’s RMCL is different than the USPHS’s “optimal” amount. At the time of this hearing the EPA allowed up to 2.4 ppm of fluoride in the drinking water while the USPHS only recommended up to a maximum of 1.4 ppm.

What South Carolina was asking for in this “proposed rulemaking” was to have the EPA raise the RMCL from a range of 1.4 to 2.4 ppm up to a **new allowable level of 4.0 ppm**. Basically a doubling of the amount the EPA presently allowed. Or to look at it from the USPHS’ point of view, it would be a **quadrupling** of the recommend allowable amount.

So if the USPHS is concerned with the amount of mottling at 1.0 ppm you

would think they would be very concerned about raising the allowable amount of fluoride in the public drinking water to a level of 4.0 ppm, and which would cause a **quadrupling** of the mottling and fluorosis!

(But, as you will soon find out, since the USPHS and the EPA are in bed with Corporate Aluminum and Fertilizer America they willingly went along with this requested increase. The USPHS decided, by their own word spin definition, that if someone was concerned with the negative appearance of their teeth due to the increased amount of tooth mottling that the severely mottled teeth would just be declared to be a cosmetic problem. The USPHS stated that if you don't like the "cosmetic mottling problem" caused by drinking fluoridated drinking water then get some psychological therapy. Also understand that fluorosed, mottled and disfigured teeth are a financial boon for cosmetic dentist!)

Why would South Carolina want to request this rule change from the EPA? Simple enough! In South Carolina there public drinking water sources where the "natural" fluoride level was in excess of the current EPA RCML and they were faced with the choice of having to remove the excess fluoride from the water or raising the allowed RMCL.

South Carolina argued that it was just "too expensive to remove the excess amounts of fluoride from the water."

I agree that it would be real expensive to remove the excess fluoride from the drinking water. But I did not agree that it was ok to expose the citizens of South Carolina to a double dose of chronic

poisoning. Just think, these folks could now fill up their body buckets with toxins at a faster rate now.

The kicker here is the fact that this excessive fluoride South Carolina was claiming as being "natural" wasn't actually "natural." **This excessive amount of fluoride was simply water pollution from an industrial fluoride waste that was being dumped into the water upstream as a way to cheaply dispose of a non-marketable chemical.**

This dumped industrial fluoride waste then flowed downstream where the water then served as a source of drinking water for some communities.

Instead of South Carolina requiring that Corporate America stop the dumping of toxic fluoride waste into the water supply, they instead just asked to raise the amount allowed to dump. I want to make it clear here that I am not just picking on South Carolina, **ALL** state health departments operate this way as they are **all** in bed with Corporate America.

When any state health department claims to be serving and protecting the public, they omit acknowledging that their serving of the public is done only **AFTER** they serve Corporate America's needs. The health departments basically serve the public only in the manner that Corporate America allows. The way this works is Corporate America owns the medical schools and therefore the medical schools teach the curriculum (dogma) that they are told to by Corporate America.

I know that statement will upset a lot of health department folks. Health

Departments do some very good things for humanity. But there is some dirty laundry. It's basically the AMA that tells state and local health departments what they can and cannot do and what dogma is to be taught and learned...and Corporate America (including the pharmaceutical industry) owns the AMA.

The various state departments of health will only serve you in the way Corporate America allows them to.

This EPA hearing scenario was a real eye-opener for me. I had studied the proposed rulemaking information published by the EPA and I had previously studied the fluoride information some of which I have already given you here. I saw many flaws in the data put out by the EPA and I put a lot of effort into preparing my presentation.

The way this Public Hearing was structured was the EPA and the Department of Health for South Carolina had worked up a proposal and was ready to raise the RMCL as requested by South Carolina...but darn it, by law they had to hold a public hearing in order to hear from other "interested parties."

I was to speak in the category of "interested parties." This hearing was held at the EPA building in Washington DC. We "interested parties" folks were escorted into a small room and instructed where to sit.

Then, a door at the front of the room opens and the EPA officials as well as the officials from South Carolina come into the room together with a lot of back

patting going on. Obviously the good-old-boy system in action!

The EPA officials sat at the front of the room behind tables. On the center table was a fixture that had three lights in it, one green, one yellow and one red light. We were told that we had ten minutes to speak and that when the yellow warning light came on to wind it down as when the red light came on we were told to **immediately** stop speaking.

When we "interested parties" were presenting our material there was not much attention paid to us by the EPA officials. There was a lot of doodling, wandering eyes and looks of boredom. Obviously the EPA officials where there because they **had to be** and **not** because they wanted to be there!

When the noon lunch time came around all of us interested parties got up and left thru the back door and had to leave the building to find a place for lunch. All the EPA and South Carolina officials got up and went thru that special door and into the EPA building to have lunch together.

Through the day it became even more apparent that the EPA had already sided with South Carolina and was going to raise the RMCL for fluoride pollution in primary drinking water as requested.

I concluded that we "interested parties" were only there because by law they had to have a public hearing.

Unfortunately the law **doesn't** require that the EPA has to pay attention and listen to or our presentation or consider our facts or to have a non-biased and

honest hearing. The only requirement was they had to have a hearing.

The EPA officials and the South Carolina officials were all in bed together.

I want to share with you some of the EPA's information and logic they used in their decision to approve South Carolina's request to allow a **doubling** of the RMCL for toxic fluoride pollution and **quadrupling** the USPHS' "optimal" amount.

Written in the Federal Register is: "A Recommended Maximum Contaminant Level (RMCL) for fluoride in the drinking water is proposed at 4 mg/L (4.0 ppm). An RMCL is a non-enforceable health goal set at a level which would result in **no known or anticipated adverse health effects** with an adequate margin of safety."

I intentionally enlarged and made bold that phrase "no known or anticipated adverse health effects" and will soon document to you this phrase is the smoking gun to prove the word spin here. This word spin is what creates the deception and fraud involved here as the EPA and Corporate America work together to boil us frogs.

This phrase, "**no known or anticipated adverse health effects**" is repeated throughout this Federal Register.

(Remember that phrase because it is used over and over by the EPA, USPHS, ADA, AMA, FDA and Corporate America in their word spin in their attempt to convince us that various really bad things are somehow "safe." I will fully explain this soon.)

South Carolina's petition to the EPA for this rule change states "that (1) fluoride does not pose a public health hazard, and (2) the cost of reducing fluoride concentrations is prohibitively high and not justified by the benefits."

South Carolina also argued that "dental fluorosis **should not be considered** an adverse health effect, but should be considered a **cosmetic effect**."

Can you believe that, a visible symptom of chronic fluoride poisoning is now simply a cosmetic issue?

So let's stop and think about this for a moment. The EPA and the South Carolina are telling us that an increased allowable amount of fluoride in the drinking water is "**safe**" because it will not result in any "**known or anticipated adverse health effects**."

When the EPA uses that phrase "**no known or anticipated adverse health effects**" they actually are just quoting directly from a Report to the Surgeon General that was used by South Carolina and the EPA in this rule change proposal.

This report to the Surgeon General is titled:

"Report to the Surgeon General: By the AD Hoc Committee on the NON-DENTAL EFFECTS OF FLUORIDE IN DRINKING WATER"

This report is: "Based upon discussion and recommendations made during a meeting held in Bethesda, Maryland on April 18-19, 1983. Submitted by: Jay R.

Shapiro, MD, Chairman, September 26, 1983.”

Before I get into this report I need to first acknowledge that the EPA doesn't define the word “safe” the same way that I do. I trust my Webster's Dictionary!

My Webster's Dictionary defines “safe” as “secure from harm, injury, danger or risk. Free from hurt, injury, danger or risk. Dependable or trustworthy.” I accept this definition and will agree with it.

I think we would all agree with Webster's Dictionary definition and agree that is our socially acceptable definition of “safe.”

This Surgeon General Report very clearly documents how this Ad Hoc Committee has spun the socially acceptable definition of “safe” so that the spin doctors newly created definition of safe is now something that does not even come close to meeting Webster's definition of “safe.”

This Surgeon General Report states: “No sound evidence exists which shows that drinking water with the various concentrations of fluoride found naturally in public drinking water has any adverse effect on general health” and is therefore “safe.”

Now for the smoking gun let's look at the Surgeon General's definition of “adverse health effect.”

The definition of an “**adverse health effects**” “was assumed by the group to include:”

- A. Death
- B. Gastrointestinal hemorrhage
- C. Gastrointestinal irritation
- D. Arthralgias
- E. Crippling Fluorosis

I fully agree that drinking water fluoridated at the “recommended level” absolutely does **not** cause any of those “adverse health effects” that are listed in the Surgeon General's Report.

I agree that drinking water with 4.0 ppm of fluoride as proposed by this proposed rulemaking will not cause any of those five adverse health effects listed above.

For fluoride to produce any of those above listed adverse health effects requires a **significantly larger exposure** to fluoride than in normally found in drinking water.

However, with fluoride concentration at a level of 0.7 to 1.4 ppm, the “acceptable” levels of fluoride as currently found in drinking water, there are health effects symptoms created that are classical signs of chronic fluoride poisoning.

Unfortunately, for us simmering frogs that Surgeon General's Ad Hoc Committee just forgot to include the symptoms of chronic fluoride poisoning from ingesting fluoridated drinking water into their definition of “adverse health effects.”

In this Surgeon Generals Report it is also acknowledged that “Once ingested, fluoride is assimilated into calcified

tissues; 99 percent of **retained** fluoride is in the skeleton and teeth. The aorta is the only other tissue which exhibits high fluoride mainly in calcified deposits.”

What this means is that fluoride is “retained” in the body. It is “retained” because fluoride is the most electronegative element and it forms a strong bond with calcium and will inactive normal cellular functions in bone, thus leading to osteoporosis and other bone problems that will show up in later years as the fluoride accumulated. For those of you with aorta problems, how do you like knowing that high levels of fluoride is found in the calcified deposits in the aorta. Wonder how your health would be if you had never consumed fluoridated drinking water?

I want you to now recall those original reports of the USPHS and the ADA published back **BEFORE** the Aluminum and Fertilizer Corporate America seduced the USPHS and the ADA and the EPA.

Remember earlier in this text I quoted several USPHS and ADA published reports which stated:

1. The USPHS had documented that “toxicity data suggests that **fluorine, lead and arsenic** belong to the same group, as far as ability to cause some symptom of toxicity in **minute** dosage is concerned.”
2. “Fluorine, a general protoplasmic poison, exerts a **strong**

inhibitory action on many enzymes”.

3. “The toxic effects of fluorine on enzymes suggest that the possibility of an interference with metabolism and with the enzymatic processes associated with **normal** bone and tooth formation.”
4. “Fluorine is a **general protoplasmic poison**, but the most important symptoms of low level **chronic fluorine poisoning** known at present are mottling of the teeth and **interference** with bone formation”.
5. “When the threshold value is exceeded, as it is in drinking water containing one or more parts of fluorine per million, **detectable signs of toxicity appear.**
6. “We (American Dental Association) do **know that** the use of drinking water containing as little as **1.2 to 3.0 parts per million of fluorine** will cause such **developmental disturbances** in bones as **osteosclerosis, spondylosis and osteopetrosis, as well as goiter**, and we cannot afford to run the risk of producing such serious disturbances in applying what is at present a doubtful procedure intended to prevent development dental disfigurements among children.”

Now I ask you? If you were to experience “developmental disturbance symptoms” or symptoms such as

“osteosclerosis, or spondylosis or osteopetrosis or goiter;” would you consider any of these to be an “adverse health effect?” Well, the Surgeon

General of the United States does **not** consider any of these pathological health effects to count or to be of any significance. What do all of you folks with bone and thyroid problems think about that?

You folks with these bone and thyroid problems just don’t matter to the USPHS no matter how much you think you matter.

In that Federal Register where the EPA states their position, the Surgeon General is quoted as saying he “did not consider changes in bone density to be an adverse health effect.”

All you folks out there experiencing mottled teeth, goiter, metabolic disorders, endocrine disorders, bone density issues, or brittle bones or easily fractured bones, as far as the USPHS the ADA and the EPA are concerned **you don’t count...**

Notice that current medical treatment for all these bone and thyroid problems is to treat the symptom only and not to address the cause at all...

Wonder who profits from that...

At the current “acceptable” levels of fluoride in the drinking water (1.0 ppm) there are disease symptoms that are produced that are indicative of chronic low level fluoride poisoning.

Unfortunately, the adverse health effects that DO occur from ingesting fluoridated drinking water just didn’t

make it into the EPA’s definition of an “adverse health effect.” How convenient ...

The EPA, the USPHS, the ADA all have a vested interest to protect and their vested interest come **first** and the protection of the public comes in dead last.

To top it all off, when the first visible symptom of chronic fluoride poisoning occurs and the teeth are fluorosed, mottled and disfigured, the EPA and the USPHS now calls your symptoms of poisoning a “**cosmetic problem**” and state that if you are bothered by your appearance you should get psychological therapy.

I think it is the EPA, the ADA and the USPHS that needs psychological therapy...and not just psychological therapy, but also a good dose of ethical and especially spiritual therapy.

So the EPA and the State of South Carolina wants to **DOUBLE** the amount of toxic fluoride that is allowed in the drinking water because it is “**safe and does not cause any adverse health effect.**”

In case I haven’t made my point... word spin has been done so that a very toxic chemical is made to appear to have somehow changed over the years. Not so...the only thing that has changed is the integrity of the top brass at the USPHS, ADA, AMA and the EPA.

In case you haven’t already figured it out, South Carolina got its requested rule change.

What do you think...is this OK with you? If so, then run to the tap and down another glass of fluoride.

Because of my studying this fluoride issue and because of what I learned in dealing with this EPA hearing, and because of some other work I had done regarding Dr. Bass' work and some other activism, I had learned how to **read between the lines** when studying any "scientific" information. I learned how to spot when information was being omitted or modified or misinterpreted. I began to see how word spin is done. It doesn't matter if we are dealing with fluoride, mercury, food, nuclear, pesticides or with water pollution, this word spin phrase "no adverse health effects" keeps surfacing.

If the UPSHS, the EPA, the ADA, the AMA or Health Departments or anyone else tells you some chemical "does not cause any adverse health effects," the two questions to ask are:

1. What is their **complete** list of "adverse health effects" that "**are not caused**" by the chemical at the concentration being promoted as "not causing any adverse health effects. That is, what is it they say the chemical does **not** cause!
2. The next question to ask is what **health effects are caused** by the chemical at the concentration being promoted but are not classified as "adverse" and are **not included** in their definition of "adverse health effects?"

Lets say you get punched in the nose and you are told by the "authorities" that your broken nose and all that blood, pain and swelling does **not** qualify to be called an adverse health effect because none of those things are include in the definition of an adverse health effect and that the definition of an adverse health effect from getting punched in the nose only includes death.

So if you didn't die, there was nothing done to you that was qualified to be called an adverse health effect. Therefore, all that blood and pain and swelling doesn't count. Then, you are told that if you find the blood, pain and swelling to be objectionable then you have a psychological problem and you need to see a therapist. That will definitely make your nose feel better...Right!

With regards to fluoride drinking water ingestion, this is exactly what is going on. Human Beings (that's you) are ingesting a fluoride toxin that the UPSHS and the ADA knows to be a general protoplasmic poison that interferes with metabolism and with the enzymatic processes associated with normal bone and tooth formation as well as causing developmental disturbances in bones such as osteosclerosis, spondylosis and osteopetrosis, as well as goiter. This fluoride toxin also causes mottling and disfigured teeth which are the first visible signs of chronic poisoning. Absolutely none of these disease symptoms are included in the USPHS' definition of "adverse health effect."

Instead, those other health symptoms the Surgeon General says are NOT caused by fluoridated drinking water

(Death, GI hemorrhage, GI irritation, Arthralgias and Crippling Fluorosis) are the ONLY ones included in the “official” definition of “adverse health effects.”

Therefore, fluoridated drinking water is “safe” because the USPHS has scripted a new definition for “safe” which states that fluoride doesn’t cause any of those symptoms that it doesn’t cause anyway.

So that is what is happening to us slowly boiling frogs? What happens over the years is that we all are exposed to a little bit of toxin here and a little bit of another toxin there and a little bit of another garden variety toxins somewhere else (All at EPA acceptable levels of course) and this goes on all day long 24/07/365. We ingest toxins from our air, food and water. To a degree, we can’t avoid some toxins and others we can avoid by being conscious of where they come from. We can avoid mercury dental fillings; we can avoid fluoridated water and a few other things.

When the USPHS or the EPA performs their testing of the effects from our exposures to the various toxins they only test us against **one** toxin at a time. They have **NEVER** performed a test where they expose us test subject to **ALL** the toxins at the same time as occurs in our daily life where we **are** exposed to multiple chemical all at the same time...and usually chronically. I mentioned this in the mercury section when I wrote about the petroleum pollution here in Oklahoma.

When just one toxic chemical is tested on the test subject and the results concluded, the results are only valid for that one chemical. (Assuming the test is not done fraudulently).

However, **IF** a test subject were subjected to numerous toxic chemicals all at once, the test results could vary considerable from the single toxin test because when many toxins are ingested at the same time there can be interactions between the different chemical that can cause chemistry changes that are not found in single chemical exposures.

In the environment we live in today we are exposed to many toxic chemical that are found in our air, water and food. Next time you fill up your car with gas, notice the sign on the pump that tells you not to breathe the fumes as they are known to cause cancer.

These combined chemicals react and affect our bodies in ways that have not been fully tested so we don’t really know how much all this exposure actually contributes to any or all of our human disease symptoms.

If you doubt that we are exposed to numerous chemicals every day, then get a copy of your communities drinking water analysis, or their air study and go see the documentary movie **Food, Inc.**

Consider your body to be a bucket and every day you get a drop or two of toxins. Over time your bucket will accumulate more and more toxins and eventually it will fill and overflow. Eventually you will start having some health issue(s). The health issue will present with symptoms and those

symptoms will be evaluated and then some name will be given to the symptoms of what you are experiencing and then the symptoms will be treated, and the cause of the symptoms of what you are experiencing will not be identified, acknowledged or treated.

The **causes** of toxic symptoms are seldom, if ever, identified and will seldom ever be treated and all the time you are treating the symptoms you will still be accumulating more toxins. This is sort of like hiring a carpenter to nail new boards on a house that is still on fire. Wouldn't it be best to put out the fire first?

Wouldn't it be best to eliminate the chemical exposure?

To over simplify: these toxic chemicals do several things in the cells of your body. Some interfere with enzymes and normal cellular physiology and what some of these chemical toxins do is oxidize tissue in your body. This oxidation will occur at the cellular level within the cells. Cut an apple or a banana and let them sit out in the open and they will turn brown. That is because of oxidation. Oxygen oxidizes the apple and the banana and creates an irreversible oxidation. That's what these toxins do when they come in contact with the cells of your body. Some toxins oxidize the components of the protoplasm and some oxidize the cell walls.

Fortunately our bodies have the ability to prevent some of the oxidation so we oxidize slowly over time and don't oxidize immediately.

As someone ages and begins to show signs of aging, those signs are usually referred to as just "getting older." However, that "getting older" stuff is not fully connected to just "getting older."

The way that time enters into "getting older" is simply how long we have been accumulating toxins. Depending on occupation and life style, different people accumulate different toxins in different amounts over different time periods. Is the toxin exposure acute or chronic? When multiple toxins are intoned then the toxins can also enter into chemical reactions with each other and form chemical compounds that have never been researched in humans. No telling what all could be present when these new chemical compounds are formed. This is one reason we don't all "age" the same while "getting older."

Yes, I know there are many factors, including genetics, that enter into the aging process but I am focusing more on the fact of the accumulation of all those toxins we are exposed to on a daily basis for which we are told they do not "cause any adverse health effects."

When I use the words "toxic exposure" I am not referring to that train car that overturned and spilled some chemical. I am referring to the hundreds of toxic chemicals in our air, food and water that we are exposed to on a **daily** basis, right now, right this very second, right now while you are reading this. Just because you may not be aware of the ongoing continual exposure we experience on a daily basis does not mean it does not exist.

There is a corporate mantra out there that says "Better Living Thru

Chemistry.” I don’t disagree with that mantra but what I would include is the mantra “Ongoing Oxidation Thru Ingesting Toxic Chemicals.”

How fast our bodies oxidize depends on not only our nutrition but also the health of our immune system and it also depends on what chemical burden is placed on it. That is, how large or how small was the exposure, were you exposed to an acute amount of a toxin, or were the exposures in the chronic category and then for how long. How many different toxins were intoned? If your kidney or liver or thyroid is being slowly oxidized and you eventually begin to have a health symptom and you go to your doctor for treatment and ask him what caused it, you will probably never hear that it was due to the gradually accumulation of toxins over many-many years of constant low level exposure.

So all this “no adverse health effect” stuff is just a con job! Learn to read between the lines. This word spin is done in many areas by the USPHS, ADA, AMA, FDA and the EPA. Its not just fluoride issues: It’s done in nuclear issues, mercury, pesticides, and genetically modified foods, as well as in the beef, pork, chicken and grain industries. Go see the documentary film **Food Inc.**

Learn to recognize how word spin is done. After all, all that hinges on this is **your** health and well being.

Now I want to document my claims that word spin is being done by the USPHS

especially as well as by the ADA and the EPA.

When a dentist graduates from dental school there are several options available to pursue. There is graduate school to specialize in some area of dentistry. There is military, private practice, or possibly the Public Health Service. If you go into the Public Health Service you can serve as a practicing dentist in one of their dental clinics such as the Indian Health Service or the Federal Prison system or you can pursue a Master of Public Health Service degree. If you go after the Masters in Public Health Service degree you will go to the Public Health School in Ann Arbor Michigan which is associated with the University of Michigan. I can assure you this Public Health School is a most respected institution and is the sacred ground of Public Health. When a dentist graduates from this Public Health School they are given a “Fluoride **Super-Expert Badge**” and it carries much more authority than that “Fluoride Expert Badge” the dentist gets from their dental school.

Among all the good things they teach the Public Health Dentist, there are some very corrupt things taught also.

I refer you to a book published by the University of Michigan School of Public Health Continued Education Service Ann Arbor, Michigan 1960, titled **Classification and Appraisal of Objections to Fluoridation.**

The Forward of this book explains its purpose quite well. I quote:

“FOREWARD”

“Because of the demand for factual information regarding fluoridation by so many disturbed citizens, by frustrated members of departments of health, an by the formally expressed desire of the Dental Health Section of the American Public Health Association, this report was developed at the School of Public Health of the University of Michigan during the school year 1956-57. It began as an assignment to 20 students of dental public health in the fall semester of 1956. They were asked to assemble all of the objections that they could find to the fluoridation of public supplies of water and then to classify these objections in orderly outline. The result of the assignment was the index on the following pages.

“Later in the fall semester each student was assigned a related group of objections, requested to search the literature on fluoridation carefully, and then asked to write a brief, critical appraisal of the validity of each objection in his assigned group. During the spring semester, Kenneth R. Elwell, B.S.D., D.D.S., M.P.H., Colonel, U.S. Air Force (D.C.), continued this assignment by thoroughly checking the accuracy of each student’s report and references and by searching the literature for additional scientific findings that had been missed. His task, which resulted in this report, required several hundred hours of careful and painstaking work in the libraries of the University of Michigan.”

Next is listed the names of the 20 Public Health students who were assigned to this project. Then written is:

“It will be noted in the index that eight general areas of objections, including

one unclassified group, have been explored.”

The forward to this book is acknowledging the fact that there were many “**disturbed citizens**” and “frustrated members of departments of health” that had “**objections**” to the fluoridation of the public drinking water supplies.

Keep in mind that the “research” for this book started in 1956, that was just a couple of years after the USPHS and the ADA started to drip toxic level of fluoride into the public drinking water supplies and there were many very knowledgeable “disturbed citizens” and “members of departments of health” who “objected” and were “disturbed” and “frustrated” that this fluoride fraud was being perpetrated on the “public.”

As a result of the very vocal concerns of knowledgeable “citizens” and “members of departments of health” and other “disturbed citizens” in the 1950’s the USPHS realized that they needed to spin some facts in their attempt to suppress the truth about various facts and comments being expressed by the truly knowledgeable (disturbed) individuals who early on recognized this fraud was being created.

So the USPHS had its public relations department create this student assignment in an attempted to use the information in this book to create a smokescreen in hopes that all the objectors would be fooled by this con job of a book and then fall into line with the rest of the dental sheep and then knowingly or unknowingly support the fraudulent fluoridation of the public drinking water.

This is just another case where the USPHS has stated the goal they wanted to accomplish and then wrote scripted responses that should be given to anyone who disagrees with their claims. Keep in mind that these scripted responses were **NOT** based on any science, it was just word spin.

There are 82 pages to this book and I am not going to attempt to give you all the information that is in this book. Instead I will just give you a few samplings of the numerous scripted responses listed.

On the subject of fluoride being a protoplasmic poison. Recall earlier I quoted from that **April, 1936, Journal of the American Dental Association** study by Dr. DeEDS.

In that 1936 ADA publication Dr. DeEDS stated that “Such a comparison of toxicity data suggests that fluorine, lead and arsenic belong to the same group, as far as ability to cause some symptom of toxicity in **minute** dosage is concerned.” And that “Fluorine, a general protoplasmic poison, exerts a strong inhibitory action on many enzymes.” And that “The toxic effects of fluorine on enzymes suggest the possibility of an interference with metabolism and with the enzymatic processes associated with normal bone and tooth formation.”

Also stated in Dr. DeED’s **1936** article is “Fluorine is a general protoplasmic poison, but the most important symptoms of chronic fluorine poisoning know at present are mottling of the teeth and interference with bone formation.” And “**when the threshold value is exceeded, as it is in drinking water**

containing one or more parts of fluorine per million, detectable signs of toxicity appear.” End of quote.

So whenever a “disturbed” or “frustrated” citizen or “department of health member” would “object” to the fluoridation of the public drinking water and use this research article of Dr. DeEDS’s as a reference the USPHS did not like their own studies being used against them. The USPHS eventually determined that they needed to create a scripted smokescreen and mirror response to teach the USPHS dentist how to respond to these “disturbed” and “frustrated” individuals.

Here is what the University Of Michigan School Of Public Health scripted in this book as a response to the Objection that “fluoride is a protoplasmic poison:”

“Objection: Fluorides cause general protoplasmic poisoning.”

“Appraisal: Cox and Hodge, in describing the mechanism of acute fluoride poisoning stated that “Some of the basic and necessary metabolic processes in the cell are stopped by concentrations of fluorides such as are found in **acute** poisoning. These changes are comparable to those seen in high-grade anoxia and are the basis for describing fluorides general protoplasmic poisons.” The average fatal dose for man has been estimated by Cox and Hodge to be in the order of 50 mg per kilogram of body weight.

“However, the pertinent issue is whether fluorides in dosages recommended for use in drinking water cause harmful effects. Black has pointed out that all

compounds used for the fluoridation of water long have been known as poisons, when ingested in **massive** doses.

“Heyroth has reported that the results of experimentation with animals show that the prolonged intake of quantities of fluoride to produce dental fluorosis does not give rise to any of the **non-dental manifestations** of chronic intoxication by fluorides.

“Kehoe has summarized the status of fluorine’s toxicity by stating that “The question of the public safety of fluoridation is non-existent from the viewpoint of medical science.”
End of quote...

So let’s analyze this “Appraisal.”

First it states that “some of the basic metabolic processes are stopped by concentrations of fluorides such as are found in **acute** poisoning.” And that the “fatal dose for man has been estimated...to be in the order of 50 mg per kilogram of body weight.”

One of the ways this appraisal creates the smokescreen is by discussing **acute** fluoride poisoning instead of **chronic low level** fluoride poisoning. **Acute** fluoride poisoning occurs when a huge amount of fluoride is ingested all at once. **Chronic** fluoride poisoning is when a very small amount of the poisonous fluoride is ingested daily over many years of time such is the case with fluoridated drinking water.

The symptoms of acute fluoride poisoning and chronic fluoride poisoning are not the same.

Fluoride is a protoplasmic poison no matter how much or how little is consumed. The speed at which the protoplasm is poisoned depends on how much fluoride is consumed and over what time period it is consumed.

If someone consumes that acute amount of 50 mg per kilogram of body weight in one dose, death will most likely be the result.

Death does not result from drinking fluoridated drinking water at 1.0 ppm, but the protoplasm is continually poisoned, just to a lesser degree per unit of time...but the effect is cumulative.

THE EFFECT IS CUMULATIVE...

Now look at the statement that says that “experimentation with animals show that prolonged (chronic) intake of **quantities of fluoride to produce dental fluorosis does not give rise to any of the non-dental manifestations of chronic intoxication by fluorides.**”

Now that is a true statement but it is being used out of context here.

The smokescreen here is the USPHS is hoping you will buy into the idea that drinking fluoridated water is safe since it does **not** cause “any of the **non-dental** manifestations of chronic intoxication...” However drinking fluorinated water **DOES** cause **DENTAL** manifestations such as fluorosis and mottling which is proof of poisoning from chronic low level fluoride ingestion.

Just the fact that dental fluorosis is created fully documents that even at a

low chronic level, fluoride is poisoning the enzymes in the cells that are responsible for creating normal healthy teeth. And that poisoning is also going on in bone formation, the mottling of the bone is just not visible. That poisoning is also going on at a low level in **ALL** the cells of the body, again just not visible.

What the UPSHS is attempting to do here is downplay the **toxic health effects** of chronic low level ingestion of fluorides by saying that since “**non-dental** manifestations of chronic intoxication aren’t produced then drinking fluoridated water is safe. However, they conveniently overlook the **dental** manifestations **THAT ARE PRODUCED** from chronic ingestion of fluorides which means that poisoning has occurred. And, all this occurs at the recommended level of 1.0 ppm of fluoride in the water.

So no matter how much smoke and mirrors are being used here by the USPHS, they cannot get away from the fact that their original 1936 conclusions stated in **their own** published studies were 100 per cent accurate.

Today, right now in 2009, Fluoridated drinking water is in fact still exactly the same toxic chemical the USPHS said it was in 1936.

All they are trying to do here in this book is spin the science by word manipulation so that fluoride can now be claimed to be “safe, beneficial and of value and is “safe” because it does “not cause any adverse health effects.”

Visible symptoms of chronic fluoride poisoning are present even at an ingested

level of 1.0 ppm as found in the public drinking water supplies no matter how much the USPHS attempts to create the illusion that only **acute** high amounts of ingested fluoride are a health problem.

The fact remains that chronic very low levels of ingested fluoride do in fact cause signs of toxicity...no matter how much you spin the facts and words.

Now let’s look at another “Objection:”

“Objection:” “Fluoridation is being promoted to provide a profitable method of disposing of cryolite saturated with fluorine, a waste of the aluminum industry.”

“Appraisal: The American Dental Association cites information which shows that the fluorides used for fluoridation of water supplies are not a by-product of aluminum plants.

“The Aluminum Company of America (ALCOA) in correspondence with the ADA has stated that it does produce sodium fluoride but in a special plant in the same manner as this fluoride is produced by others not in the aluminum industry.”

This is a real con job. Sodium Fluoride is **NOT** used to fluoridate public drinking supplies. Sodium fluoride is a very expensive manufactured form of fluoride and there is not a surplus amount of it sitting around with nowhere to go like it is with the hydrofluosilicic acid. Sodium fluoride is usually used in toothpaste.

What's used to fluoridate the public drinking water is usually hydrofluosilicic acid or sodium silicofluoride. Both of these toxic fluoride chemicals are in fact industrial waste solutions left over from the manufacturing of aluminum and fertilizer.

This information was presented several pages back. Remember where I gave information from the July 07, 1951 Chemical Week article which claimed a "Water Boom for Fluorides" and how ALCOA was now going to be able to get rid of its hydrofluosilicic acid and sodium silicofluoride waste solutions. Also remember that Dunlap Rubber article where they were boasting that they manufactured rubber linings for the storage tanks this hydrofluosilicic acid was stored in until it could be disposed of.

With the ability to now drip this industrial waste fluoride solution into the public drinking water supply it was no longer necessary for the aluminum and fertilizer industry to have the expense of storing or neutralizing and disposing of these toxic waste acidic fluoride chemicals.

So the mirrors and smoke screen here is the USPHS is attempting to convince us that sodium fluoride, a fluoride chemical which is **not used** in water fluoridation anyway, is **not** a waste product of the aluminum industry so therefore both the USPHS and ALCOA hope we will believe that the aluminum industry is not supplying any waste chemicals for the fluoridation of public drinking water.

So let's for a moment hypothesize that it is true that none of these fluoride solutions used for drinking water

fluoridation come from the aluminum industry. Then I wonder what the aluminum industry is doing with all of those tons of hydrofluosilicic acid that they produced on a **daily** basis? Those tons of fluoride waste solutions that are produced daily have no use or market value and instead have to be stored or neutralized all at the shareholders expense!

Give me a break...these waste chemicals aren't being neutralized and responsibly disposed of and are instead being dripped into our drinking water supplies and that is easily documented. If you doubt it, go to the water department in your community and read the label on the container of fluoride they are dripping into your drinking water supply.

Here is a total failure on the part of the USPHS to acknowledge that these hydrofluosilicic acid chemicals **being used** for the fluoridation of the public drinking water supplies are in fact industrial waste solutions from the aluminum and fertilizer manufacturing process.

Now another "Objection:"

"Objection: Fluoridation is mass medicine."

"Appraisal: H. Trendley Dean, D.D.S., has answered this objection directly by stating "any assumption that fluoridation is mass medication reveals a lack of knowledge of the carious process and its associated pathology. Medication implies the application of a medicinal

substance or agent for the treatment or cure of a disease- the application of remedies. Fluoridation is not a treatment or cure for dental caries. Dental caries produces a nonhealing lesion; dental enamel once injured never repairs itself, with or without medication. Fluorine simply prevents the decay from developing. In short fluoridation of public water supplies simulates a purely natural phenomenon-a prophylaxis which nature has clearly outlined in those communities that are fortunate enough to have about 1.0 ppm of fluorine naturally present in the public supply of water.

“Black has published similar views and...concludes, as did Dean, that fluoridation consists of “merely a process of supplementation, that is, adjusting a normal constituent of most natural waters to its optimum content from the standpoint of the public’s health. Obviously, fluoridation is not medication, either mass or individual. Fluorides in minute quantities are a normal constituent of the human body.”

So let’s now look at this: Here is this claim again that fluorine “prevents decay from developing.” That is a totally false statement. If you would ask them for their proof, they will refer you to that Newburgh-Kingston study or the Grand Rapids study or one of their other fraudulently done “classical fluoride studies.” As I have already shown you, none of those scripted “classical fluoride studies” prove that fluoride does anything to prevent tooth decay and the only thing they do prove is that fluoridated drinking water produces fluorosis or mottled enamel which are disfigurements that are the first visible symptoms of chronic fluoride poisoning.

Also, there is no such thing as the “optimum” content of fluoride as it is a totally false premise that fluoride has anything to do with reducing tooth decay. And when they state that they are “adjusting a normal constituent of most natural water to its optimum content...well, less than 1 per cent of the nation’s water had “natural” fluoride in it...so where does this “most “come from and where does the “optimum” word fit in here? Once again, word spin scripted responses!

The **ONLY** “natural phenomenon” that fluoride produces is the enzyme poisoning that is responsible for the developmental disturbances in bone formation and the formation of mottled or fluorosed teeth.

Again by using a play on words known as spin, “fluoridation is not a medication.” Why, because the USPHS says so and they are the establishment experts, the **AUTHORITIES**, and they should not be doubted by the dentist sheep or by the frogs.

As for fluorides being a “normal constituent of the human body.” Bovine excrement! Fluoride plays absolutely no beneficial biochemical role in human cellular physiology. Fluoride is only in our bodies due to a contamination exposure.

What these scripted responses do is allow the wet gloved dentists fluoride mongers to “prove” they are correct because all they have to do is parrot the various “Appraisals” in this book and wave the book in the air and point to it and claim it to be the gospel truth because the USPHS is the trusted

establishment and anyone who disagrees is un-American or a quack or some type of zealot or some other bad or wrong thing.

Next Objection:

“Objection: Fluoridation is compulsory medication in that everyone is compelled to drink fluoridated water.”

“Appraisal: Lull, Secretary and General Manager of the American Medical Association, has answered this objection directly. He has stated “It is claimed by some that the community has no right to force them to take undesired medication. This is a double-barrelled fallacy because, to begin with, fluoridation is not medication; it is adjustment to normal of deficient fluorine content in water in certain areas where needed. In the second place, no one is forced to use a public water supply; bottled water can be purchased. The public water supply is in the nature of a public utility, like gas, or electricity; it is a convenience but is in no sense a right.

“Dietz, Assistant Attorney General, of the State of California, has analyzed the contention of compulsion to drink fluoridated municipal waters in relationship to constitutional guarantees of freedom. Dietz has stated that the freedom of belief is absolute whereas the freedom to act is not. Therefore, a person may think and believe as he wishes, for or against fluoridation. However, fluoridation does not limit his right to act as he sees fit. Specifically, there is no legal compulsion. The

objector may drink, or not drink, fluoridated water, as he wishes.

“The evidence indicates clearly that fluoridation is neither medication nor compulsion and the objection is invalid.”

End of Appraisal!

So let’s look at this: Talk about word spin...”fluoridation is not a medication: it is an adjustment to normal of a deficient fluorine content.”

First of all, there is absolutely no such thing as “an adjustment to normal...” since there is no such thing as “deficient fluorine content.” There is absolutely nothing that has ever shown that fluoride has anything to do with lowering tooth decay rates nor is fluoride an essential nutrient element.

Tooth decay is not caused by a fluoride deficiency.

If anything in drinking water is connected to lowered decay rates it is the phosphorous and the calcium. The reason the USPHS doesn’t drip phosphorous and calcium into the water is because there is not any waste or excess of calcium or phosphorous chemical sitting around that needs to be disposed of.

Then, as the appraisal states, if you don’t want to drink fluoridated water you don’t have to, just purchase bottled water. **How arrogant!**

What if, in the early years, this thought process had been turned around and instead of putting fluoride in the drinking water and then telling those who did not want it to “purchase their

own bottled water” they instead did **not** put fluoride in the public drinking water supply and instead told those who wanted to consume fluoridated drinking water to purchase bottled water that had fluoride added to it.

The reason that scenario did **not** occur was because the USPHS and ALCOA knew that unless they could drip it into the drinking water supply they would not be able to dispose of enough fluoride to get rid of those tons of hydrofluosilicic acid that are produced daily.

So I could go on and on with this Objection and Appraisal book and all of its 87 pages of con job word spin. But I would hope that without having to add 87 more pages to this fluoride PDF that you get the idea of how the USPSH just creates scripted responses out of thin air with absolutely none of their scripted responses being supported by any valid science.

To conclude with this USPHS con job book, understand that the premise they are attempting to get across throughout this book is that **it is only large acute doses of ingested fluoride that you need to be concerned with and not the low level daily chronic exposures.**

Over and over they refer to the “optimal” level of fluoride to be added to the drinking water. Their conclusion is that at the “optimal” level tooth decay is reduced “without any signs of toxicity being produced.” As for the mottling of the teeth, which is in fact the first visible symptom of chronic fluoride poisoning, that is just downplayed as being a cosmetic problem and if it bothers you to

have fluorosed or mottled teeth then you have a psychological problem and you need to see a therapist. Remember that this was also repeated in that Report to the Surgeon General that was used to justify giving South Carolina the right to expose the public to the excessive amount of 4.0 ppm of fluoride.

Another “Appraisal” that I have repeatedly run into whenever dentist are present when I have participated in educational debates or discussions with citizen groups who were wanting to keep toxic fluoride out of their public drinking water supplies is this.

Whenever I would get to the topic of the first visible symptom of chronic fluoride poisoning, mottled or fluorosed teeth, then those Badge Wearing Fluoride Expert Dentist on the panel who were chanting the mantra of the ADA would always tell the folks that anything taken in large enough quantity could cause health problems. They would always say that drinking too much water could cause death.

That is correct. However, to cause illness or death from drinking too much water would require that you consume very-very large amounts of water over a short time period. What happens when that much water is consumed is that the body flushes out essential minerals and other essential nutrient elements and then the body’s chemistry gets out of balance. That’s because our bodies are biological chemistry kits and if you dilute the chemistry too much then the biological physiological chemistry doesn’t function correctly and everything gets out of whack.

Again, I fully agree with the statement that consuming too much water can be an adverse health effect. But this argument is totally out of context with the water fluoridation issue. It only takes an **extremely** small amount of chronically ingested fluoride to produce signs of fluoride poisoning. At a level of 0.1 ppm detectible sign of fluoride toxicity are produced. The USPHS recommends that the public's drinking water be fluoridated at a level that is 10 to 15 times higher than that 0.1 ppm level that produces the first visible signs of chronic fluoride poisoning.

So to all you card carrying Fluoride Expert Badge wearing dentist out there, give up this out of context argument that tries to convince the frogs that fluoride poisoning by the USPHS and the ADA can be justified by stating an out of context comparison to consuming too much water.

The reason this argument doesn't apply here though is because you **don't** have to consume large quantities of fluoridated drinking water to produce visible symptoms of fluoride toxicity. Just a few glasses of fluoridated drinking water a day over time is all it takes to produce chronic low level fluoride poisoning.

Something else I hear from the ADA dentist sheep whenever I encounter them at some public event is that I am accused of being a "Bircher."

For one thing I don't even know what a "Bircher" is! I have been told it refers to the John Birch Society...what ever that

is? Since the ADA dentists cannot argue with the facts, they instead attack the messenger. I noticed years ago that the goal of these ADA dentists is to discredit me, or any messenger, since they can't present any valid science to argue with.

I am not a "Bircher" nor do I even know what that label is all about. But those of you who become vocal in your community will most likely be so labeled. A point of interest here is that when ever I am accused of being a "Bircher" and I ask the dentist what a "Bircher" is, no one has been able to explain to me what a "Bircher" is. That's typical for organized dentistry to do name calling as they have no accurate or truthful science to present.

Another thing I am told by dentists whenever I make comments about fluoride that are contrary to the ADA dental establishment is that my conclusions are based on "old science" or "junk science."

What I want you to notice is the studies I have given you here were all done by and published by either the USPHS or the ADA and are considered by them to be "classical fluoride studies" that "prove fluoride is safe beneficial and of value and reduces tooth decay."

These are UPSHS or ADA studies that I am using to expose their fraud. These studies are not someone else's. If the brainwashed dentist would just read these studies instead of just accepting the ADA's word, then the dentist could easily see the numerous flaws as well as realize that none of these "classical"

studies were done following the Scientific Method.

So when I write that fluoride is a general protoplasmic poison, an enzyme inhibitor, a toxic chemical and responsible for causing mottled enamel; I am only referring to studies and publications of the USPHS and the ADA. So when any dentist tells me that I am quoting “old” or “junk science” I just show those dentist that I am only quoting the USPHS and the ADA and I then get into agreement with them that I am quoting “junk science” and that the “junk science” I am accused of quoting is actually just publications of the USPHS and the ADA that I do myself agree is “junk science.”

So I agree with all you dentist fluoride mongers that I am using “old” or “junk science” as I agree that all of these “classical fluoride studies” that the USPHS and the ADA use to document their position to add fluoride to the public drinking water are in fact: JUNK!

What it then boils down to is those brainwashed dentist don't know what to say when I document to them that what they are calling “junk science” is their **own** “science” that they use in their naïve attempt to prove me wrong. I have got them coming and going. They usually go unconscious and try to find something else to criticize me about or they just attack me personally. I often get saluted...with a single digit!

To quote from a book titled **Uninformed Consent** by Hal Huggins, DDS.

“Neale Donald Walsch, in his book *Conversations with God, Book 1*, quotes God as describing how dogmas succeed. Dogmas are organizations such as religions, fraternities, or organizations that guide people's thinking-like the ADA (and the USPHS). First, people need to believe they need what is offered. Next they must lose faith in themselves to be able to do what the organization offers. The organization must have the answers that the individual does not. Lastly, the individual must accept the organization's answers without question.

“But should you become “enlightened” or exposed to the truth, they must expel and disgrace you with great fanfare, in order to intimidate the membership to continue repeating the herd instinct mantras that are required to maintain status quo. The ADA (and the USPHS) has certainly achieved these criteria to the letter.”

End of quote:

Dr. Huggins hits the nail squarely on the head. The ADA and the USPHS both work very hard to create the illusion that they are the established authority. Then they create any lie they choose to create for the purpose of promoting their Corporate America driven agendas. They know they can get away with it because they have created the illusion that they are the chosen ones, the anointed ones, the authority, the dental God. This illusion creating agenda is from the top down. This means that when the top brass says what illusion it wants to create and then tells the underlings to create it, if any underling objects or refuses, they get elbowed out of the way and the next underling in line

then has the opportunity to advance his or her career.

By going along with the deception, the underling gets to be promoted, there is job security for being one of the good old boys, or gals, and their advancement and retirement plan is assured.

For those of you involved with most Corporate America corporations, this should all sound very familiar to you.

I am not saying there is anything wrong with things being this way. I am not judging this scenario; I am just acknowledging the existence of this scenario and the detrimental effect it has on us frogs. This is just the way it is; if this way is ok with you then ok, if this way is not ok with you then what do you think you need to do to change it?

It is because of this scenario of how Corporate America works that allowed ALCOA to buy the USPHS and ADA's top brass.

If you tell a lie long enough it becomes the truth!

OR

If you tell the truth long enough it becomes the truth!

DRIP...DRIP...DRIP...DRIP...!

In the February 1972 issue of the **Journal of the American Dental Association** was published an article titled **Impact of Water Fluoridation on**

Dental Practice and Dental Manpower.

Regarding the number of dentist per capita this study documents that fluoridated and non fluoridated communities only have a difference in number of dentist per capita of about 2 to 3 percent.

Also documented in this study is the fact that dentist in **fluoridated** communities have higher incomes than dentist in **non fluoridated** communities?

So what is going on here?

Back in the 1950's, as well as today, the USPHS and the ADA have told us that adding fluoride to the public drinking water at "optimal levels" reduces tooth decay by 40, 50 and 60 percent.

If that is true, then why, after 60 plus years of water fluoridation, why do fluoridated communities have virtually the same number of dentist as do the non-fluoridated communities? If fluoride is so darn effective wouldn't you expect to see fluoridated communities with about 40 to 50 percent fewer dentist? What's going on here?

Where to go from here? By now I would hope that I have communicated effectively enough with you that you have a good sense of not only that a fluoride fraud exists, but also how the fraud was manufactured by the aluminum and fertilizer industry and then imposed on the public by the USPHS and the ADA and the AMA.

A few paragraphs back I quoted from Dr. Huggins book about how dogmas are created and how those who don't go along with them are "expelled and disgraced with great fanfare." Here is a good example of that "expelling and disgracing" in action.

I mentioned earlier that Dr. Robert Mick D.D.S. was one of my earlier teachers regarding this fluoride fraud. Dr. Mick was originally in favor of water fluoridation (from 1944 to 1948), but then as a result of his independent research, studies and experimental work, he concluded that the artificial use of fluorides was harmful. He thereupon embarked on a campaign in violent opposition to fluoridation. He talked at public forums in various states. He wrote letters to many newspapers, printed and mimeographed pamphlets containing his views and circulated them among newspapers and magazines throughout the United States.

While in the military Dr. Mick's commanding office wrote the following letter to the American Dental Association. I quote:

"3 December 1954

American Dental Association
Bureau of Public Information
222 East Superior Street
Chicago IL

Gentlemen:

"From time to time the name of Dr. Robert J.H. Mick has come to my attention as being one of those apparently violently against fluoridation. I have read charges that he has made against our American Dental Association

and certain members thereof, the American Medical Association, the United States Public Health Service and certain members thereof. I understand that he has made such accusation over the radio and television also.

"I do not believe he is aiding much in the cause of fluoridation.

"Is he a member in good standing in the American Dental Association? Do you know anything about him that could be used to discredit him? What is your opinion or answer to the accusations?

"If he is wrong—what can be done to prevent his further connection with the American Dental Association and his accusations of fluoridation and the members of the American Dental Association and sponsoring same?

Could charges be brought against him?

Awaiting your answer as I need any suggestions that you may have,

Sincerely,

Charles W. Yeates

Major DC

End of quote.

So Yeates wants to "discredit" Dr. Mick and bring "charges" against him!

Wouldn't it have been powerful if Yeates, instead of putting that effort into writing a letter to the ADA to discredit Mick, would have put forth the effort to listen to Dr. Mick and get himself educated as to the fraud that was being imposed on Yeates and all the rest of us frogs?

However, if Major Yeates has done that and learned the truth about this fluoride fraud and then opened his mouth and spoke the truth, then Yeates commander would probably have had to write the same letter to the ADA in an attempt to “discredit” Yeates. In addition, Yeates would probably been elbowed out of any further promotions and maybe even been demoted to Private Yeates.

Major Yeates, the USPHS and the ADA were the problem, not Dr. Mick!

When I first contacted Dr. Mick he did not just pile a bunch of stuff on me. Instead he first had me contact the ADA and ask them for any information or studies that the ADA used to document that consuming fluoridated drinking water was safe, beneficial and of value as the ADA claimed it to be. That is when the ADA sent me those “classical fluoride studies” I shared with you earlier in this writing.

I think Dr. Mick wanted to see how serious I was about wanting to get educated. I get that he did not want to spend a lot of time with me if I wasn’t sincere in eliminating **my** fluoride educational deficiency.

Once he got my sincerity and desire he referred me to a considerable amount of information on fluoridated drinking water. He made me seek it out and did not spoon feed me anything.

Dr. Mick also acknowledged that he was at first an active promoter of fluoridation. That was from 1945

through 1948, until he “became interested in body chemistry.”

In 1948 Dr. Mick was appointed an international representative of the American Academy of Nutrition. He conducted experiments with animals on food and fluorides. He conducted studies in Africa among natives on the relationship of fluoridation water and foods to dental decay. He also conducted similar studies in the U.S. with children.

As a result of his experiments with animals he learned that “bones, teeth, kidneys, livers and spleens had accumulated up to 500 per cent more fluoride than controlled animals. **“Cripples were born to the third generation.”**

As a result of Dr. Mick’s continued investigations and educational advancements he and several other’s organized an offer.

The \$ 100,000.00 OFFER

This was a \$ 100,000.00 offer “To the first individual who can provide one copy of any controlled experiments with the USPHS recommended fluorides and water, at USPHS recommended part per million, that shows that poisonous fluorides are (as published as fact by promoters of fluoridation) safe, beneficial and will cause no future body harms.”

This offer was made in 1964 and was signed by 60 individuals of various backgrounds. Signers included several DDS’s, MD’s, Attorneys, DO’s, DC’s,

ND's, Ministers, Professors, Newspaper Editors and Informed Citizens.

Remember that in that Objection and Appraisal Book published by the Public Health School at the University of Michigan that those individuals like the signers of this \$ 100,000.00 offer are labeled as being “**disturbed**” individuals.”

As you might suspect, no one has ever been able to claim this \$ 100,000.00 offer as there are absolutely no controlled experiments that “show that fluoridated drinking water is safe, beneficial and will cause no future body harm”...Even though the USPHS and the ADA still claims that numerous studies exist.

This \$ 100,000.00 offer was originally made back in the early 1960's and I expect most of those who were the original signers of this offer are now retired or deceased.

I don't think this offer exists any longer but if it did, it would never be claimed anyway as there are absolutely no controlled scientific experiments in existence that show that consuming fluoridated drinking water is safe, beneficial and will cause no future body harm.

Usually the fluoride mongering dentist will claim that there are “newer” studies that support the fluoridation of the public drinking water supply. However, every one of these I have been given to read is just more of the scripted studies that are full of unacknowledged variables and were written with a premeditated

conclusion in mind. If they really have a valid study, why did they not collect that \$ 100,000.00 reward when it was available?

Taking inflation into consideration, in today's dollars (2009) that \$ 100,000.00 offer would now be worth about a million dollars. You would think that long ago someone at the ADA or USPHS, like a disgruntled employee or someone retiring would have wanted to take advantage of that offer. One Hundred Thousand dollars was a lot of money back in the 60's. But, since no scientifically done experiments exist, the offering individuals were confidential their money was safe.

ETHICS

The American Dental Association has a brochure titled:

ADA PRINCIPLES OF ETHICS AND CODE OF PROFESSIONAL CONDUCT

I quote from that brochure:

“The maintenance and enrichment of professional status place on everyone who practices dentistry an obligation which should be willingly accepted and willingly fulfilled. While the basic obligation is constant, its fulfillment may vary with the changing needs of a society composed of the human beings that the profession is dedicated to serve. The spirit of obligation, therefore, must be the guide of conduct for the professionals. This obligation has been summarized for all time in the Golden

rule which asks only that **“whatsoever ye would that men should do to you, do ye even so to them.”**

“The practice of dentistry first achieved the stature of a profession in the United States when, through the heritage bestowed by efforts of many generations of dentists, it acquired the three unailing characteristics of a profession: **the primary duty of service to the public, education beyond the usual level, and the responsibility for self-government.**”

I will now quote form this brochure several paragraphs of text which explains the “Code of Professional Conduct.”

EDUCATION

“The privilege of dentists to be accorded professional status rests primarily in the knowledge and experience with which they serve their patients and society. **All dentists** therefore have the **obligation** of keeping their **knowledge** and skill **current.**”

Research and Development

“Dentist have the obligation of making the results and benefits of their investigative efforts available to all when they are useful in safeguarding or promoting the health of the public.”

REPORTING ADVERSE REACTIONS

“A dentist who suspects the occurrence of an adverse reaction to a drug or dental device has an obligation to communicate that information to the broader medical and dental community, including, in the case of a serious adverse event, the Food and Drug Administration (FDA).”

End of quote from ADA Ethics.

The ADA treated Dr. Mick in a manner that was in violation of the ADA’s own Principal of Ethics and Code of Professional Conduct and the ADA continues to treat any dentist the same as it treated Dr. Mick if that dentist fails to parrot the ADA’s pro fluoride dogma and instead speaks truthfully about the toxic effects of ingesting fluoridated drinking water.

Recently the State of Oklahoma Board of Dentistry made it a requirement that once in every three year continuing education reporting period all dentists are required to complete an **Ethics Course.**

In March, 2009, I attended one of these ethics courses titled Ethics in Practice. This course was created and presented by two local dentists. One of these dentists is heavily involved with and is religiously loyal to the local dental society. The other dentist was also highly credentialed having graduated from the University Of Oklahoma School Of Dentistry with the highest grade average ever and also having scored the highest ever on the Dental National Boards Testing Exams.

Having presented their outstanding credentials, and with the blessing of the Oklahoma Board of Dentistry, they

presented a very informative ethics course.

What this Ethic Course boiled down to basically is to “do no harm” and “to practice the Golden Rule.” You know...do unto others as you want done to you...

Obviously, at this Ethics Course I was not about to get into any of the information I have given you on this web site since organized dentistry is so heavily involved in mercury and fluoride mongering.

In college I took a sociology course in gang behavior. I know how a room full of brainwashed dentist listen and react to anything that goes contrary to their dental school sacred gospel. I got to experience that back in 1981 when I placed several quotes from Dr. Bass in the local newspaper in the form of ads

Before all you fluoride mongering dentist get upset for accusing you of “gang behavior understand that “gang” behavior is not limited to those “gangs” we see in the daily news. A “gang” is simply a group of likeminded people who join together for strength and purpose and persuasion. The ADA is a “gang” of dentists. How a “gang” behaves is a separate issue. So far the ADA “gang” hasn’t acted with much integrity regarding this fluoride (and mercury) issue.

To their credit, the typical wet gloved dentist who is practicing dentistry every day has no awareness of how the UPSHS and the ADA has manipulated the science to make it appear that a very toxic fluoride chemical element was some how able to magically convert into

a chemical element that is now a good, great and wonderful chemical that is “**safe, beneficial and of value**” to humans and animals.

In addition to dentist having no awareness of this fraud being perpetrated on all of us by the UPSHS and the ADA and the EPA, the “typical wet gloved dentist” also has absolutely **NO LISTENING** to look at any data that goes contrary to their dental school instilled brainwashed beliefs.

If that “typical wet gloved dentist” does eliminate his/her fluoride education deficiency and then begins to speak about it, they will soon find they will be shunned and denigrated by organized dentistry. So it is very confronting for a dentist to look at all of this. **It’s tough to not be right!** But not being right does not mean being wrong. This is not about right or wrong. It is about waking up and getting what is so and putting in any needed **ethical** correction.

Professional Ethics require that dentists have to continually educate themselves but the Ethics don’t say that you have to like it or agree with what’s learned.

If what I have so far explained to you is not sufficient to motivate **you the reader** to want to take some form of action then let me make you aware of who is paying for the education of those individuals who are imposing this fluoride fraud on you.

I am from Oklahoma and when I applied to dental school, Oklahoma did not have a dental school so I went to Kansas City

to the University Of Missouri-Kansas City School Of Dentistry. I had to pay some out of state tuition but the State of Oklahoma reimbursed me a large portion of that each year. Since the University of Missouri is a State institution, the citizens of Missouri also paid for a large part of my dental school education. The dental school also receives federal funds which came from all of you.

So I need to **THANK all of you taxpayers** for paying for a large portion of my dental school education. I sincerely appreciate it because without you taxpayers I **definitely** could not have afforded to go to dental school.

I paid a part of my dental education expense but the citizens of Oklahoma, Missouri and the United States **ALL** paid the larger part of my education expense.

I have always held it that I owed all of you (tax payers) something!

As tax payers, do you like it that **each of you** has financed the education of those who are subjecting you to a known toxic chemical which **does** cause detectable signs of toxicity even at levels below that amount used for the fluoridation of the public drinking water?

It's not just the dentist's education that all of you have financially contributed to via your tax dollars.

All of us taxpayers have also financed the **education, salaries, benefits and retirement plans** for all those dentist in the USPHS who originally scripted those fraudulent "classical fluoride studies" and you are also, even today, still paying for the education of all of

those now in dental school and also those at the USPHS School of Public Health at the University of Michigan, where they are now, today, **at this very moment**, being taught how to continue this fluoride fraud as they still take their course from that 87 page Objection and Appraisal book.

This fluoride fraud is not something that just happened 60 some years ago. It is going on today and is **still being taught today** at the University of Michigan in Ann Arbor Michigan and at dental schools thru out the country... much to the pleasure of the aluminum and fertilizer industry...and **each of you reading this are still paying for it!**

The USPHS and the ADA are still getting by with this because they have done an excellent job at convincing us frogs that they are the **AUTHORITY** and are to be unconditionally trusted and are absolutely not to be doubted or questioned!

Ever notice that the taxpayer always seems to be the lowly corner man always alone in the corner holding the spit bucket?

Before all you University of Michigan alumni get all bent out of shape from me telling you that you're Alma Mater is actively teaching and supporting this fluoride fraud just be aware that I have not added judgment..

Understand that I am not judging the University. I am simply stating that this scenario is going on. I am not making the Public Health School bad or wrong. If you don't like finding dirty laundry at your Alma Mater, then encourage them to come clean. I don't propose any

penalty, just a truly responsible behavior and actions as it should have been all along. I would think that as graduates of the University of Michigan you would be more proud of your school cleaning up a long time fraud instead of continuing it. You have a voice, tell them what you would like to see happen.

The Public Health School, as do all the dental schools, does do some good things. I am not speaking in context terms when I write of this fraud, I am only speaking content. The entire dental education process is not fraudulent, just parts of it is!

If any of you alumni think that you hear judgment from me, not so, that is just your listening.

Anyway, all of this is **not** about me anyway. I am just the messenger. If you have any doubt about what I write here, then go to any library and order copies of these USPHS and ADA studies I have given you here. Read them; see for yourself where the studies have been scripted to produce an intended result that is not based on any science at all, just scripted junk!

The USPHS and the ADA are still very confident even today that they can just teach the up and coming dentist whatever they want to with these fraudulent studies and the gullible dentist will parrot them without ever actually ever reading any of these lengthy and boring studies.

Dentist are also taught that if the dentist is ever questioned about the validity or safety of fluoridated public drinking water, the dentist is instructed to just wave one of these “classical” studies in

the air and claim that these “classical fluoride studies” would “prove” that fluoridated drinking water is “safe, beneficial and of value.” So far, this approach has worked extremely well.

When a scientific study is done by any scientist the scientist is supposed to follow the rules of what is referred to as “**The Scientific Method.**” Following the Scientific Method is basic to any scientifically done study. This is one of the first things taught to new science students. Ask any high school science student what “The Scientific Method” is?

For all you dentists, who are reading this, don’t forget your high school science like the USPHS and the ADA has. Don’t forget the protocol of the “**The Scientific Method.**” You cannot deny it...

When the protocol of “The Scientific Method” is not followed, then the “study” is NOT considered to be scientifically valid!

I quote from a high school science book...

“A common misconception in science is that science provides facts or “truth” about a subject. Science is not collection of facts; rather, it is a process of investigation into the natural world and the knowledge generated through that process. This process of investigation is often referred to as the scientific method and it is typically defined in many textbooks and science courses as a linear

set of steps through which a scientist moves from observation through experimentation and to a conclusion.

“The following steps make up the Scientific Method:

Observation
Question
Hypothesis
Experiment
Conclusion

“The scientist will first **observe** the situation.” For example, there were different tooth decay rates in different communities and the **question** is why.

The **hypothesis** is that **maybe** the differences are related to the parts per million of fluoride in the drinking water, or the lack of fluoride in the drinking water. Or, the hypothesis could be that the different tooth decay rates were related to the mineral content of the water, or the calcium or phosphorous, or to the hardness or softness of the water.

The hypothesis could also be that the different tooth decay rates were connected to the source of the food and the types of food, or it could be related to oral hygiene care, or to the utilization of preventative dental care.

“The **experiment** or testing done following the scientific method very clearly required that **“In science when testing, when doing the experiment, it must be a controlled experiment.**”

“The scientist must contrast an “experimental group” with a “control group.” The two groups are treated **EXACTLY** alike except for the **ONE** variable being tested.

“When doing an experiment, **replication** is important. Everything should be tried several times on several subjects.

“The experimenter gathers actual, **quantitative** data from the subjects.

“The scientist must also calculate the standard deviation or some other statistical analysis to document that any difference is **statistically significant.**”

“A **theory or conclusion** is a generalization based on many observations and experiments; a well-tested, verified hypothesis that fits existing data and explains how processes or events are thought to occur.”

So the “Scientific Method” is very specific as to what has to be done to reach an accurate, reproducible and verifiable scientifically correct conclusion. Remember now, this is from a high school science text book, not something I just dreamed up. If the scientific method is not followed 100 per cent the test results are not considered to be valid.

Regarding all those “classical fluoride studies” the USPHS, the ADA, and the EPA say will prove that “fluoridated drinking water will reduce tooth decay” and “is safe, beneficial and of value” Absolutely **NONE** of those “classical studies” were done following even a smidgen of the protocol required by the scientific method.

As I stated earlier, none of these “classical fluoride studies” followed the same children from year to year. Their sources of the drinking water changed in several of the tested cities and sometimes the water supply changed more than once. There was absolutely no consideration given to the water mineral analysis or to the calcium or phosphorous content. There was absolutely no consideration given as to the consistency of the fluoride levels in the drinking water. There was no consideration made as to diet or oral hygiene care or any type of preventative dental services.

The Scientific Method requires that any experiment be a “controlled experiment” with an “experimental group and a control group who are treated alike with the exception of the one variable being tested.” There were numerous “variables” in all of these “classical fluoride studies” that were never included in the parameters of the study. That alone invalidates all of these USPHS and ADA “classical fluoride studies.”

That was **INTENTIONAL** on the part of the USPHS and the ADA. Their **premeditated goal** was to make the conclusions of these **scripted** and **faked** studies be pro-fluoridated drinking water. The dentist and other medical professionals in the USPHS had to do what Andrew Mellon and Alcoa told them to do. If they didn’t go along with the scripting of this fraud, then no more promotions, getting elbowed to the side and risking the loss of their retirement.

George L. Waldbott, M.D.
(1898-1982)

Dr Waldbott earned his medical degree at the University of Heidelberg in 1921 and interned at Henry Ford Hospital, Detroit, Michigan during 1923-24. In the following decades as a physician in clinical practice he specialized in the treatment and study of allergic and respiratory diseases. He was one of the first allergy specialists in the United States. Beginning in the 1950’s he increasingly turned his attention to adverse health effects of environmental pollutants, especially fluoride. This work continued until his death on July 17, 1982.

Taking a cue from the pioneering research of the Danish physician and health officer Kaj Roholm (1902-1948) on the symptoms of incipient stages of skeletal fluorosis, he was able; beginning in the 1950’s to link these same adverse effects in some of his patients to fluoride in their drinking water and other sources of intake. By simply eliminating their excessive ingestion of fluoride, these patients gradually recovered and became well.

Dr. Waldbott organized the first international symposium on the toxicology of fluorine compounds, which was held in Bern, Switzerland, October 15-17, 1962, after being cancelled by the George Eastman Dental School host in Rome where it was originally scheduled.

Dr. Waldbott arranged for a similar conference in Detroit in 1966 sponsored by the newly formed American Society for Fluoride Research. Again, there was strong opposition from the American Dental Association.

His professional affiliations and honors were numerous. They included among others: co-founder and former president of the Michigan Allergy Society; Fellow of the American Academy of Allergy; Fellow of the American College of Physicians; Fellow of the American College of Chest Physicians; Honorary Member of the Spanish and French Allergy Societies; Affiliate Member of the Royal Society of Medicine, London, England; founder and **Secretary of the International Society for Fluoride Research** and editor of the journal titled **Fluoride**.

During the early period of his fluoride research, Dr. Waldbott undertook a comprehensive survey of the biomedical literature of fluoride through which he made contact with leading fluoride investigators worldwide. He also found, much to his chagrin, that despite publishing his reports in highly respected peer-reviewed-but mostly European-medical journals, the clinical details of his investigations were **blocked** from appearing in leading US medical journals.

I could go on here for many pages giving you a significant amount of information about Dr. Waldbott to document his credentials but I won't as this writing is lengthy enough as is. If you want to learn more about Dr. Waldbott you can search his name on the internet.

My purpose in mentioning Dr. Waldbott is in regards to a letter I wrote to the International Society for Fluoride Research in 1987.

In that letter I wrote, one thing I asked for was information regarding the validity of all these "classical fluoride

studies" that were given to me by the USPHS. I seriously questioned if these "classical fluoride studies" had been done following the guidelines of the Scientific Method and wanted to see if I correctly understood these studies which all appeared to me to be seriously flawed.

Replying to my request, one of the documents sent to me by Dr. Waldbott's widow, Edith M. Waldbott, was a copy of the transcript where the USPHS' Chief of Fluoride Mongering, Dr. H. Trendley Dean, D.D.S. was cross-examined before the Public Utilities Commission of the State of California in Oroville, October 20-21, 1955.

Dean had published a study titled **Some Epidemiological Aspects of Chronic Endemic Fluorosis**, in the American Journal of Public Health, 26:567-75, 1936, in which he spelled out the **two prime requisites** which he himself considered necessary to render the study valid namely "**continuous exposure of the group under observation during the childhood and an unchanged water source.**"

To make a long story short: Dean testified that in virtually **All** the cities studied by the USPHS there were a number of changes in the source of drinking water supply in the cities studies and there were many changes in the water analysis and many changes in the fluoride content of the drinking water supply which means there **wasn't** a **continuous history** of the water supply being consistent.

Dean **agreed** that "he deemed the changes in conditions of the drinking water supply in the tested cities was

enough of a factor so that he was **unwilling** to state that the **requisites** were present for a valid scientific study.”

Think about that now... Trendley Dean, D.D.S., the USPHS's number one fluoride monger testified under oath that these USPHS studies did not meet the requisites of a Scientific Study because there were several variables that were not taken into consideration.

Dean's finally truthful testimony totally invalidated all these USPHS "classical fluoride studies." The USPHS has promoted the fluoridation of the public drinking water based on false, fraudulent and misleading "studies."

Do you get that? In 1955 Dean acknowledged that these USPHS "classical fluoride studies" were all fraudulent... But even today, if you contact the USPHS or the ADA they still will refer you to these studies claiming that they prove that fluoridated drinking water is "safe, beneficial and of value."

In 1955, how many newspapers across the United States reported this confession of Dr. Dean in the headlines...? Answer, Zero...

Wonder who controls what appears in the newspapers and the other reporting media? Could it be Corporate America? You think we have a free press in the United States. Well, sort of... If Corporate America doesn't like what's put in the newspapers or in other media, they just threaten to pull their advertising dollars and the media listens and behaves and pulls the truth out of the reporting.

If you want to learn more about this fluoride fraud I refer you to a book titled **Fluoridation the Great Dilemma** by George L Waldbott, M.D. in collaboration with Albert W. Burgstahler, PH.D., and H. Lewis McKinney, PH.D.

This book is a goldmine of fluoride information and should be **required** reading for all dental students and other fluoride mongering dentist.

If you are a pro-fluoride dentist reading this and you think I am full of it here and you still think you and the ADA and the USPHS are right and should continue to promote adding toxic fluoride solutions to the drinking water then I think you need to get your head out of the sand or out of the clouds or out of wherever you have got it stuck...and wake up.

Remember; you are bound to your already made professional ethics and if you don't honor your professional ethic a knowledgeable and conscious public will notice, and hopefully take action and speak up!

You dentist should not get too plugged in with me stating this as I had to undergo the same shift. I used to also proudly support the fluoridation of the public drinking water and I proudly used fluoride in my dental practice...until Dr. Bass woke me up to what I am explaining here.

I expect there are few, if any, practicing pro-fluoride dentist who have ever read these USPHS "classical fluoride studies." All of you dentist need to get it

that **all dentists** have an **ethical responsibility** to get their fluoridated drinking water educational deficiencies corrected, **like it or not...**

LIKE IT OR NOT...

If **you** don't, then you are clearly in violation of **your own** Professional Ethics.

Understand that the various State Dental Boards are **not** there to protect the dentist.

All State Dental Boards, by law, have only ONE job and that is to protect the public.

Protect the public, that's all of you reading this isn't it? And I don't hold it that the "public" only refers to citizens of the United States. I hold it that "public" refers to context, to all the inhabitants of Earth. Like it or not the inhabitants of Earth are all one family. Unfortunately for all of us the "family" doesn't all get along very well with each other! Dental Boards shouldn't be unconscious and selfish and think that they owe ethics to only US citizens. They need to get that the owe ethics to all inhabitants of Earth.

Just because the various State Dental Board member dentists are also brainwashed as to the truth about the toxic chemical fluoride doesn't give them any excuse to not accurately educate themselves or to knowingly continue to participate in this fraud.

It is now time for all you individual practicing dentist to find out what it is that you did not know that you did not know about this toxic chemical, fluoride,

and also learn how this fluoride fraud scenario was perpetrated on all of us, dentist and non dentist alike.

It is time for **ALL** of us practicing dentist to stand up against the USPHS, ADA and Dental Corporate America and tell them that because of our **personal** and **Professional Ethics** we won't allow this fraud to continue and that we darn well **DEMAND** that drinking water fluoridation cease **IMMEDIATELY**.

Regarding the fluoridation of the public's drinking water; the ADA is severely hypocritical to their Principal of Ethics and Code of Professional Conduct.

It would also be a professional ethics violation if the ADA or any dentist fails to "educate themselves beyond the usual level" and then fails to "make the results of their investigative efforts available to all when useful in safe guarding...the health of the public."

Then the next step for all dentists should be to acknowledge their naivety and gullibility and then extend a sincere apology to all of humanity.

If a dentist becomes knowledgeable about this fluoride fraud and fails to act as required by professional ethics and does nothing then their state dental board should be required to take action against them for unethical behavior. Right!!! Bet you a glass of fluoridated drinking water that won't happen.

Also understand that this fraud scenario is **not** limited to **ONLY** water

fluoridation! It is going on in virtually all chemical pollution issues. There is widespread toxic contamination of our air, water and food and we are again told by the USPHS, EPA and the FDA that all this is safe because it **“doesn’t cause any adverse health effects.”**

If you don’t already know that, you need to really get that there are a large number of chemicals we are **allowed** to be exposed to **daily** that are allowed only because the “authorities” have labeled them **“safe”** because they don’t cause **“any adverse health effects...”**

Yes, here again is that word spin phrase “doesn’t cause any adverse health effects.”

You need to get that ANYTIME you see that “no adverse health effect” phrase what they are REALLY telling us is that the negative (adverse) health effects that ARE caused by a specific chemical are just not included in the definition of “adverse health effects” and that ONLY the negative (adverse) health effects that DON’T occur with this chemical at the level of exposure are listed in the USPHS’s definition of “adverse health effects.”

By spinning definitions this way it is easily possible to make any toxic chemical appear to be safe no matter what.

If you tell a lie long enough it becomes the truth...If you tell the truth long enough it becomes the truth...

Gets complicated doesn’t it? All this doublespeak is extremely challenging to wade thru. But that’s what Corporate

America prays for. That way the smoke screen remains in place.

Water fluoridation is not the only area where this word spin is going on due to Corporate America’s continual heavy-handed influence. You name a chemical and those in charge of that chemical at the EPA or USPHS will be wearing that corporation’s logo on their uniform.

This same word spin fraud scenario also goes on in the argument of cell phone radiation and nuclear power plant issues. There is in fact harmful frequency radiation emitted from cell phones. Radiation gasses are emitted from nuclear power plants but all of you can rest assured that cell phone radiation and radiated gas emitted from the nuclear power plants is safe because there is **“no adverse health effect.”**

What happens is that when the EPA or the FDA evaluated some new chemical or device, they ask this question: “Are there any studies that show any harm or adverse health effects on humans?”

Now, that doesn’t say that any study has to be done, they just want to know if there has been any study done that shows harm to humans. The way Corporate America get by this question is just seeing to it that absolutely no study is done at all. That way there are no studies showing harm. As long as no study is ever done, then Corporate America can truthfully state that there are no studies that show any harm or adverse health effects on humans. Pretty tricky...

This issue of toxic fluoride poisoning is not limited to just our public drinking water supplies. There are numerous reports of other injuries and deaths related to industrial fluoride exposures.

One example would be the Meuse Valley death fogs in 1930.

Today (2009) various industries are required to somewhat better limit the amount of toxins they emit thru their smokestacks. Industry does not emit zero toxins, but instead they can discharge an “allowable” amount of toxins...you know, an allowable amount that does “not cause any adverse health effects.”

Years ago there were no or few limits as to how and what amount of toxins that can be emitted thru the smokestacks.

In 1930, in the Meuse Valley of Belgium there were 27 factories in the region, 15 that either used raw products containing fluorine (superphosphate works, zinc works) or added fluorine compounds to the raw materials (steel works, iron works, glass works) that were involved in the passing of gaseous fluorine compounds (SiF₄, HF) into the chimney smoke.

During the first week of December, 1930, all of Belgium was blanketed by dense fog and there was a temperature inversion in the Meuse Valley.

In a 15 mile stretch of the Valley, with hills of 250 to 350 feet, some 6000 people became violently ill and, on the third and fourth days 60 died. Many cattle were also killed.

The official investigating committee declared that the symptoms were those of fluorine poisoning but did attempt to downplay it by saying that only one plant could have caused the trouble. They said it must have been the sulphur dioxide and sulphuric acid.

Other officials disagreed for many reasons, one being that windows and light bulbs showed etching by fluoride. They also gave figures to show that toxic amounts of fluorine were present and it was also pointed out that soluble gases such as HF and SO₂, can become enriched in fog particles and produce acute poisoning even if the initial concentration is very small.

In addition, after 20 years the vegetation in the region contained enough fluorine to indicate that fluorine pollution was high.

This ability of fluorine to etch glass is well known. Whenever you see etched designs in glass in shopping centers, or banks or restaurants or in your etched crystal glasses you have in your cupboard, all of that etching is done with either sand blasting or etching with fluorine.

That etching of the windows in the Meuse Valley was not done by sulphuric acid as **Sulphuric acid does not etch** glass. Put some hydrofluoric acid (HF) on a piece of glass and notice how quickly that glass is etched.

For any dentist who doubts the ability of fluorine to etch glass just look at that bottle of hydrofluoric acid etch that you use in your dental practice to etch dental porcelain for retentive purposed in porcelain repair. Phosphoric acid and

sulphuric acid won't etch glass or dental porcelain. You have to use HF4.

Sulphuric acid is the battery acid in your automobiles battery. Would you want to inhale that battery acid or get on your skin or ingest it? Well, HF4 is many-many times more reactive and toxic than battery acid.

So if you had been living in the Meuse Valley in first week of December, 1930, and spent several days inhaling that pollution, and that HF4 was etching your window glass, what do you think it was doing to your skin, your nasal passages, your lungs, your eyes, or to your body chemistries?

In the Meuse Valley, the window glass was etched, 6000 people became violently ill and 60 died.

Maybe the Meuse Valley industries should have captured all that waste fluoride that was going up their smokestacks and instead just dripped into the water to prevent tooth decay...they just weren't thinking were they?

If they had been thinking as the Corporate America's aluminum and fertilizer industries did, they would not have killed so many folks and instead could have just poisoned them at a low chronic level so that no one noticed they were being poisoned.

Notice that this occurred during a time when there was a dense fog and a temperature inversion. This does not mean this was the only time these people were exposed to the industrial toxic smoke stack emissions. These toxic elements were released from the smoke

stacks **daily**, it's just that there wasn't always a fog or temperature inversion to hold the pollutants at a lower level.

Usually, on good weather days, the toxic pollutants just went higher into the air and were more diluted and traveled further away.

There are other examples like this. There are the death-fogs in Denora Pennsylvania in 1948. Same thing, hills, a valley and dense fog and a zinc works plant, a steel plant with blast and open hearth furnaces, a wire mill, and two galvanizing mills.

From October 27-31, a temperature inversion contained the pollution in the trapped atmosphere and 6,000 of the 13,000 residents became ill, and on the fourth day 17 died and after 8 days, 20 had died.

Obviously, the industries denied any responsibility and hired experts to spin the facts.

There are many more examples of this type of fluorine pollution harming or killing citizens.

I mentioned that these polluting industries should have captured all that waste fluoride that was going up their smokestacks and instead drip it into the public drinking water supplies. Well, that's what they eventually did. Industry finally did to begin to reduce or eliminate the amount of fluoride chemical compounds coming out of the smokestacks because in the areas where the deaths and injuries occurred due to fluoride toxicity there were successful

law suits for fluorine damage and there were put in place burdensome laws and regulations. . So again... for financial reasons industry began remove the fluoride from the smokestack emissions and began to find ways to drip it into the public drinking water supplies.

Industry did not end fluoride pollution; they just shifted from air pollution to water pollution. How is that for corporate integrity?

Fluoride pollution is not the only toxic chemical that is killing people. In 1984 more than 4,000 people died after a cloud of methyl isocyanate, a gas escaped from a pesticide plant operation by a Union Carbide subsidiary in Bhopal, India. Bet you a glass of fluoridated drinking water that all those people who died has previously been assured that the gas did not have any adverse health effects.

Over the years since then there has been a reduced amount of toxic chemicals emitted from industrial smoke stacks, but not totally eliminated...only reduced. Toxic chemicals are still emitted...but you can rest assured that they are safe because we are assuredly told that they **don't cause any adverse health effects.**

Are you catching the word spin here?

The toxins now being allowed to be emitted from industrial smoke stacks fall into the category of being at a "SAFE" level because they **"DO NOT CAUSE ANY ADVERSE HEALTH EFFECTS."**

Don't forget now that when the EPA, FDA, ADA, and the USPHS tell us that there are "no adverse health effects" that they never include the adverse health effects that are created by whatever the item being promoted is and they **only** include adverse health effects in the definition that are **NOT** created by the chemical being promoted.

This same word spin also occurs in the food industry. If you really want to get a good dose of how our food supplies are being corrupted go see the documentary movie titled **Food, Inc.** Be prepared to be shocked! Food, Inc.'s web site is:

www.foodincmovie.com

If you do not want to consume Corporate America's genetically modified, chemically altered and highly processed "food" I would refer you to the two following websites where you can find a considerable amount of valuable information about what real food really is. One site is the Weston A. Price Nutritional Foundation. Their web site is:

www.westonaprice.org

Another good source for truthful nutritional information is the Price-Pottenger Foundation. Their web site is:

www.ppnf.org

INFORMED CONSENT

If you go to a medical doctor or a dentist to receive some type of treatment they are required to do what is called **informed consent**. Informed consent means that before any treatment is provided the dentist is obligated to fully inform you about the why, what and how of what is to be done as well as explaining the pluses and minuses of what is to be done.

Why is it that the AMA, ADA, USPHS, EPA and the FDA **don't** have to give all of us **HONEST** informed consent about all of this fluoride, mercury and other stuff they cram down our throats...**ALL without** our consent.

Why is it that as a dentist I am obligated to inform patients of everything and get their consent, yet the USPHS and the ADA are allowed to do just the opposite?

Bottom line, if they did provide us with accurate and **HONEST** informed consent information I doubt any of us would consent to having a known toxin dripped into our drinking water supplies; especially when we learn that fluoridated drinking water doesn't have anything to do with reducing tooth decay rates anyway.

SO...! Do you like this or not? Don't care for it? Well, guess what, you are paying for it...! And you didn't get a vote. **Maybe it's time for you to vote!**

I can assure you that with all that I have written here my neck is on the chopping block. Back in 1981 I put several quotes from Dr. Bass in the newspaper in the form of ads and the Oklahoma Board of Dentistry got together their lynch mob and came after me with all their guns blazing.

The ad I placed stated that, regarding personal oral hygiene, there was a Serious Deficiency in Dental Education. In 1981 I did receive a couple of letters from dentists in other states who praised my publishing Dr. Bass' quotes. I also received a letter from a local dentist who accused me of making a "vicious attack" on "his profession."

I can understand this dentists projected comments but his comments just prove my point. If this dentist had been adequately educated about Dr. Bass' research findings then he would have recognized that my ads were just quotes from several of Dr. Bass' publications. And, if the dental profession was already fully educated regarding Bass' research findings then my ads would not have even been necessary in the first place as there would be no "serious deficiency" that needed to be corrected.

It was in the October, 1962 issue of the Journal of the Louisiana State Medical Society that Dr. Bass published his paper titled **Personal Oral Hygiene; A Serious Deficiency in Dental Education**.

As I explained in the Gingival Sulcus PDF in this website, Dr. Bass was met with the same criticism that I was met with in 1981 and will be again when Corporate America, USPHS, ADA and

the dental community reads this website which they may again consider to be a “vicious attack.”

The fact that this dentist held it that “his” profession had been “viciously attacked” documents his educational deficiency.

Neither Dr. Bass nor I ever “attacked” the dental profession; we just pointed out a couple of very important education deficiencies in the dental schools formal educational curriculum.

Instead of the dental profession honestly investigating the research findings of Dr. Bass, a well respected and highly honored researcher and Dean of Tulane University Medical School; they instead criticized and ignored Bass.

The only difference between the way I was treated and the way Dr. Bass was treated is the dental community did not have any jurisdiction over Dr. Bass so dentistry could only squawk and ignore him

Even though the Oklahoma Dental Board can no longer gag me I am sure they will give me single digit salutes as they look to create other methods to silence me.

If this dentist who accused me of a “vicious attack on his profession” would have ask questions and they listened instead of accusing me of his projected illusion I would have been happy to supply him with the appropriate documentation as to the source of these quotes...and then he could see the facts as they are instead of how he has the facts made up.

Then I would have explained him that all that was going on with me then was the same as it is now...I was just disappointed with behavior of the dental professions continual spewing of false, fraudulent and misleading information to the public.

**JUST DISAPPOINTED ...
Still am....**

How do you like it that for your lifetime you have been ingesting a toxic fluoride chemical that is known to cause several symptoms of chronic poisoning even at the low levels as found in the public drinking water supplies...all so some officers in the USHPS, ADA, AMA, EPA and FDA can get their promotions, salary increases, benefits, and retirement plans, all of which us taxpayers are paying for with our hard-earned dollars...

How many of you reading this have regular salary increases, medical and dental benefits and lucrative retirement plans. Well these folks have all of that all while you are paying for it with dollars that you cannot use for yourself.

If you are angry or upset about this scenario, look at what is under that anger or upset...is it disappointment or something else?

In 1981 my newspaper statements only got out to a very few individuals and it was very expensive to place these in the local newspaper. Here we are in 2009 with the internet.

At the time of my writing this longer fluoride paper I have already had this website up and running for about eight months and currently it is having about 2000 visitors per month and those visitors are coming from almost all countries on the globe. The largest number of hits is from California. The second most hits after the United States is Russia.

This internet stuff is magnificent for education purposes. If I had instead put this in a book form then I would have to fully write it, publish it and market it. All very time consuming and expensive. In addition, if it were in book form I could not easily edit it or reply to questions or comments. With the way websites are set up I can easily, very inexpensively and immediately edit, answer questions or do whatever is needed.

If the dental board wants to take any action, the information is already out and what happens to me will be irrelevant if all of you get accurately educated regarding toxic fluorides as used in your drinking water.

This is where this all will get real personal for you. I cannot solve this fraud alone. I need help! Or should I say, **you** need my help! Or better yet, we all need to help each other...

If you will search in your computer for things like fluoride fraud, or just fluoride you will find several sites that will give you information. My point is that there are a large number of individuals who over the years have attempted to get all you public people aware of this fraud so that maybe someday those who know the truth will outnumber those who aren't

knowledgeable and then maybe we can finally get this poison out of our water and out of our lives.

I have been involved in many causes over the years and I have seen many examples of what kind of action needs to be taken to accomplish the intended goal.

In other sections on this website I have asked you to make others aware of this information. However, to get poisonous fluorides out of the water will require much more than that.

I don't expect any of you to do anything with this information other than what is appropriate for you.

By that I mean this: Some people are starters and some finishers. Some would like to help but have too many other things going on in life to devote much time or effort. Some may contribute money instead of time. Some just don't care. Some do care and may want to take action but don't know how or were to take action. What I would like for each of you to look at is what is appropriate for you.

When anti-fluoridation groups form in communities there are the group organizers, the group leaders, the helpers, the fundraisers, etc. Where do you fit in? There are letters to write, sometimes legal fees to pay, sometimes there are arrests with bonds to be posted.

Several years ago there was a nuclear reactor facility proposed for just a few miles east of Tulsa OK. At that time I was volunteering one evening a week at a free dental clinic that was located in a facility called Neighbor for Neighbor

(NFN). I was also on the board of directors of that organization and when this nuclear reactor issue arose, the founder and director of NFN, Father Dan Allen, ask me to serve as the liaison for NFN with the other groups that were forming to protest this nuclear facility.

Different groups were utilizing different approaches in their protesting. One of the groups pursued legal means to oppose the nuclear reactor being built; another did filings with the Corporate Commission opposing the **huge** expense that would be incurred by the tax payers and the rate payers.

There were senior citizen groups formed to educate the seniors. There was one group, the Sunbelt Alliance, who did things like chaining themselves to the bulldozers at the construction site or to the courtroom banisters during hearings, or they would do street protests and one time climbed thru the fence surrounding the reactor site and marched to the reactor concrete slab that was being constructed where they were arrested for trespassing. Their actions always created a lot of press and exposure of the nuclear issue.

Not all the groups agreed with what the other was doing but guess what? Eventually the nuclear reactor was cancelled...and the "highly reinforced and safe" concrete slab that had been poured for the reactor base cracked.

My point here is to show you that to stop any fraud requires a multifaceted approach. Where do you fit in?

If nothing else, I do ask that you forward this website to any and all you know and out there somewhere everyone will do

what ever is appropriate for them. So think about it, what are you willing to do to protect yourself and your family from continued chronic fluoride poisoning?

I do ask though that at a minimum you make at least one person aware of this site and ask them to read this information. Better yet, send this to everyone in your e-mail directory. If this is done, eventually we will educate the hundredth monkey and get the needed breakthrough.

I am not proposing that current individuals in the USPHS, ADA, AMA or the EPA be punished for the existence of this fraud. Today, most of them are probably not aware of the details I have presented here and they are only supporting fluoridation because this is all there has ever been for them. They have the same educational deficiencies as does the wet gloved dentist.

Before any of you fluoride educationally deficient dentist have a big upset for me using the phrase "fluoride educationally deficient dentist," just understand that when I use that phrase I am not adding judgment. I am not making you bad or wrong! I have been there myself. I used fluoride in my dental practice for many years and I didn't get there was any problem with fluoride being added to the public drinking water supply. As explained here earlier, thanks to Dr. Bass, I did wake up and realize I had a serious educational deficiency regarding fluorides being added to public drinking water supplies. It was then my ethical responsibility to correct my fluoride educational deficiency...just as it is your ethical responsibility to correct your

fluoride educational deficiency. That was a tough realization to swallow and I also knew I was obligated by ethics to speak out.

You dentist also need to know that I, as do you, have a whole long list of other dental educational deficiencies. I practice biological and holistic general dentistry. If a patient of mine needs specialized dental services such as advanced periodontal surgery, complicated extractions, orthodontics etc., I refer them to the appropriate specialist since us general dentist have not been trained in the more complex treatment situations. For me to learn all those specialties and then gain the experience to master all of them would take years. So instead of eliminating my education deficiencies in those areas of dental specialization, I just refer.

And, the prime reason I like that phrase “educational deficiencies” is because that was the phrase Dr. Bass used years ago to describe the dental professions educational deficiencies regarding effective oral hygiene care. It’s in honor to him that I use that phrase...it is also the most accurate phrase to describe the situation...and, contrary to what you might add to it, it carries no judgment. It’s just a statement of fact. If you dentist don’t like it, instead of complaining and giving me single digit salutes just clear up your educational deficiency regarding the addition of the toxic chemical fluoride to the public drinking water!

All I want is for enough of the fluoride drinking public (and dentist) to get educated and then take action to contact the UPSHS, ADA, AMA and the EPA and tell them that you have woke up and

caught on and you won’t stand for this fraud being continued any longer and you want them to **IMMEDIATELY** cease the addition of any kind of fluoride chemical into the public drinking water supply.

And if they don’t..? Whatever happened to a Government Of, By and For the People? It was **NEVER** a Government Of, By and For Corporate America...

Do we not have a voice?

Or is Corporate America the only one here with a voice? So far, yes...

The reason that We The People don’t have a voice is because We The People are not organized and haven’t created the money to **buy** the USPHS, ADA, AMA, EPA and the FDA like Corporate America does.

As you know when you watch a NASCAR race, all the cars, drivers and crews and all their equipment is covered with the names and logos of all their sponsors. I propose that all the UPSHS officials, and the officers of the ADA, AMA and the EPA (and ALL politicians) should have to wear sponsoring logos on their Armani suits like NASCAR drivers do on their racing suits so we can identify which corporations have purchased them.

I can assure you the uniforms of all these “authorities” would be covered with the names and logos of corporations such as ALCOA and other aluminum manufactures as well as fertilizer manufactures as well as corporations such as Tyson, Monsanto and Henry Schein Inc. Wouldn’t that be interesting

for the public to have some visibility, transparency, as to who really has the influence and control here? Obviously it isn't **We The People** who have any influence or control here!

What also happens when these USPHS Public Health Dentist retire from the USPHS is a large number of them are then employed as "consultants" by one of these various corporations they have been in cahoots with for so many years. A large number of retired USPHS dentist also are employed as instructors by the various dental schools. Do you think a former USPHS dentist who is now an instructor at a dental school would ever go against the grain?

At the beginning of this writing I told you that there were two ways fluoride was being used. One form being the ingested form in drinking water. The other form is the topical form which I will describe now.

Topical forms of the fluoride usually utilize either stannous fluoride or tin fluoride. It is true that neither of these two forms of fluoride is an industrial waste solution. These two forms are specifically manufactured for these specific purposes. The sodium fluoride is what is usually used in tooth paste and the stannous fluoride is used in topical fluoride gels. There is also a very foul tasting acidulated form of fluoride that is used in those dental office fluoride treatments.

The hypothesis regarding topical applications of fluoride is that when the fluoride ion comes in contact with the

enamel of the erupted tooth, the fluoride ion will react topically with the **exposed** outer surface layer of the enamel of the tooth and form a chemical bond that is more resistant to being dissolved by bacterial acids or enzymes. The fluoride ion does not penetrate into the tooth and the "benefit" is only on the outermost surface of the enamel.

In theory, this topical fluoride reaction with the enamel is true. However, one major condition that has to exist is that the fluoride ion has to be a chemically active ion. Fluoride is an extremely reactive chemical and there is a fairly short shelf life and if the fluoridated toothpaste or mouthwash has sat around too long the fluoride ion will not be in a chemically active form. Or if there are elements in the toothpaste such as the abrasives, water or calcium the fluoride will form almost irreversible reactions and not be actively available.

Also necessary to get any "benefit" from topical fluoride is actually getting the active fluoride ion in contact with the tooth structure. If you don't use the Bass Method of oral hygiene care you will always have inadequate oral hygiene care and you most likely will have bacterial colonies between the teeth or along the gum line and the fluoride rinse will not penetrate this bacterial film and the fluoride will **not contact** the tooth. Likewise if you have large tartar buildup on the teeth, the fluoride ion will **not contact** the tooth.

In addition, if you are lucky enough to get some enamel to react, the reaction is reversible.

A **major** point for you to understand is that if you **effectively utilize** the Bass

method of oral hygiene, there **won't** be any sub gingival bacterial colonies therefore there **won't** be any bacterial acid production of sufficient quantity to cause any tooth decay anyway which means that there would not be any need for fluoride in the first place, even if it really did do something that was "safe beneficial and of value."

As I have already stated, fluoride is an extremely reactive chemical. When I was in dental school (1968-1972), the solutions for the delivery of the active fluoride ion that are used today were not available. We had to take the sodium fluoride powder and mix it with distilled water and use it **immediately** as the fluoride reacted with the water and was quickly inactivated. In addition, the taste was horrible and if anyone swallowed any of it nausea and often vomiting quickly followed.

Another use for fluorides in the dental office is in some of the tooth filling materials. Some of the filling material, as well as some of the bases used under filling materials, contain fluorides. The manufactures of these fluoride containing restorative materials are proud of that fluoride content. What the sales pitch is, is that the fluoride gradually leaks out of the filling material and inhibits bacterial growth. Think about that, fluoride containing fillings in your teeth that have the ability to inhibit bacterial growth. That "inhabitation" is due to the toxic effects of the fluoride on the bacterial organism. When **you** swallow that emitted fluoride...it isn't selective, it does the same thing to the cells of your body.

When toothpaste is made, the manufacturer knows that the sodium fluoride will immediately begin to react with the other elements in the toothpaste and gradually bind up the fluoride ion and inactivate it.

What the manufactures of fluoride toothpaste do is heavily saturate the toothpaste mixture with a huge amount of fluoride. Their goal is to put a large enough quantity of fluoride into the toothpaste mixture so that it has a longer shelf life so that from the time it's manufactured, shipped, placed on the shelf and purchased and used, there will still be a little bit of activity. In an outdated tube of fluoridated toothpaste that high concentration of fluoride is still chemically present, just not in a form that is topically reactive with the enamel of the already erupted tooth.

The usual concentration of sodium fluoride in toothpaste is at a level of 1500 ppm. That's a level that is 1500 times higher than the level used for "optimal" water fluoridation.

Go get your toothpaste tube and read the warning on the side of the tube and box. It says: "**WARNINGS Keep out of reach of children under 6 years of age. If you accidentally swallow more than used for brushing, get medical help or contact a Poison Control Center right away.**"

There it is folks...How obvious can this get for you. Millions of toothpaste tubes purchased every year with this warning and no one is catching on. What has really amazed me all along is all these things that point to this fluoride fraud are

so obvious. The brainwashing of the dentists and the public has been done so well that we don't even see it when it's right in front of us.

Go out to the water treatment facility of your city. Look at the containers the toxic fluoride solutions come in that are dripped into your drinking water supply. Notice the skull and crossbones on the shipping containers. Read your toothpaste tubes.

Get copies of the USPHS "classical fluoride studies" and the scripted deception becomes obvious.

Question your dentist and educate your dentist.

As I have stated, the most inadequately educated individuals regarding fluoride and mercury are the dentists. I know this personally...because as much as I know about fluoride, I know that I barely know anything at all about fluoride, but I bet I know much-much more about fluoride than 99.9 per cent of the dentists out there.

If any of you dentist out there want to have an upset with that above statement then I challenge you to go to any public library or university library and go to the chemistry section and look at the hundreds of **truly scientific** chemistry books about fluorine. Look at the organic and inorganic books...look at the physiology chemistry books. Look at books by M.D.'s and PhD's such as Dr. George L. Waldbott, M.D. and Dr. Albert W. Burgstahler, PH.D.

You dentist need to get that you don't know squat about fluoride...and neither do I...

No matter how much I have studied this over the years, I am not even close to the education that is necessary to get a B.S. degree in fluoride chemistry much less a Master Degree or a PH.D. And I know that 99.9 per cent of the dentist out there knows even less than I do. And I am not being arrogant or holier than thou...it's just a fact, the least fluoride educated people on this planet are us dentist...

There have been numerous well educated honest and true fluoride experts who have been working for years attempting to get this toxic fluoride chemical out of the drinking water only to be bad mouthed by the USPHS, ADA, EPA and the FDA. Individuals like Dr. Bass and Dr Waldbott spent a life time wanting to serve humanity only to pass away knowing that the job did not get done because the fraudulent "experts" had all the money and power and used that money and power to stiff humanity.

It's time for Dr. Bass, Dr. Waldbott, Dr. Burgstahler, Dr. Mick and many-many others to receive their due respect and honor for all the time, effort, frustration and **disappointment** they had to experience in their ongoing attempt to **truly** serve humanity.

It is also time for humanity to organize in such a way to see to it that other frauds such as these are cleaned up and **NEVER** happen again.

Support your dentist, as well as all dentists in eliminating their fluoride

educational deficiencies. I can assure you that with some dentist that will be a real tough job to do as some have absolute no listening for anything regarding this fluoride fraud and mercury deception because of their glamour, righteousness and arrogance.

The time at the moment is December, 2009. I put this web site on line last April and since then have been in the process of writing this Fluoride Fraud PDF that you are reading now. I did not promote this web site locally in the community I live in. I first made a couple of nutritional foundations aware of this site as well as some anti-fluoridation groups. Since then there have been several thousands of visitors to this site per month.

I styled this site as an educational site only and not a solicitation for any type of business nor do I have anything to sell. I have no financial connection to anything that I refer you to here. I only refer you to individuals and organizations that I know who have a high level of integrity and that I support and use myself. I have personally paid for everything involved with this site. My only vested interest here is my desire that enough individuals wake up to this fluoride fraud and take some action to end not only this fluoride fraud, but also end the mercury deception and make all individuals aware of Dr. Bass' research regarding the gingival Sulcus and the sub gingival organized colonies of bacteria.

When I refer you to any others web sites here I am only referring you to those individuals who I know to be honestly

and sincerely and selflessly working to truly serve humanity (that's you) to eliminate the various frauds I have described here.

ACTION TO TAKE...?

I don't know exactly what action it will take to finally get the USPHS and the ADA to come clean on this fluoride fraud and then successfully cease adding toxic fluoride to the public drinking water supply.

Over the years there have been numerous communities who have done a very good job at educating the public and have successfully voted down the addition of fluoride to their drinking water. There have also been numerous communities who were not able to obtain enough no votes to keep fluoride out of their drinking water.

What makes the difference? How can some communities successfully keep toxic fluorides out of their drinking water supplies and other communities cannot keep toxic fluorides out of their drinking water supply.

I don't know that I have all the answers as I have only witnessed the action in a few communities. From the few I have worked with I can see that success or failure to get fluoride voted out depends on not only how many people get involved, but also on how they organize and how they present themselves. The communities that seem to be the most successful at voting down the fluoridation of the public drinking water are those communities where the citizens are more health conscious, who live more holistic lifestyles and are more awake in general.

If the citizens opposed to fluoride come across as organized, knowledgeable and reasonable, then success is more likely. If the citizens come across as disorganized, scattered and fanatical, then success is much less likely.

I am not the only dentist who knows about this fluoride fraud. There are others but we are definitely in the minority. There are not many of these dentists will go public as they don't want to put up with how they are treated by the ADA or their fellow dentist for speaking the truthful facts regarding this fluoride fraud.

When there is some type of community debate or discussion regarding opposition to adding fluoride to a community's drinking water supply it is difficult for the citizens to get a dentist to assist them or speak for them or otherwise publicly support the anti-fluoride position.

When there is some type of public debate or discussion about adding fluoride to the public drinking water supply there is usually a large number of ADA indoctrinated dentists who are out there being very vocal in support of adding toxic fluoride to the public drinking water supplies.

Since the USPHS and the ADA has done such a good job of creating the illusion that ALL dentist are "**FLUORIDE EXPERTS**" it is hoped by the USPHS and the ADA that the citizens will hold it that organized dentistry is 100 per cent trustworthy and should never be questioned or doubted. So when some anti fluoride group of concerned citizens comes along and presents their facts

supporting their opposition to adding toxic fluoride chemicals to their drinking water and the other neutral citizens hear all of that, along with hearing what the dental community has to say, there is a conflict for those neutral citizens. What they hear are two radically different arguments and quite often they don't know who to believe.

What usually happens though is most of the citizens don't take the time to fully study the facts and as a result usually go along with the dental profession as there has been this illusion created by the ADA that the dental profession is there to serve and protect the public and is owed some **assumed** trust...assumed trust...like I had for them at one time many years ago...

The American Dental Association states in current advertising that the ADA is "America's leading advocate for oral health." What a joke!

Unfortunately for humanity, dentists are **definitely** the **least** knowledgeable individuals in this fluoride fraud issue and the USPHS, ADA and the organized dental community serves **itself** first and the public dead last.

The USPHS, ADA, and the aluminum and fertilizer industry should all be given some Grand Prize Award for how successful they have been at creating the illusion that **ALL** dentists are card carrying "**FLUORIDE EXPERTS**" and that dentists should never be doubted.

I pray that you dentist who are already aware of this fluoride fraud will create some empowerment and put on your **Courage Badge** and stand up and speak out and educate not only the public but

other dentists. Speak out at any level you choose to. That is, work within your community to educate the dentist and the public, or work at a state level or national level or at a world level.

It is not just the dentists I appeal to for action. It is all of you that I appeal to. I cannot do this alone and neither can you do this alone. It will take hundreds, thousands or millions of us getting educated to get this toxin out of our drinking water. And once we are successful at getting rid of this fluoride stuff we can easily jump into ridding our environment of other industrial chemical toxins. We have got to start somewhere and this is it! So, how to do it?

One approach would be for all of you to write, call or e-mail the American Dental Association. Their mailing address is:

American Dental Association
211 E. Chicago Ave.
Chicago IL 60611-2678
800-621-8099

If you want to e-mail the ADA, the Executive Director/Chief Operating Officer is:

Dr. Kathleen T. O'Loughlin
And can be contacted thru
her Senior Manager:

Lalita Pittman
pittmanL@ada.org

When you contact the ADA communicate your thoughts and feelings in a supportive manner. Let them know you are serious but don't be mean. If you are upset or angry that you have been treated this way then state so, but

don't be mean...unless you are not able to communicate in any other manner.

Print this off or refer them to this web site and tell them that you would like them to read it and respond to you. If they decline, remind the ADA that their own **Principles of Ethics and Code of Professional Conduct** requires them to "educate themselves beyond the usual level and serve and protect the public."

Contact them as many times as you want. Contact them right now and communicate whatever you want to right now. Then continue to think about all of this and as you think of more things to say then continue to communicate with them as often as you want to.

If would be best to communicate with them now as in later years that fluoridated water you are now drinking may inhibit enough enzymes in your brain so you start to have memory problems...!

"Serve and protect the public..." the **"PUBLIC"**... That's you...isn't it?

If the ADA refuses to respond to you in a manner that will truly serve and protect you from harm, would that not be a clear cut example of hypocrisy? How could the ADA **ethically** refuse to truthfully respond to you?

Aren't you one of the "public" the ADA has promised to be an advocate for and to serve and protect?

I also suggest you do the same with the USPHS. Go to their web site at:

www.usphs.gov

Once you open the USPHS' web page click on to "Contact Us." That will get you to a page where you can send an e-mail.

As for a copy of the written ethics of the USPHS, I searched and couldn't find any...I guess that explains their behavior! Looks like the USPHS doesn't have any ethics goals and if they do, I would appreciate them supplying me with a copy of their Ethics so I can read that and see if they are following their own ethics goals.

When you contact the ADA and the USPHS they will attempt to convince you that you are wrong and that they have "classical studies" that prove that adding toxic fluoride chemicals to the public drinking water supply "reduces tooth decay" and is "safe, beneficial and of value." Let them know you already know those "classical studies" are severely flawed studies and do not even come close to meeting the criteria of having been done using the **Scientific Method** as is taught in all science classrooms all around the world.

The ADA will tell you they have other, newer studies that have been done that supports their fluoride mongering position. I have looked at many of these "newer" studies and absolutely none of them have been done following the Scientific Method of testing.

These "newer" studies are all just more of the same. They are loaded with unacknowledged variables and they follow the same premeditated scripting as those original "classical fluoride" studies. That is, they first determine

what conclusion they want to reach and set up a study to reach that conclusion and then write the premeditated scripted results and then pass it off as valid...even though the study doesn't come close to having been done using the Scientific Method."

All dentists who graduate from dental school have taken numerous science courses during their years of education and they should be quite familiar with the **Scientific Method** for performing research work. Any one who looks honestly at these "classical fluoride" USPHS studies can easily see that these studies are merely scripted writings and absolutely do not even start to meet even the most liberal interpretation of the "Scientific Method."

Explain to the ADA that you aren't out for blood; you just want them to cease the lies and their hypocrisy and honor their **OWN** Professional Ethics and clean up this mess they have made and quit dripping that extremely toxic chemical, fluorine, into our drinking water supply...

Explain to them you aren't looking to punish and no one is going to get into trouble...unless they attempt to continue this fraud and continue to oppose ending this fluoride fraud.

There are two ways to succeed at getting toxic fluoride out of the public drinking water supply. One approach is to start from the bottom and go up. The other approach is to start at the top and work down.

The vast majority of the citizen approaches I have seen so far that have attempted to eliminate drinking water fluoridation have been at the grassroots level. That is, working from the bottom up.

What I have always seen to be most effective is to work from the top down. After all, that's the way this fraud got started in the first place. The individual practicing dentist did not go to the aluminum and fertilizer manufactures and beg them for their toxic waste fluoride solutions. Instead, the aluminum and fertilizer industries went to the top level of the USPHS and the ADA and **TOLD** them exactly what they were to do.

Well, maybe its time for all of us to do the same. That is, all of us go to the top level of the USPHS and the ADA and **TELL** them exactly what they are to now do.

This is why I hope that every one of you who reads this will e-mail the USPHS and the ADA. Imagine what might happen if the USPHS and the ADA were to get hundreds or thousands of e-mails every day from well educated informed and concerned citizens.

It may not be necessary to form anti fluoride groups in various cities if everyone would contact the USPHS and the ADA and empower them to begin to act in an ethical manner.

Once you contact the ADA and deal with them please makes your findings public. Educate others about your experience with the ADA. Let's get this all out into the open.

One more thing to understand about the ADA is where it gets its funding. The dues from the member dentist only supply about one-half of the ADA's yearly budget.

Guess where the other 50 percent comes from??? You are correct, from Dental Corporate America. You know those Dental related businesses that have a huge vested financial interest to protect.

Heavy financial supporters of the ADA are corporations who market fluoridated toothpaste and fluoridated mouthwash. Then there are all the Corporations that make all the dental equipment and all the different dental supplies used in the dental office. You know dental supplies such as dental filling materials such as mercury fillings. There are all those insurance companies and credit card companies. Then there are the companies such as Henry Schein Inc. who is the largest supplier of dental mercury in the world. There are those aluminum and fertilizer companies that have all that fluoride to dispose of.

The ADA is very beholden to all of these Dental Corporations.

The way these corporations get the coveted Seal of Approval from the ADA for their dental products is to purchase it...if you know what I mean...

The ADA and Dental Corporate America are in a symbiotic relationship...

The USPHS gets it's funding from all those **hard earned tax dollars** each of us taxpayers send to the government every paycheck. So it is my money and your money that funds this fluoride and mercury fraud that is being imposed upon us... with the only purposes being to increase the profits for the vested interest of the shareholders of various Corporate America corporations and insuring that the officers of the USPHS get their promotions, pay raises and retirement benefits.

Meanwhile, while the USPHS officers are living it up on your dollars, you might be trying to figure out how to pay for your fluoride induced goiter surgery, or your bone disease problems. How do you like that?

If the USPHS and the ADA won't cooperate then it may become necessary for all of us shift from simply requesting to firmly **DEMANDING...**

It is not treason or disloyal to hold our officials to the highest standards...

Or, to say it another way: It is not treason or disloyal to see to it that our trusted(?) officials in the USPHS and the ADA actually do what they tell us they are supposed to be doing. That is, honestly "serving and protecting the public" and living by the "golden rule" and not just giving lip service to those claims.

Obviously what is going on is that instead of honestly serving and protecting us they are just doing word spin in an attempt to fool us into

thinking they are serving and protecting us. The way it really is, they are serving themselves **first** and the public dead last.

Again, I encourage you to communicate with the USPHS. Their web site can be found on page 83.

When you get on the USPHS' web site you can then click onto "contact us" and send them your comments or questions.

I think it would be great for the documentary film producer Michael Moore to use his exceptional talent to make a documentary film that goes into this fluoride fraud as well as the mercury deception.

Maybe if all of you e-mailed Michael Moore at MMFlint@aol.com and asked him to study this he might positively respond to your request.

Michael get a lot of e-mail and his mailbox may be full, but stick with it. You can also go to his web-site at:

www.michaelmoore.com

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Another very conscious individual you may want to communicate with is Erin Brockovich. Her web site is:

www.brockovich.com

If you haven't seen the movie titled **Erin Brockovich** I suggest you do as it very well documents the corruption that goes

on with Chemical Corporate America and also how the word spin scenario is created

I have had some individuals suggest that maybe we all should contact the legislature in our various states and have laws passed to outlaw the fluoridation of the public drinking water. I agree that this could be one approach but I consider this as working from the bottom-up.

Since every state would have to do this individually it would be very expensive and time consuming and the USPHS and the ADA will not roll over easily. I think this needs to be solved from the top-down.

If and when every one of you reading this contacts the USPHS and the ADA, you **will** make a difference and it will not cost you anything to do that communicating. If someone wants to take it upon themselves to work thru the legislative process I would not stand in your way at all. I just think it is not the quickest and most effective way to go.

I am not aware of any well funded national organizations or groups who are working at that level to eliminate fluoride from your drinking water supply. There are smaller local groups formed whenever this issue comes up. The only group I know working at a national level to eliminate another dental fraud is a group working to eliminate dental mercury. That is the **Consumers for Dental Choice (CDC)**. My contact with Consumers for Dental Choice has been their National Counsel person, the

former Attorney General for the State of West Virginia, Charles G. Brown.

I first became aware of Mr. Brown about 6 or 7 years ago. At that time he was dealing with the various State Dental Boards across the United States that had gag orders in place to harass and punish any dentist who spoke out against the use of toxic mercury fillings. There were several dentists who had their dental license suspended or revoked when they would give their patients informed consent explanations that mercury fillings contained mercury that had been shown to be a very toxic material.

What Mr. Brown did was to set straight the various Dental Boards that dentist not only have the right to discuss the characteristics of the various types of dental restorative materials but the dentist also has the **obligation** to fully inform his patients about what he/she is placing in their teeth.

It is because of Mr. Brown's selfless efforts that I am able to provide you with all the information on this web-site.

Back in 1981, when I put quotes from Dr. Bass in my local newspaper, the Oklahoma Dental Board held a "Trial" and found me guilty of making "false, fraudulent and misleading statements." It was a real joke of a "trial." The Oklahoma Dental Board had the Dean of the University Of Oklahoma School Of Dentistry, there as an "expert" witness against me. The Dean, being the expert he was, did not even know who Dr. Bass was. The Dean thought that Dr. Bass was a dentist. The whole "trial" process was just a bunch of dentist acting like a bunch of arrogant self serving jerks.

Mr. Brown is currently involved in lawsuits with the FDA in an attempt to get them to cease allowing mercury fillings and to begin to regulate dental mercury for what it is; the **most toxic nonmetallic element** on this planet.

It's interesting that **industrial mercury** is considered to be an extremely toxic element and should not come in contact with human skin nor the vapors breathed...but if you take a vial of that toxic **industrial mercury** and move it into the dental office environment and place that mercury in someone's teeth, that same toxic element now is considered to be "safe." Then, if you take that very same vial of "safe" mercury out of the dental office and place it back in an industrial situation; it is now considered to be a very toxic element. Yet it was all the **exact** same vial of mercury. Figure that out...

If that same vial of mercury is dropped on the floor and spills out the mercury, it is considered to be a hazardous spill and the **Occupational Safety and Health Administration**, (OSHA) has a very specific protocol that is required to clean it up and then dispose of it. It doesn't matter if the spill is in an industrial situation or in a dental office, the OSHA clean up requirements are all the same.

But if that same mercury vial is used to make the mercury fillings for a persons tooth that same mercury is now considered to be "safe" and is not considered to be hazardous. The patient is free to walk out the door and feel good about responsibly getting a decayed tooth filled. Then, when the dentist is cleaning up his operatory after doing that magnificent mercury filling, and spills some of that left over mercury on the

floor he/she is again required by the OSHA to use a very specialized mercury spill absorbent kit to clean up the spill.

To quote from the sales literature for one of these OSHA approved Mercury Spill Absorbent Kits: "The hazards of mercury have been well documented. OSHA requires a protocol for mercury spills in the workplace. This kit contains 700 grams of MercSorb, an absorbent powder that amalgamates mercury, one sponge, one magnet to pick up the mercury compound, one pair of safety goggles and one pair of nitrile gloves."

So when that dentist spills some of that mercury left over from placing that mercury filling in the tooth of that patient who is now walking out the door with that fresh mercury filling...why is it the mercury in that individuals tooth is treated different than that mercury spill in the dentist office?

Doesn't make sense does it?

What a lot of dentists will attempt to tell you is that once the mercury filling cures that it is chemically stable. That is not true. Even the ADA acknowledges that mercury vapor is always released from the mercury filling.

Anyway, whatever success Mr. Brown makes in his mercury elimination quest also helps the fluoride fraud issue. Why? Because all the chemical frauds that are being imposed on us are all occurring with almost the same patterns, just different stories depending on the toxic chemical being dealt with! You know; "safe" because there are "no adverse health effects!"

Maybe, when Mr. Brown successfully completes his mercury quest he might be willing to look at pursuing a legal path to eliminating this toxic fluoride from your, our, my, drinking water supply.

If you would like to learn more about Consumers For Dental Choice and more about Charles G. Brown's most successful work go to their web site:

www.toxicteeth.org

When you get to their Home page, at the upper left corner of that page click on "About Us" and when that page opens, click on "Our Team" located in the right column, then on the page that brings up click on Charles G. Brown and that will take you to his biography and you can read his credentials..

Over the years myself and about 35 or 40 other dentist have personally given Consumers for Dental Choice many thousands of dollars to support their legal work. If you are one who supports by donating money I would recommend you visit the web-site for Consumers for Dental Choice and evaluate it to see if it is appropriate for you.

However, my purpose in referring you to the Consumers for Dental Choice's site is not financial, my number one reason is to assist you in knowing that there are some people out there who are **really and truly working to serve and protect** you in a manner which the UPSHS and ADA only give lip service to.

Actually, what Consumers for Dental Choice, and others, are really doing is

attempting to protect you FROM the FDA especially, as well as the USPHS and the ADA and the corrupt elements of Corporate America.

One difference between the two sides is that the UPSHS is using a never ending flow of **your** tax dollars to deceive us whereas groups like Consumers For Dental Choice have to scrape and beg for the funds that are necessary to be able to serve and protect you... That's sort of backwards isn't it?

I hope that I have accomplished my goal here so that you understand not only how this fraud was created but also realize that this fraud scenario did not just occur 60 some years ago but is in fact still going on today in all areas of the USPHS, ADA, AMA and Dental Corporate America.

To solve this fluoride fraud scenario will require a multifaceted approach and I cannot do this alone and neither can you. I have done this much for you and its time for each of you to do your part!

If enough of you contact the ADA and **empower** them to cease their approval of this fluoride fraud and thereby eliminate the fluoridation of the public's drinking water, then we will be considered to be successful.

When we are successful at ending this fluoride fraud, we will, unfortunately, also be successful at creating our next problem...and it will be a big problem.

Remember that the fluoride chemicals used for the fluoridation of the public drinking water supplies are NOT specifically manufactured for that purpose. Those fluoride chemicals used for water fluoridation are just non-marketable toxic waste chemical solutions left over from the aluminum and fertilizer manufacturing process.

The aluminum and fertilizer industry produces hundreds of tons of non-marketable fluoride acids on a daily basis.

Those fluoride chemicals are manufacturing waste products with virtually no market demand for these toxic fluoride chemicals except to be dripped in the public drinking water supply.

When fluoridation of the public drinking water ceases there will **STILL** not be a market for those fluoride chemicals used for water fluoridation. At that time there will be hundreds of tons of these very toxic and corrosive fluoride acids produced **daily** that will have to be **expensively** neutralized or they will have to be **expensively** stored in rubber lined storage tanks so it doesn't eat thru the steel...and that storage will be for an indefinite time period!

What do you think the Aluminum and Fertilizer Corporate America will do?

One choice for them would be to responsibly neutralize and responsibly dispose of this toxic waste. Personally I don't give that any chance at all as it would cost them a significant amount of money to do that and that would cut into profits and make them less competitive and that would upset the shareholders.

If they did tell me they were disposing of the chemicals "responsibly" then I would ask them to tell me their definition of "responsibly" so I could see if it matched my Webster's Dictionary definition of "responsibly." Or, was their definition just another example of corporate word spin.

(It would be nice if Webster's would develop a word spin dictionary so we could look up word spin words that the USPHS, ADA, AMA, EPA, FDA and Corporate America use in their **usually** successful attempts to con us into believing that something that is toxic and harmful to us is now redefined to be safe, beneficial and of value.)

If instead of dripping these toxic waste fluoride acids into our drinking water, the aluminum and fertilizer manufactures were to just raise their prices to the level that it would take to be truly responsible in disposing of this waste, they could get into price competition with other manufactures around the world and those who chose to safely neutralize their fluoride waste could lose sales if their prices for aluminum and fertilizer are higher since the purchaser of their products would most likely buy their aluminum and fertilizer from the lowest bidder as the toxic issue is not really in the buyers thoughts, just the costs.

Knowing that it is extremely expensive to neutralize these toxic fluoride waste chemicals I doubt any producer will select that option.

I expect a couple of things will happen. One would be for the aluminum and fertilizer companies to convince the US

government to seek out foreign countries and convince them they need to fluoridate their public drinking water supplies as fluoride has “been proven to reduce tooth decay” and is “safe, beneficial and of value.”

This practice of shipping our banned chemicals out of the USA is common practice for Corporate America. That’s what’s being done with certain banned agricultural pesticide chemicals? Several pesticide chemicals that have been banned for use in the USA are still manufactured in the US but instead of being used in the US these chemicals are shipped to countries like Mexico and then sprayed on Mexican crops. Then those crops are harvested and shipped into the USA for all of us frogs to consume...and we have no awareness that we are consuming pesticides that have been banned in the USA due to their harmful effects on us FROGS...and our government knows this is going on and their Department of Word Spin serves to keep Chemical Corporate America happy and us frogs getting slowly boiled.

The other thing I see happening is the waste fluoride producers will put these toxic fluoride chemicals into some type of injection well. Due to the large quantity of toxic fluoride waste produced it will take many large volume wells.

My experience with injection wells is the eventual leakage of the injected solutions getting into ground water, as well as the word spin from the injection waste well owners as they attempt to cover up their flaws.

Then there will be the transportation of the chemicals from the site of origin to the wells. You have heard about deaths when a train wreck happens and a chlorine or ammonia tank car is ruptured and people in the area are almost immediately killed or severely burned and sickened. Well, fluorine is many time more reactive, caustic and dangerous than chlorine or ammonia.

When we are successful at ending the dripping of fluoride waste solutions into the public drinking water supplies we need to not stop.

For us frogs to be as responsible as we want Corporate America to be we need to continue to work with the fluoride waste producers to see to it that they dispose of these waste chemicals in a way that is really responsible and appropriate and does not simply shift this problem to someone else’s backyard.

At this point I would like for you to scroll back to the web sites and e-mail addresses I gave you for the ADA and the USPHS and send them your initial thoughts. Then as you think about this more, continue to communicate with them. Let’s work from the top down...not the bottom up...

Send an e-mail to Michael Moore and Erin Brockovich. Get them involved...

When I thought about designing this web site I was focused on the United States. What I have learned is that about 10 percent of the visitors to this site reside outside the US in many countries all over this earth. So I have asked that you

readers contact the ADA or the USPHS and give them your comments and questions about what I write here.

However, I now have a global situation to deal with and I don't know how to do that. So what I would ask is that all of you who do not live in the US to contact web sites and e-mail addresses in the US anyway. The USPHS and the ADA officials in the United States need to know that the eyes of the world are upon them and that us frogs are catching on to all this fraud and it is time to bring it to an end everywhere, not just in the United States.

Then I ask that all of you contact your respective governments and locate who you need to contact in your country. The same for the dentist in your country; find the dentists professional organization in your country and ask their views on drinking water fluoridation. You need to be concerned with this issue because when the United States finally ceases adding the toxic fluoride chemical to the drinking water Aluminum and Fertilize Corporate America will be looking for other countries to "fluoridate" and it could be yours. So best to take care of this before it shows up as **your** problem. Everyone needs to take the **Not In My BackYard** (NIMBY) approach **NOW!**

I am quite aware that I have been critical here of several corporations. So that I don't upset all the corporations in the world, I do acknowledge that not all corporations are irresponsible and there are some who are slightly responsible and some who are moderately responsible and some very responsible.

So when I refer to corrupt Corporate America I am only referring to those corporations that qualify to be called corrupt or irresponsible. They know who they are. I am not referring to those corporations that are honest and responsible.

By "honest and responsible" I am using the Golden Rule as my definition. I know I have referred to the Golden Rule of behavior several times.

I absolutely am not to be personally viewed as coming across sounding righteous or arrogant or holier than thou.

Many years ago I saw someone wearing a t-shirt that said something like "To be old and wise requires being young and foolish."

I don't know if I am old and wise yet but I know I have qualified for the young and foolish part several times. Having experienced the young and foolish scenario I would hope that I did gain some wisdom from my mistakes and not keep repeating the same young and foolish stuff.

Considering the age of the universe I can view the USPHS and the ADA as qualifying as being young and obviously very foolish. Therefore, I think they should be given the opportunity to become older and wiser. Asking the USPHS and the ADA to clean up their act might just be fantasy on my part but I think they should be given that opportunity...**once**. And if they refuse, then more drastic action will need to be taken against them.

If I had not had the opportunity to experience some of my young and foolish stuff I might not have learned certain lessons and may not have been able to gain a little wisdom here and there.

I pray that the USPHS and the ADA gain some wisdom here and cease being young and foolish by continuing their support of this fluoride fraud. Its time for the ADA to live up to their **own** Ethics and for the USPHS to get some Ethics...

The USPHS and the ADA are going to get caught with their pants down by an educated public. Instead of punishing the USPHS and the ADA once exposed, instead I would settle for an IMMEDIATE ceasing of adding toxic fluoride to the public drinking water source and an acknowledgement of this misrepresentation and a sincere public apology and **not** a lip service con job apology.

I can make room in my life to give the individuals in these professional associations and governmental agencies a free pass if they will just take advantage of that free pass offer and come clean and honor their **self professed ethics** and immediately cease this fluoride fraud scenario and don't spend any time attempting to defend their prior actions. If their prior actions will not be held against them there is no reason for the USPHS or the ADA to exert any energy to continue to lie or defend anything.

Res ipsa loquitur...

I know there is probably not one corporation on this planet, or person,

including me, that lives 100 per cent by the Golden Rule. But I think regarding these toxic chemical exposures all of us could stand to do a little better, especially the USPHS, ADA, AMA, EPA and the FDA.

What needs to be understood though is this fraud being imposed on us is a fraud that definitely affects the quality of our health and wellbeing. Anyone consuming fluoridated drinking water or having mercury fillings are continually having drops of toxins added to their body buckets and some day your bucket **WILL** overflow and you will have symptoms of some oxidative degenerative disease that will show up and the symptoms will be diagnosed and given a name and the **symptoms** only will be treated and not the **cause** of the symptoms...because the cause of the symptoms won't even be recognized by traditional medicine.

Guess who will lose...guess who will win!

Dental Corporate America currently doesn't a give darn...all the corporate officers want is profits for the shareholders so the corporate officers can keep their huge paychecks, promotions and retirement benefits...just as they were taught in MBA School

So, really, why is fluoride added to the drinking water and why is mercury still being placed in the teeth of Human Beings?

Survival!

It's about survival. These folks in the USPHS, ADA, AMA, EPA and the FDA always have been and always will be: **just like all the rest of us.**

We all want things like adequate food, shelter, health, clothing and financial security. We want things for ourselves and our families, our countries and I hope for all of the countries on this Earth. We want warmth in the winter and coolness in the summer. We want cars, boats, airplanes and vacations. We want security, friends, and status. We want retirement benefits. We want to feel good about ourselves. We want to survive... We also want our fellow Human Beings to have the opportunity to have all of this also. We want people to be served and protected from harm.

When a young newly graduating dentist joins the USPHS at a low level entry position and desires to achieve promotions, pay increases and eventual retirement...it is absolutely necessary to become a yes man/woman or you don't ever get to where you want to get to. It's about survival...

This is nothing unique to the USPHS. It is true for the ADA also. It is also true for everyone else. As Human Beings, survival is number one. The USPHS, ADA and all those corporations are all run by Human Beings and it is those Human Beings that are making decisions that support **their** image of **their** survival and quite often those decisions are **self-serving first** and aren't always in the best interest of us frogs.

So what we are really dealing with here is a Human condition that we **all** have to deal with.

Does the ADA choose to follow the Golden Rule as their ADA Principal of Ethics and Code of Professional Conduct requires of a dentist? Or, do they just give lip service to those ethics in order to survive? I vote that its just lip service...

How about all the rests of us? Do we get a free pass? Absolutely not, we all have to deal with that same survival scenario on a moment to moment basis no matter what we do or where we live on this planet.

In order to survive ethically we have to become bigger than our perceived needs, circumstances and conditions of our life.

This is one reason why I recommend no punishment or penalty to those in the USPHS or the ADA who created and has continued to impose this fraud on all of us for so many years...**if** they will come clean now.

Hopefully the USPHS and the ADA will overcome their glamour and humbly bow to an educated and informed public and apologize for this fluoride fraud ever occurring in the first place and clean up this mess **NOW** and then go on with life...without any more frauds being maintained or started.

If I would have got to this point with this writing several years ago I might have told you that it is now time for each of you reading this to get off your rear and take some action.

However, now in the age of computers and the internet I will need to ask you to **stay** on your rear...in front of your computer...and put forth some energy

and time in communicating to those sites I have referred you to here.

What is now ask of all of you reading this is to move that mouse to those web site contacts for the UPSHS and the ADA and send them a message. Then look at those other sites I mentioned here. You can just click on the site or e-mail address and should be connected immediately.

Irregardless of your political affiliation the 2008 Presidential election in the United States made us feel called upon to be better people, to take our own talents and do good works and become more responsible for ourselves, for others and for our environment and do away with hateful thoughts, beliefs and prejudices and better follow the Golden Rule.

I would be very concerned about the Heart and Soul of any individual who thinks the opposite!

In case you ain't got it yet, what I pray is that we **all** realize that this job of cleaning up our environment of all these toxic chemicals is **our** job. Our health and wellbeing depend on it. If we think our corrupt governmental agencies assigned to protect and serve us are fully and truly doing that, you've been seriously fooled.

These governmental agencies have done a darn good job at fooling us into believing they are really looking out for us when instead they are **only** looking out for Corporate America first,

themselves second and us frogs dead last.

If each of us frogs don't actively take some actions, no matter how much or how little, but some...then we will continue to be boiled until someday the damage done from being boiled will be far enough along that any damage will be irreversible...or, are we already there?

If it is too late and we are already boiled then I guess that all that is left is to pass the dipping sauce!

When I started to write this text I never imagined it would be this lengthy. Now I see that it could be even longer if I were to include a vast amount of other information that is available. Instead of adding to this I would like to give you several names that you can enter into your search engine and study to whatever depth you desire.

Enter the following names into your search engine for additional knowledge:

F.B. Exner, M.D.
George L Waldbott, M.D.
Albert W Burgstahler, PH.D.
George Heard, D.D.S.
Robert Mick, D.D.S.
Charles C. Bass, M.D.
H. Trendley Dean, D.D.S.

I realize that all of us have a real busy lives and its enough to just have to take care of our daily stuff without having something else added to it.

However: The citizen intervention groups that are working to eliminate the addition of toxic fluoride chemicals to our drinking water supplies are **vastly** outnumbered and out financed by Corporate America and these US Governmental agencies such as the USPHS, EPA and FDA who are all in bed together

But...even under these conditions, myself and many other individuals continue to put forth considerable effort time and money to serve and protect all of you...that is, protect you from those governmental agencies who are supposed to be protecting you but aren't. But, this job is **considerable** bigger than those of us who are doing this. We need your help!

I firmly believe that we need to continue to work at the grassroots level but also need to intensely begin work from the top-down. That will require all the grassroots folks to incorporate the top-down approach into their efforts.

You folks could look at it like it is you who needs our help...but maybe you should look at it like you need to help us... help you...

Your actions and assistance will be appreciated by all of humanity.

Health is a function of participation.

THE BEGINNING...