

**A Special Interview with Dr. Paul Connett
By Dr. Mercola**

DC: Dr. Paul Connett

DM: Dr. Joseph Mercola, DO

INTRODUCTION: Hi this is Dr. Mercola. Today, we're here with Dr. Paul Connett who is our honored guest and really is one of the true experts in the movement to oppose fluoridation. He is trained as a chemist and his specialty is environmental chemistry. He is really known throughout the world as a leader in this movement because of his knowledge base. He is full time dedicated to this. He is a head of an organization called [the Fluoride Action Network](#). It really has compiled amazing information.

The purpose of our meeting today in our interview is to really give you some information that you may have not been aware of before. And then to actually provide some take home points so that we can start to implement the process to remove fluoride from the water supply of the United States. The United States is only one of eight countries in the entire world, the entire developed world that has more than 50% of their water supply fluoridated. If you can believe that most all of Europe is not fluoridated.

DC: Only just Ireland is fluoridated.

DM: Ireland is the only country in Europe with over 50% of it fluoridated.

DC: Spain has a little bit of fluoridation. England is at 10%. It has been at 10% for years. Most of mainland Europe is not fluoridated and yet their teeth are just as good, if not better than ours.

DM: That's the challenge here. We have the United States supposedly one of the wisest scientific countries in the world but yet, we're still engaging this process which is questionable at best as I'm sure you'll reach that conclusion. That is really sort of the central core but we're hoping to get people interested and committed to action efforts in three areas primarily.

One is Canada because only 40% of Canada is fluoridated. We believe with some efforts and (inaudible 3:18), we have a lot of people viewing this who live in Canada that we can actually get fluoride out of the entire country of Canada. I think that's doable in the near future.

DC: British Columbia and Quebec are essentially non-fluoridated now. So it's really most the fluoridation is concentrated in Alberta and Ontario. If Ontario goes, Canada goes.

DM: So that's a doable thing. And then the other two communities in the United States that we want to focus our efforts on because we've already have leadership in this area and some of the media support which is key to getting it removed from the community is San Diego, California and Austin, Texas.

There maybe some other communities that we're not aware of and the purpose of this format and (inaudible 3:59) you'll below the comment here, there is an opportunity for you to participate and if you're already registered, it's fine, you can just add your comments. If not, it's just a simple process to add it. Then let us know that you're interested in starting a movement in your local community and we can work together to collect that information and start the process rolling. But those are the three areas we're going to focus on.

If you already know about fluoride, most likely, you're going to learn more because this is the world expert sitting next to me. I'm just so delighted we have the opportunity to work with you. We get together regularly with our team once a quarter and one of our highest priorities is to remove fluoride from the water supply. So we're absolutely committed. We're working with him, Paul to do this. It's an achievable goal. I really think we can do it.

DC: It's as easy to stop as turning off a tap. Right now, we have this huge problem in the Gulf of Mexico trying to tap a leaking oil well. Everybody knows that. It's incredibly difficult. But fluoridation, if we have the political will, it's as easy to stop tomorrow as is turning off a tap.

DM: The supposition, the theory as to why it was initially introduced seems beneficial. I mean, it's a public health benefit. You would have to be out of your mind to oppose reducing dental caries in kids.

DC: That's right.

DM: Harmless (inaudible 5:17). I mean, who could be opposed to that? Certainly, we aren't. But the issue is, let's provide interventions. You're actually going to achieve that rather than support one that is not achieving that but even worse, causing harm and damage. So why don't you expand on that concept.

DC: Well there are many arguments against fluoridation of course. Number one it's very bad medicine because once you put in the water, you can't control the dose. You can't control who gets it. There is no oversight. You're allowing a community to do to everyone what a doctor could do to no one and force them to take medication.

Secondly, it's avoidable. Its unnecessary because they now, even the promoters of fluoridation concedes that the major benefits are topical; it works from the outside of the tooth not from inside of the body so why swallow it? Why put it in the drinking water when you could brush your teeth with fluoridated toothpaste.

It's ineffective. There is practically no difference in tooth decay between fluoridated countries which is the majority and non-fluoridated countries. No difference between fluoridated States or States which have a high percentage of fluoridation and those which are low.

DM: Because there is an important tangent. There are a large number of communities within the United States currently that do not fluoridate their water. Is that correct?

DC: No, the majority fluoridate.

DM: But there is a large number.

DC: There is a large number that don't and you can't tell the difference. If you look at them, you can't tell the difference between the communities that are fluoridated and non-fluoridated. As you've said, in addition to all of that, it's probably causing harm. We know that 32% of American children have been overexposed to fluoride because you have this telltale sign of dental fluorosis which in its mildest form, little white specs. But when it gets more serious, it affects more of the surface of the teeth and it becomes colored; yellow, brown, orange and so on, mottling of the teeth. Thirty two percent of American children are overexposed to fluoride. What their attitude, the promoters of fluoridation, "Oh it's just a cosmetic effect."

DM: A small price to pay for reducing your dental caries.

DC: Exactly. But, as we said, it is not reducing dental decay by very much if any. And at the same time, this is an indicator for somebody who has studied toxicology, environmental chemistry as I have done, this is a worrying indicator that the body has been overexposed to fluoride and it will be a biochemical miracle if fluoride that's damaging the growing tooth cells is not damaging something else in the child's body; for example, the bones. The teeth are the window to the bones. If you've seen the damage to the teeth, what damage can you not see...

DM: Especially to a growing developmental child.

DC: Absolutely. Now, we have 23 studies, if you believe, from four different countries; Brazil, Iran, India and China which indicate that moderate exposure to fluoride are lowering IQ in children.

The lowest level that they estimate that this is happening, 1.9 parts per million fluoride. If you've got an affect at 1.9 parts per million with a few hundred children in the study and I visited the villagers in China where that study was done. There is not enough margin of safety to protect every child that's being exposed to fluoride. You need a much larger margin of safety. This study here, this is the National Research Council, the EPA (Environmental Protection Agency) asked the National Research Council to do this study. It took them over two years to do 507 pages...

DM: What's the National Research Council for those who aren't familiar with it?

DC: It's part of the National Academies--

DM: Of Sciences?

DC: Yeah.

DM: That's private or is it a government institution?

DC: It's a private entity but the government uses it a lot when they want a study with an independent...

DM: It's an independent objective.

DC: Exactly. This was one of the most balanced panels that have ever looked at fluoride.

DM: So you're convinced that there were really no significant members on the committee that have serious conflicts of interest as do so many of these other expert panels.

DC: No. In fact it was the first time they ever had people on there that were publicly anti-fluoridation and people on there that were pro-fluoridation. Its usually they're all pro-fluoridation because it's an establishment position. They looked at it for two or three years and they came back and said that the current safe drinking water standard in the EPA is too high and it should be lowered. And after four years, the EPA has done nothing, published nothing.

DM: That's an interesting aspect. I mean, the government asked for a study objectively done. It was done and performed and showed that policy needed to be changed and over four years later, nothing as happened. So this is based on the government's own data.

DC: Look at it. Basically what you've got is you've got the CDC saying one part per million is good for children to drink to protect their teeth. We have now the National Research Council saying, that the safety standard of 4 parts per million is too high and needs to be lowered. Again, what margin of safety would you want to protect the whole population?

DM: I would like to look at it from a different perspective too because it's important to understand that adding fluoride to the water supply -- it is a drug. Absolutely it's a drug. Try to get fluoride without a prescription, you can't do it. It's a drug. But this is the only example of a drug that is put into the water supply on a mandatory basis where a person has no choice about it just being exposed to that. There is no other example of this. It doesn't exist. I mean it's a major assault on your freedom of choice.

DC: That's right. I mean I'd love to go to the tap and pour out a glass of water and drink it. You know what the irony here is that the FDA which doesn't regulate fluoride in drinking water at all, the FDA does regulate toothpaste and on the back of a tube of toothpaste and your viewers can watch this and look at it and read on the back of a tube of toothpaste.

DM: Almost any commercial. Obviously there is toothpaste at health food stores that are non-fluoride.

DC: But the fluoridated toothpaste, if it's fluoridated, on the back, FDA required -- if your child swallows more than the recommended amount, contact a poison center. The amount that they're talking about, the recommended amount which is pea-sized amount is equivalent to one glass of water. The FDA is not putting a label on the tap saying don't drink more than one glass of water. If you do, contact a poison center. So you got this tweedledum and tweedledee...

DM: How much fluoride is there in a typical size of toothpaste? Is there enough to kill one child?

DC: The child would probably be sick, vomit long before they got through a whole tube of toothpaste. But there is no question that fluoride, not an excessive amount, can cause serious harm. There have been examples of children who swallowed the gel that is used for topical treatment and they died as a consequence. So fluoride is extreme.

DM: It's a poison folks. It can kill you. And they're putting this on your toothpaste. It's just almost incomprehensible. The thought when you're using toothpaste, that it is a topical and you've already given this so it may work topically and it may. There is not really definitive proof that it may but it may. It clearly does not work systemically and that's what we're warning them. The challenge when you brush your teeth is that it just isn't in your teeth. There is a tendency to swallow it and that's the problem.

DC: That's the problem. We know that as far as dental fluorosis is concerned for example, scientists have shown that there is a greater risk of dental fluorosis if you're kid brushes his teeth twice a day compared to one that uses it once a day. Going back, we're not talking about killing people outright with drinking water. What we're concerned is the chronic.

DM: This can kill you. I'm not saying it typically doesn't.

DC: It's poisonous.

DM: It's a poison.

DC: What we're really concerned about, for example, if you take the bones, 50% of the all the fluoride that you take in each day essentially accumulates in your bones over a

lifetime. It takes about half life turnover of bones, maybe three times in a lifetime. So you're steadily increasing the fluoride levels in your bones.

What we know from India and China, where they have areas with high natural fluoride levels, is that the first symptoms of fluoride poisoning the bone is just like arthritis, pains in the joints and so on. And yet, there has never been a study in the United States to see if there is an association between people living in fluoridated areas and increasing arthritis rates.

DM: I've got two points there, I think you mentioned earlier that China and Japan both are non-fluoridated countries, is that correct?

DC: That's right, yes.

DM: The largest country in the planet, China, and then Japan, a very sophisticated technological country, both are not fluoridated. The other question I had on this, I point I wanted you to comment on was the distinction between naturally occurring fluoride, the one that you mentioned in China and India and the type of fluoride that is added to the traditional fluoride treatments in this country through the toothpaste or the water supply - the two most common sources. I wonder if you can comment on that.

DC: Ninety percent of the chemicals used in fluoridation in the United States are not natural. It's a substance called hexafluoro silicic acid or its sodium salt, we'll say silicon fluorides. These silicon fluorides are captured pollutants from the phosphate fertilizer industry. When you're making phosphate fertilizers, you take phosphate rock, heat it up with sulfuric acid to drive off the phosphoric acid, to make the soluble phosphate.

In the process, it generates two very toxic gasses; hydrogen fluoride and silicon tetrafluoride. For about a hundred years, these decimated the local area, the vegetation, crippled cattle and so on. Eventually, they were required to capture these toxic gasses. They used a spray of water. That spray of water produces these silicon fluorides.

That stuff, the scrubbing liquor, cannot be dumped into the sea by international law. It can't be dumped locally because its too darn concentrated but if someone buys it, its no longer a hazardous waste, it's a product. There is no other regulations which control -- well, who buys it? The public water utilities buy this stuff and put it in our drinking water. It's absolutely absurd.

Bill Hersey from the EPA points out, if it goes into the air, it's a pollutant. If it goes into the local water its pollution. But if the public water utilities buy it, it's no longer a pollutant. It's bizarre. So not only are we doing something quite unique using the public water supply to deliver medicine. As you said, it's never been done apart from one short experiment with iodine. It didn't work; never been done to do that.

Secondly, we're using the public water supply to get rid of hazardous waste from the phosphate industry. It makes a lot of money for them but it costs them a lot of money to get rid of it as hazardous waste.

DM: One of the things that we see in the news is the use of fluoride supplement to the water supply, the municipal water supplies from China. I would like you to comment on this. It's somewhat confusing to me because it seems that there would be a surplus of this toxic material in the United States alone. Is it just China able to sell it to them less expensively?

DC: Yeah.

DM: So China is coming to the market now...

DC: Two things are going on. Number one, the number of companies that were making phosphate down in Florida has reduced. There have been some problems down there and so on. Also, China has a lot of supply of this stuff and they are able to sell it cheaply.

DM: Because they are manufacturing and they're producing these materials.

DC: Yeah.

DM: It's a toxic byproduct of their industrial process and they want to sell it too and they could sell it cheaper.

DC: One of the peculiar things that is happening is that some communities in the United States including a town in Massachusetts, I forgot the name, have stopped using this because it was producing a sludge. It was jamming up the delivery system. It was a white sludge. The Center for Disease Control engineer said, "We don't know what this sludge is but we know it's safe." If you don't know what it is, how can you say it's safe?

DM: Well, we can't. Actually in our discussion earlier, we are going to seek to obtain a source of some of this fluoride from China and actually have it analyzed by some objective independent laboratory to see what's in this that is actually being introduced into the water supply of so many local American communities.

DC: I'm glad you've used the word natural because they do that a lot. They say, "Fluoride is just natural. It's in the water naturally." The natural levels on the mean, on average, 10 times less than we add to the water.

DM: The current levels in the water is 1 part per million?

DC: The level that they use for fluoridation ranges from 0.7 to 1.2 depending upon the weather, the climate. When we talk about natural, I think the key natural thing to look at is the level in mother's milk; babies' first meal. That level is up to 250 times less than

they add to the water. We add about 1 part per million. The level in mother's milk ranges from 0.04 to 0.004 parts per million. So a bottle-fed baby can get up to 250 times more fluoride than nature intended for the newborn baby or for a breastfed baby.

DM: There are a lot of reasons why infants shouldn't be receiving infant formula. Breast milk is obviously the way to go and there are other alternatives to that. But this clearly is a significant issue. I'm wondering if you know of any known benefit for fluoride. If it's in breast milk, is it in there because it's required by the infant? Or is it in there because it's a contaminant in the environment?

DC: It's out there so the fluoride -- fluorine is about the 13th most abundant element on the planet, on the Earth's crust.

DM: Because aluminum we know, it was even more abundant. There is no medical or health (inaudible 20:35). So it's a contaminant. It's a toxic waste. You want to avoid it. Is that similar to fluoride?

DC: Yes. It's very, very low in mother's milk. There has been no evidence, no scientific evidence has ever been brought forth to show that fluoride is an essential nutrient - none. To demonstrate that something is an essential nutrient, you have to starve the animal of this source. If it's a nutrient, then it develops a disease. There is no disease that develops with a shortage of fluoride which is as you would have imagined is just as well if its so low in mother's milk.

As far as tooth decay is concerned, this tooth decay is not caused by lack of fluoride. Tooth decay is caused by acids in the mouth usually created from sugar being metabolized by bacteria (*Streptococcus mutans*). It's the acid that then attacks the enamel. If it attacks it enough then the bacteria could get into the dentine and you get tooth decay. So it's not a disease caused by a lack of fluoride. It's a lack of dental care particularly relevant in poor communities with poor access to dentists.

DM: You know lack of information and discernment to really cut through the media manipulation and the nonsense because the number one source of calories in the United States is high fructose corn syrup.

And when you have that sugar as your number one source of calories, you're going to shift the terrain, the biological levels of different bacteria in your system and you're going to produce the bad bacteria versus the good bacteria and these bacteria will produce these acids. Because if you go to primitive cultures where they are avoiding sugar, you just do not see dental caries. Even in whole countries where they tend to have very low sugar like Korea. I mean, you try to find a cavity in a native Korean, they're not just there. It's like 1% of the population has cavities.

DC: You're absolutely right. We need education not fluoridation. That education would have a double dividend avoiding the high fructose sugar. We'll not only score a huge benefit with dental decay but also with obesity.

DM: And health.

DC: Yes. We have a huge problem here. When you got teenagers getting Type 2 diabetes, you think of the cost that's going to be. So fluoridation, if we had the political will, is as easy to stop as turning off a tap and we could have this double dividend if we use the money that we are squandering on chemicals and equipment to deliver this stuff and all the tank and trucks which are going around the country and all the money that is spent on propaganda, on promotion by the government, by the American Dental Association. If we took that money and put into education to avoid what you talked about, high fructose syrup and so on...

DM: And just optimizing your diet.

DC: And better dental care. I mean, brush your teeth after meals, all those things, floss your teeth and so on.

DM: Well that's important but really when you go to these countries that are eating right to begin with, they don't do those practices. It's really an artifact that needs to be implemented when you're choosing unhealthy lifestyles.

DC: It's funny, there is an irony here. In the 1930's, Weston Price who was a former president of the American Dental Association which pushes fluoridation, wrote a book and established just what you said, that indigenous people around the world from the Inuits to the aborigines, to the Maoris and so on, had perfect teeth until Western diets; refined sugars and all those other things.

DM: Its actually from my understanding of his life work, around the turn of the 19th century, 1900 to 2000 is when he was a practicing dentist. He saw this enormous increase in dental decay and he made the correlation it was actually due to the introduction of processed foods.

DC: Yeah, in the 30's.

DM: Then he went around the world to document this because there are many countries at that time that had not been exposed to that type of food. The book is phenomenal because it's just massively filled with this pictures that document that.

DC: As far as tooth decay is concerned and health generally, better diet. As far as this issue is concerned, when you got 23 studies which shows a lowering of IQ and you got...

DM: A lowering of IQ from being exposed to fluoridated water.

DC: We haven't had yet an IQ study because they're not doing them. The countries which are fluoridated are not doing any (inaudible 25:21) of practically no health studies.

They are far more concerned about protecting this policy for some reason than protecting health.

But when you've got levels of fluoride, natural levels of fluoride, not so much higher than the levels at which we are fluoridating, it raises the question, which is more important to protect, your children's teeth or children's brains? I mean, we got some pretty wonky evidence that ingesting fluoride maybe reducing tooth decay. I don't think the evidence is very strong scientifically but you got two sets of evidence.

One set of evidence says the promoters think that fluoride lowers tooth decay if you swallow the fluoride. You got this other set of evidence which from China and India and so on which says, your children swallowing fluoride maybe lowering their intelligence. Where are you going to hedge your bets here? What's the sensible thing to do?

DM: Well, the sensible thing is implement the precautionary principle and err on the side of caution.

DC: If ever the precautionary principle should be applied, it must be in the case of fluoridation. If you believe in the precautionary principle and incidentally, I think of San Francisco which has actually incorporated the precautionary principle into its charter what have you and yet, they've been fluoridating for years. There is a contradiction here.

If you believe in the precautionary principle, then turn off that tap. It's not doing much good. They concede, the promoters concede that topically, we have topical treatments available including fluoridated toothpaste and we've got plenty of evidence accumulating that fluoride at certain levels, definitely causing health effects and the issue comes down to whether there is an adequate margin of safety. I will put my scientific training on the line to say there is not an adequate margin of safety to protect the whole population from known health effects. So, take it from there.

DM: Part of the problem is that there is individuals who may drink a few cups of water but there is another set of individuals who may drink a gallon or two gallons and be exposed to the amount of fluoride in that water supply at levels five times or greater so that your margin of safety which you are referring to essentially disappears because you're getting to toxic levels.

We're just talking about the water supply which is really what we want to focus on because we absolutely are both incredibly convinced that this is a winnable battle. In fact, there is no doubt in my mind we're going to win it but we can only win it with your help. We'll tell you some specifics and repeat that again. But that's only one source of fluoride.

Though most everyone watching this, who are educated, we know better, we're not going to be drinking the municipal water supply that is fluoridated. We're going to have reverse osmosis systems. We're going to have other bottled water sources. We're going

to be able to avoid it. But what we're really doing here is we're protecting the people who don't have the resources. The low income families who can't afford those strategies and really who are suffering most of the impact of this tragic decision that was implemented 50, 60 years ago.

DC: You know, back in November of 2006, the ADA actually sent around an eGram to an alert to its membership recommending the parents to not use fluoridated tap water to make up formula. They actually said that. And a few days later, the CDC followed suit. Don't use fluoridated water to make up formula.

But what they didn't do, is they didn't inform the people, the public. So there are millions of parents out there that are using tap water to make up formula oblivious of the fact that the agencies that promote fluoridation in this country said don't use it for this purpose.

How can you fluoridate tap water on the other hand and manage to educate all the people to do this? How can low income families use bottled water for this purpose? So the whole thing is absolutely bizarre. Just as you said, we need masses of people. Joe, you can reach them more than I can masses of people to get informed upon this issue. But also, in addition to that, we need scientists and we need doctors to read the literature. I mean, they can understand it.

DM: You compiled a list of professionals, healthcare professionals and scientists who -- I'm one of them, who signed on the statement...

DC: Two thousand eight hundred.

DM: So if you have the credentials and the scientific training, we encourage you and we'll put a link on this to address that so that you can sign on and we can increase that to even a higher level.

DC: Also to make things easier after 14 years, I've actually written a book on this called The Case Against Fluoride. It will be out in September. Two other scientists and myself wrote this book to give you the whole information. And also journalists, I mean, you're rare on this one. Would you call yourself a journalist? No, you're a communicator.

DM: I'm a physician journalist.

DC: We have too many journalists in this country that just take one liners out there and think they've covered the issue. They'll say things like, "The Center for Disease Control says that fluoridation is one of the top 10 public achievements of the 20th century."

And just take it at face value without realizing the Center for Disease Control only has one division looking at this called the Oral Health Division. They're nearly all dentally trained and their mission is to promote fluoridation. There is no other division that the

CDC which is looking at the health. This is not happening. So we need journalists to get below the surface of this thing.

DM: We will do it. There is no question. This is not going to be the last time you see us together. We're going to come up with a whole process. We're going to break these issues down to a very specific point, to give you talking points so that you can communicate intelligently to others and help educate them and increase the awareness and consciousness.

We don't need to convince every person in this country. It's absolutely not the case. We have to reach, as Malcolm Gladwell refers to is a tipping point. It may be as little as 5% of the population. Once they understand that, once they get behind this, the policies will change. They'll fall like dominoes.

DC: You know another issue which we haven't mentioned is thyroid function. Doctors used to in the 30s, 40s and 50s in Europe, doctors used to use fluoride to lower thyroid function off of patients with hyper overactive thyroid glands. So that's a real concern especially today, we have millions of people with low thyroid function.

DM: Mostly women, for some reason seems to be particularly sensitive to this. I've seen tens of thousands of patients. You know, it's a really common problem. If you're a woman watching this and you think you have some low thyroid condition such as low body temperature, lack of energy, dry skin, tendency towards constipation, not sweating very well.

If these are symptoms that you have, you want to get a test called a TSH or a thyroid stimulating hormone. If it's above 1.5 then you probably have something that needs to be addressed then it becomes really mandatory to avoid fluoride into the (inaudible 32:47) but also other sources of fluoride. I wonder maybe we can touch on that now because it's not just in your water folks, it's in other areas. Obviously fluoridated toothpaste but the other areas would be the drugs you take.

You know a lot of the antidepressants and many of the antibiotics especially the fluoroquinolones are just loaded with fluoride. As we believe some of them are so toxic. These are really toxic drugs. The other source would be pesticides. So that's the importance of eating organically. You know why they're in pesticides because they're toxic. They kill organisms. It's not a mystery. Fluoride is a poison.

DC: One of the reasons why it's in toothpaste is they're acting as a pesticide to kill the bacteria in the mouth.

DM: I thought the primary reason was to improve the bone density in some way but I didn't realize that was a mechanism of action.

DC: One is to harden the enamel. That's the theory is the fluoride ion replaces the hydroxide ion in the enamel. The other thing is that those high levels of 1000 parts per

million in toothpaste it will kill some of the bacteria. This argument is about whether those bacteria now are sort of developed and so now they're immune to it.

Another issue, I don't know if you knew this Joe, there was a study done in England, shows that fluoride accumulates in the human pineal gland -- that little gland between the two hemispheres of the brain that makes melatonin.

What I find fascinating here is the way that protecting this policy is more important apparently than protecting our health because even though that study was done in England and was published in 2001, fluoride accumulates in the human pineal gland and in her animal study she showed that it lowered melatonin in animals so that was consistent with this. Not one single fluoridating country has attempted to reproduce that study. Why not? It's not a difficult study to analyze the pineal gland of corpses in the few fluoridated -- not doing it. Why not?

I find that shocking, I find personally as a scientist, the way science has been abused in promoting fluoridation. With science, if you don't have truth, it is not science anymore. It's something else, when you don't have science in forming public health policy, that's a huge threat. That's as big a threat to our country I think as it is a threat to our health.

DM: It's a very serious issue. I recently interviewed MD PhD Beatrice Golomb who is out at the University of California, a really high integrity physician. Really addresses well in the drug model because you're right, the scientific method works, and no question. The problem is it has become bastardized in this country because there is massive conflict of interest which distorts the results. Its just you can't trust them anymore, they become untrustworthy, unreliable.

She goes into all the different mechanisms or factors and variables how its penetrating to the whole process from the actual peer-reviewed journals themselves, to accepting them and reprints, and advisory committee. It's just a massive mess. What I want to say is that we are firm believers in the scientific method because somebody who counters what we're saying is saying that we've abandoned this. Nothing can be further from the truth. It's nonsense. We believe the scientific method works. It just has to be free from conflict of interest.

DC: We need two taps. We need to turn off the tap on fluoridation and we need to turn on the tap of scientific integrity. Let's have scientific integrity back in our universities. Back into our research and back into informing our regulatory agencies. That's one of my missions. I hope that we can see some progress on that too. But we can begin with stopping fluoridation.

DM: Yes. And the reason again, we're together is because we share a similar mission. We are both convinced that we, with your help and only with your help are going to be able to eliminate and I'm talking no fluoride in any municipal water supply in the U.S. The strategy we're going to take because we need to be strategic about this is to first

address Canada because 60% of Canada is not fluoridated, 40% is. If we can get the rest of Canada to become non-fluoridated, we believe the U.S. will follow.

We're also going to be addressing the two committees; Austin, Texas and San Diego, California. So if you're in any of those areas, certainly let us know and we'll probably have a link -- what would you recommend as a strategy on how they can participate, if they are in Canada and they want to help or if they're in there in those local communities of California and Texas.

DC: I think go to our web page to begin with. We keep people posted on that www.FluorideAlert.org. They can contact you and contact me and we'll give them the contacts.

DM: If any of these other communities that you think you've got some really strong credible activist who are scientifically based and grounded and really can provide a good support then let us know and we can provide resources to help support you in your effort to eliminate fluoride from your local community because it really needs to be a community battle. We're not going to pass a Federal Law. There is not going to be a presidential mandate or even a State-wide elimination. It's really community by community.

DC: Its politics which is interfering with science in this issue. It's a matter of political will and you cannot change political will if you don't get the people. We must be going with the people.

DM: And we folks, we've got the numbers. There are only a small number of people who are confused about this. The more people that we can educate about the truth, the more we can convince them, the more we're going to win this. So really it's about scientific (inaudible 38:57). You could challenge anyone who is opposing you to just do the research. Go in and evaluate the data. It's there. This was work commissioned by the United States government objective third party and this conclusion they reached. We're not making this up. There is hundreds if not thousands of references in this in the scientific literature.

DC: You know Scientific America actually had an eight-page article on this in January of 2008. People go back to that Scientific American. In that article, they interviewed the chairman of this report, Dr. John Dewel. He said how shocked they were that when they went to the scientific literature how little science, real science had been done that there were so many unresolved questions on health. He singled out in the interview, the thyroid function. It really did concern him, the possibility that fluoride may be interfering with the thyroid gland.

DM: Folks you got a lot of decision in your plate. Many people are going to think, "What the heck, am I going to take up another cause for?" Well, you don't have to. If you're not concerned about losing your front teeth and injuring the thyroid gland or your wife losing it or your daughters or the intelligence of the whole population because it's being...

DC: Or brittle bones and hip fractures when you get old.

DM: Or brittle bones and developing osteoporosis then I would forget about it. But if you are interested and you really have a passion to help people not only yourself because you probably can avoid it but it's the people who don't have access to these tools, who can afford reverse osmosis or whatever. I would strongly encourage you to take a step because you can make a difference.

You absolutely can. We've seen it with the swine flu. We've seen it now with fructose and major industry, actually removing some huge products like Gatorade and some other massive products. So we can make a difference but you have to take action.

DC: You know, it took us seven and a half years for my wife and I and our friends to get fluoride out of our little village of Canton, New York where I live. But, Joe, when we were able to stop that, it was so great to actually take a glass and go to the tap and drink and cook with our own tap water instead of using bottled water. It was great to go downtown and go to restaurants and drink the water.

DM: I'm not sure which is more dangerous because you know, that doesn't mean the tap water is safe because they chlorinate it and because any infections from the water supply. The chlorine itself isn't dangerous but when it interacts with organics it produces disinfection byproducts like trihalomethanes and (inaudible 41:44) acids. Those are the dangers. But those are you can still filter those.

Fluoride is just a side point but an important one, is very difficult to filter from the water supply. You are not going to remove it for the most part from most type of carbon filters. You have to use a distiller or a reverse osmosis to get it out. Then it makes it easier for you to drink from the tap with the simpler filter which is easier to access. So I don't want to give to people just go drink your tap water because there are other issues with it.

DC: But we have pretty good water from where I am so once the fluoride was out there, that was drinkable.

DM: But it is a major victory. There is no question. I don't want to take away from that.

DC: It's true that there are other chemicals added to the water but this is a huge distinction between adding chemicals to the water to make the water safe to drink by killing bacteria and so on and adding a chemical to the water...

DM: A drug.

DC: A drug to the water to use the water as a vehicle to delivering a drug when as we've said already, if you do that, then you can't control the dose. Ask any pharmacist what's the key thing about drugs? Who do you give it to? Do you have a different dose for babies from you do from older people? You've got physician supervision. All of this

goes out of the window when you put a drug in the water. You can't control the dose. You can't control who gets it. You're going to have it for life. I mean, the whole is preposterous. It really is.

DM: I love that word, preposterous.

DC: It is.

DM: It is its preposterous. I think this a pretty bit of the initial information. We're definitely going to have more. This is going to be an ongoing project and we're not going to stop until the fluoride is out of the United States' water supply. I'm absolutely committed to that. I'm convinced as I said before that we can do it with your help. So we really need your help. Let's do it.

DC: I think this is a beginning of a beautiful relationship.

DM: Alright, thanks we're excited.