

FIRE WATER

Australia's Industrial Fluoridation Disgrace

Exposing the systematic industrial waste poisoning of Australian drinking water supplies

Dr. Doug Everingham, Dr. John Ryan, Jean Ryan – Interview Transcript

**Interview conducted by
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[00:00:33]

Doug: I'm Doug Everingham. I was a family doctor in Rockhampton 40 odd years ago and I wrote to the paper saying what a good thing fluoridation was. Then I started to find evidence that there was not all good things come out of fluoridation and I changed my mind and I've been studying the subject from that point of view ever since.

[00:00:59]

Jaya: I believe also you've had political connections?

Doug: Yes. I went into politics in '67 and was Health Minister and in the Whitlam Ministry from '72 to '75. I lost the seat for 2 years and I came back and left Parliament finally in '84.

[00:01:22]

John: I've been a GP for 39 years. I acquired an interest in nutrition from my father, who was also a doctor. I took a year off to do a Masters of Nutrition in the University of London. I've got postgraduate qualifications in general practice in 3 countries in children's health. Ah, and I've served for six years in the TGA's – Therapeutic Good Administration's Committee, CMEC...

[00:01:58]

Jaya: Great.

John: ... Complementary Medicine Evaluation Committee.

Jaya: And could you just state for the camera your full name.

John: John Alexander Ryan.

[00:02:03]

Jean: My name is Jeanie Ryan. I'm a nurse first of all and then I became a dietician. I have a private practice on the north of Brisbane and I first became interested in fluoride when I did a lot of research on autism and ADHD, where we actually looked at scientific papers that actually mentioned the negative effects of fluoride on the growing brain. So I've had an interest in that for many years and gradually over many, many, many hours we've taken a large scope

of the fluoride story and tried to sort of make some sense of it. So I have a passionate interest in babies and the need to keep fluoride out of the water.

[00:02:48]

Jaya: Jean you're a dietician and you've signed the Professionals' Statement Calling for an End to Water Fluoridation, available on Dr. Paul Connett's website. Please, tell us a little more about yourself including your involvement with the water fluoridation issue and how you first found out about the ethical and health dangers posed by forced fluoridation of water.

[00:03:10]

Jean: Well first, it's the duty of any government to have clean air clean water and basics for health, and I feel that if you're going to medicate a population, the first thing you would not, should not, do is add anything to the water supply. The water supply should be clean. We put, as far as I can see, we put a little bit of fluoride in the water and that is considered a medication. The dentists often talk about having fluoride much the same way as you'd have a bleach or chlorine in the water. And this of course is just a nonsense. What happens is that you put the fluoride in the water to treat people, whereas you put the chlorine in the water to treat the water. Those are two amazingly different concepts and what you find in the dental health section is they try to muddy the water using those two analogies. I'm really passionate about the fact that babies under 6 months should have *absolutely no* fluoride. This is a time when the young brain is growing. It's a time when the blood brain barrier is not yet solid. It's a time when these babies are at a huge inclination for an insult, and this is why when over recent times, even the Lancet paper have suggested that fluoridated water should be actually considered as a toxic element, and I think there's a good reason for that. One in 6 kids these days have a problem with brain function, have a problem with behaviour. Whether it's ADHD, whether it's autism, or whatever it is. Young brains are very, very apt to have a problem with any sort of a chemical, with any sort of an enzyme inhibitor, and fluoride is an enzyme inhibitor, and this is why I'm passionately against putting fluoride in the water.

[00:05:24]

Jaya: We talked to another naturopath whose also signed the Statement Calling for an end to Water Fluoridation. He discussed individuals that are hypersensitive to fluoride. Have you also come across patients that suffer more immediate, let alone long-term effects, from drinking fluoridated water; and this other interviewee referred to the work of Dr. Bruce Spittle and Dr. George Walbott, amongst others.

[00:05:24]

Jean: Well in our clinic we have a lot of people who are hypersensitive. Now they're sensitive tow[ards] all sorts of things. They're sensitive to dust in the air, they're sensitive to pollens, they're sensitive to chlorine in the water, and it's very difficult but you often see people who travelled from NSW or whatever to Queensland in the olden days specifically to get away from the fluoridated water in different states. These people now, and I know several of them, have had to put tanks in the backyard and have to have enormous expense. They've had to put certain covers on their showers. All sorts of expensive utilities in the home to try and get rid of the fluoride in the water. [00:06:36] Of

course the problem with these people that they have is that when, they go out, when they drink water in the city, when they try and have a cup of coffee, when their kids let's say go to school, they have to bring their own water supply and it's enormously difficult for these people. What they often find, they have a little bit of eczema, they have a little bit of a cough, they have a whole of other things and really any sort of an environmental um hazard can be detrimental to these people. So isolating fluoride [it] is difficult to do that, but many people themselves do think that fluoride is an issue and there's a few people that have suggested in the clinic that since fluoride has been put in the water their skins has been much more sensitive. Of course it's very difficult to get this tested and the only thing you can do is take it away, see if the skin gets better. Get them to have it again. See if the skin gets worse. And this is what we do, and this is the way we try and eliminate whether fluoride is a problem or not.

[00:07:38]

Jaya: Could you just explain a little more for the audience that the government is always telling people that there's nothing to worry about. Could you perhaps elaborate on your professional thoughts on that statement?

[00:07:53]

Jean: Well, this sort of thing amazes me. One of the things that they've said is there's not... it has no problem even being an enzyme inhibitor. When I was at College, every day, for several weeks, we actually used fluoride drops to inhibit enzymes, so and then you have the ADA come and sort of say "Oh no it's not a problem." But if you look any biochemistry text, you will see that it is an enzyme inhibitor. And, if you have something that inhibits enzymes, the whole body is very enzyme dependent, so really, very small minute amounts over time, are a problem. And this is where the problem lies, that it mightn't be today or tomorrow, you're going to get the problem. It's like people who get cancer, not everybody gets cancer when they when they eat let's say a ham or something with nitrates in it. However some people do get gut cancer from these things. Again from fluoride, not everybody will get the problem, but there are many people who do, and putting it in the water is certainly not the way to go.

[00:09:05]

Jaya: According to Dr John Carnie, Victoria's Chief Health officer, this is a direct quote from the ABC television of 2007, quote: "The only possible adverse effect of fluoride might be mild dental fluorosis, and for which we have put out you know, very good guidelines on how to avoid that. The benefits on the other hand are absolutely indisputable" unquote. Do you agree?

[00:09:33]

Jean: Well I agree that he hasn't put out anything to do with how to avoid it. These are dentists. They have never told anybody when you put fluoride in the water in Brisbane or wherever it is, they should put out some sort of a note of notification to parents of young babies to say do not use fluoridated water when you're mixing up your baby bottles. They have never done that, and as well as that, they you often hear where a dentist considered that they should eat the toothpaste. Now toothpaste has huge amounts of fluoride in it and

these people are actually doing these ridiculous things and John Carnie has been part of the whole story, in that they're trying to get the 'positives' of water fluoridation as they see it. However they just go too far and one of the things about John Carnie is that he has led as far as I can see a whole campaign which really denigrates the whole area of public health. In public health you should tell the whole story and he has only told half the story.

[00:10:45]

Jaya: So would you disagree that the benefits of water fluoridation are absolutely indisputable?

[00:10:51]

Jean: I would dispute anything John Carnie has to say on the benefits of water fluoridation. I think most people with any sort of a scientific background would dispute them. Anything that John Carnie has said in the past has been open to dispute. And he has not looked at one scientific paper... [sentence removed]... If this is the sort of person that's looking after the health of the people I would suggest that NSW or any other health department find somebody with a bit more ticker and a with bit more absolute confidence that in scientific research.

[00:11:36]

Jaya: John, I recently read an article that you co-signed with Dr. Paul Connett, and others titled, 'Citizens are Being Mislead,' published in the *Sunraysia Daily* newspaper in Victoria. You have a lot of letters after your name, including a Masters of Science Degree. You're also a medical doctor. Can you please provide an overview of yourself, including your background and general involvement in the water fluoridation issue.

[00:12:04]

John: Well, people often ask me how I got involved and I have to sort of tongue-in-cheek tell them I've never been in favour of poisoning people. And I get all sorts of reactions from that, but basically when you're taught to be a doctor you're taught to at least do no harm, and that is at the background, coupled with an evolving interest due to my father's influence and studying nutrition and getting involved in more natural remedies. That's got stronger. However I have all the orthodox qualifications in general practice – in children's health and nutrition, but I've been the Queensland Chair of the Australian College of Nutrition and Environmental Medicine; and the Australian Integrated Medical Association. And as I mentioned before, for six years I was a member of the Complementary Medicine Evaluation Committee of the Therapeutic Goods Administration. [00:13:10] So um that's my background and I suppose that's what's driven me. I suppose touching on what Jeanie just said, it is... I suppose one thing the TGA experience taught you is to evaluate research and when the National Research Committee in the United States in 2006, has 500 Studies and a thousand references indicating there are difficulties with teeth fluorosis, with skeletal problems, with thyroid function, with brain function, osteogenic sarcoma. And a situation led by dentists who are primarily interested in teeth and not the rest of the body; or public servants who seem to be driven by a political and not a medical agenda ah quite happily brush that aside. And it's quite astounding ah that that has been allowed to get through a system.

[00:14:17]

Jaya: In 2007, over 20 medical doctors in the Victorian town of Warrnambool co-authored a letter to Victoria's Chief [Health] Officer, Dr. John Carnie, warning him and his department not to fluoridate Warrnambool, Geelong and Ballarat due to health concerns. I might add, that this also has been carried out in Queensland in the battle to stop fluoridation in Queensland. These health professionals were ignored and these areas were forcibly fluoridated soon after, including Queensland. Why are health professionals being ignored on this issue and what hope do ordinary citizens have, if even their own doctors are ignored?

[00:15:03]

John: One of the very false arguments that is used by the 'authorities,' driven by the politicians, or you wonder who's driven driving who, 'cause I think the public service in the background take a view and merger each side of politics and I think the big problem we've had in Queensland and other places, that there's ah both sides of the parliament do ah support fluoride. But arguing from 'authority' that everyone thinks this is quite ludicrous. If you look around the world, seventeen, the health departments of seventeen countries in continental Europe have rejected fluoride. China, Japan, India, ah Northern Ireland, Scotland have rejected fluoride. [00:15:50] In fact if you look at it, only 5% of the world's population is fluoridated and 50% of that is in North America and there's only 8 countries that... in the world who fluoridate most of their water. Two of those... Israel have decided not to expand it because of health concerns and in the last present... election 4th of November 2008, some seventy communities in the USA decided they did not want their water fluoridated. So it is really a false argument to authority that they have the strength and something's happened in this coun[try]; if you look at where it's happened, it's it's tied up in North America and Australia and there's only those few other countries um now, we have *not been blessed*.

[00:16:42]

Jaya: So what hope have ordinary citizens got of overturning fluoridation when the health authorities obviously are forcing this through whether we like it or not?

[00:16:54]

John: I think there, I think 20 or 30% of people think about it and feel strongly about it and I think it's... you don't turn elections on it, but in this State of Queensland, people have made the judgment about the Bligh government that she didn't really listen to what we wanted there and they're extrapolating from that and it's contributed to her, you know unfavourable situation, but the um. I think there's are a lot of subtle things, like if you're a child, whose been told to have your fluoride tablets from your 0 until you're 20 and then you reach adult life, it's, it's, there's a bit of a thing imprinted on your brain that fluoride is good for you? And no one's ever told you it's bad for you. So we're, that's a problem, and to change that mindset is difficult. So that's made it easier for them, but I think you can only do what we're doing now in Queensl[and], just keep on talking about it.

[00:17:57]

Jaya: What would you say to other health professionals, just as an aside here? Would you ask other health professionals to have the courage to stand up and speak out on this issue? And do some research and then actually stand up courageously and say “no, this is wrong”?

[00:18:14]

John: If you look at the mindset of doctors who I talk to a lot about this is, that they are brought up in a system where they treat symptoms with drugs, and they say they are convinced because of the various systems they're exposed to that it is good. Ah there's no research, that is worthy of research in this country just to look at the side effects so they say well, there's no evidence, but the research hasn't been done; ah and they're happy to go with that mindset that they're treating... and it satisfies their thing about doing preventive medicine. It's attractive little thing to be appearing to be something doing something preventive. And they often turn on me and say, “look you into Preventive Medicine. I thought *you'd* take this by the scruff of the neck.” Whereupon I have to tell them I'm against poisoning.

[00:19:15]

Jaya: Mm. I noticed um that you've actually got some paperwork there. Perhaps you'd like to share with the audience, I know that you've got something you'd like to say so perhaps you'd like to share that with the audience.

[00:19:28]

John: (Laugh) Well before the legislat... Premier Bligh did something that other states have not done. Now, most of it's been considered Shire by Shire, or local authority by local authority, and ah she undertook to introduce it across the State. And, I led a deputation of 3 or 4 other colleagues to put to her why she might consider that's not a wise point of view. I can tell you the end of the story was having given her this document and research about that thick, she went straight into the Parliament and had the bill read. So having listened to us for 40 minutes, it was not a true listening and she had no intention... I addressed three questions at that time; the efficacy issues and pointed out look it's been in Tasmania 30 years and the fluor... and the incidence of dental caries is worse there than Queensland. The Gold Coast, where there's no fluoride is much better than Townsville, and the affluent areas of Brisbane are much better Townsville. It's probably a socioec[onomic]... Where there are differences it's socio-economic. Ah and the second thing that's brought up over and over again is that they make a huge issue about the dose – the .9 parts per million. [00:21:00] Sorry, about the concentration. And it's like giving someone a bottle of medicine and saying. Look it's only a small concentration, have as much as you like, and so this out of the Scientific American in the month before we met her, we said look, the Scientific American is saying there's huge, there's an enormous amount in our environment now. There's people, there's labourers, and sports people who have many times... The risk the pathology the toxicology ah comes in at the from .7 to 2.3 parts per million. So, if you're taking .9 parts per million, if people have 2 or 3 times, there're enormous risks and there are a lot of them. Ah, they're certain teas and wines and soft drinks and juices and raisins potatoes and cheese and grapes, foods, which concentrate this and

have done so in America. So it's in the environment so much, they need to have a look at what people are getting; and then you have the issue of people who can't excrete it. And then as well, we said at the end, um, there's this enormous problem of the hypersensitive people. There's a lot written about... at the end of the spectrum there are 7 or 8 or 9 or 10% of people or there's currently 1% of people allergic to fluoride. So in this State there'll be 42,000 people allergic to fluoride getting no medical help whatsoever, because the doctors and dentists don't believe in it. Who's going to tell them? So if their rash gets better or they're worse or their migraine gets worse or their gut symptoms get worse, who's going to tell them? And it's often the more vulnerable and sick people.

[00:22:40]

Jaya: John and Jean, in your respective health professions perhaps you could both share with the viewers a little about what you know as being root cause of disease?

[00:22:53]

Jean: Well can I just sort of say if we're looking at root cause of disease, the first thing I would start thinking about is really fluorosis. Now four kids in a hundred, or four in a hundred people have moderate fluorosis in NSW, and that's one of the research that has been done over recent times. Now if you have four in a hundred that's a fair amount with moderate fluorosis or you can absolutely see the white specks on the teeth. If this sort of thing is happening to teeth, well we know the same sort of thing is happening to bone because we know that very young kids, um about 80% of fluoride ah in the babies is absorbed whereas when you get a bit older only 50% is absorbed, as one starts maturing. Now in a healthy adult about 50% of fluoride is absorbed but the place of course that it goes into first of all, is the teeth and bone and of course over time then what's going to happen with these bones, you're going to get fragile and you know, you're going to get the usual stories where you can get joint aches and pains over time. [00:24:00] But it does take time for this sort of thing to happen so when you start seeing something in the surgery such as flecks on teeth you really do have a care for those poor people so that down the track these people will possibly have the problems with joint aches and pains and you start thinking of this sort of thing as being the root cause of *any* sort of a disease.

[00:24:23]

Jaya: And John?

John: If you took a historical perspective through history on that then it's interesting that 20 or 30 years before antibiotics and vaccines for interested inst[ance] you know, ah for example came along, there were very basic improvements in very basic things and they were nutrition, hygiene and sanitation. So people had better food, they were well... better nourished, in hygiene they learned to wash their hands after they'd been to the toilet. In sanitation there were drains and septic systems built. And it was some years after that so if you get back to those basics and you say well okay let's look at dental caries, what are the issues? And at dental school they know the issues. They know that it's the consumption of sugar that disturbs the bacterial

balance and the acid base balance in and all of that and predisposes to dental caries. And that they won't argue about that. The way they deal with it is not talking to the parents about improving their nutrition, they say we'll keep two we'll keep a couple of... I think they are too led and I don't often think dentists really do believe what they say and they don't act with malice or intent. [00:25:42] They do believe what they say, but they, I believe they'd be much better served by saying hang on, if the average child in this country has 26 teaspoons a day – most of it hidden. Each teaspoon has five grams. In the in a can of coke there's 8 teaspoons and you have two of them, that's 16 teaspoons, glass of orange juice drink, two and a half teaspoons, a mars bar, like whatever. So, and then you've got ah the second... the Sugar industry satisfied. You don't have to worry about sugar. We'll give fluoride. And up there you've got the aluminium plants who as a waste product um have fluoride and they're very comfortable with that. I'm talking about the industries that are now involved. So you've got the sugar industry, you've got the aluminium industry uh -- the people who are destined to lose out of honest exposure on this issue of water fluoridation are the third one is the dental industry. Every dental school in the western world has been preaching for 60 years that's the 'ant's pants' in preventive dentistry -- they have enormous amounts to lose as have their universities. [00:26:56] The next group comes along and we have numerous Colgate research units in dental schools throughout the country, and they're going to lose some kudos and then we have governments who have made terrible decisions. So as an industry, they're a big one. They are so much locked into it that is a serious problem that they will have to retrieve. So we've got lots of powerful people who don't see it our way and don't want to even consider seeing it our way.

[00:27:27]

Jaya: Mm. So just as, in a nutshell, I'll just ask you John, what do you think is the root cause of dental decay?

[00:27:37]

John: Oh, you know I think everything's genetic and environment, but if at to date number one issue would be ah refined Sugar and then you know, other nutritional deficiencies compound the problem.

[00:27:55]

Jaya: Is ah fluor... fluoride a nutrient? Is it required in our diet?

[00:28:00]

John: There's people that argue that everything in the ah periodic table is required, but we talked about before about India and China – they have it naturally in there, and they know how bad it is. It belongs to the toxic chemical thing with aluminium and mercury and fluoride. They're down *that* end as *toxic chemicals* and it for many, many years before water fluoridation became popular, it was, a rat a rat-sack, it was there to kill things. It's *poisonous*.

[00:28:41]

Jaya: What would you say is the root cause of dental decay, or even disease?

[00:28:46]

Jean: I still think hygiene of course is part of the story. So you need to brush, brush the teeth, that's number one. You need to have a good diet. We know

genetics do have some part in it and we know nutrition itself has some part so you need to get your calcium and all your the other bits and pieces in there. But certainly if there was never any fluoride anywhere, people would do very well even if they just brushed their teeth. We have no problem with people brushing teeth with fluorid... fluoride toothpaste and spitting it out. That it, that's the story. Fluoride works *on* teeth. So there is no need to actually drink the stuff. It works best topically and I think one of the reasons we have a campaign recently is that the oral health group down in the site of Brisbane have started a tooth-brushing program in the schools. Now this tooth-brushing program will certainly improve the teeth and the oral health of this school of the school and of the community. It was a community that had poor oral health and so I do think that if people had a bit more care with oral hygiene it would make a huge difference as well as of course the sugars. [00:30:03] So I think um it's a myriad of reasons, and it's certainly not fluoridated water is of any use. We know actually that um it was quite interesting if fluoride was useful you'd imagine over time when you actually added fluoride to water people's teeth would get better, however we do know from oral health studies, that Queensland who didn't have any fluoridated water, the adult population teeth were just as good as those people in NSW and Victoria and it's quite funny when you often actually we had a few fluoride stands around, and you get Victorian people coming through. They'd say, "oh my teeth are much better than your teeth" and in fact the actual oral health studies have shown that the teeth of adults around Australia are all similar. So, there might be a little bit of a difference between one school or another school or as we know from Queenslanders there was half a tooth difference between Townsville and between Brisbane. But really it depends on the day. Some days are good. Some days are bad and really the teeth is very similar wherever we go, except for in areas that have um poverty-stricken areas. Poor families. It's very much a story of can you afford, can you afford a few things, are they well educated? Do they wash their teeth, and are they well nourished? All of these things have to do with oral health.

[00:31:32]

Jaya: Just a separate question to Jeannie. We visited the Incitec Pivot plant in Geelong, one place where fluorosilicic acid is produced. How do you feel as a naturopath that an industrial-grade Schedule 7 poison, according to Pivot's Material Safety Data Sheet, is being ingested by Australians on a daily basis; and how does this fit into the principles and ideals of *natural* medicine; and, have silicofluorides ever been adequately tested for safety – for long-term human ingestion – via the drinking water?

[00:32:09]

Jean: Look, first of all, I probably have told you I am a dietician and not a naturopath. But as far as the fluoride is concerned, we do know that the silicofluorides have not been tested. And the next thing we, people need to know is that when they started getting the fluoride to start off with, they started getting them in Belgium, but actually now we're getting them from China so we're getting then the cheapest lowest grade stuff to put into our drinking water as well as having of course, the silicofluorides in there, there is a bit of lead and a bit of mercury and a few other things put in there. What they do tell

us is that they're testing these. They test. Guess what? They don't test after for mercury after the fluoride has gone in. They test before the fluoride goes in. So when you start looking at um water that had been tested for all these sort of things, they actually fiddle the books a bit. They test before the fluoride goes into the water for whether it's mercury, but coming back to your point about what I think about that. I think any sane person, if they actually think about their health in any way, a poison is a poison. A poison by another name doesn't change it. When you put fluoride in the water, it is a poison and you shouldn't have any and putting it into water where you give to babies under 6 months in my opinion, is a disaster for the community and shouldn't be allowed.

[00:33:47]

Doug: Jeanie was mentioning about the minimum necessary intake of fluoride as a nutritional intake. There's never been any declared figure.

Jean: No. It's not necessary.

[00:33:59]

Doug: It's never been tested and never been researched. One of the few, in fact perhaps it's the only food additive that's been approved by government, where it has not been tested what the minimum requirement is. There are people that have had no fluoride virtually, just using tap water who have perfect teeth with no dental decay, yet they talk about a minimum necessary amount of fluoride in your diet. On the other side, there's no declaration of what's the maximum allowable. They talk about an optimal level of around one part per million is what's recommended to raise the level of fluoride in low fluoride water supply, but they don't tell you where the toxic level starts. We know that there's.

Jaya: It's accumulative too isn't it?

[00:34:56]

Doug: Yes. There's no there's no disagreement that you that you get harmed from 4 parts per million but it's great to have one part per million.

Jaya: And it is accumulative.

Doug: And there's no other food constituent where that applies that you can have four times the approved optimal level and it's still 'harmless'.

[00:35:14]

Jaya: Have ah, either John or Jean... would you like to talk a little bit about that in relation to accumulative effect of fluoride?

[00:35:22]

Jean: Well fluoride does accumulate, and of course the big problem is that when you have kids who wash their teeth, they can't spit it all out so we know that that they do have fluoride from the toothpaste. As well as that they have fluoride in the raisins or there's fluoride in the let's say the nuts from the Profume that they have. So they, we know they have a huge intake of fluoride in a normal day, and then they're considering putting fluoride in the bottled

water. And this will just be a disaster. It's just a just a take on trying to get rid of fluoride as far as I can see because it's a toxic chemical.

[00:36:03]

John: That was a thrust too of the scientific American article in February 2008. It listed all those things and what we've touched upon – it's everywhere and we've got 3 shelves that have been exceeded very easily in those foods, in swallowing toothpastes and then and you know 10%, 11% of all deaths are due to renal failure. Renal implications in this country so lots and lots of people can't excrete it efficiently. I'd like to bring up another point if I may, as we've been through a process of arguing these things scientifically and we've lost and we've then gone to the politicians and we've lost. [00:36:44] Jeannie and I actually in the interested... had convened 11 lawyers, pro bono, for 4 hours on Saturday morning last November. To look at all the legal things we could do. And they said we've lost (laughter) because if we if we find a loophole, they'll just close it. [00:37:04] I'd like to ask the former Federal Minister, is it just going to, maybe we're doing now is going back to the grass roots and just having a people's rebellion. Is that the way, are we going to ever convince governments that they're made a terrible mistake?

[00:37:23]

Doug: I think we've got to persuade the general public at the same rate as the elected representatives. I don't think there's any 'magic bullet' that's going to get through the commonsense. The profession is waking up and the NHMRC National Health and Medical Research Council 19 years ago said it was urgent to have studies of total fluoride intake.

[00:37:56]

Jean: They did say that they were going to do that before they fluoridated Queensland...

Doug: And that's just disappeared under the carpet...

Jean: ... But they didn't do it.

John: That was 1991 that was.

Jean: But there's a few other things that have disappeared. The NHMRC have asked to actually have a look at kidney failure as regard and kidney um kidneys' um you know toxicity with fluoride and that has disappeared off the line as well.

Doug: Yes.

[00:38:19]

Jean: So when we start looking at what the people who are supposed to protect the people, which is the NHMRC, and even the TGA, they have been very lax in their duty of care I must say, and these things really have sort of slid through the floor boards.

[00:38:36]

Jaya: So what... what would you all say to these people in power that are supposed to be protecting us and don't want to look at the science, are

ignoring the science and instead are upholding agendas that seem to be not in health... in the health vein. What would you say?

[00:38:52]

Jean: One would wonder, one would wonder, and I don't know, if they're paid by big business? One would wonder if they would fear for their job if they actually did the wrong thing? One would wonder if somebody had bucked the system where would they go? And I do think that's the story if that people are so heavily indebted in these big organisations to other people, to other rights of organisations and to big industry, that I think it's just a merry-go-round in there. Not... I have no I have no evidence of this, but this is my feeling.

[00:39:28]

Jaya: Would you invite other professionals to join and perhaps sign the Professionals Statement; and where can people go to actually sign the Statement?

[00:39:38]

Jean: Well actually if you get on Paul Connett's FAN website, that you can sign directly on there. That's the easiest way to do it is to get on the FAN which is the Fluoridation website from.

Jaya: So it's FluorideAlert.org

Jean: FluorideAlert.org that's the right one and they can sign. And remember there's nearly four thousand doctors and professionals who've already signed and many of them are well-known scientists worldwide. But if you actually do look at the science behind fluoride, it doesn't stack up to add it to the water. And that's why people sign this, the professionals.

[00:40:19]

Doug: There is hope, there are hopeful signs in that the NHMRC has asked for the possibility of barring from important health policy decisions anyone with commercial connections. If you go right back, decades ago, when Sir Arthur Amies the head of the Dental faculty in Melbourne, and his co-worker research assistant, Dr. PRN Sutton brought out a publication exposing the fallacies, statistical fallacies, statistical bad reasoning, unscientific reasoning in the fluoridation case. He exposed that there were people concerned with fluoride toxins, waste products, favouring and sponsoring research into the effects on teeth, only teeth, mind you. That has never been thoroughly discussed by any medical school to my knowledge.

[00:41:39]

John: One thing that is often always lost in the argument, that's really important I think, is that only 1% of water is drunk. And so all of this wastage of water going to industry in domestic things. It, it's madness, that that is permeating toxic way the whole of the environment. They do this they do this to where it's known not to be effective in 12 year olds, it's not to effect make any difference in adults, and that's for *sure*, and yet they impose this, ah, this poison upon us.

[00:42:20]

Jean: One of the issues of course that is always brought up is the fact that Europe um have got rid of the fluoride out of the water but that they use salt.

Of course, I would like to be able to have that available here in Australia, if they take it out of the water, because you have a choice. I mean even if you put something in bread, if you put something in any other thing but the water, you have a choice of having it. But once you start putting things in the water, there is no choice. You can't change the water from the shop. You can't change the water where you work, everything has fluoride in it once you have it once you have it in the water. [00:42:56] Now when we start talking about Europe about how much they use it on the salt, they use it. At least these people who do want fluoride can have it. The people who don't want fluoride don't have to have the salt. This is where choice comes in and this is why most of the people who are very anti-fluoride will sort of say that this is their first problem. The fact that they weren't given a choice. We did an FOI or a Freedom of Information from the Queensland Government. And one of the things that we did find out is where they said that most people wanted fluoride in. But when we did a Freedom Of Information, we found out that they were very afraid of losing that um um any sort of election on on fluoride issue, specifically. So that with their more that fifty% would absolutely vote perhaps against um the addition of fluoride. [00:43:47] So, you know there's always been that story um how much do you know and this was at a time when people didn't really know very much about fluoride. If they went and they actually did another voting stage now, I would bet that you would find that um most people would not vote for fluoride. If you were a doctor, if you were somebody who was interested in nutrition and you had a look at the science and you actually find that there were so many papers that you hadn't been told about and so many people who had been harmed by this stuff, would you still continue giving fluoride and would you still consider and continue promoting fluoride? I think perhaps you wouldn't.

[00:44:31]

John: The National Research Committee of America in 2006, published 500 research papers, a thousand references, indicating all the problems with fluoride, the ah con various tissues in the body. Ah politicians and bureaucrats have failed to look at those with an open mind. The benefits of fluoridisation are minimal if any and the research supports that as well.

[00:45:05]

Doug: Well the profession is waking up to the fallacies of fluoride promotion – it's rhetoric not science. We need, we need the profession, all profession, all health professionals, teachers and researchers, to look at the things from a objective point of view and not the political and rhetoric point of view.

[00:45:30]

Jaya: At this point, John and Jean, as busy professionals had to leave. We continued on with Doug. Just to remind viewers, Doug is both a former Australian Federal Minister for Health and a hospital and family doctor. He holds a Bachelor of Medicine and Surgery, and a Bachelor of Science, from the University of Sydney. Doug if you could send a direct message right now to other health and scientific professionals and politicians in Australia, what would you say to them?

[00:46:07]

Doug: Well first of all is obey the scientific rules not the PA public promotion sort of rules that seem to rule governments and professional organisations when they start to talk about fluoride. Look for the money trail. Decades ago, it was the aluminium industry providing most of the fluoride waste and they were the ones that were sponsoring surveys of public health, but they only did it for teeth. They ignored and they failed to investigate other organs of the body, the thyroid gland, the bones, and every other body... every other part of the body is affected.

[00:47:04]

Jaya: In your view, do most professionals and politicians simply not know about the dangers of fluoride or are they too scared to go public on the issue; and why would that be?

[00:47:18]

Doug: Well I think most of them are more concerned to answer their mail than to delve into research and the mail is coming to them from government departments and other interested parties telling them that fluoridation is effective and it's harmless. They used to say that it was completely harmless. There was no, they used to say there's no evidence of harm, but lately they've been using a slight twist and saying there's no 'unequivocal evidence' of harm but unequivocal simply means it hasn't been proved yet. Why haven't we had follow-up studies to find out which equivocal, that is incomplete studies need checking?

[00:48:12]

Jaya: But you're talking about studies done in Australia, there's actually science already available that's been done overseas, so what would you say to politicians and health professionals that refuse to look at the sciences that have already been completed overseas?

[00:48:29]

Doug: Well, I do know that they refuse to look at it. They refuse to look at anything on the negative side, negative in the response to fluoridation. Most countries have rejected or never tried fluoridation. I think there's only one country in Europe that has most of their water fluoridated. That's Ireland. Much lower proportion in the UK than in Australia.

[00:49:03]

Jaya: So what would you say to Australian politicians and health professionals? Do they need to relook at the science? Or do they need to provide funding to have Australian studies done?

[00:49:16]

Doug: Well both. The National Health and Medical Research Council has suggested that they want to consider barring people with commercial ties or links from taking part in decision making on major public health questions. They've only just started that lately back in... 19 years ago they actually had a report where they said, it's urgent that we have total fluoride intake estimation with the various groups that are affected by fluoride through the community according to their age or infirmities. But that was never followed up. It was swept under the carpet. Ah now they're starting to wake up that maybe they should have some rules about who takes part in making these decisions whether they have a commercial influence. [00:50:28] Ah whether they ought

to be notifying health professionals, researchers, educators openly, and publicly. Let the public in too on the grounds of their decisions. But they don't. They just use rhetoric to very often ridicule people who oppose fluoridation as though they had no scientific backing whatever, and they say there's no unequivocal evidence of harm. But the equivocal evidence *demand*s answers. The equivocal evidence says that there is depression of the intelligence development in China. That there's depression of bone and joint health in for instance causing bone cancer in young males ah, Dr. Bassin of Harvard has found ah several times more frequent bone cancer in adolescent and young adult males with fluoridation than without and that report Harvard held up for several months, I think it might have been a couple of years because they didn't want to go against the prevailing wisdom within the American and Australian and one or two other countries, that fluoridation's 'great'.

[00:52:03]

Jaya: If you took a little child, say a grandchild, or a or your own little say son or daughter, how would you feel knowing that they are growing up and they have no say in the matter in this? They're already being surrounded by toxic water? How would that make you feel as an elder in the community that we should be fighting for the preservation of life and... and young ones that don't have a voice yet?

[00:52:36]

Doug: I think it's just one of the many issues where various interests, particularly moneyed, interests have more influence on the rhetoric and the argument which persuades even professionals more than the scientific argument. Not only in fluoridation, in whether we go to war, there are lots of other issues I could have an opinion about. But same rules apply. Should apply.

[00:53:11]

Jaya: Doug, there are many people who are wondering why politicians in Australia have so little courage these days, with some rare notable exceptions, to stand up for what is right, but instead they spend their days towing the party line, especially giving the consenting silence surrounding water fluoridation issue... How can politicians sit back, and not only do nothing to protect their people from poisoned water, but even go so far as to legislate to protect the government and water boards from litigation? What would you say to those politicians?

[00:53:54]

Doug: Well you think you're going to get more votes by voting the official line, but perhaps you should just start asking your constituents a bit better than watching the opinion surveys.

[00:54:07]

Jaya: Mm. Well what do people have to do to have integrity restored within politics?

[00:54:13]

Doug: Just keep plugging away I guess. It's been going on for sev... for half a century I suppose, and ah there is still more power in the media, and the political machinery and the commercial interplay of politics.

[00:54:35]

Jaya: So what do people have to do? What would you suggest people do?

[00:54:40]

Doug: Well one thing is to tell your local member what you think and another thing is to ask the local member what's s/he done about it. I drafted some questions to for ah people to put to their state representatives, whether any of them had an effect I don't know because sometimes it's a matter of numbers. There was an old senator who said, he used to stammer a bit and he said yyyyou can give me aaaallll your llllogic aalll your science bbut ggggive mmme the numbers (laugh) and that's the unfortunately what rules.

[00:55:27]

Jaya: Why do you think politicians are so self-serving instead of fighting for the safety of the very people who... they are... supposed to serve and keep from harm including their own children, and grandchildren who've also got to escape the food chain containing fluoride.

[00:55:44]

Doug: Well they look at their own children and they say I can't see anything wrong with my grandchildren so I'll put that on the backburner or leave that to the experts for the moment because I'm more concerned about what effects my family. Whether I'm going to get a job or whether the price of bread is going up and things like that, and so you've got to compete with other interests I guess to get their attention and agreement.

[00:56:11]

Jaya: Do you know much about Dr. Walbott?

[00:56:15]

Doug: Just that he wrote a book on fluoridation sensitivity, I think he called it allergy, but maybe that was not the most appropriate term, some sensitivity to fluoride, I suppose. I understand from the book that was lent to me, well, decades ago, that he was head of the AMA, that's the American Medical Association's ah committee on fluoride. He was actually president of it but as soon as he came out pointing out that fluoride can have poisons, they dropped him like a hot potato. That's all I remember about the man.

[00:56:53]

Jaya: So could [I] ask a question, it's a fairly long one, but I'll ask. Decades ago, Dr. George Walbott, from the USA, noted in his extensive research the sensitivity of certain individuals to fluoridated water, including some of his own patients. Dr. Bruce Spittle from New Zealand, has continued similar research in recent times notable in his book, *Fluoride Fatigue*. Both of these researchers highlight how very difficult it is for medical practitioners to identify possible symptoms directly relating to consuming fluoridated water. What would you say is an easy symptom for doctors to be able to see that would be directly related to fluoride poisoning?

[00:57:41]

Doug: Well hypothyroidism should be easy, because that's I mean Steyn' s work in South Africa where he found that highly fluoridated water supplies were accompanied by exacerbation of thyroid toxic or rather hypothyroid conditions because with fluoride can... competes with iodine in the human body.

[00:58:11]

Jaya: Any other symptoms that you can think that are quite easy to spot?

[00:58:16]

Doug: Well they might be easy to spot as the as the symptom symptom is there but as to the cause of the symptom that's not so easy to spot. Ah because a person is... has a depressed metabolism due to thyroid deficiency, doesn't make it easy to point the finger at fluoride as the only cause of iodine deficiency. The common the commonly accepted cause is that you live in a high altitude with high rainfall, therefore there's not much iodine in the soil therefore they forget about the fact that fluoride could be doing harm.

[00:58:58]

Jaya: Do you believe water fluoridation is ethical?

Doug: No.

Jaya: Why?

Doug: Because it's forced medication. People are entitled to have healthy water, not medicated water.

[00:59:15]

Jaya: Should water fluoridation be put to a vote by the people?

Doug: Yes. It often is and mostly they come out opposed to fluoridation and the authorities that are conducting the poll, then take the notice of the established wisdom which in a few countries like ours says that fluoridation's harmless.

[00:59:39]

Jaya: Should it be banned outright?

Doug: Yes, it should be stopped immediately.

Jaya: Why?

[00:59:45]

Doug: Because it's doing more harm than good, and probably no good. Fluoridation is not scientific. It's a commercial interest, which we have no obligation to at all. We should be putting our priorities to humanity not to those few governments that are being persuaded by commercial interests.

[01:00:10]

Jaya: What would you say to young people that are learning about this issue and feel frustrated, that they're not able to make changes?

[01:00:19]

Doug: Well they could talk to their dentist or doctor, and that probably won't give them much joy, um but they might get somebody that's willing to listen and look and perhaps if they looked on the internet, Fluoidalert. That'll be the best way to start to become informed then they can start informing the older generation.

[01:00:04]

Jaya: Researchers has now acknowledge that fluoride's mechanism is topical, not systemic, that is it has to be applied to the surface of the teeth, not

swallowed. In light of this admission, Doug, what do you think of the notion of forcing it into public water supplies? Where is the logic in forcing a systemic intake of a topical treatment?

[01:01:09]

Doug: There's no logic, there's no logic in forcing it. There was an argument earlier on that it was 'safe' and 'effective'. In fact they said it was one of the greatest health breakthroughs of the twentieth century. '40-60% of decay was going to disappear with fluoridation!' Now the figures are coming home to roost. They're finding that it has no sure effect or at least in the equivocal effect as water fluoridation on putting stronger coating on enamel tooth enamel, that least that's only one tooth in a lifetime might be saved if it exists if there if that is a true finding. But there is no, uh, they've gone back on their earlier claim that it was that there was no evidence of harm. Now they're saying there's no unequivocal evidence. What they forget to add is that means that they need to do more testing to confirm the harmful results that have come out of surveys, but they're only interested in doing surveys that prove fluoridation's good. The people that control the moneybags to research and nearly all confined to dental research, and 'positive' findings for fluoride.

[01:02:54]

Jaya: Doug, you were a politician of quite high standing in Australia, as a Health Minister. You now are retired. When you reflect back, on your time, in politics, is there any regrets you have or anything that you were really proud of with regard to the way you handled fluoridation?

[01:03:19]

Doug: I dunno whether I'm real proud of it, but I thought I did what was right in not condemning and abusing people who disagreed with me, but arguing that when people wrote to me about fluoridation, as Health Minister, I always replied saying that there was a need for confirmation of possible harmful effects of fluoridation that have never been answered; and I put this in my answers to constituents. But like most Ministers, most of the replies to constituents were drafted first by somebody in the public service and most of the drafts came back saying that fluoridation was harmless and effective. So I always used to send those back. I'm proud that I sent them back, but I'm not proud that I should have perhaps spoken out more loudly. I went to the ah World Health Organisation Assembly in Geneva in um 1982...

[01:04:36]

Jaya: Stop the tape. Doug rang me shortly after filming to correct himself. He visited the World Health Organisation in 1975. In 1982, Doug visited New York, as Parliamentary Advisor for the United Nations Australian Delegation.

[01:04:52]

Doug: ... And ah the vote was in favour of fluoridation. I didn't speak out against it at that stage because of what I used to write to these constituents that there was still need for confirmation and that there was only equivocal evidence and I wanted the unequivocal evidence. So I didn't take a stand at the WHO, which perhaps I should have. That's as near as I come to a regret I guess.

[01:05:19]

Jaya: And what are you particularly proud of, now, as you stand at this point in your life. What would you like to perhaps encourage other Ministers, how they could look at this issue in a more positive light?

[01:05:37]

Doug: Yes I'd tell them not to be persuaded by the fact that your party or your country or your government or your language group favours fluoridation. Start looking at what benefits humanity, not what benefits your group, your, your professional association. Look at the real researchers the people who are actually doing the research finding the things that need unravelling and sorting out.

[01:06:08]