



FIRE WATER

Australia's Industrial Fluoridation Disgrace

Exposing the systematic industrial waste poisoning of Australian drinking water supplies

Philip Robertson – Interview Transcript

**Interview conducted by
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[00:32:10]

Philip: I'm Philip Robertson and I work in Geelong as a naturopath and I'm qualified ah with a Bachelor of Health Science, and a Naturopathic Diploma and I've done ah work teaching at Universities, at Victoria University Bachelor of Health Science and quite familiar with research protocol and that's led me to the interest I have in this fluoride research project I'm doing.

[01:03:14]

Jaya: Great, which leads me to the next question. Ah what's your involvement with water fluoridation issues?

[01:09:13]

Philip: My involvement in fluoridation... I became interested when ah I saw people getting ill in Melbourne back when it was fluoridated ah in the 1977 and when they complained of getting ill from fluoridated water with sore joint pain, diagnosed with arthritis, immune disorders and ah my first patient asked me, 'could it be the fluoride they put into the water?' And I said, 'Of course not. It must be safe if they put it in. It couldn't be the fluoride causing your health problems.' And when they were keeping on repeating the questions, could it be the fluoride, I was perfectly well before it went in, I asked the Health Department um was there are any side effects and they reassured me absolutely none. So, I reassured the patients, absolutely no chance it's the fluoridated water. And it was only just through clinical practice observing how when they visited or went on holidays to an unfluoridated water supplies- the city with free fluoride free water, their immune disorders, joint problems would resolve and reoccur upon visiting Melbourne again and as they pointed out it wasn't driving back into Melbourne of course, it was upon drinking the water. That's where the symptoms would recommence. And I thought well that just sounds clinically like it should be followed up. **[02:54:12]** So with that I got ah evaluations done and testing done and lo and behold it was the fluoridated water causing the health problems and I apologised to the patients for being so obtuse and not picking up the um the reality and just following the endorsement authority it was perfectly safe and then trying to work out what

they said what can you do to help me. I had no idea. And it was only through um inquiries I found you could get a filter to take the fluoride out. So, carrying out the um the obtaining of filters the symptoms would go away and the patient was able to live in Melbourne.

[03:49:23]

Jaya: Great. What sort of filters would you recommend to patients because obviously isn't it certain filters won't remove ah fluoridation and also boiling won't remove fluoridation. What could you recommend to patients to purchase. What form of filter?

[04:05:05]

Philip: No a lot of people ah think that boiling the water will help but sodium fluoride, sodium silicofluoride isn't a bit like sodium fluoride like salt. If you boil salty water, it gets more concentrated. So you'll actually get more fluoride by boiling the water. It doesn't help at all. The chlorine gets removed, but not the fluoride. So, with that um, I'm a bit loath to recommend filters because ah with the two filters I've had tested so far, there's been complete failure to remove the fluoride even though the advertising for the filter said removes fluoride. So, some filters do remove it, um, some filters don't and I think people should always get the filter tested or have the manufactures supply an accredited laboratory confirmation that the filter actually works. Don't ever take it on an advertising um leaflet that it actually does the job. Ah, that's really important because I've had already um people getting sick from believing the advertising as a result of that so, it's not good.

Jaya: Do you believe that reverse osmosis is better that say normal filtration?

Philip: Yes.

Jaya: Charcoal or other such?

[05:29:22]

Philip: Yes, ah. Although some filters don't, depending on the price and efficiency, the reverse osmosis certainly does work well. Um, but it's how well it works, and it is a little bit like the more complex ah and expensive the filter is, the better it works. Um, but the recommendation I make to people who are asking if they're getting sick from the fluoride is to go and purchase the ah actual guaranteed fluoride free water from the supermarkets and that way I know that yes there is a way of testing if it's the fluoride that's causing the problem because what they use it they'll say oh they're a lot better or...

Jaya: What about showers and baths?

[06:14:21]

Philip: Well if you actually remove the ah the water they're using for drinking, with the fluoride's taken out, and they feel better, yes, then certainly you get um a positive result there; but so commonly people say 'yes you know I'm I'm

not severely stricken with asthma now, I'm not ah feeling the pain in the joints, I'm not so tired' and that's good, but they say, 'I don't feel completely better' and commonly it's only when they stop washing in the fluoridated water do they get completely well.

[06:52:21]

Jaya: Your research and patient testing focuses largely on the issue of fluoride hypersensitivity. Victorian health authorities have dismissed or ignored this issue. What has your research shown; and how important is this hypersensitivity issue?

Philip: I think the hypersensitivity to fluoride is pretty significant because at the moment the official um view is that there is no hypersensitivity or chemical reaction to the levels of fluoride put into the water supply. However, what is interesting is that with a number of people who've um entered into contributing to the survey I am doing, to just evaluate the number of people reporting sensitivity, then many have worked in industry exposed to fluoride previously and have been getting skin rashes, asthma, joint problems, muscle fatigue and it was only when the company provided say filter helmets to free them from the fluoride gas did the health improve and ultimately when they retired then they recovered very well free of skin rashes, itchy skin for the first time they could remember until Geelong was fluoridated. And then an identical recurrence of symptoms occurred from the exposure to the fluoride in the water which made me suspect that there was a strong link with the symptoms they're getting, and their fluoride exposure although most importantly, there isn't any pathological test available to confirm this.

[08:51:13]

Jaya: What are the actual ah what are the actual problems with fluoride like not just symptomatic but ah like for instance does it cause irritation or where does it actually directly ah affect the body for instance, obviously fluoride flows right through all our blood circulatory systems and hits all our soft tissues and then finally hits our teeth being the hardest um tissue in the body so what would you actually say as a as a from a scientific angle what you say fluoride actually does in the body?

[09:26:19]

Philip: It, fluoride as a ah kind of medical ah medically active chemical... it has no known nutritive effect as yet um, calcium, magnesium have important roles to play in bones and enzyme function and that's what you call a positive effect on being necessary for the function. However, fluoride appears to only have a negative effect. It's what you call a toxic effect on metab-metabolism. Whereas there is no known therapeutic role of fluoride in helping metabolism. In other words, whereas if you lived or were ah born and uh grew up in an environment without any exposure to calcium, then you'd be a bit short on bone strength as you grew up. But with fluoride, you could grow up in ah with nutritionally no exposure to fluoride or access to it. And there's no known ah,

this is what you call medically confirmed prob um health problems that would ensue from that. So, there is no known role for fluoride.

[10:40:05]

Jaya: So what are the negatives that you just mentioned. What is the negative of fluoride?

Philip: The negative aspects appear to be um what's reflected in the muscle fatigue which is a common symptom where the fluoride interferes with the energy production in the body's cells. So you're not actually getting ah full ah metabolic energy ah and that's where the most common um symptom is. Ah fatigue. With the book written recently by Dr Bruce Spittle in New Zealand where he's called it "Fluoride Fatigue". That is a common symptom with um the people equal reporting um that they're getting affected by fluoridated water, although often it's not the most talked about. Um, in our survey, the most common symptoms were like itchy skin because you can connect that with the um it's like a very robust symptom. It irritates you and so naturally we had a large response with people reporting some itchy skin.

Jaya: So it's a irritant?

Philip: Mm.

[11:56:20]

Jaya: It's a skin irritant.

Philip: A skin irritant. Yes and this is where, um one point I'd like to make is that with the hazardous um chemical warning sheets in industry, where when workers are exposed to hazardous chemicals, you know, lead, um, cadmium etc., um, there has to be a warning given to watch for symptoms. Now the hazardous chemical warning for fluoride is given out with itchy skin, respiratory problems, and you know, muscle problems, and that is where, industry gives the warning.

Jaya: So, it's toxic.

Philip: It's toxic, yes and they.

Jaya: And should we be drinking this?

[12:46:19]

Philip: Well from what I can see with patients, if it's confirmed their illnesses are from the fluoridated water, I say it's unconfirmed yet. There's no pathology test to show it then, definitely not. And most people who've been getting sick and asking 'is it the fluoride?', I said, 'well get yourself unfluoridated water, don't wash or shower in the water', and they have a dramatic improvement, then they go back again in a week or two's time, and expose themselves and all their symptoms come back and then they remove themselves from the fluoride and they recover and if they take an ancillary form of fluoride like

toothpaste, they get the symptoms coming back I say well it's a fairly good indication that it's the fluoride and you should stay off it and that's where life becomes extraordinarily difficult because one patient of mine had to stop washing, not only stop drinking water, but she would get asthma every time she had a shower and of course, that's um really untreatable except with cortisone injections, but it was treatable by not washing any more. [14:03:23] Ah that became extraordinarily difficult because she was not washing for four to five weeks at a time until she'd get access to unfluoridated water. And even she started getting letters about how dare she walk the streets so unwashed - and from anonymous letter writers - and it just... I don't think the politicians realise how difficult their lives are becoming and that's why it is so critical for a proper evaluation to be done of the biochemistry ah biochemical level, to see if it's the fluoride that's causing these symptoms, because the ramifications are that ah most people who are in that situation simply cannot afford ah to avoid the fluoride 100% once it's in the water supply. As a treatment it's really difficult to completely avoid it.

[15:06:10]

Jaya: Have there been studies done in Australia? Has there been any studies done, any safety studies? We're told it is safe and effective - have there actually been any studies to show that it's completely safe and there's absolutely no side affects?

Philip: I haven't found any study yet where they've done clinical testing of fluoride exposure on repeated individuals experiencing symptoms and ever seen any tests completed to show that it is safe. The National Health and Medical Research Council in 1991, they said, yes there were numerous reports of people becoming ill when they had their water supply fluoridated and they said it should be seriously considered doing proper metabolic testing to see whether or not, the affects were genuine or not. Those tests have never been done.

[16:17:12]

Jaya: And yet, they're still claiming it's safe and effective?

Philip: They're still saying, it's safe and effective. Yet without that testing ever being done, and I don't think there's a precedent for that in any other medicine.

Jaya: What about ah like if we take that back overseas where they've banned it in almost all European countries as a known neurotoxin, what would you say to health authorities in Australia who support fluoridation in Australia when it's known as a banned neurotoxin right through Europe?

[16:43:14]

Philip: It's about time for the testing to begin because either if you follow Europe's example and stop treatment until it's proven safe; or else do the testing to see if it's safe. And as I say until the testing is done, I can't say that

we are getting people getting sick in Australia on scientific grounds from testing done in Australia. Other - otherwise we've got to get a look the European situation where they have done testing, clinical testing with teams of doctors which have confirmed people were getting sick. Proper double blind trials. People were getting sick. Dr. Hans Moolenburg in Holland, he found that the patients were getting sick when the water was fluoridated and once those studies were done, the Dutch Government ordered it to be stopped. And more ah, more inquiries should be made as to why the Australian Government and the National Health and Medical Research Council - which called for testing to be done to see if the side effects were real - why didn't they look seriously at the overseas research?

Jaya: So what question would you broach these authorities in Australia?

[18:08:10]

Philip: Well the most important ah aspect is with patients who are reporting illness - it must be followed up and with the authorities of, of, who requested it be followed up with, so far have said they absolutely wouldn't and that leads me to think well perhaps they are aware of the overseas tests that are done that have confirmed that people are getting affected and are they trying to avoid doing similar testing here, because with a drug that's reported to be causing side affects, then testing is done by the manufacturer and it's often requested by the practitioners, the doctors who are prescribing the medicine and if the tests then conclude that it's caused by some other factor, other than the drug, the situation is resolved. Or if it is the drug, then warnings are given for it's use and it's usually taken off the market, and replaced with a safer form of medicine. But with the fluoride not being tested at all, then the ah mechanisms for evaluation of its safety are simply non-existent in Australia. And that of course means that people who are apparently suffering symptoms which are unconfirmed because authorities won't do any testing, those people are left to their own devices to try and um look after themselves and with a drug and prescription you can get it changed, your doctor will take responsibility for evaluating it and changing it to a safer one that doesn't cause skin rashes etc.

[20:00:18]

But with the fluoride, with no testing being done, and complete claims of safety being made, then it's up to the individual to have to use their own ingenuity to avoid the medicine because it's in their kitchen tap. And as a result, they are put at great financial - great financial stress. I know patients who have got medical - medical confirmation of where proper proper double-blind studies are being done, showing yes there is side effects from fluoride that person must no longer have ah or be exposed to fluoride in any form. Their dentists know that. Their doctors know that; but that the level of the water authorities and the government putting the fluoride in, that's where some responsibility must be initiated where they take on the role of the classical doctor in evaluating the safety of the medicines being given. But by

refusing to do it, that's what allows them to keep on saying, it's safe. Cause I say, until the proper confirmatory studies are done as done overseas confirming side effects in America and Holland, then we still can't say it's the um the completely safe form of treatment.

[21:29:05]

Jaya: What about effective, the word effective, they say it's 'safe and effective'. Would you agree - that water fluoridation is effective in stopping or reducing tooth decay?

Philip: I don't say it is, only on the word of ah dentists I've spoken to, who've done proper research, and published research into the effectiveness of it. Ah but I haven't been all that concerned with that aspect because I've been focusing on the side effects but with the studies that have been done where there's been a proper statistical analysis - scientific analysis done on effectiveness, they cannot differentiate any significant difference between the tooth decay rates in unfluoridated cities and fluoridated cities.

[22:19:05]

Dr. John Colquhoun, the Chief health Dental Health Officer in New Zealand, he found he could found no difference at all in the tooth decay rates between the fluoridated and unfluoridated cities. Dr. Phillip Sutton, Sir Arthur Amies in Australia, published an article ah pointing out the mistakes in all the studies that had assumed there was a diff... a benefit from.. um fluoride, and various other researchers have done enormous studies where they cannot find any significant difference so it appears to be more claims made about the benefits but as I say if there's any harm confirmed from the treatment then the effectiveness or otherwise is totally irrelevant. It can't be given as a treatment um if its harming patients, um forcing them to have the treatment regardless of its effectiveness.

[23:20:20]

Jaya: Are you aware of the work of Dr George Walbott?

Philip: I became aware of the work of Dr George Walbott after the first patient in Melbourne became ah claimed she was getting sick from the fluoride. And I went to um to see Dr Philip Sutton who was a dental researcher in Melbourne ah to ask him about the possibility of the fluoride causing health problems and he.. he ah, just brought out a paper by Dr. George Walbott describing the symptoms from the fluoride exposure his patients had had; and the mechanisms of researching whether or not it was not double blind studies on the genuineness of the symptoms or otherwise. And as a result of that ah we got hospital tests carried out, double blind tests, which confirmed, 'yes', it was causing asthma and joint problems and immune problems, and psychological problems with patients.

[24:29:19]

Jaya: Has he got a publication? Has Dr Walbott got publications that the public could read about these reports?

Philip: He's got - he's published a number of books.

[24:39:12]

Jaya: As Philip said, Dr. Walbott had a few publications. Here are some of them. Try one hundred and forty seven of them, as listed by the International society for Fluoride Research. Now, back to Philip.

[25:08:24]

Philip: The problems he's had. And he's published one on the politics of fluoride along with the side effects and it's the Struggle with Titans which was a result of his failing to influence authorities. As President of the American Allergy Association he had a lot of credibility, but his work wasn't taken seriously - um in terms of the establishment not taken seriously - but it was certainly looked at very seriously by the doctors who were following up on the safety of fluoride and as such he is one of the many many researchers who've done solid work, clinical work, showing that ah the hundreds of case histories of people becoming ill after exposure to fluoridated water.

[26:06:01]

Jaya: Um then he has been dismissed, would you say?

Philip: Never scientifically. His work is still valid but it's the absence of a biochemical test which will show up whether or not the fluoride is interfering with metabolism, that's the um the sort of hurdle which hasn't yet been, um, been jumped in medicine. With allergy to peanuts you can do ah immune assay to show antibodies to the peanut protein. That's what you call a positive pathological test to show you mustn't have it. But with fluoride it's a poisoning, in much the same way as lead. There's no like, antibody response, to the lead or the fluoride; so you can't do a simple allergy test to confirm it. With lead, you can do a test to see how much there is in the body. With fluoride to see how much fluoride you have, you have to extract a piece of bone, to assess it and, that's a very difficult test that most people are unwilling to have done. So, this is where blood levels, urine levels, do not show that sensitivity reaction. So it remains a bit off the screen. So this is where a test has to be developed which can assess the change in metabolic health of the person who is claiming to be getting adverse reactions after fluoride exposure.

[27:42:10]

Jaya: What about hair samples just briefly? Do you think hair samples are useful as a tool?

Philip: Yeah, hair samples ah do show up when people are taking or um have got excessive fluoride. You can do an assessment through hair samples but it has to be done with ah, it's not normally done with a normal hair analysis, you

have to get laboratories who can specially process the hair to get the fluoride levels assessed but, when that is done, ah practitioners who are carrying it out are finding a connection with elevated fluoride levels in the hair, and health problems.

[28:22:01]

Jaya: In 2006, the US National Research Council said that more research needs to be conducted on fluoride hypersensitive reactions in general and sub-populations. Australian authorities have dismissed this report as 'irrelevant to this country'. Is there adequate research into fluoride hypersensitivity in the Australian population?

[28:44:13]

Philip: No not by authorities. Um the American report which recommended the testing be done was just reflecting the identical request from the National Health and Medical Research Council, in 1991, that said that testing into sensitivity to fluoride must be carried out. And as a result the NHMRC now appear to be going against their earlier recommendation. Without that testing ever having been done. And from the clinical evidence, it appears that that was a rather bad oversight on their part. So the American research in 2006 is now recommending that that be done again, and this is where of course it would result in an explanation as to why people are getting sick from the fluoride exposure on a scientific level.

[29:45:08]

Jaya: New Zealand scientist Bruce Spittle recently published a book titled "Fluoride Fatigue" Can you elaborate on the importance of Spittle's work?

Philip: It is very important, as it, Dr Spittle has condensed the medical literature that reported on side effects from many doctors, dentists and scientists doing government work, and their own clinical observations and he's listed um in around about two dozen different common symptoms of fluoride toxicity. And that's really important because most doctors and dentists are informed it's completely safe, and this is difficult to focus on just... Is fluoride causing the skin rash? Is fluoride causing the abdominal pain? Is it causing the muscle fatigue? Because I think along with the twenty or so different common symptoms and this is where they normally get treated with anti-inflammatories, cortisone for the skin rash but doctors and dentists are not generally aware of what side effects to look for. **[31:04:05]** So Dr Bruce Spittle in reviewing the medical literature and condensing into a small, like medical handbook, the major symptoms - that is extraordinarily important for health practitioners, everybody in the health field to be looking at his work, because that as I found with dentists who are finding fluoride reactions and are puzzled by them, once they see the work, they immediately recognize that ah, the works been done before, showing that these are the symptoms I wasn't told about at dental college but now the medical research is showing I should have been because my patients were getting sick.

[31:51:25] So, it's very critical for health practitioners to become aware of this because, I see two or three patients a week who are possibly getting side effects from fluoride from the water, toothpaste and I find that the treatments given are often quite effective. Cortisone treatment for the skin rash, but the cortisone, once it's ceased, the complaint comes back and that's when clients will come in to see me and I will say well try getting off the fluoridated water and see what happens. And often that's what's needed. And as a result this is where, ah Dr. Spittle's work is critical for health practitioners who are dealing with the public who may be getting affected by fluoride to become clinically aware of what they should be looking for and Dr. Spittle's work will also shows the testing procedures of avoid... how to avoid the exposure to the fluoride and then watch to see a change in symptoms. So clinically it's very very relevant.

[33:05:04]

Jaya: Do you think um, health professionals Australia-wide, even though they may have perhaps been indoctrinated that it's safe, that fluoride is 'safe and effective'. Do you think it would be wise for them to review their stance and look at the latest research especially work that's coming through from ah overseas scientists and professionals. There's a lot of work on Dr. Paul Connett's website of which he pretty much unites or yokes together all the current research that's been done on the various organs. Do you think health professionals should be revising their stance?

[33:41:14]

Philip: Health professionals should be revising their stance on fluoride first and foremost from the point of view of the patient so they do not miss effective diagnosis of their conditions and treatment becomes just ineffective - at least the causative factors ah basically assessed. And that's where the big problems come in where I went through naturopathic training and I didn't receive any ah introduction to the medical literature with reports on the side affects. I assume dentists, naturopaths, possibly chiropractors maybe getting that same official line, that there is no symptoms to be concerned about. When you get into practice and you see people are getting sick and you then avoid the fluoride, get them to avoid the fluoride and they get better, then you realise, it shouldn't be something that you have to find out in clinical practice. It should be incorporated into the educational program to avoid those problems.

[34:54:19]

Jaya: As you stated, fluoride systemic affects are negative. It is now acknowledged by dental researchers and other authorities that fluoride's mechanism is topical, not systemic, in other words you don't have to drink it for any purported affect on health. How then, can the Victorian Government claim that it must be forced into the public water supplies? Is this a logical position for public health?

[35:24:06]

Philip: Not particularly because ah the topical application of fluoride being the recognised effective form of treatment, means it absolutely makes no sense to treat somebody systemically with it by swallowing the medicine because the concentration needed to effectively treat the teeth is reported to be about a thousand times higher than what is in the water. However there is this um persisting uh claim by the health authorities, that the water in contact with the teeth could be of benefit. By they're not admitting, apparently, that the systemic effect is no longer critical because obviously, um that ruins the basis upon which fluoridation of the water is made that gets into the system, and it strengthens the bones and strengthens the teeth and that's why the treatment has to be put into the water it um recognising that the action is topical at a higher concentration, is ah what you call just taking out, ah the foundations of that hypothesis that was made a long time ago.

[36:48:06]

Jaya: Hm. So would you say, so we have all these layers to our body, teeth being the hardest, ah you know the last place that fluoride would reach and then you have gradually going back the softer tissues. What would be the first place that fluoride would affect in the body – what organ or part of the body? Would fluoride affect?

Philip: Well with fluoride exposure, the first um symptoms commonly come from ah just the the most common ones, we see like mouth ulcers from fluoridated water or fluoridated toothpaste. Ah, that's what you call the quickest um exposure that occurs because it's basically just once again topical topical reaction on the gums causes the ulceration. But following that you then get the systemic affects occurring more slowly, um one of those things where the effects on um the skin where people get exposed at work to fluoride um fluoride um chemical and they get itchy but the itchiness it would progress through with from a skin reaction through to a more systemic reaction. I would have had um one girl who when she was five or six she was on fluoride tablets and she became asthmatic and because I just started to see the asthmatic results from those exposed in the pot room to asthma. Um with asthma the fluoride exposure I thought might be good stopping the fluoride tablets. She did and her asthma stopped. I just met up with her the other day you know, 20m or so years later and she'd never had asthma since, until the water was fluoridated. But first off, it started with an itchy skin rash and that persisted for a few months and then she developed asthma again, just like she had on the fluoride tablets as a youngster. Now with the same fluoride therapy through the drinking water she was now returning back to asthma. But what was interesting was her young son was getting the same reaction. Itchy skin rash to begin with, and as the itchy skin rash subsided a little to some degree that's where the more chronic form of systemic effects where you get the broncho constriction and the asthma develops and the skin rash gets less. It's still there but it's less. [39:47:00] And Dr. Hans Moolenburg has written about this ah pointing out that often that initial acute reaction is the

forerunner; as the acute reaction gets less irritating more chronic symptoms develop and this may be one of the things with say joint disease, arthritis um and these are the symptoms which are identical to what the workers exposed to fluoride in the work place, the warnings go out in the hazardous chemicals warning sheets about these problems. This is where the acute reactions are people are reporting. They may not be pertinent, they may or may not sometimes they ease off but often it will transport into a deeper health problem and if it's not picked up by a doctor at the initial stages where we just give you cortisone for your skin rash dear, then as the skin rash might eventually ease then, they're equally unlikely to be picking up the muscle or joint disease symptoms which are developing as also linked up with the fluoride. So that's why it is critical for proper testing to be a system of proper testing of metabolic action of fluoride on people as the NHMRC recommended in 1991 be carried out, because without that then it's going to be still guesswork even though the guesswork is getting people better as they get off the fluoride. We still don't know for sure whether we can see a biochemical confirmation that it's the fluoride causing the health problems.

[41:34:14]

Jaya: Can Dental fluorosis be dismissed as just a cosmetic effect? Dr Andrew Harms former president of the Australian Dental Association, South Australian Branch, has stated that quote, Dental fluorosis is a window to the bones unquote. Can you elaborate please?

Philip: Well not speaking as a dentist ah on dental fluorosis, but as a naturopath, seeing the effects on bones from fluoride exposure is definitely there in clinical practice with ah not to talk so much about fluoridated water but with exposure to fluoride in industry, so adults exposed to fluoride will get osteophytes or bony protusional spikes um growing from that fluoride exposure. Families that are downwind of industrial exposure will show often that those same bony changes which are just recognised as one of the signs of fluoride exposure. [42:35:23] So, dental fluorosis is caused when the child is very young and the teeth are forming where the intake of fluoride gets ah active with the formation of tooth enamel and it leaves a reduced quality of tooth enamel in that the enamel gets porous and it then soaks up the ah kind of the colourings in food tea tobacco and then starts to go from a white often white markings through to a darker marking - though everybody's really different, so it's a window in the teeth because you can see the changes there. You cannot open up somebody's leg and have a look at the ah the tibia and fibia to see what the markings are in the bone, in the leg, so it's one of the only windows ah that are there to observe with the fluorosis and in the teeth and that is really important for early exposure.

[43:52:15]

Jaya: Great and I - I just want to elaborate there. Why drink fluoride water, fluoridated water if teeth are already formed? In other words really fluoridated water's aimed at the young or supposedly the financially disadvantaged. Now

if the teeth are already formed and erupted, can - can drinking fluoride which is you know an internal - working right through the whole system - is that gonna affect people that have already got their teeth, for instance the aged who might not even have their teeth or yeh.. the point is that fluoridated water seems to be to prevent tooth decay. Does it have any effect on the very old or those that have already had their teeth formed and shaped?

[44:42:05]

Philip: It's a complex um sort of subject as to whether fluoride has an effect on the old or elder people um there's only one definite answer there. Once somebody's lost their teeth then it definitely won't have any effect on their dental health. um But the theory is a little bit like ah that fluoridated water will still have an effect even though the teeth aren't forming any more as they as the theory went people strengthened the teeth when they're young. The ah theory is that the exposure to fluoride, forms the ah it changes the enamel structure so the calcium sort of appetite in the teeth um gets the fluoride very active ah molecule getting in to form the fluorapatite which is meant to be harder and less resistant to decay. So there is still an argument there that um maybe um, kind of something the dental authorities might pursue, but the ah actual ah lack of any real difference in the tooth decay rates between fluoridated and unfluoridated cities is making it a bit untenable to say it's of much effect as Dr Andrew Harms you mentioned has - has pointed out at seminars I've gone to, where he's pointed out, that yes there is some hardening of the enamel but that is at the destruction of the inner tooth. He talks about the fluoride bombs that are produced by a hardened, hardened enamel that cracks and infection gets inside the tooth and the tooth just more or less explodes and falls falls apart, so if the fluorapatite is hardening the teeth, from exposure - probably mainly to toothpaste and dental treatments - then it is possibly not having any long term beneficial effect if there are ah are pathological changes taking place, as a result of the changes in that tooth enamel structure.

[46:59:21]

Jaya: Aside from any issues of safety or effectiveness, what of the ethics of mandatory water fluoridation?

Philip: The treatment of people through the water supply which is mandatory water fluoridation, um which is almost a treatment that most patients have had enormous difficulty avoiding ah, well there's no ethical basis for it because in herbal medicine, ah in normal medical treatments ah, chiropractic treatments, osteopathic treatments, dental treatments, the patient always has the ability to submit or say 'No' to the treatment, and that is where the compulsory treatment through the kitchen tap with an active chemical agent, is absolutely running right across those normal medical ethics where somebody has the ability to refuse treatment.

[48:02:10]

Jaya: Is the public water supply an ethical or valid mechanism for the delivery of a drug or any drug?

Philip: Not at all, um in terms of treatment any therapy must be given according to the patient's requirements. So treating through the tap water is an absolute crazy administration of a therapy. As a naturopath I might think, yes wouldn't it be good if the herb Echinacea could be added to the drinking water. And when they were fluoridating Melbourne I was undergoing training in herbal medicine and I thought oh they're putting fluoride in the water, I thought it was good at the time, oh wouldn't Echinacea be wonderful to boost everybody's immune system at the same time. But it was only when my first patient got abdominal pains from Echinacea I suddenly realised 'oh oh', I really messed up my therapeutic clarity of mind by thinking such a thing because some people cannot tolerate medicines regardless. So it's totally inappropriate to administer a medicine in drinking water.

[49:29:06]

Jaya: How can you control the dosage, that is - how much people actually drink?

Philip: You can't. And you can't modify how much of the medication people are taking via administering it to the drinking water. Simple as that. And enormous varieties of reactions occur when people are training for athletics. They'll go through four or five litres in a training run. They'll have exceeded the recommended dose five times, and lo and behold, they start to show the cramps in the muscles where they're training and you tell them to get onto the pure water and guess what? The cramps in the muscles disappear. So totally inappropriate to apply it to everybody in the expectation of that mythical 'safe dose' is going to be given to everybody.

[50:17:22]

Jaya: Great and you've almost answered the next question, But I'll couch it any way. Do some groups such as diabetes patients or athletes drink more water than others?

Philip: Yeh, some people have an enormous intake of water due to medical conditions ah, diabetes insipidus, where you just get the ah the kind of intake of water elevated um athletes who are dehydrating ah. You get a a huge intake of ah or variation of intake of water so you get the intake of the medicine varied and NO doctor would ever prescribe a sedative on the same basis of your dose would go up three to four times, if you went training for athletics. Crazy!

[01:52:07]

Jaya: As a professional or from a personal point of view, what would you like to say to other professionals about where Australia should be heading with fluoridated water?

Philip: In terms of where we should be heading ah with fluoridation, critically there is a need for research in the safety of the treatment. First and foremost, even more than the effectiveness of it. Because at the moment from the clinical studies, you know, that I'm seeing with patients, they appear to be getting affected by the fluoridated water and often badly, to the point of um being with it fluoridated water is indeed um a risk to their life and that is not only recognised by their - by myself, but - and the patients and their families; but also by their dentists and doctors, are also very aware that this is the case. So it is CRITICAL that the government starts working towards resolving this question about its safety because they.. no doctor should ever be giving a treatment totally unaware of the safety aspects of it. And secondly, the safety aspects are not being pursued, not being looked at. And that is completely unprofessional for any practitioner to pursue such a line of irresponsibility with their own treatment of patients, and for the government to be giving a treatment where they appear also to be not pursuing the aspects of, 'is our treatment of the community by fluoridating their water safe?' - is quite irresponsible. As to say when I've pursued that with health authorities and said could they do studies into the safety with patients who appear to be getting sick, then so far there's been a complete REFUSAL to do any such assessment. [53:39:06] And I've never seen that with doctors um viewing side effects of their own drug treatment of patients; or myself with treatment where people are getting reactions to herbs. You always follow it up to assess the safety or otherwise of it and if it's - if it's shown to be unsafe, you change the treatment. Now, that is where the government is absolutely refusing to follow that line. And that is what I say to other practitioners that they should be ah looking at that, in terms of ah of comparing the government's sort of ethical standards with treatment, of the community through the water, with their own ah standards of treatment of their patients; and there should be a continuum between the two. And that's basically one of the reasons that I started doing the research to collect the data on people becoming or reporting illness from the fluoridated water. It was to act as um a confirmation that, 'Yes, people are getting those side effects', and as the um as the research program grows, we're getting more and more input from um interstate in Australia and overseas with people contributing the data. And it's certainly showing as the numbers of affected people reporting symptoms increase. It's looking more and more urgent, that the government start to do a proper assessment of the ethics about what they're doing by establishing a system of testing people for the safety of fluoride. Because if they don't do that, the clinical practitioners will have to organise proper pathological testing, um in an absence of government responsibility being shown.

[55:46:05]

Jaya: Right it seems seems from what I've heard through the interviews this morning, if fluorosilicates have been banned in Europe as known neurotoxins, why on earth are we still, in this day and age, putting fluoride in- the three compounds of fluoride are used in Australia - why on earth are we doing that here, if there's so much evidence now that actually says it should be banned as a neurotoxin? Why on earth would Australia go against the best scientific

knowledge and most of Europe? Why on earth would we want to stick out as the ones that are in the dark ages, especially as we are not prepared to do testing?

[56:27:12]

Philip: Well that's where it gets to the question, of just "What on earth is going on?"