

FIRE WATER

Australia's Industrial Fluoridation Disgrace

Exposing the systematic industrial waste poisoning of Australian drinking water supplies

Dr. Caree Alexander – Interview Transcript

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[00:00:35]

Jaya: So I've travelled around and we are now in Port Macquarie in New South Wales. Beautiful coastal town.

[00:00:40]

Caree: Well, my name is Caree Alexander. I trained as a dentist at Melbourne University. Graduated back in 1985; and practised in the Navy, then I was in private practice for about twenty years. I moved here to Port Macquarie about three years ago and put down my dental tools to enjoy a bit of a different lifestyle, a different pace and my partner and I now run an environmental products store. We sell all over Australia, so yea, it's a bit of a change from dentistry.

[00:01:19]

Jaya: Dr Alexander, are most other dentists you know aware that water fluoridation chemicals are actually industrial-grade waste products?

[00:01:28]

Caree: Well, from my personal research, I would say the majority of them are *not* aware. A lot of them do know and they do know what it is but they still believe somehow that the government is right in doing what it's doing, and they believe that they're doing citizens a favour by supporting water fluoridation. However, when I graduated from University, we weren't given any information about where it came from. We all assumed it was calcium fluoride. We would have thought they wouldn't have put anything else other than pharmaceutical grade fluoride into the water. **[00:02:03]** Then the ADA was very good at covering up what the actual chemicals being used were and where they were from. Many times I contacted the ADA and said, "What exactly is this chemical that's going into the water? Where is it from?" You know at that stage I already knew and I had a pretty good idea of what it was that I got replies like, "Thank you for your comments Dr Alexander, (laugh) don't bother contacting us again," basically. **[00:02:28]** So now, probably in the last, I don't know, 5 maybe 5 to 8 years, the ADA's actually put on their website the fact that it is hydrofluorosilicic acid is the main chemical being used in Australia to fluoridate the water supplies so there is absolutely no excuse for any dentist out there to say they don't know what it is.

[00:02:46]

Jaya: Do you think they'd be shocked if they knew that this was the case?

[00:02:50]

Caree: Yeh, well I've confronted quite a few dentists and said, 'do you know, do you realise,' and they have acted shocked but not shocked enough to go away and do anything about it (laugh) or do much research, and yeh, John Paul Langbroek was somebody I spoke to early on, so he's the opposition leader in Queensland at the moment who was very much involved in passing, having the Bill passed to make fluoride compulsory in Queensland or fluoridation compulsory in Queensland – and I asked him on numerous occasions, "Do you know what that is? Do you know where that comes from?"

[00:03:25] He would look at me with a very bland, dull look on his face, as he's prone to do to do and say, "Look I'm a politician here I'm not acting as a dentist and let's leave that to the water supply management shall we?" So yeh, that's kind of typical of the ADA response and he's totally representing the ADA on this one. I have to make that statement.

[00:03:47]

Jaya: In dental school, did they train you regarding the systemic toxicology of fluoride?

[00:03:54]

Caree: No actually we had one of the 'leading lights' in water fluoridation was the Dean of our children's dentistry at the time, Professor Storey. And he was at the time promoting fluoride to treat osteoporosis with absolutely turns out no factual matter to back that, no scientific research at all and I do remember him saying that there's no point giving fluoride tablets to pregnant women because they believe fluoride doesn't cross the placental barrier which I'd be very surprised if it didn't, I believe that it does. [00:04:32] So, that's the kind of, they skirted around a lot of issues. We were just students, we didn't, we didn't question. We didn't know enough to ask the right questions back then so it wasn't until you were out there using the products and you're applying it to teeth, kind of crossing your fingers and hoping that these kids with dental decay, their teeth will miraculously get better if you applied topical fluoride and honestly it didn't work and that was my experience. In my Practice I couldn't see any difference. [00:05:03] I moved to Queensland. And I had a four month old daughter and I was still doing what I was taught to do, recommending fluoride to my patients and I thought, 'Oh I better give my daughter some fluoride, you know, she's only little and she needs everything to protect her teeth,' because Queensland wasn't fluoridated at the time, so she was probably, I don't know, just under two when I caught her climbing up on to a cupboard into where the medicines were caught on chairs. She was climbing up on a chair and she had undone the lid of the little fluoride tablet container and child proof-lid, go figure, and anyway there were little pink tablets spread all over the kitchen floor. [00:05:46] She was, she'd gotten down on her hands and knees and was looking like she was consuming some of those so I panicked a little, pushed them away from her, grabbed some milk and tried to force it down her throat. Started to think, 'Oh my God, do I have to take her to the hospital to get her stomach pumped, what do I have to do?' Then I picked up the bottle and I... 'this is a poison. What am I doing giving my child a poison to protect her teeth?' It just *does not* make sense and from

that day on I never gave her another fluoride tablet. I never offered fluoride to another patient and I did my own research. So thank God, it turns out that she hadn't consumed anything. She was just playing with them. And you know that was a major relief because a few tablets could have killed her, you know.

[00:06:31]

Jaya: So I am just going to go back just a slight bit. So, in dental school did they train you regarding systemic toxicology of fluoride?

Caree: No. Not at all.

Jaya: Not at all.

Caree: Nothing.

Jaya: Did they tell you that industrial-grade silicofluorides have never been properly tested for safety in humans?

Caree: No. We were never told that.

[00:06:48]

Jaya: So how can dental organisations such as the ADA be part of forcing systemic fluoridation on populations when, no offence, dentists are trained to work with the mouth only?

[00:06:59]

Caree: Exactly. And that's an issue in dentistry in itself that we only focus on one part of the body when what we do affects many parts of the body. That's definitely true of dentists.

[00:07:10]

Jaya: According to Dr Arvid Carlsson, a Nobel Prize for medicine winner, water fluoridation is 'against science' and 'nations who still practice it should feel ashamed of themselves.' Carlsson bases his point of view mainly on the fact that fluoride's mechanism is topical or post-eruptive – that you don't have to swallow it to prevent decay. Carlsson continues quote, "In pharmacology if the effect is local it's of course absolutely awkward to use it in any other way than as a local treatment. [00:07:44] I mean this is obvious. You have the teeth there. They're available for you, why drink the stuff? I see no reason at all for giving it in any other way than locally, or topically if you wish." Unquote. Researchers now clearly acknowledge this, even the Journal of [the] American Dental Association in the year 2000 said, quote "Fluoride incorporated during tooth development is insufficient to play a significant role in caries protection" unquote. Therefore, Dr Alexander, what are your personal views on Australian authorities continuing to force fluoride into public water supplies? Would you agree that this is an illogical let alone dangerous measure?

[00:08:25]

Caree: Dangerous, number one yea, definitely dangerous and Number two, *totally* illogical; and as a person who takes vitamin supplements and tries to look after my own health, I would never impose my regimens on anybody else in the population. I take Vitamin C every day. I don't want Vitamin C in the

water, I don't want every age group to get access to Vitamin C. Only it should be given as appropriate for the person and the individual and that's, you know, fluoride's definitely one of those medications that should be controlled by people who are trained and understand the toxicity of it. Unfortunately, actually that's not even dentists, because they don't understand the toxicity and the dangers of fluoride. [00:09:14] They don't know what they're handling and they don't understand that everything that goes in the mouth is readily absorbed through the mucosa into the body and you know that's without the benefit of it going through the digestive tract and being filtered out you know, in the kidneys and detoxed in the liver. When you absorb something through your gums which is what happens when a dentist applies topical fluoride in the dental chair and says to a child "don't swallow", of course they can't not swallow. They do swallow. They swallow a lot of fluoride in the dental chair and they're also absorbing fluoride through their gums and so I personally I don't think dentists are even equipped to handle that product in their own surgeries let alone allow it to go into the waterways. [00:09:59] Or they need retraining on the whole subject if that's going to continue. I honestly, you look at tetracycline's staining in children's teeth – back in the sixties it was discovered that tetracycline given to young children, to babies, to pregnant women actually was absorbed into, and bound with calcium in the teeth and bones and caused irreversible staining of the teeth. Now dentists knew that and accepted that and so they warned parents, they warned mothers that were pregnant, don't take. Don't accept tetracycline if you're given that cause it could damage your baby's teeth and they made sure that they never prescribed it for young children. [00:10:40] Because Tetracycline staining as you've seen it can be a fluorescent discolouration of the teeth and sometimes actually it's confused with dental fluorosis but I think a lot of the times it's a combination of both that people are seeing. So in my mind dentists saw this, they understood, don't give a pregnant woman this drug. Don't give it to children, it damages the teeth. How is fluoride any different because that's what fluoride does when you ingest it, it damages the teeth and bones.

[00:11:09]

Jaya: Dr Andrew Harms, past President of the Australian Dental Association's, South Australian Branch, has described dental fluorosis as quote, "a window to the bones" unquote, meaning if you see dental fluorosis, it's the visible manifestation of toxic over-exposure to fluoride and that this means bones have been damaged along with teeth. [00:11:32] Dr Harms is not alone. Dr Hardy Limeback states, quote, "It is illogical to assume that tooth enamel is the only tissue affected by low daily doses of fluoride ingestion" unquote. And Dr John Colquhoun, a New Zealand dental researcher, states, quote, "Common sense should tell us that if a poison circulating in a child's body can damage the tooth-forming cells, then other harm is also likely." Unquote. Australian authorities dismiss dental fluorosis as "just a cosmetic effect". Do you believe that this is an irresponsible position to take whilst Australian children are being toxically overexposed to fluoride?

[00:12:16]

Caree: Totally irresponsible. Totally irresponsible. There are children walking around here if, you know if it was ethical, I'd grab every second child and get

them to sit down and smile and you would see how much dental fluorosis is in this particular community and you might think, hasn't been fluoridated before. A lot of the families here have moved from Sydney, they've moved from Newcastle to here. The children, you know, may have been born and spent the first 6 to 8 years of their life in a fluoridated environment and that tends to be quite common in Port Macquarie. So, my argument is, yes, number one, and I agree with Professor Susheela on this, if there's a child with dental fluorosis, they more than likely have sub-clinical hypothyroidism and so they should be checked out for that early on because that needs to be addressed. That's really important. [00:13:07] You know, I know that that fluoride also has an affinity for the pituitary gland that that is really, really an important part of the body. And we're finding out more and more and more as we look into it. The other parts of the body that are affected and dentists have for too long isolated the mouth and ignored the affect they're having on the rest of the body, from the use of amalgam filling to extracting teeth for orthodontic purposes, to not looking at how the bite affects the rest of the body. They just think, you know, they'd be happy if a set of dentures walked in and they'd take the dentures and do their work and put the dentures back in and send the patient home; and another thing I really want to say is that, for years now, we've known, dentists have known that fluorosis, dental fluorosis was so common, that dental technicians who make crowns and dentures and veneers have incorporated dental fluorosis, signs of dental fluorosis into these dental prosthesis. [00:14:11] These crowns and these veneers to make them look more normal, so they didn't stand out as being fake. So, that's how normal dental fluorosis has become in our society. This has been going on for years, I'm not talking about just the last few years, I'm talking about the last twenty years.

[00:14:25]

Jaya: So, just to reiterate, I find that astonishing. They're actually making.

Caree: Yep.

Jaya: Dental.

Caree: Dental appliances.

Jaya: Appliances look like.

Caree: Crowns and bridges.

Jaya: They've got fluorosis.

[00:14:35]

Caree: Put a fluoride spot, yeh, let's put a fluoride spot on there so it looks natural so you don't think it's a fake tooth and that's how society is viewing it and you know children that are at school with my children have severe enough dental fluorosis that a fourteen year old child can diagnose it, (laugh) they can see it and they can recognise it. They've seen it enough.

[00:14:56]

Jaya: So broadening out from that.

[00:14:58]

Caree: Why should they have more fluoride? They've already had toxic doses. Who says they need it? Who says it's not already in their bodies and why aren't they being tested for fluoride in their bodies? And that can be done. You know but and that's what we've been asking for in this community. Test our community first. We may already have fluoride. You're telling us we need it. How about find out if we already have it. **[00:15:20]** And we're definitely being exposed to it on a daily basis. For everything we eat, that we bring in from Sydney. We bring our fruit and vegies up from Sydney. They might be organic but they're still being watered with fluoridated water and chlorinated water. We have everything. You know the juice you buy in the supermarket, everything the kids are being exposed to it all the time.

[00:15:39]

Jaya: So just to reiterate. Fluorosis is not a genetic condition. It's actually a damage, isn't it?

Caree: Of course it is. How can it be genetic? It's.

Jaya: Can it be passed on from parent to child?

[00:15:56]

Caree: Only if the mother is taking fluoride tablets and then, that's more, I guess you can call that congenital, rather than hereditary. But that's environmental and a lot of the problems we're seeing in health in general health in our population are related to environmental toxins and poisons and pollution and fluoride's just one of those. It's one we know about. We know they're doing it and we can control it to a certain degree. **[00:16:21]** We can control it by not adding it to the water but, yes it's in the air it's an industrial pollutant already, so we're already we're lucky we're coastal, we're not breathing in so much. If you live inland and you're getting sprayed with pesticides and or you're near say an ALCOA factory or a brickworks or any industry that's producing fluoride, then it's in your air it's on your veggie garden, you're fully exposed to it. Why on earth do we need it in the water?

[00:16:56]

Jaya: Are there professional risks to Australian dentists who oppose water fluoridation?

[00:17:02]

Caree: In a way if you are concerned about what other dentists think of you, if their professional opinion of you as a practising dentist affects you. In my practice, no it didn't worry me but I can see how other dentists want to be accepted by their peers. They don't want to stand out as being different. You know dentists are renowned for keeping things pretty close to the chest. How they practise. What they do. How they run their businesses. They don't want to stand out.

[00:17:35]

Jaya: Would you encourage dentists to start making a stand on this issue?

Caree: Oh, definitely. Definitely. I'd love them to just look into it, but first also remember... that here's a product and here's a type of treatment that was developed over 50 years ago, more than 50 years ago. What are you doing in dentistry that you were doing 50 years ago? You know, you may not have been born or you may not have been in practice. But, would you still be practising dentistry, using materials, using you know a treatment regiment that's over 50 years old? That's dinosaur stuff. [00:18:11] You know I'm... as dentists, most dentists pride themselves on being a bit 'cutting edge' and being you know advanced and having the latest equipment and having the latest gadgets; and here you have this antique kind of product that it's a poison, it shouldn't be there, it shouldn't be, it has no place in your rooms. You don't even use oil of cloves, Eugenol any more, you know which is a tried and tested old remedy for toothache. You've got, 'oh no that's too old fashioned we won't use that but we use fluoride. Let's keep using fluoride.'

[00:18:43]

Jaya: So what would you... how would you approach dental decay what is the lesson you could teach to children and parents of children that are teaching them good dental habits. What would you teach them?

[00:18:54]

Caree: Well it's all based on nutrition and good nutrition. I understand there are parents out there and there are children out there that breathe through their mouths and they dry out their mouths and it makes it harder. Again here's an environmental problem you know, asthma and nose and mouth breathing. That makes it harder to control dental decay but you only have to take sugar out of the diet, you know. Yes you can use fissure sealants to protect deep pits and fissures in teeth and we know that. [00:19:23] Even those who believe that fluoride works topically understand that it doesn't work in those pits and fissures and grooves in the teeth. So you have to seal them anyway. Good dental hygiene techniques but nutrition is number one. Definitely get rid of the sugar. Get rid of all the sugar components of the white flour the... the carbs... and it wouldn't be an issue and we're not educating our children and we're lazy. I know many dentists whose children are junk food addicts and they think 'that's ok, I'll give them fluoride treatment later, you know. They'll be right.'

[00:19:57]

Jaya: So would it be reasonable to assume that most dentists would not dare speak against fluoridation orthodoxy for fear of ridicule or worse?

[00:20:03]

Caree: Yeh. I think, I think ridicule, not being taken seriously that's the big one. You know I don't know about, I know there was a letter written by the ADA president to local dentists here and telling them to not even speak to me about the topic of fluoride in the area.

[00:20:22]

Jaya: But this is bizarre.

Caree: Because they might actually learn something or believe me or take me seriously.

Jaya: I find that, that's correct.

Caree: If I was not to be taken seriously they would say 'oh let her go, she's nuts or whatever', you know, but apart from ringing them not even to discuss it with me.

[00:20:36]

Jaya: That's right how can you be taken seriously putting a known toxin in the water especially when Europe has banned it and there is a weight of scientific evidence now?

[00:20:45]

Caree: And what makes our dentists think they know more, they know more than the European dentists? Or they, you know what makes them think they've got that advance knowledge and even in the US where you know, they were the ones pushing, pushing this whole issue initially and then they're turning around going 'mm I stuffed up.' I think the biggest problem is if you admit that you were wrong then you have to, you know, make amends in some way whether it's financial or whether it's you know, community service or something I don't know. [00:21:17] I admitted that I was wrong. I didn't get run out of town or get lawsuits or anything else. I applied topical fluoride, I recommended people take fluoride tablets. I, you know, supported water fluoridation early on and then I just went 'no that's not right.' Be big enough to just admit that this has been a major, major mistake and get in early before you're forced to. You know, get in before everybody else does I say. Yep.

[00:21:46]

Jaya: So a very simple straight question, is fluoride safe for infants and young children?

Caree: No definitely not.

Jaya: As a mother would you want your own kids drinking industrial waste?

Caree: (Laugh) Oh no way, no way.

Jaya: And does it make you angry that the government is lying to all parents?

[00:22:01]

Caree: Angry initially and now it's just you know, if you're going to believe what the government has to say on any health issue, then you know you're really putting yourself in a pretty bad situation; so yes parents are being lied to and yes they for some reason want to believe everything the government says even though you ask the average person in the street. 'Do you believe politicians tell the truth?' 'No no they lie, they make thing up.' You know. Yet we believe as a whole that government cares about our health. They don't. Our hospitals are overflowing. They don't care about our health. All they want to do is make bigger hospitals to put more people in there.

[00:22:42]

Jaya: Do you filter your own water?

Caree: Yes definitely.

Jaya: What do you use?

Caree: There's already enough water treatment chemicals in the water that we shouldn't be consuming. Chlorine is the obvious one. Easy to get out chlorine so we use a whole of house filter and we remove chlorine, heavy metals, any chlorine by-products and you know most of the water disinfecting chemicals that are being used. We get pesticide in the water here. There's a lot of farming goes on and pesticides get washed in after storms. We need to remove those as well. Clean water is so important. Without clean water forget about it you might as well be smoking, partying you know, just eating rubbish all the time because it's water. [00:23:31] Water is 70% of our body, 80% of our brain. If we don't get the water clean and the water right, we can't grow and develop and stay healthy so to me water's everything, so, but when if if we have to have fluoride in our water here we will be in addition to having our whole of house filter, we'll be putting in a reverse osmosis system for our drinking water. The options really are distillation or reverse osmosis for getting fluoride out. Very hard to get all of the fluoride out and it's more expensive than standard filters. A lot of local people here are already drinking tank water and will... some people will go to tank only. [00:24:13] That's got its own issues and it's not something that I recommend that everybody do because of the types of tanks that are being used because of the products that come off the roof, and the animal poo and the leaves and the lead and things that wash off roofs and dust and everything. You still have to filter your tank water so we believe in educating people that if you're gonna drink your tank water make sure you filter it properly and care for your tank. Clean your tank. Wash your roofs down, you know, divert down pipes when there's storms. So that's really important. [00:24:47] Now reverse osmosis. Again relatively expensive system, not everybody can afford it. We've had a lot of older people that may be living in caravan parks, that are renting and they're saying, I've got liver cancer. I've got this issue and their doctor's have actually told them not to drink fluoridated water. What do I do? I can't afford to filter my water and what and why should they have to do that? That's the whole point of us having water treatment facilities so that the water is treated and disinfected, and then it should be filtered before it comes to us. I think that's really important.

[00:25:24]

Jaya: One-liners – Dental fluorosis.

Caree: Damage caused by ingestion of fluoride at an age when the enamel is forming on a tooth.

Jaya: Fluoridation – ineffective.

Caree: Yeh, totally ineffective and actually damaging as well.

Jaya: Dangers to infants.

Caree: Dangers to infants. Toxic poisoning, irreversible damage to teeth, to developing teeth.

[00:25:53]

Jaya: Fluoridation chemicals.

Caree: They should be dealt with by the producer of this toxic waste who should be made to pay to dispose of them correctly. Ideally not produced in the first place.

[00:26:13]

Jaya: Do you know where the fluoridation chemicals come from?

Caree: I have been told that they're coming, the ones that are coming to Port Macquarie are coming from Incitec Pivot – a Phosphate fertilizer company in Geelong and I suspect that we will also be receiving chemicals from China.

Jaya: Fluoridation chemicals are made from.

[00:26:39]

Caree: They're made from superphosphate manufacturing, also aluminium production and they're collected in the smoke stacks. They're wetted down and collected in a liquid form, put in barrels and marked "highly toxic dangerous S7 poison" and shipped off to councils to add to drip into our water supply.

[00:27:04]

Jaya: Heavy metal contaminants in hydrofluorosilicic acid.

Caree: I know that phosphate is mined at a certain level with uranium, with other metals that belong in the ground and should stay in the ground, and the fluorides that are also found in the ground, they belong in the ground (laugh) they should stay there. Then so when... when fluoride is sorry when superphosphate is processed, it's contaminated with so many heavy metals that local farmers are not wanting to use phosphate fertilizers anymore because it's damaging their crops so much though there's actually less production of phosphate fertilizer in this country than previously, which is why we're getting it from China.

[00:27:51]

Jaya: Pharmaceutical grade?

Caree: Well what does that mean? I guess it means that it's been purified, the heavy metals removed and you know, how pure can fluoride be because it doesn't exist on its own. It's really a, in combination with say sodium, aluminium or something else so there's as a fluorine gas it doesn't really exist. I don't think it exists really. [00:28:20] I don't think it's possible and I think most dentists would like to think that's calcium fluoride, which is insoluble. It can damage our bodies as well because we can't break it down so that's I think what the general dental population refers to as pharmaceutical grade but also hopefully without the contaminants of heavy metals.

[00:28:42]

Jaya: Are we drinking pharmaceutical grade or industrial-grade?

Caree: Industrial-grade. We're drinking industrial-grade fluoride chemicals.

[00:28:52]

Jaya: Dentists unaware of issues.

Caree: Dentists are unaware of issues. They're very busy running their practice, heads down, tail up you know, keeping the dollars ticking over. Areas like this, fluoridated areas as well very, very, very busy. Just doing every day dentistry so they're not looking around them they're not really interested in these kind of issues. They just want to do their job and...

[00:29:18]

Jaya: Topical versus systemic fluoride.

[00:29:19]

Caree: We are definitely trained in dental school that fluoride has a topical effect. People that claim that there is also a systemic affect, it's actually thought to be by the fluoride ions bathing the teeth as the water goes into the mouth. So (laugh) doesn't make sense to me at all that we should put it in the water supply, gargle with it if you want, use your fluoridated toothpaste if you want, have your dental applications you know rather than we didn't force this on children especially if you're an adult you can make that decision fine. Do it all you want but definitely don't give children fluoridated toothpaste.

[00:30:00]

Jaya: According to Doug Cross, a fluoride researcher from the UK, in a paper he wrote on November 24 this year that was highly critical of the data analysis techniques of the American, CDC quote "This latest study unwittingly provides startling evidence of just how far down the road to universal fluoride poisoning America has travelled, but similar evidence is emerging from all other countries where this discredited practice is still imposed on a generally hostile and non-consenting public. [00:30:33] This is now clear evidence that excess exposure to environmental fluoride in all its forms has reached epidemic and indeed pandemic proportions. Immediate action is needed to reverse the rapidly increasing risks of fluoride poisoning to the general public. Dental fluorosis is the only reliable visible sign that a person has been overexposed to fluoride in childhood, but that does not mean that those who do not have dental fluorosis do not also have fluoride overload. [00:31:06] Once individuals grow beyond the critical childhood period when their new teeth are developing there is simply no mechanism whereby the condition can be easily observed" unquote. Dr Alexander, what would you say in response to this statement and please tell us more about dental fluorosis as being more than just a mere cosmetic effect, and what it means for the rest of the body.

[00:31:29]

Caree: I know this particular report that you're discussing. They came up with the... one of the conclusions was that only less than a quarter of the population between 6 and 49 years of age, only less than a quarter had dental fluorosis. Yes so this is... you've got to look at how they collected that information, the different age groups that were looked at. What teeth were they collecting that information from? So we're looking at 6 year olds? A lot of six year olds don't have their adult incisor teeth through at all and then we're looking at 49 year olds. Were they looking at wisdom teeth? Or were they just

looking at incisor teeth? Because I've taken out wisdom teeth with dental fluorosis. I've had you know, there's molars that you can see dental fluorosis on which wouldn't normally be looked at so I think for a start this is a very vague kind of a study that's been done, but even though they found that a quarter of the population actually had some form of dental fluorosis is just, you know, it should be mind blowing to the average person. [00:32:42] I believe that those figures should be much higher than that and perhaps that's to do with data collection and the way they're grouped their subjects but even 25%. Isn't that too much? And yes knowing that that's the sign that's the visible marker that they've already had too much. What about the ones whose teeth weren't developing at the time they were exposed to too much fluoride? How do we find out whether they're toxic or not? You know, I know again with the tetracycline staining, bones can be biopsied and you can see the tetracycline as a staining as a marker as to even when in the development of the child they were exposed to that. Pretty horrible if we have to start going around getting pieces of bone from children to make it clear that their bones have also been damaged by fluoride. But we shouldn't have to do that but it's logical that they have been.

[00:33:38]

Jaya: So it's definitely showing that it's more than just a cosmetic effect.

Caree: Of course it is and I, again I feel so sorry for children and for families where there is already dental fluorosis in the region and then they're forced to drink more fluoride on top of that.

[00:33:55]

Jaya: In regard to overexposure of fluoride, Dr Alexander could you please tell the viewing public a little about sulphuryl fluoride as being one of the extra sources of fluoride.

[00:34:08]

Caree: Sulphuryl fluoride is a fumigant that's being now used, it's been allowed for use in Australia and it's already being used in other parts of the world – but to spray dried foods, fruit, flour and nuts. Anything that has to be stored must be sprayed with sulphuryl fluoride... so what it means is you think you're eating healthy stuff and you're just getting more fluoride, but yeh, and I suppose what a lot of people don't realise is that pesticides have fluoride in them and fluoride is a pesticide and rodenticide. So it's also about keeping you know the weevils out and, it kills things.

[00:34:57]

Jaya: So we're building and accumulating all different levels of fluoride.

Caree: It definitely accumulates. In the body. And it accumulates in our environment and it's really, really hard like it's really hard to get fluoride out of the water, it's really hard to get it out of your body, really difficult.

[00:35:14]

Jaya: We interviewed former Australian Dental Association South Australian branch president Dr Andrew Harms for this documentary recently in Adelaide. In a similar vein to that of Doug Cross, Dr Harms discussed how decay rate data is regularly 'fiddled with' to ensure Australian and other pro-fluoridation

authorities get the results they desire. He also asserted that without proper peer review no such results can be taken seriously in a scientific sense. Dr Harms specifically discussed fluoride's relationship to delayed tooth eruption and the general lack of data correction for this affect. Dr Alexander, would you care to discuss more about fluoride's affect on delaying tooth eruption and what this means for decay rate figures.

[00:36:08]

Caree: The fact that children's adult teeth are erupting later, due to fluoride, due to over-consumption of fluoride or just any consumption of fluoride, means that when the researchers actually examine children's teeth to collect the data, many of these children don't have, they may not have their front teeth through and these are the main teeth they're looking at to collect the data. So therefore they're ticked off on the list as not having dental fluorosis.

[00:36:41]

Jaya: This is in fluoridated areas?

[00:36:42]

Caree: In fluoridated areas, yeh, so basically... I don't believe that there's been much data collected in non-fluoridated areas, where they've been looking at dental fluorosis. It's primarily been fluoridated areas but if you don't have the teeth there then you can't say whether or not they've been dental fluorosed or affected by dental fluorosis; so that doesn't make sense and these children shouldn't have been included in the study for a start. So eventually these teeth might come through but the children have already left the study and they may have dental fluorosis but they were still marked as not having it. So, that's how the figures yea misinterpreted purposefully, I'm sure they're purposefully misinterpreted. Cause they've come up with a theory looking for the answer looking for a way to show their facts match their theory and that's how it happens. [00:37:32] I do believe that I've seen a lot of children where their baby teeth even aren't shedding naturally. Their jaws are very underdeveloped and their adult teeth are coming through behind these teeth. They have to have their baby teeth removed, you know, manually by the dentist they don't just shed naturally. I believe that's another effect of dental fluorosis, of sorry fluoridated water. It stops the natural development of the jaws and leads to, you know, underdeveloped mouths, again mouth breathing children, it's all connected. I know that's not part of that study.

[00:38:12]

Jaya: How much dental fluorosis have you seen in your practising years?

[00:38:17]

Caree: I have... I put it up around the 45% of... and we're not just talking about children, we're talking about people probably 20 to 40 year olds as well that have dental fluorosis. They've been around long enough to have been exposed to it in those early crucial years and even, I know, I keep coming back to this area. We had an interview with the local television station. The interviewer, the cameraman and the cameraman's assistant, who were talking about fluoride, all had dental fluorosis and they ranged in age from say 17 to about 45. [00:39:01] So (laugh) you could, you know, if we could we could stop people and go, "dental fluorosis" nah, "dental fluorosis" here. So with 45% could be 50% but I've definitely seen a lot. I've spoken to other dentists

even more recently and said, “are you seeing a lot of dental fluorosis in your practice? Oh yes yes we see a fair bit of that.” But, you know. That’s a sign that they’re not gonna have tooth decay. I said so everyone whose had dental fluorosis doesn’t have tooth decay is that the case? Absolutely not (laugh)

[00:39:35]

Jaya: According to Dr John Carnie, Chief Health Officer of Victoria, quote “the only possible adverse effect of fluoride might be mild dental fluorosis and for which we’ve put out you know very good guidelines on how to avoid that. The benefits on the other hand are absolutely indisputable” unquote. Dr Alexander do you agree?

[00:39:53]

Caree: Absolutely not. Mild fluorosis. Would he like that on his children’s teeth? Would he like that on his teeth for a start? Just even for the cosmetic issue there, but definitely that’s a sign, and I totally agree with Dr Susheela’s findings, that there is definitely at least sub-clinical thyroid disease if not full blown thyroid disease in every single, every single child and adult that has dental fluorosis. We just need someone to pull their finger out and do the studies properly and lobby the NHMRC for money to do these studies properly.

[00:40:36]

Jaya: What would you say to Premier Anna Bligh who has fluoridated, forcibly, the water of Queenslanders?

[00:40:42]

Caree: She’s declared war on Queenslanders. She truly has. The wrong thing to do and she will pay for that and if John Paul Langbroek gets elected, the same thing will happen to him. He will be disposed of. People are very angry and very annoyed the fact that they have to drink fluoridated water when only 5% of Queensland was fluoridated for so long. Funnily enough it was Townsville and I know people who practice in Townsville. They have tooth decay in Townsville funnily enough, they have a lot of tooth decay. So no, Queensland was the smart state for quite a while now it’s the, join the club dumb down state, crazy not good for tourism either, by the way (laughter)
I believe that every dentist should record every single case of dental fluorosis that they see and report it as a drug reaction.

[00:41:42]