

## FDA's Plan to Curb Mercury Amalgams Was Quashed, Sent Back to be Buried, But Finally Leaked

**A**s year 2011 neared its end, a quietly prepared Food and Drug Administration (FDA) amalgam rule revision was serious, seemed final and it was based on the most scientifically honest evaluation of the dental amalgam mercury issue the FDA had ever done. To those few who saw it, the amalgam mercury rule revision apparently was a concession from the FDA to the amalgam critics, who were about to reap a stunning victory. Apparently some of the FDA officials had been moved by the public testimony of those many victims of amalgam mercury poisoning and persuaded by the extensive science that showed that amalgams are just not safe, especially for more vulnerable parts of the population. But the FDA's dramatic revision of its 2009 dental amalgam safety rule never went out to the public; instead it was quashed by a veto coming from some unknown official at the Department of Health and Human Services (HHS). The HHS encompasses the FDA and a dozen other massive federal health agencies and



FDA's secret plan to curb the use of amalgams was leaked to good-guy attorney James Love, above, by an unknown FDA official

it was from there that FDA's dramatic amalgam rule revision was rejected, and sent back to FDA to be buried and to never see the light of day.

### The leak and the new lawsuit

In the summer of 2015, the full text of the buried FDA plan was delivered into the hands of James Love, JD, a Tulsa lawyer who has long been part of the effort to get the amalgam mercury fillings to be banned or at least curbed by the FDA. No one claims to know who it was at the FDA who leaked the secret plan. Within weeks, Love and other anti-amalgam lawyers took advantage of the leaked FDA plan to file another lawsuit against FDA, this time also naming the HHS as a defendant, demanding that dental amalgams be curbed, if not actually

banned, for vulnerable populations, including pregnant women and young children, in accordance with the FDA's own secret amalgam rule revision. The FDA's

*Continued on next page*

## Evidence of Harm Film Documents the Dental Amalgam Mercury Hazard

**E***vidence of Harm* is a film that tells the story of dental amalgam mercury as we know it really is: an insidious, creeping menace, something that should have been halted a long time ago, an outmoded practice that harms untold millions of people, and that even harms most of the dentists and dental assistants who work with them. Viewers see the villains and the cover up, of course, and can cheer on the heroes such as the holistic dentists who remove the mercury amalgams with the necessary care and the

*Continued on page 4*

Karen Palmer, left, and her friend, Karen Burns, at the film's premier in March in Atlantic City. As dental assistants they were both harmed by mercury. Burns' story is featured in the film



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## **The FDA's Secret Plan to Curb Amalgams: Quashed, Buried, and Finally Leaked**

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own discussion of scientific evidence of the hazards of mercury amalgams for vulnerable populations and its recommendations for protecting them from amalgam mercury has now emerged as an important exhibit in the new lawsuit.

### **What FDA's Secret Amalgam Revision Actually Said**

FDA's document was entitled "Safety Communication: Reducing Exposure to Mercury Vapor Released from Dental Amalgam (Silver Fillings)." It was written with the expectation of being issued on "Jan XX, 2012" i.e., sometime in January 2012, pending its approval by a higher up HHS official. It said that no amalgam mercury fillings should be placed in pregnant women, nursing women or in children under six years of age. No amalgam fillings should be placed in patients with pre-existing kidney disease or neurological disease. There is language indicating a tolerance of removal of dental amalgam fillings when "deemed medically necessary

by a physician." And, finally, it says that "The FDA believes that these alternative materials [composite resins that do not contain mercury] would best be offered as the first line of restorative care, minimizing the use of dental amalgam."

The FDA document calls into question the conclusions of amalgam's safety that had been drawn from the Children's Amalgam Trials, two similar studies that had been cited by the FDA in its 2009 "final rule" on amalgam. Now, the FDA cautions that "the children's health was assessed no more than seven years after placement," thus pointing to the possibility that the placement of the mercury amalgams in childhood might have set the stage for mercury related symptoms and illnesses that would show up later in life, beyond childhood. The document also sounded a new serious warning about the occupational exposure of dental professionals to mercury, saying, "Dental professionals exposed

## Dental Truth

to mercury vapor in the occupational setting may be at higher risk for exposure during removal of dental amalgam fillings ....” and that “some studies have provided evidence for neurological deficits in dentists ....”

Now the lawsuit plaintiffs, including DAMS, as well as the IAOMT and others, can argue that the FDA plan that was proposed, but vetoed, and then hidden at the end of 2011, is what really represents a science based conclusion about the amalgam mercury controversy. All FDA rules and regulations are supposed to be based on the science and only on the science. In casting a veto of FDA's proposed rule revision, HHS allowed politics and the undue influence of corporate interests to over-rule the science.

### FDA's January 2015 Answer to Amalgam Critics Was More Coverup - Business as Usual

In January of 2015, prodded by lawsuits and a deadline set by an out of court settlement of those lawsuits, FDA answered numerous “citizen petitions” that had been filed against its 2009 amalgam mercury rule. However, FDA's “answers” were a complete disappointment to those amalgam critics, as FDA dismissed all points of scientific criticism that had been raised – just as if the FDA's own secret plan to curb amalgams and urge their avoidance had never existed. This shows that the FDA apparently still operates even now under the thumb of an unknown HHS official who quashed FDA's secret amalgam mercury rule revision.

So perhaps it is now only the new lawsuit that will turn things around and bring out the FDA's internal conflicts and its contradictions, as IAOMT and its fellow Plaintiffs seek to overturn what a heavy handed HHS official and restore the FDA's vastly improved dental amalgam mercury rule. A lawsuit is never a sure thing but, at this point in our long quest for the victory, we have never felt so close to the possibility of that ultimate victory – for America first and then, quickly, the entire rest of the world.

That new lawsuit has already moved into its early stages with a Motion to Dismiss filed by the FDA on November 12<sup>th</sup> 2015. That motion was based



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on technical arguments typically made of such a motion, mainly the argument that the IAOMT and the other plaintiffs lacked the legal “standing” to bring the suit. The IAOMT side of the lawsuit will need to file its response by January 29<sup>th</sup>, 2016. This whole matter may not be settled for a while. ■

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## Evidence of Harm Film Opens

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independent scientists who are willing to speak out against this insidious cover up. Film maker Randall Moore's documentary offers real-life portraits of each of the four kinds of players: a consumer, a dental assistant, a biological dentist and a mercury research chemist. Their stories give a human scale to the story of a poison, dental mercury, that, sadly, millions of people are still being exposed to.

**Stacy Case, Dental Patient**, and a happily married wife and mother and a news anchor woman at a TV station in Nashville, Tennessee. But after her dentist



Stacy Case

replaced her four old amalgam fillings with four new amalgams, she got a horrible mercury exposure from the unsafe removal of the amalgams, which are half mercury, plus even more mercury from the fresh, new amalgams. After researching the possible causes of her health crisis

and looking at the timeline of

how the health crisis followed her amalgam mercury dental work, she and her husband considered doing safe amalgam removal with a biological dentist, followed by a heavy metal detox program. Her decision paid off and she was eventually able to resume her normal role as a wife and mother and to resume her work as a TV news anchor woman. She also became a passionate, articulate spokeswoman for a ban on the use of dental amalgam mercury fillings, as we powerfully see in the film.

**Karen Burns, dental assistant** As with so many dental assistants, the symptoms kept creeping up on Karen Burns. Karen was a happily married wife and mother, until mercury poisoning made it impossible for her to continue the job she loved. As with Stacy Case, many of Karen's mercury poisoning symptoms were those of multiple sclerosis. In public testimony to the FDA on December 14, 2011, a tearful Karen Burns recalled "When I first started, we didn't wear masks or gloves. We mixed the mercury with the metal powders by hand...I lost my job to disability... I had two kids in school. Seems like every dime I have has gone to doctors to try to get the mercury from my body." She fears that some of the effects of the mercury on her will continue for her for the rest of her life.

**Boyd Haley, PhD, chemist**, a respected, well published biochemist and former professor of

chemistry at the University of Kentucky, where he served as the department chair for about eight years. Over the years, Haley became an outspoken critic of the use of dental mercury and mercury in vaccines. He testified before Congressional panels and also the FDA and is a much sought after speaker at scientific conferences.

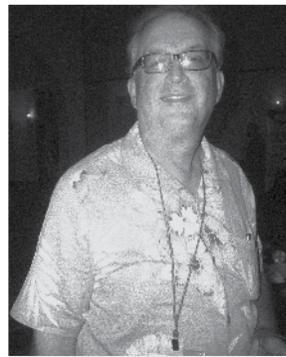
While Haley is far from alone in taking the position that all un-necessary exposures to mercury should be halted and banned, he has been one of the most prominent among them.

Once he became a critic, Haley's longtime flow of government research grants was abruptly cut off, perhaps in response to his desire to research mercury as a possible cause or factor in Alzheimer's disease. Even his supply of Alzheimer's patient's brains, that had always been used for teaching his chemistry students, was abruptly cut off by the NIH.



Boyd Haley, PhD

**Matthew Young, DDS, biological dentist**, not only practices holistic dentistry, including safe amalgam removal, he also has done original research on the mercury exposure that can occur from the splattering of fine amalgam particles during amalgam removal. The film shows Dr. Young in collaboration with Boyd Haley



Matthew Young, DDS

in measuring the mercury exposures and analyzing the severity of the problems posed by amalgam removal. In the film, Dr. Young is also shown wearing full hazardous material protection over clothing and a full hazmat face mask in order to protect himself from the considerable hazard that dental amalgam mercury filling can pose.

Informed dentists take the mercury hazard very seriously!

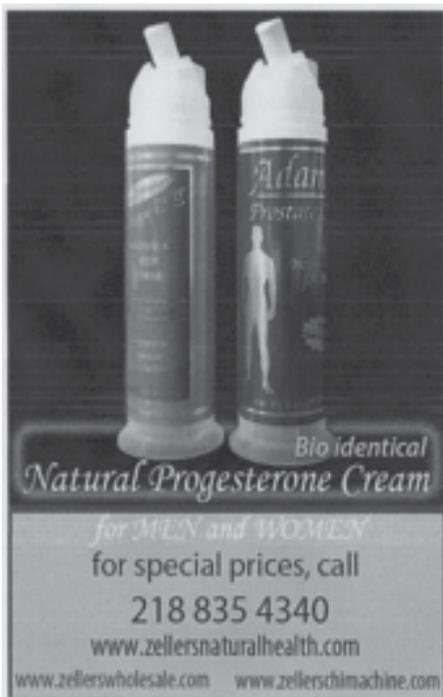
**Randall Moore, film maker**, was a stay at home dad raising two children when his father, who was diagnosed with Alzheimer's disease, came to live with him. Seeing the effects of the disease first hand prompted Randall to look into the potential causes of Alzheimer's disease. After learning that amalgam fillings contain the potent neurotoxin, mercury, and that his father had a mouthful of them throughout his lifetime, Randall decided to research the subject. What he found put him on a path to create a documentary about the devastating effects of dental mercury on patients, staff and the environment.

**Evidence of Harm Film**

*Continued from page 4*

For more about the film and its showings, see Randal Moore's web site, [www.Evidence-of-Harm.com](http://www.Evidence-of-Harm.com) Activists may coordinate with him to put on local showings of the film. He may also eventually get the film placed on itunes, Hulu, Netflix and Redbox.

You may also look at the DAMS web site [amalgam.org](http://amalgam.org) for information on how to purchase the film sometime in 2016 on a DVD from DAMS.



**Brazil Heading Towards a Ban on Dental Mercury?**

On August 18, 2015, Brazil's Environmental Commission on Sustainable Development approved a Project of Law to ban the use of dental amalgam for dental restorations throughout the nation. Known as the Nishimori Bill 654/15, the measure passed the commission unanimously.

For several years the International Academy of Oral Medicine and Toxicology (IAOMT) has sent their representatives to work on this national initiative in Brazil. Spearheading the campaign was Anita Vazquez Tibau, IAOMT's International Technical Assistance Programme Coordinator, who organized a national "mercury free" campaign in collaboration with Dr. Olympio Faissol Pinto, and his daughter Dra. Martha Faissol. They all worked tirelessly with Congresswoman Dra. Aspasia Camargo, who held the first public hearing on dental mercury in Brazil. Dr. Ailton Morilhas, Dr. Luciano Carvalho, Dr. Haroldo Mattos de Lemos, Dr. Hugo Valadares, Dr. Alberto Moreira, Dr. Paulo Murilo, and many others, bringing this critical issue to the national dental community.

IAOMT sent Dr. Blanche D. Grube of the USA and Dr. David Warwick of Canada to Brazil to educate doctors, dentists and environmentalists on the safe removal protocols of biological

dentistry, as well as how to protect dental workers and how to handle mercury waste during two day workshops.

The bill's author, Mr. Luiz Nishimori, explained the concerns that gave momentum to the bill's acceptance. "The ban is intended to protect the health of dental professionals and patients, as well as the environment." Dental mercury is often diverted illegally for the use of artisanal small scale gold mining. Rep Rodrigo Martins, the "rapporteur" on the committee, cited this in saying "we know that mercury is being used in gold mining for separation and has already caused major environmental damage such as pollution of riverbeds, soil, and water with contamination to fish and humans."

The proposed ban on dental amalgam will be considered next by two committees, the Committee on Social Security and Family and the Committee on Constitution, Justice and Citizenship. Once these two committees have approved the bill, the passage by the full senate will finalize Brazil's national ban on dental mercury. For dental mercury, it will happily be "Bye, Bye Brazil." And once Brazil does it, the rest of Latin America may not be far behind.

*Thanks to news source Agency Board News with a Google translation into English.*

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## Dental & Health Issues, a Checklist

By Leo Cashman

**R**emove all dental amalgam mercury fillings, using a dentist who is “holistic” or “biological” and has the training and equipment to do it with the elaborate protections needed to do it. The biological dentist will take care to use “best-choice” replacement materials and may work with you on “biocompatibility testing” for the product materials that are compatible with your immune system.

### Evaluate dental crowns and bridges for toxicity and remove them also if need be.

Crowns that are porcelain over a metal base typically have a high aluminum content in the porcelain and have a high nickel content in the stainless steel base that is typically used underneath the porcelain for strength. Dental crowns that are “gold” typically have a mix of other metals in a gold alloy and, most often contain the toxic metals copper, silver and palladium. Furthermore, metallic parts of crowns and bridges are often contaminated with mercury of the metal surfaces. If the patient has had mercury amalgams in the mouth while also having those crowns and bridges, the mercury from the amalgams clings to the metal surfaces of the crowns and bridges, thus contaminating them.

**Check for the presence of root canal treated teeth (aka “root canals”),** as they are frequent causes of infection and oral and systemic (body-wide) disease. Most holistic dentists are attuned to the hazards presented by root canaled teeth and will extract them or refer you to a dentist who will extract them properly in order to rescue you from the infectious hazard posed by them. Regardless of details

of what material was stuffed into the interior of the root canaled teeth, it is a basic fact that they are dead, they are not being nourished, and they lack the ability to fight off infection that a healthy, living tooth has.

**Be evaluated for gum health** and receive help with gum (“periodontal”) disease if it is present. If gums bleed while the patient is flossing, that is a clear sign of gum infection. An estimated 90% of adults have gum disease and both mercury and fluoride actually promote this problem! Holistic dentists bring a natural approach to killing the infections behind gum disease, doing it without harsh chemicals.

### Be evaluated for jawbone disease – abscesses or jawbone cavitations.

Jawbone disease is one of the most commonly missed dental and health connection issues and yet it can be serious in its impacts on dental health and on over-all health. With a “tooth abscess,” bone tissue next to the roots of a tooth is rotting away; this is usually identified using an x-ray and it usually signifies a tooth that is dying or is dead and is sending its infection and its toxins into the bone next to the tooth. If there is uncertainty about whether a tooth is dead, do a vitality test, with the help of the dentist, to determine whether the tooth is still alive or is dead.

Jawbone disease can also be farther away from the teeth, and hidden even from sight during any tooth extraction. This problem is commonly referred to as a “jawbone cavitation.” In its more advanced stages, a cavitation is a place where the bone has died

and there is no longer blood flow or nerve supply there. Finding the locations of all jawbone cavitations is a task for holistic dentists (they usually are not oral surgeons) who have the experience and the equipment to detect these often hidden infected jawbone diseases. Most frequent causes are root canaled teeth, improperly extracted teeth, untreated gum infection and traumatic injury. The most common diagnostic tool these days is the Cone Beam Ct scan, which is a dental adaptation of the CT scan used in medical diagnostics, but which produces a much lower x-ray exposure.

### Extraction of teeth, if needed, done properly

The key is not to find any old oral surgeon; the key is to find a dentist who will do it right, whether an oral surgeon or not. Patient must be protected from infected tissue running rampant throughout the body during the surgery, and the patient’s bony socket must be cleaned out so as to remove the periodontal ligaments (which make up a membrane) and a tough surface layer of the bony socket. Of course, removing all abscesses if patient has them and ideally removing hidden jawbone disease if it is there. A local anesthetic is what is usually used (not a general) and the local anesthesia should NOT contain epinephrine, which tends to promote excessive blood clotting and perhaps jawbone disease.

### Orthodontic work, if indicated, should be done in a holistic fashion.

Crooked teeth, bad bite, sleep apnea? Some holistic dentists have a specialty in doing orthodontics in a holistic fashion and the work they can do takes time and commitment from a patient but it can do wonders

for straightening the teeth, fixing the bite, and widening the dental arch. By making more room for the tongue, the airway and oxygen supply can be improved. This all can take you to better looking face and, far beyond, overcome the dangers of sleep apnea and find better health. Children can greatly benefit and generally respond more quickly than adults; but adults can also achieve great benefits.

**Testing for body burden of mercury**

It is wise to have mercury amalgam fillings replaced just from knowing that they are half mercury and that they give the patient a significant mercury exposure. Testing for body burden of mercury is not a prerequisite of that but patient and doctor may want to have a test done as a base line and to give other information. Today, the available test that gives the most information about mercury status and that is safe (doesn't use a "challenge" drug) is the Tri-test for mercury by Quicksilver Scientific. Don't waste your time and money on the typical blood test or hair test ordered by many doctors. They lack validity and sophistication.

**Is fluoride being avoided effectively?**

Fluoride causes crooked teeth, damaged teeth (dental "fluorosis"),

damaged bones and connective tissue, fatigue, accelerated "aging," thyroid impairment, lowered intelligence in children, and much more, so it is a poison to be seriously avoided. So, if you haven't changed your life style yet, move ahead to avoidance of fluoride in drinking and cooking water, toothpastes and all other sources. A daily dose of iodine may help gradually drive out the accumulated fluoride, except for those with Hashimoto's thyroiditis. A good quality of spring water, at 0.2 ppm of fluoride or less, should be acceptable. Some manage to use distilled or reverse osmosis filtered water.

**Are there TMJ problems?**

Some holistic dentists have a specialty in diagnosing and treating the problems of a worn out or misaligned jaw joint. If you have clicking, popping, while chewing, or "TMJ headaches" that come and go, have a knowledgeable holistic dentist check help you check this out and discuss treatment plan.

**Detoxification for mercury and other toxins needed?** The ultimate payoff to getting mercury amalgam fillings out, replacing toxic crowns and bridges, clearing up dental infections and all the rest is that this removes "barriers to detoxification" and allow the

patient to detoxify! Especially in difficult cases and with major health challenges, the patient should use a doctor or practitioner of some kind to coach him/her on the status of health and what the best individualized plan would be.

**Avoid being microwaved.** Part of that is avoiding hanging around a microwave oven – it is best to not use them at all – but part of it is avoiding or greatly minimizing the use of cell phone, cordless phones, Wi-Fi, smart phones and all other wireless devices because they all use pulsed, modulated microwave radiation to communicate with and that is seriously harmful to health. Being around any of these devices is like being around a microwave oven that leaks and leaks badly!

Holistic dental offices should not have Wi-Fi, which gives off microwaves that are not good for the patients or the staff.

For much more on avoiding microwaves, see the article on page 15 of this newsletter. ■



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## My Nightmare with Amalgams

By Annette (last name is withheld)

When I was 13 years old, I made the mistake of going to a dentist who insisted I had 13 cavities. It didn't occur to me at the time but if there were 13 cavities, shouldn't at least one of them be causing pain or discomfort? There was no pain or discomfort. That is not until long after he got done with me after drilling some of them out without using anesthetic. He filled those not-verified, possibly make believe cavities with gobs and gobs of amalgam. I went home and looked at them in the mirror. There weren't spots of amalgam here and there. Most of my molars were completely layered with it giving the appearance of mini skating rinks on all four quadrants. There were two crown-like covers on two of them, the same teeth but on opposite sides on top. It didn't occur to me until years later that if I had so much decay that it required that much amalgam, I would have had symptoms like tooth aches, but I didn't. I got butchered whether decay was present or not.

When I was 16 or 17, I started to change. I became

very withdrawn. I quit hanging out with my friends to stay home and read or watch TV by myself. As time went on I became even more withdrawn. Social phobic would have been an understatement. I was afraid to speak. In social settings, I would over-analyze everything I dared to say and after saying it, my words would echo through my mind with the over bearing connotation of "I shouldn't have said that." It was a nightmare. By the time I was 40 I looked like a zombie and my hair was as dry and brittle as a haystack. No products could tame the hair—I tried them all. I also developed low thyroid and an agitation disorder, both requiring meds.

At 43 I had the 30 year-old amalgams out. Shortly after having the 1<sup>st</sup> quadrant replaced with composite I began to feel that wall that had been surrounding me and isolating me come down. Removing the rest turned into the best investment I ever made.

I recall a time after having the mercury removed when I actually did say something that someone took offense to. I started to think, "I shouldn't have said that" when that thought was over-ruled by another thought carrying the connotation of, "If they don't like it, F' em." I am no longer afraid to speak. Also after a few months my hair returned to normal. ■



Annette, age 43



Annette, age 50

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## ***The Toxic Tooth - How a Root Canaled Tooth Might be Making You Sick***

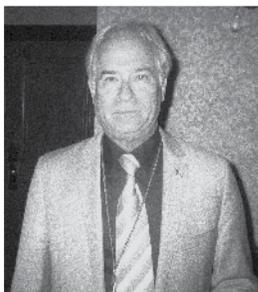
By Robert Kulacz, DDS and Thomas Levy, MD

Reviewed by Marc Dinola, DDS

**D**r. Weston Price, DDS, MD, clearly showed back in the 1930s that root canal treated teeth were the sites of focal infections. He revealed evidence that this procedure cannot completely sterilize a tooth; rather, such teeth consistently produce a reservoir of bacteria and toxins. Several years earlier, in 1923, Dr. Price reported a close connection between infected teeth and gums and cardiovascular disease.

In this book, authors Robert Kulacz, DDS, and Thomas Levy, MD, explain that all the connections between periodontal (gum) disease and systemic (body wide) disease can be logically extended to root canal treated teeth as a similarly unsuspected cause. In fact, root canaled teeth cause or worsen a whole host of systemic diseases. These two dental situations are related, they point out, in that the death of a tooth often results from periodontal disease advancing to the end of the root tip.

The root canal procedure is discussed in some detail: drilling into the inside of a tooth, trying to clean out the soft inside portion and then the attempt to sterilize the tooth. But it is impossible to completely sterilize the inside of a tooth, with its miles of micro-tubules and its intricate anatomy. The experiments of the research pioneer Weston Price proved that 100% of these teeth contained a very toxic load. These root canal treated teeth would kill his test rabbit subjects, even despite the fact that these teeth were



Thomas Levy, MD

supposedly “sterilized” before implantation into the rabbits. These results showed how the toxins lurking in those teeth could damage organs and kill the unfortunate test animals.

Today, new research using DNA findings validates old observations of Price and others. An abundance of anaerobic bacteria, toxins and heavy metals will escape root canaled teeth into surrounding tissues. Toxins and the infections themselves can move into the blood stream, often causing or contributing to systemic diseases. Because there is no blood flow into a dead tooth (and all root canaled teeth are dead) these teeth are not protected by white blood cells that would be needed to fight off infection. As a result, infections in a root canaled tooth cannot be killed effectively by the body.

Testing for the DNA of the microbes within a lesion reveals a list of infecting organisms. A more detailed linkage can now be made between bacteria and the systemic diseases they can cause. For example, the Streptococcus sanguis bacteria, found in infected teeth, contributes to endocarditis (inflammation inside the heart) as well as to blood clot formation.

Thus we learn in more detail the many links between periodontal disease and systemic illnesses, including stroke,

diseases of the lung, diabetes and rheumatoid arthritis. More than a hundred different bacteria have now been associated with chronic diseases.

Patient testimony is given showing how much healthier patients often become following the removal of their infected root canal-treated teeth. Many of them had previous severe health issues but became well after having these teeth properly extracted. Jawbone disease can also develop, often unnoticed, and occurs most often due to improper tooth extractions and due to the toxic root canaled teeth themselves. These jaw problems have been named many things from cavitations, osteonecrotic bone, to chronic osteotitis. Today our techniques and protocols include the use of a mix of oxygen and ozone gases, to kill infection, and also growth factors to insure proper bone healing and to decrease the likelihood of infection and its systemic spread. Correct removal of any tooth, whether root canal treated teeth or not, is described, so that infection and jawbone disease are not left behind and the extraction site will heal and fill in properly. This book sheds light on some very important topics in dentistry and health. ■



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## In *Mirror of the Body*, Dr. James Rota Tells of Holistic Dentistry and His Life Story

Reviewed by Leo Cashman

James Rota, DDS, a pioneer in the field of holistic dentistry, has finished a book looking back at his life, his evolution as a dentist into becoming holistic, and the mercury filling controversy. How vastly different his life would have been if mercury exposure had not wrecked his health and, out of his pain and suffering, provided a catalyst for growth and change. His story should be a lesson for others, if only they can learn from it. His mercury exposure began all too young when, as a boy, an older cousin gave him a vial of mercury. The mercury vial was tucked away in his sock drawer but he played with the mercury from time to time. He later realized that it was his childhood exposure to the mercury in this vial, that was tightly covered and was played with from time to time, that gave him allergies and learning difficulties. Later on in his youth after no longer being exposed to the vial of mercury, things improved; he excelled in the sciences and even considered a career in chemistry before settling on dentistry. As a navy dentist he placed a lot of mercury amalgam fillings, but he gradually became interested in a more health conscious practice of dentistry and a healthier lifestyle. A pivotal year for changes was 1985 when he recalls encountering a handful of anti-dental mercury protesters outside of a dental convention. This provoked some further reflection and he went on to read *The Toxic Time Bomb* by Sam Ziff in that year. After contacting Michael Ziff, DDS, leader of the IAOMT, he joined that academy for "biological dentistry." It was in its very earliest days back then and was still quite small. He joined up with an IAOMT mercury study group where a mercury assessment test showed that he was very mercury toxic; he went on to personally detoxify, using products and methods that were safer and more natural. He made his dental practice safer, with his removal of mercury amalgam fillings becoming safe enough to adequately protect himself and his patients. As a dental professor at a major university, UCLA, Dr. Rota was well positioned to become influential. Practicing in the vicinity of Hollywood and Beverly Hills, he became the holistic dentist of choice for some well-known actors and other celebrities.

In the remainder of his book, Dr. Rota goes on to describe the history of mercury amalgam fillings in



James Rota, DDS

dentistry, the devastation that they cause, and the role of the ADA in covering up the problem. He carefully reviews scientific claims of the ADA, and how those claims can be rebutted by the solid science put forth by IAOMT. He rounds out his picture of holistic dentistry by touching on dental-health subjects like oral galvanism (electrical effects), root canals, implants and more.

Rota's book describes in frank detail the suffering and misery that he himself suffered as a result of the dental amalgam mercury cover-up. His story shows how he gradually overcame his own biases and the miseducation of his dental school training to both develop a notable holistic dental practice and also personally arrive at better health. He became a holistic dental educator, one who always seemed to have had the courage to speak out. Others will be inspired by his story as they go along on their own journeys.

*Mirror of the Body, My Story About the Evolution of Dentistry*, by James, Rota, DDS, is available from DAMS. ■



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# Anesthesia Choices in Children's Dentistry: General, Local or None at All?

An Interview with Dr. John Laughlin, III, DDS

*Infants who require multiple exposures to medical anesthesia in the first two years of their lives have a higher chance of developing attention deficit hyperactivity disorder (ADHD) as they grow, a study published in the Mayo Clinic Proceedings has found. The greater the number of surgeries and the longer the child was unconscious, the greater was the risk of developing ADHD, according to the study's author David O. Warner, M.D.*

*Dr. John Laughlin, DDS, is a holistic dentist who treats many children. We interviewed him about his approach to anesthesia in children's dentistry.*

## **DAMS: Tell us about your approach to anesthesia in dental care.**

**Dr. Laughlin:** There are two types of anesthetics. A local anesthetic is your typical locally numbing shot, while a general anesthetic is some type of sedation that causes the patient to become unconscious or heavily sedated. I have usually tried to avoid the use of even a local anesthetic by giving the option to the patient as to whether or not it would be used. I have also had nitrous oxide (laughing gas) available as an alternative to a local anesthetic (injection/shot). While both tax the detoxifying processes of the liver and the kidneys, nitrous oxide is eliminated more easily. That being said, I also try to avoid the use of nitrous oxide.

**DAMS:** How is it possible to remove decay out of a tooth without an anesthetic? Most dentists use at least a local anesthetic.

**Dr. Laughlin:** The tooth decay is dead tissue with no nerve endings, so drilling on it produces no pain.

It is only if you get close to healthy tissue that sensation occurs and it is when we reach that point that we switch to a slow speed drill. In our preparation for the restoration/filling, we use a high speed drill to gain access to the decay and then we switch to a slow speed to remove it. The slow speed has a vibrational quality that provides a numbing effect, thus easing pain issues. With severe cases of decay, we don't even use the high speed drill, but only the slow speed. The advantage of no anesthetic, in cases such as this, is that sensation (some pain) occurs when vital (living) tissue is approached and then the patient raises his/her hand. We then put in ozone [which kills germs] and a medicated restoration called Intermediate Restorative Material, IRM, for killing infection and calming the nerve inflammation, as a preliminary step prior to doing the final restoration. Of course, all these extra steps require more time to be set aside for the restorative appointment. This technique allows us, in most cases, to avoid nerve damage if the decay has not gone too far.

**DAMS:** What do you mean by slow speed drill?

**Dr. Laughlin:** Electric powered drills have a range of 40,000 revolutions per minute (RPM) at the high end, all the way down to 1-2 RPM. We usually use the slow speeds of about 60 to 900 RPM to removed decayed tooth structure. We have a foot pedal that allows us to vary the speed accordingly with accurate precision.

**DAMS:** What advantages are there for the patient when the dentist does not use an anesthetic?

**Dr. Laughlin:** First, we are able to adjust the bite more accurately, following placement of the filling/restoration material, thus requiring fewer unplanned follow up bite adjustment appointments. Second, less nerve damage occurs from drilling of the tooth due to the fact the patient can give us feedback regarding sensitivity, i.e., feeling some pain, when not numb. Third, often, less pain occurs following the restorative appointment. Finally, as mentioned earlier, the kidneys and liver are not taxed as they would be



Here the child is held in the mother's lap as they both lay back in the dental chair. This helps comfort the child.

from the use of an anesthetic.

**DAMS:** Why don't more dentists give the option of no anesthetic?

**Dr. Laughlin:** If the dentist is not able to deal with the child's behavior, then he or she may feel the need for using faster dental materials and techniques, which require anesthetics. For

*Continued on page 12*

## Interview on Anesthesia in Children's Dentistry

Continued from page 11

the normal dental procedure, stainless steel crowns [toxic!] and mercury amalgams [toxic!] allow a technique that is faster than one using composite materials. Composites are more difficult and time consuming to use, but are more biocompatible than the often used stainless steel crowns, which contain nickel, or amalgam restorations, which contain mercury. IAOMT.org, the web site of International Academy of Oral Medicine and Toxicology, has good information regarding dental material usage.

**DAMS:** In what situation do you recommend general anesthesia as opposed to a local or none at all?

**Dr. Laughlin:** That's difficult to answer, as it depends on the dentist and patient. I try working with airway, the oxygen - carbon dioxide balance, breathing techniques, nutrition and empowering the child or adult to alert us in case of sensitivity/pain, in which case we have various anesthetic options, before referring for general anesthesia/hospital dentistry. For some very young children we have the child lay in the lap of a parent. This helps comfort the child. We find it often works better than the papoose board or

restraining belt, as are sometimes taught. We suspect it may also reduce post-traumatic stress for both the child and the parent. Dentists who are authorized to use IV sedation/general anesthesia, nurse anesthetists and medical anesthesiologists all hesitate to use general anesthesia for children and infants, as they recognize the serious risks of its use. So, if there is any possibility to avoid it, I believe we should.

**DAMS:** What do you mean you would "work with the airway?"

**Dr. Laughlin:** It includes a number of things. If children come in with severe decay, they may be mouth breathing, thereby causing decay to flourish as a result of dry mouth. We try to find the cause of the decay and the mouth breathing and then work to eliminate those causes. The immune system has to be considered, as well as production of healthy saliva and proper nutrition. Proper jaw support to facilitate improved tongue position and airway functioning may require a special dental appliance and/or building up the bite. There are some cases which require building up the bite prior to restoring the teeth. I almost always see a child with behavioral issues become

totally cooperative once the bite is open and the airway is normalized. Roger Price, a Respiratory Therapist formerly from Australia, has a 35 minute video on the benefits of balancing oxygen and carbon dioxide at his web site [breathingwell.com.au](http://breathingwell.com.au).

**DAMS:** How does building up the bite or using an appliance help the airway?

**Dr. Laughlin:** Anything that brings the jaw down and forward creates more "tongue space," i.e., more room for the tongue to come out of the throat, thereby improving the oxygen - carbon dioxide balance. This can alleviate problems such as fear of laying back in a dental chair, night terrors, on edge feelings, emotional disturbances, temper tantrums, panic attacks and a severe gag reflex.

*Dr. John Laughlin, III, DDS, a dentist in River Falls, Wisconsin, began to avoid dental mercury in 1976 and went on from there to a more holistic dental practice. He is a past president of the Holistic Dental Association. His practice is called Health Centered Dentistry, web site [www.healthcentereddentistry.com](http://www.healthcentereddentistry.com).* ■



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## Can Jawbone Disease Cause Cancer, Immune, Cardiovascular and Neurological Disease? Findings of RANTES Provide Key Evidence

By Leo Cashman with Johann Lechner, DMD

The discovery of an inflammatory chemokine called CCL5/RANTES in all test samples of jawbone disease tissues has provided strong evidence pointing to jawbone disease. RANTES is a protein that acts as cellular messenger, sometimes signaling the cells to do good things, such as killing viruses but, more often, bad things, such as starting the process of cancer, promoting its spread, or promoting an auto immune or neurological disorder such as Parkinson's disease. Studies coming out of Germany in recent years show strong evidence of a significant relationship between the jawbone diseases variously known as fatty-degenerative jawbone (FDOJ) or jawbone osteonecrosis (JON) and these chronic illnesses. The key evidence was the discovery of trouble-making chemokines, primarily RANTES, in the tissue samples from human patients that have been tested.

Research summaries on CCL5/RANTES and its link to cancer, auto immune disorders, atherosclerosis and other chronic disorders can be found by putting the phrase CCL5/RANTES into a search engine.

The chief author is much of the leading edge research on the connection between jawbone disease and chronic health conditions is Johann Lechner, DMD, a holistic dentist in Munich, Germany. Case reports provided by Dr. Lechner indicate that, in some cases, breakthroughs in overcoming auto immune disorders and other chronic illnesses have been achieved by 1) diagnosing jawbone disease using three dimensional imaging (he uses a Cavitat, an ultrasonic device), 2) surgically cleaning out jawbone disease as necessary and 3) allowing the jawbone to grow back healthy



Johann Lechner, DMD

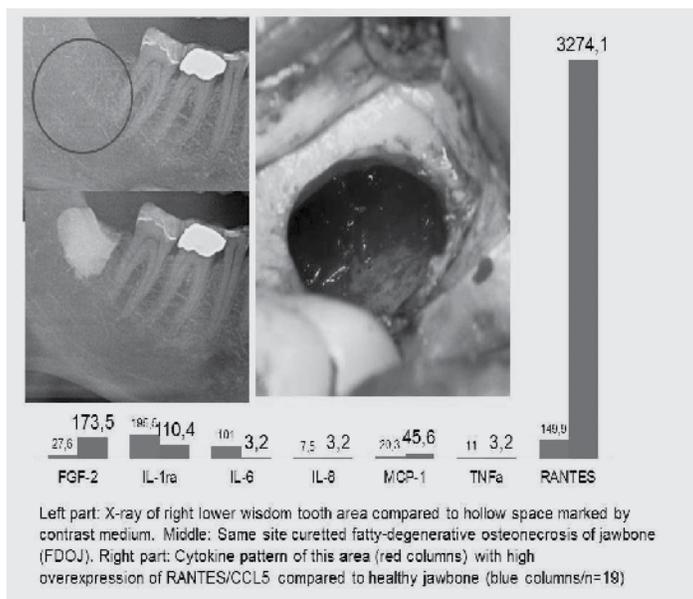
bone. In order to facilitate examination of the research papers published by Dr. Lechner and his research team, we are providing a listing of the studies below, with complete references to them and even links to the original published articles. This may help these fatty-degenerative jawbone diseases, known under their various acronyms as FDOJ, JON or NICO, to become better known and studied world-wide.

1. In June 2010, a pilot study with only six samples of jawbone diseased tissue showed high concentration on RANTES in silent inflammation in jawbone among the 27 tested possible cellular messengers. The "Immune messengers in Neuralgia Inducing Cavitation Osteonecrosis (NICO) in jaw bone and systemic interference," was published in the *European Journal of Integrative Medicine*. A link for downloading this study is <http://tinyurl.com/jo275eu>.

A link for getting the article in ScienceDirect (Elsevier) is: <http://tinyurl.com/ns9znwx>

2. In April 2013 a study suggests that these same jawbone diseases FDOJ, JON or NICO might serve as a fundamental cause of immune diseases, through overexpressed immune messengers RANTES and FGF-2 production. Thus, they and the immune messengers serve as a possible cause. Removing FDOJ/JON/NICO, as with

jawbone disease surgery, may be a key to reversing systemic diseases. The paper "RANTES and fibroblast growth factor 2 in jawbone cavitations triggers for systemic disease" appeared in the *International Journal of General Medicine*. Free download: <http://tinyurl.com/ja9zc9o>. A link to where it appears in PubMed is <http://tinyurl.com/ztqc5bw>.



Continued on page 14

## RANTES Links Jawbone Disease to Chronic Illnesses

*Continued from page 13*

3. In May 2014, a paper was published confirming that FDOJ/ JON produces high levels of RANTES, a cytokine known to be implicated in breast cancer and its metastasis. Levels detected in the jawbone disease tissue samples are five-fold higher than that previously reported for breast cancer tissue suggesting its role as a cytokine source in breast cancer. The authors hypothesize that the jawbone disease may serve as an expeditor of breast cancer progression, through production of RANTES. The article, entitled "Hyperactivated Signaling Pathways of Chemokine RANTES/ CCL5 in Osteopathies of Jawbone in Breast Cancer Patients Case Report and Research" is found in the *Journal of Breast Cancer: Basic and Clinical Research*. A link to this in PubMed is <http://tinyurl.com/p7v1xb6>.

4. In August 2014, a paper was published suggesting that two-dimensional x-ray imaging is not adequate for detecting the jawbone diseases such as FDOJ or JON. It concluded that two dimensional imaging is "objectively not suitable for depicting FDOJ." This finding helps explain why the presence of such jawbone disease has, in the past, so often gone undetected.

The paper "Validation of dental X-ray by cytokine RANTES – comparison of X-ray findings with cytokine overexpression in jawbone" was published in *Journal Clinical, Cosmetic and Investigational Dentistry*. Free download at <http://tinyurl.com/qxuu2dx>.

A link to this paper in PubMed is <http://tinyurl.com/ogzdqr9>.

Thanks to Dr. Lechner for providing us with above summary. His website [www.dr-lechner.de](http://www.dr-lechner.de) has a menu item "Scientific Publications" which describes his work in English and gives the links. ■

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## Microwave Hazards Are Many But Here Are Ways to Avoid Them

By Leo Cashman

### They knew but they did not warn

In Chapter 24 of the book *Mind Control, World Control* author Jim Keith writes, "During the 1960s high levels of electromagnetic radiation were detected at the US embassy in Moscow. It was determined that the face of the embassy was being systematically swept by the Soviets. One guess was that a microwave beam was used to activate electromagnetic equipment inside the building; another guess was more macabre: that the beam was being used to disrupt the nervous systems of American workers in the embassy. Giving weight to the latter supposition was the fact that many employees became ill. Ambassador Walter Stroessel suffered a rare blood disorder likened to leukemia, and experienced headaches and bleeding from the eyes. At least two other employees contracted cancer. According to researcher Alex Constantine, rather than informing embassy personnel of what was going on, the CIA chose to study the effects of the irradiation." (pp 201-202). On p. 203, it goes on to say, "Dr. Dietrich Betscher, a German scientist employed by the American government, irradiated 7,000 naval crewmen with potentially harmful levels of microwave energy at the Naval Research Laboratory in Pensacola, Florida, and talked about it in a symposium in 1973. Dr. Betscher disappeared soon after the experiment." His friend Dr. Robert O. Becker got a last call from Betscher, who said, "I'm at a pay phone. I can't talk long. They are watching me. I can't come to the pay phone or ever communicate with you again. I'm sorry. You've been a good friend. Goodbye." In September 1985, members of the Greenham Commons Women's peace camp

in Great Britain, protesting at a US Air Force Base there, "began experiencing a wide range of unpleasant physical symptoms including headache, depression, disorientation, memory loss, vertigo, and changes in their menstrual cycle. The effects began soon after security at the base was switched from human guards to primarily electronic surveillance. Microwave readings taken at the site were 100 times as strong as at other nearby areas." p 206 of Keith. Another source who confirms all of this and more is Dr. Barrie Trower, a former British microwave research insider, now truth teller. Trower tells of military experimentation in project TETRA, which is still ongoing, on use of microwaves to affect behavior and health. Trower says that if a child talks on a cell phone for just two minutes, the child's brain will not function normally for the following two hours. If that child uses a cell phone repeatedly in the course of a day, as some may do, the child then incurs ongoing brain damage.

**Microwaves** are the electromagnetic radiation waves at the highest frequency part of the radio frequency spectrum, with frequencies ranging from 300 MHz (wavelength of 1 meter) to 300 GHz (wavelength of only a millimeter). If you go to even higher frequencies,



Yes, they're ugly but also quite harmful. Cell towers like this one grace almost every neighborhood of every American city.

shorter wavelengths of EMFs, you get into the infrared radiation part of the spectrum, better known as "heat waves." Going into even higher frequencies, you get into visible light, first red light and then, finally violet light. Since their frequencies are the highest of the radio waves, microwaves have the shortest wavelength of all the radio waves, so they are dubbed "micro"waves.

While humans and animals are built to handle ample amounts of light and infrared (heat) waves, without harm and even to our benefit, we are not designed to handle the large exposures to microwaves that we are often getting today. Even though our exposures are not intense enough to heat us up and *cook* us, (they are not "thermal"), they are strong enough to *harm* us. The fact that they are pulsed and also modulated (modified to carry the communication information) makes them *more harmful* to living things than they would be if they were not pulsed or modulated. Today, despite our government's deep knowledge of the harm that microwave radiation can do, wireless gadgets are being allowed to be used with reckless abandon for communication purposes of all kinds, in our schools, our workplaces, our homes - virtually everywhere. Increasingly, people go to bed with cell phones by their

*Continued on page 16*

## Microwave Hazards, Solutions

*continued from page 15*

bed, Wi-Fi still turned on, and then wonder about feeling stressed, anxious and unable to sleep! Clueless about the microwave radiation, they and their doctors often end up with a quick-fix solution for better sleep or for depression, the catch-all diagnosis for many symptoms. The drugs, of course, do not address any of the fundamental causes of what is going on.

FDA has failed in its responsibilities to set any health standards for most of the microwave emitting devices - cell towers, cell phones, Wi-Fi and now, utility meters that are dubbed "smart" meters. The big media has also failed to inform the public, despite the alarms that have been voiced for decades by independent scientists. That excessive and persistent microwave exposure is setting us up for insidious damage to our hormonal system, our immune system (increasing tumors and cancers) and our brains and nervous systems (everything from depression to Parkinson's disease and dementia). Some people show more sensitivity to this type of radiation than others, we are all strongly affected by it. Let us now discuss some of the devices that expose us to microwaves and what we can do to avoid this exposure.

**Cell towers** In driving about a city that you know, avoid going right past the cell towers and the rooftop cell antennas as much as possible. Do not live or work within a quarter mile of such cell tower/ cell antenna sources.

**Cell phones and cordless phones** Use cell phones only for emergencies, as for a car trip into a remote area or during severe weather. Then, when using a cell phone, hold it an inch or more away from your head - there's an antenna in there and the radiation levels

are enormous when you are close to that antenna. Cordless phones always provide dangerous levels of microwave exposure and they should be discarded in favor of corded phones, aka land lines.

**Wi-Fi (wireless internet connections), wireless keyboards, wireless mouses, printer with wireless connection.** These wireless features allow us to eliminate cords, but the wireless feature comes at a price to our health: the microwaves are coming through the air instead of staying within a wire and we are getting

microwaved - not enough to be cooked but enough to be harmed. (Have you ever noticed feeling "fried" after spending a long time at the computer station that has the typical wireless setup?) BlackBerries and iPhones that receive internet signals and answer them also expose the user with dangerous levels of microwaves.

Better choice: use a wired internet connection so as to avoid the Wi-Fi approach altogether. Usually that means signing with your local telephone company for a land line and then also bringing in you internet connect through that phone line, into a computer modem and, from the modem, internet is brought by a yellow Ethernet cable into your computer's Ethernet connection. Replace a wireless mouse and a wireless keyboard

with corded ones. Getting a printer with a wired connection can be challenging because nowadays most computer printers have a wireless

capability that cannot even be disabled. We have discovered a great solution in some of the simple low-end printers like the inexpensive HP 1510 that prints, scans and copies, and connects to the computer only with a USB cable. This is desirable because the user doesn't have to worry about disabling or switching off a wireless feature: it has no antenna and there is no wireless feature

that needs to be shut off.

**Switching off the wireless notebook/laptop computers.** Actually, the manufacturers have quit calling them laptops anymore probably because they realized it is legally negligent, knowing what they certainly know, to encourage people to put them on their laps and thereby encourage infertility and cancer in those private parts of the body. A notebook computer has a little indicator light on control key F12 (or F11 on some computers) that has to be turned off (press once, if need be) in order get the notebook computer to quit blasting out microwaves (it is trying to find a Wi-Fi source). Look for it and ask tech support which setting turns that wireless behavior off (on our notebook, the blue light means you are unsafe, it is in the wireless



Do no harm? This high school girl, Jenny Fry, could not stand the Wi-Fi in her school; it made her sick, but the school would not listen. She committed suicide.

mode, and the red light means you are safe, the wireless feature has been disabled). Nowhere will you find this helpful information in the manufacturer's installation instructions.

**Microwave ovens** Test meter measurements always show that microwaves leak microwave radiation and leak badly. What to do? Get rid of the microwave oven. It harms the food, making it unhealthy to eat, and it provides a microwave radiation hazard to people who are in or near the kitchen when the microwave oven is operating. FDA does have a safety standard for exposure from a microwave oven and it is very lax and not protective of our health. So beware. When you are a guest in someone's home and a microwave oven is turned on, get out of that kitchen so that you are shielded by at least a wall between you and the microwave oven.

**Dirty Electricity** This refers to the higher frequencies of voltage and power that are put onto the wiring in a building by certain devices 1) in the same building, such as CFL light bulbs, plasma TVs, or 2) by sources out in the neighborhood such as cell towers, smart meters, and electrical substations. Think of dirty electricity as "noise" or pollution that rides along with the voltages, current and the power that is being delivered on the building's wiring. This junky, noisy power can be detected as voltages or currents that are at a much higher frequency than the 60 Hz that the legitimate power signal has. Dirty electricity can affect us because it gets into the devices we use all the time (lamps, lights, computers) and radiates out at us, harming us; even unused electrical sockets radiate out some junk radio frequency radiation at us. The frequency of this junk radiation is much lower than that of microwaves but it still is harmful

and, for example, can cause cancer. What to do? Put filters into some of your unused electric sockets, so as to filter out the undesirable higher frequency junk that is on the wiring. Companies such as Greenwave and Graham Stetzer sell these filters and can advise you on how many filters may be needed to abate the dirty electricity problem you have. It is still a good idea to avoid use of known causes of dirty electricity such as CFL light bulb, plasma TVs, smart meters and other known sources of dirty electricity and to not live too close to cell towers or electrical substations. Reference: Dirty Electricity, by Sam Milham, MD.

**Smart meters** These are utility meters used to measure your electric, gas and water usage and the new push nationally and internationally is to replace all meters that would be read by a meter reader (a person) and with meters that instead blast out the meter's information with short bursts of microwave pulses that are put out (typically) day and night, around the clock. Some smart meters blast out their pulse of microwave energy every ten seconds or so. The installation of smart meters poses a whole new health menace to the residences and office buildings that have them, like a monster that you are forced to live with and that never goes away.

What do they look like? These new meters tend to be all digital (having a row of electronic numbers) instead of having the old pointers that point to numbers around a circle. The utility companies typically treat you as a dummy (not "smart") if you don't want to have such a meter installed on your home (they correctly say that smart meter radiation levels fall within FDA standards; of course they do, the FDA has set no standards for smart meters). The

big utilities typically force you to get a smart meter and it has been a difficult battle in many homes to keep them out. What to do? Read more about stopping them at web sites such as StopSmartMeters.org and EMFsafetyNetwork.org. View the film, Take Back Your Power, by Josh Del Sol. If push comes to shove and the utility has installed a smart meter despite your objections, consider installing a shield from a source such as [www.SmartMeterGuard.com](http://www.SmartMeterGuard.com), to block most (over 90%) of the microwave radiation from coming at you. (See patient story by Carol Ward, next article). Of course, also figure you have some dirty electricity to also deal with, and get some dirty electricity filters to help reduce that hazard.

**Get your own test meter for microwaves.** In this day of menacing microwaves, many of us many want to get our own test meters, which are usually called RF meters (they measure RF, radio frequency, radiation and that includes microwaves) to know when and where we are being exposed to excess microwave or RF radiation. With the help of a test meter, we educate ourselves and we are also able to show others that hazard that they cannot see and perhaps cannot sense. Better test meters cost \$500 and up to and beyond \$1000. Cruder measurements can be supplied by cheaper test meters such as the Cornet ED78s, which costs about \$130.00. You can buy them from [www.StopSmartMeters.org](http://www.StopSmartMeters.org). A source of test meters and a whole variety of shielding and protection products is [www.LessEMF.com](http://www.LessEMF.com). The web site [www.EMFhelpCenter.com](http://www.EMFhelpCenter.com) demonstrates these and other testing devices. DAMS has no connection to any of these companies or organizations. ■

## My Smart Meter Story

By Carol Ward,  
Vice President of DAMS

On January 13 as I was leaving my apartment building, a technician approached me, carrying a box. Parked on the side of the street was a utility truck from PECO, the local electric company. I asked him if he was going to install a smart meter and he said, “yes” barely hiding a smirk. By this time, I was somewhat resigned to it because I had received three or four letters from PECO warning me that my power would be cut off if I didn’t allow the meter to be placed. Also I had checked the internet and found that the installation was required by a state law.

I asked the technician if he knew about the detrimental health effects of smart meters. His facial expression was glibly dismissive. After he had done his work, I went down to the basement of my building to see what the new meter looked like. It was new, shiny, and had my apartment number above it. Initially the meter displayed a row of zeros, but then the numbers jumped suddenly to 7,000. I wasn’t sure what that meant but it didn’t look reassuring. It looked to me as if the flash from zero on up indicated something about the *microwave* emissions of the smart meter. My wariness stemmed from my experience in 2002 when several cellphone towers were placed on top of the apartment building across from my home. I then suffered from chronic exhaustion, tissue heating (resembling unending hot flashes), and two-hour sleep cycles. After moving away, it took quite a while for my body to recover.

Back to January 14, the next day, I began feeling the new meter’s effects. I went to a meeting downtown and found that I could barely drag myself up the subway steps. I am not usually like this. Soon I could not organize anything, even the simplest task was a great effort. I would forget half the

things I needed and have to start over again. Chronic fatigue I knew, but this was different. It was like living life as a worn out dishrag. I felt like a rat in a cage. Insomnia in two-hour cycles set in the next night. To round it all out, I developed a rash on my arm and had ear pain. One night I had arrhythmia which I had never had before. You work so hard to get well and then this has to happen!

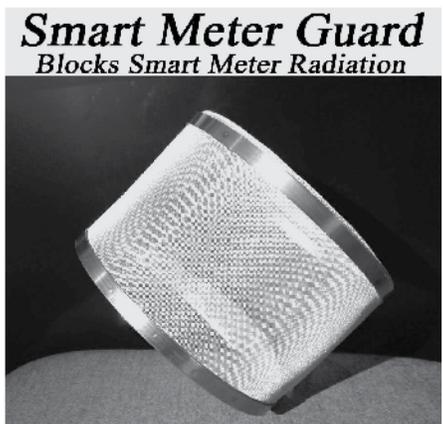
In the next few days, I discovered that I could get some relief when I spent time outside in the park, especially if it were sunny. Then I would feel rejuvenated for a few hours. Later I had friends over. I told my tale of woe about the newly installed meter. That night they emailed me some helpful suggestions. One email gave me information about a California company which manufactures a smart meter guard. Its website [www.smartmeterguard.com](http://www.smartmeterguard.com) included a great number of highly positive emails from satisfied clients. I wasted no time buying their product. Just to be sure I did it right, I had a friend place the guard which went right over the smart meter.

I began sleeping better and I could think again and organize my thoughts. I didn’t forget every single thing when I needed to do a complex task. My life was back again. Just as the feedback from the smart meter guard promised, the new device, the smart meter guard, seemed to be 90% effective in protecting me from microwave radiation.

The state of Pennsylvania is at the beginning of massive smart meter installation. But I talk about these meters to everyone who will listen. People need to be aware of how destructive they are. I recommend that people watch the DVD, “Take Back Your Power.” It gives compelling example of the dangers of smart meters. A

naturopath/chiropractor took blood samples after exposing various patients to such meters. The reaction was the same for those who felt bothered by the meter and those who did not. Their blood cells always showed a distinct, unhealthy clumping pattern.

It is disturbing that utility companies, in order to cut down on energy usage, engage in stealthy, unfair practices without any concern as to the effects on health. Is America the land of the *free*? Free to suffer a score of side effects including heart attacks, birth defects, and cancer? All without any choice in the matter? If the goal is really to reduce energy consumption, why don’t the utility companies initiate a large-scale campaign to persuade the public to cut down? It’s just possible that people can pull together and voluntarily use less energy. ■



Shielding options for protection from smart meter radiation are offered by Safety First Shields, [www.SmartMeterGuard.com](http://www.SmartMeterGuard.com), phone 408-621-3304  
*Please do not call this number before noon eastern time, which is 9:00 am pacific time.*

This is for information purposes only; this is not an endorsement or an advertisement.

## Give Me a Megaphone - Ginger Farver's Story

Excerpted from the book *Electronic Silent Spring* By Katie Singer

My younger son Rich began studying political science at San Diego State University in the Fall of 2006, when he was twenty-six. He immediately began experiencing new things: panic attacks, short-term memory problems, headaches and low energy. I knew there was a problem. I didn't know what to do about it. He received his Master's Degree in political science there in 2007. In March of 2008, after Rich had his first seizure, a neurosurgeon told him, my husband, Craig, and me that Rich had a glioblastoma multiforme brain tumor. Everyone knows what a brain cancer diagnosis means. The life we'd known until then was over. Somehow, I managed to ask, "What causes it?" The brain surgeon said, "Using a cell phone."

Rich died seven months later, in October, 2008. After I could make it out of bed and off of the couch, I started doing research about cell phones and brain cancer. Eventually, I found an article about a brain tumor cluster in the political science department at San Diego State. Four men, including a graduate student, had gotten brain cancer. Three of them had died. That graduate student was my son. This piece was posted in 2009. Since then, I have learned of seven more employees-- mostly professors who worked in or near the political science building-- and four more students have gotten brain cancers or "undisclosed" cancers. Most of these people have died.

Two of my son's childhood friends have been diagnosed with glioblastomas. These brain tumors are caused by a leak in the blood-brain barrier. Using a cell phone for two hours weakens this barrier.

I went back to the SDSU campus about a year after Rich died and saw two enormous cell towers

near the political science building. I began to wonder if they also played a part in all of these people getting sick. I requested that SDSU conduct a toxicology study. The epidemiologist they hired found "no unusual signal strength" on the campus. Unfortunately, that epidemiologist was right: the radiofrequency radiation emitted by SDSU's cell towers is *not* unusual.

I no longer have a cell phone. My husband and I quit our Wi-Fi and got cabled Internet access. I have become active in the movement to stop "smart" transmitting utility meters. According to 54 scientists and health professionals from around the world, if a "smart" meter is located on a wall with a bedroom or kitchen, the radiofrequency exposure can be the same as if you're within 200 to 600 feet of a cell tower with multiple carriers.

I do not want another family to go through what Craig and I have gone through. Please, join us in learning about the biological effects of wireless technologies. Please, join us in reducing our emissions of and exposure to electromagnetic radiation.

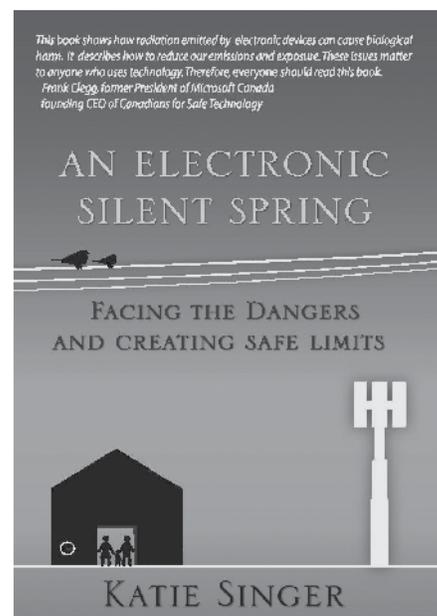
### A few basic facts about mobile devices and health, by Katie Singer

[www.electronicssilentsspring.com](http://www.electronicssilentsspring.com)

1. Every cell in our bodies functions by electro-chemical signals.
2. While they operate, wireless devices such as cell phones, DECT cordless phones, iPads and transmitting equipment and services such as cellular antennas, Wi-Fi and "smart" meters emit electromagnetic radiation (EMR). EMR penetrates buildings, trees, people and wildlife.
3. Our electronic devices operate at frequencies and amplitudes that are *not found* in nature.
4. Most people on earth now live

with chronic exposure to EMR.

5. What are the short and long-term consequences of exposure to EMR? [www.biointitiative.org](http://www.biointitiative.org) and [www.saferEMR.com](http://www.saferEMR.com) are dedicated to answering this question.
6. How can we immediately reduce our EMR exposure and still function? *An Electronic Silent Spring* and [www.electronicssilentsspring.com](http://www.electronicssilentsspring.com) are dedicated to this question.



### Resources:

Katie Singer's "Calming Behavior in Children with Autism and ADHD" presents a pediatrician's free protocol for reducing EMR exposure. <http://www.electronicssilentsspring.com/calming-behavior/>

Katie's talk about electronic interference with medical implants: <http://www.electronicssilentsspring.com/aiming-to-first-do-no-harm>

For an 8-minute video warning pregnant women and children about EMR exposure (from Yale Med Schl's head ob/gyn, Dr. Hugh Taylor), please view <https://www.youtube.com/watch?v=vpsixxrZrDg>

## Fluoride Revealed as Menace to Pregnant Women, Their Babies

By Leo Cashman

It affects about 5 percent of pregnancies, making it the most common condition affecting pregnancies. Yet the cause is said to be "unknown." The disorder is called **preeclampsia** and it is marked by elevated blood pressure and by abnormally high levels of proteins being found in the woman's urine. It most often appears later in pregnancy, but it can appear closer to the half-way mark, or 20 weeks, and the earlier occurrence is associated with a greater likelihood of its progression to becoming a greater threat to the woman's health and to her prospects for going full term with a normal delivery. In preeclampsia, the blood vessels become constricted, causing high blood pressure and possible impairment of the woman's liver, kidneys and brain. For the developing fetus, the results can be poor growth, too little amniotic fluid and premature separation of the placenta from the uterine wall. Preeclampsia is a leading cause of pre-term birth, which is associated with low birth weight, higher infant mortality and other health disorders. A most severe complication of preeclampsia is eclampsia, which is marked by seizures and which is often accompanied by vision disorders, mental confusion, and intense abdominal pain.

Writing in the May 2015 issue of *Townsend Letter*, John D. MacArthur extensively reviewed new evidence indicating that the toxic effects of fluoride are a major cause of preeclampsia. He found the evidence so overwhelming that he suggested that preeclampsia be henceforth called "placental fluorosis." This is because of new, compelling evidence that it is elevated fluoride, through

its causing calcification of blood vessels that results in the high blood pressure. Calcification of blood vessels in general is a well-known impact of excessive exposure to fluoride. Further, it has now been found that fluoride's action inside the cells of the placenta impairs the ability of a placental cell to produce normal proteins that can work properly. The mechanism of harm is known as "ER stress," and this has been known for 20 years as the mechanism that harms the production of proteins by dental cells, resulting in the dental pathology known as "dental fluorosis" in which both the enamel and the dentin of the teeth are inferior and tend to crumble apart. The "endoplasmic reticulum" (ER) is an organelle found inside of all cells and it is in the ER where proteins are developed and then folded into the shape that allows them to work properly. Fluoride has a particular ability to harm the operation of the ER protein factories, causing ER stress, and this is what is happening in preeclampsia. As the article says, "Reduced protein synthesis, caused by ER stress, has a severe detrimental effect on placental development by causing decreased levels of many hormones, growth factors, and regulatory proteins – leading to the placental insufficiency and dysfunction of preeclampsia."

**The link between fluoride and the hypertension seen in preeclampsia seems to be now well established.**

CT and PET scans show that elevated levels of fluoride are associated with blood vessel calcification; there is a "positive association," he writes, "between

excess fluoride exposure from drinking water and prevalence of carotid artery atherosclerosis in fluoride endemic areas." Women who have had preeclampsia are more likely to have cardiovascular and cerebrovascular (brain blood vessel) diseases following that; a toxin like fluoride in the water and the food would be the common environmental thread behind that correlation. The fluoride link to preeclampsia can explain the widely shared observation that



calcium supplementation seems to prevent or reduce the severity of preeclampsia in regions where calcium intake is low. Calcium's ability to bind strongly with fluoride is well known; additional calcium added to the diet would help bind up the fluoride that is in a woman's water or the food, reducing the amount of fluoride that is absorbed from a meal into her body.

**Acetaminophen, another risk,** enhances the fluoride problem. This finding actually provides another piece of evidence for the link between fluoride and preeclampsia. Acetaminophen, sold widely over the counter as Tylenol, is associated with an increased risk of preeclampsia

when taken by the mother in the third trimester. What could be the mechanism for that effect? A rat study found that acetaminophen greatly reduces urinary excretion of fluoride, making the exposure to a given amount of fluoride much more dangerous. Acetaminophen is not a very safe drug in general, but its use during pregnancy, especially when the woman has a fluoride exposure, makes its use disastrous.

### **Fluoride harms hormones that are crucial to a healthy pregnancy**

Fluoride has adverse impacts on both the thyroid gland, tending to cause hypothyroidism, and on the pineal, which is important for its production of the hormone melatonin. Researchers have found that melatonin, an important hormone for both mother and baby, is deficient when there is preeclampsia.

### **Fluoride dental treatments increase risk of preeclampsia**

Women who have received dental fluoride treatments for treating their periodontal disease are more likely to develop severe preeclampsia than women without such a prior history of treatment.

In conclusion, although calling for more research, MacArthur urges that any woman who is pregnant (and, we would say, who might become pregnant) should not swallow fluoride in supplements, use fluoride in any dental products or procedures, or drink fluoridated water or beverages, so as to prevent preeclampsia and its threat to her pregnancy. ■

## **As Fluoride Polluter Gets Huge Fine its Fluoridation Scam Continues**

By Leo Cashman

**I**t turns out that North America's biggest phosphate fertilizer producer is also one of America's worst environmental polluters, as revealed by a crackdown lawsuit and a recently announced out of court settlement. But what is arguably the polluter's biggest affront to the environment and, certainly, to public health, goes unnoticed and unmentioned in the consent decree calling for a \$2 billion pollution settlement. Namely, it ignores that the polluter is scamming the American by getting over two-thirds of America's people to drink its most hazardous wastes, supposedly for the purpose of preventing tooth decay in children.

**A CEO's Generous Pay** Mosaic Corporation broke into the business news pages last April when it was reported that its president and CEO, James Propopanko, received total compensation of almost \$16 million in year 2014. Mosaic, the owner of phosphate fertilizer plants in Florida and Louisiana, is always described as being in the "crop nutrition industry." There is no mention of its massive sales of its acidic fluoride wastes under the pretense that drinking diluted amounts of those wastes will serve to reduce child tooth decay.

**Huge Environmental Fines Agreed to** In October it was reported that Mosaic entered into a consent decree with the Environmental Protection Agency (EPA), and the Florida and Louisiana environmental protection agencies in order to "ensure the proper treatment, storage and disposal of an estimated 60 billion pounds of hazardous waste at six Mosaic facilities in Florida and two in Louisiana." A U.S. Justice Department news release said that the waste piles at these facilities "can reach 500 feet high and cover more than 600 acres, making them some of the largest man made waste piles in the United States." ■

**Too Sweet a Deal?** The non-profit group Fluoride Action Network (FAN) criticized the settlement deal for ignoring what may be Mosaic's most outrageous conduct: selling its hazardous acidic fluoride wastes, laced with other pollutants such as arsenic and aluminum, as water fluoridation "product." "It's outrageous that Mosaic is allowed to sell an EPA 'hazardous waste' to dump into the drinking water of most major US cities," said Neil Carman, PhD, a FAN scientist. A former EPA scientist, William Hirzy, PhD, added "This loophole needs to be closed by the EPA. It was not addressed in the Consent Decrees which allow Mosaic to continue selling a hazardous waste to the public..." EPA's own scientists have long criticized EPA's lax policies on fluoride in the drinking water, complaining that their scientific recommendations were always being over-ridden by "managers," i.e., political appointees who were bent on protecting the fluoridation scam.

**HFSA, the Most Highly Toxic Form of Fluoride** The water fluoridation "product" is primarily hydrofluorosilicic acid (HFSA) and this is one of the most poisonous fluoride compounds there is. For example, HFSA is far more poisonous than the too-toxic chemical ingredient, sodium fluoride, that is used in so many dental fluoride applications which are a feature of misguided conventional dentistry. Even the very lax FDA requires a poison control warning on all tubes of fluoride containing toothpaste. What is missing from those toothpaste label warnings is an explanation of what it is in those toothpastes that triggers the poison warning requirement; it is the "active ingredient" that poisons the germs, sodium fluoride, that is the reason for the poison warning. ■

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California bill SB 277 was signed into law on June 26, revoking the parental vaccine exemption. Here are excerpts from a speech by Laura Hayes, mother of an autistic son.

Today marks a sad day in the history of California. Today is a day where we have had come from near and far to oppose medical tyranny and to fight for what is rightfully ours, the right to decide what we allow into our bodies and the bodies of our children. Our right is under fierce attack by the very people we elected to protect our rights. If the right to decide what goes into our bodies, and those of our children, is wrongfully taken from us, what meaningful rights do we have?

How did we arrive at this place in time, where if SB 277 becomes law, police will be required to forcibly take our children, against our will, to be force-vaccinated... with scores of vaccines?... I will tell you how. It begins with lies. Lies that vaccines are miraculously safe and effective for all, unlike any other drug or medical procedure...which is especially unbelievable as there are well over one-hundred of them. Lies that vaccines are solely responsible for eradicating certain diseases. Lies that vaccines have been properly tested, both individually and in the multiple combinations in

which they are administered. Lies that pharmaceutical companies don't have corrupt influence over government regulators. Lies that vaccine research is without fraud. Lies that fraudulent vaccine research is true. Lies that toxic vaccine ingredients are safe...

Lies denying cover-ups of the causal links between vaccines and the endless list of conditions now crippling the health, development, and well-being of our nation's children. Lies that informed consent is taking place before vaccination. Lies that someone is actually monitoring our nation's children post-vaccination. Lies that vaccine side effects, injuries, and deaths are tracked. Lies that our nation has a program in place that takes care of the vaccine-injured world. ...I am the mother of a severely vaccine-injured child who is now 21 years old. He is a boy in a man's body, fully dependent on others. He did not complete high school or go to college. He is not capable of earning a living or living independently, he will not get married or have children. As a matter of fact, he will

never even go out on a first date. He was robbed of ever living a typical and independent life because he was poisoned and disabled by vaccines beginning in 1994, continuing through 1998.

There was no informed consent, no acknowledgement of his loss of skills and development of strange behaviors after every single set of vaccines. There was no admitting that he received a minimum of 237.5 mcg of neurotoxic mercury, and neurotoxic aluminum, and formaldehyde, and anti-freeze, and animal cells and viruses, and allergy-causing food proteins, and known carcinogens. No government agent has followed up on his vaccine injuries so the same thing won't happen to other children. He is one of the unacknowledged, uncounted, uncompensated, ignored, discounted, and publicly-denied victims who make up the ever-increasing epidemic of vaccine-injured persons. There is indeed an urgent public health crisis sweeping the country and it is NOT measles, mumps, or chicken pox....It is Vaccine Injury. ■