

2006 Biggest Health Threat to the United States - US Dentistry...

Opinion by Consumer Advocate Tim Bolen

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The US Health Care System, rated 72nd in quality, but number one in cost - worldwide, is known, by government reports, to be the NUMBER ONE KILLER of Americans - ahead of heart disease, cancer, and strokes. There is no argument against facts.

But what is up for speculation are the REASONS why this is so. No one I know of (government agencies, think tanks, etc.) has taken the time to describe, and rate, the reasons why US citizens are being so short-changed.

It is easy to point fingers at the US Food & Drug Administration (FDA) and show their faults. We could point with certainty at those industries that spew their toxic waste into society. We could certainly talk endlessly about the greed and corruption in the health insurance industry, and their penchant to offer the crappiest of health care paradigms as the only choices they'll pay for. We could point our fingers at the hospital system, our nursing homes, and the tendency towards *"five-minute medicine."* We could talk about State Regulatory Boards and their inability, and unwillingness to cull out bad practitioners, and bad practices. We could talk about the intentional actions of the sleazy [*"quackbuster"*](#) operation to stop any innovation in health care.

I've written about all of these problems - and so have many others.

But what if there is an industry, completely trusted by the public, that knowingly, and intentionally, is causing significant harm to America's health?

There is one. It is called *"Official dentistry"* and I believe that this entity, by itself, is the number one problem in American health care.

Let me tell you why I think so...

The Self-Serving Dental Bureaucracy - *"Official dentistry"* is not new, and has not been for some time, about Dentists or dentistry. It is about the Dental Bureaucracy protecting the IMMENSE CASH FLOW FROM OUTSIDE SOURCES, into that bureaucratic system. That huge amount of cash sets *"Official dentistry's"* priorities, and THOSE PRIORITIES do not serve the needs of America's Dentists, and certainly not the needs of the American public. Dentists, within the system, have little, or no, control over what happens in American Dentistry.

Simply, *"Official dentistry"* is controlled by those that write the checks to that bureaucracy. For instance, forty-two percent of the ADA's annual income is from *"Product Endorsement."* And, to my knowledge, that 42% DOES NOT INCLUDE the

money *"Official dentistry"* gets **from the US fertilizer industry**.

The fertilizer industry? Did I say *"The fertilizer industry?"*

Yup, that's exactly what I said.

So why would the fertilizer industry give money to the dental bureaucracy? Keep reading, and you'll find out. And, you won't like what I'm going to tell you.

It appears to me that the sheer volume of dollars pouring into *"Official dentistry"* from outside sources has corrupted the dental bureaucracy's thinking. Instead of looking out for the interests of Dentists in the field, and the American public, they look out for providers, suppliers and any entities willing to write big checks to that bureaucracy. Want some examples? I'll give you FOUR of them here.

(1) **The *"Fluoride"* in the Water Problem** - The number one promoter of fluoride in our water supply is *"official dentistry."* And, it is extremely profitable for them to do this - even though they know the horrible consequences. The amount of money that changes hands is astronomical. They *"forget"* to tell the public, and their member Dentists, where all that promotional money they get, and throw around, comes from. It comes from the US fertilizer industry. The so-called *"fluoride"* they use, [fluorosilicic acid \(H₂SiF₆\)](#), according to George C. Glasser, writing for the Earth Island Institute, the fertilizer industries have to PAY TO GET RID OF, because it's a deadly, toxic, hazardous, waste of those industries. In fact Glasser says of its production in Central Florida:

*Phosphate fertilizer manufacturing and mining are not environment friendly operations. Fluorides and **radionuclides** are the primary toxic pollutants from the manufacture of phosphate fertilizer in Central Florida. People living near the fertilizer plants and mines, experience lung cancer and leukemia rates that are double the state average. Much of West Central Florida has become a toxic waste dump for phosphate fertilizer manufacturers. Federal and state pollution regulations have been modified to accommodate phosphate fertilizer production and use: These regulations have included using recovered pollution for water fluoridation.*

Radium wastes from filtration systems at phosphate fertilizer facilities are among the most radioactive types of naturally occurring radioactive material (NORM) wastes. The radium wastes are so concentrated, they cannot be disposed of at the one US landfill licensed to accept NORM wastes, so manufacturers dump the radioactive wastes in acidic ponds atop 200-foot-high gypsum stacks. The federal government has no rules for its disposal.

During the late 1960s, fluorine emissions were damaging crops, killing fish and causing crippling skeletal fluorosis in livestock. The EPA became concerned and enforced regulations requiring manufacturers to install pollution scrubbers. At that time, the facilities were dumping the concentrated pollution directly into waterways leading into Tampa Bay.

Feel good that *"Official dentistry"* is making truckloads of money telling YOUR community that this stuff belongs in your water? If you are not convinced yet - read this below:

In the late 1960s, EPA chemist Ervin Bellack worked out the ideal solution to a monumental pollution problem. Because recovered phosphate fertilizer manufacturing waste contain about 19% fluorine, Bellack concluded that the concentrated "scrubber liquor" could be a perfect water fluoridation agent. It was a liquid and easily soluble in water, unlike sodium fluoride - a waste product from aluminum manufacturing. It was also inexpensive.

Fate also intervened. The aluminum industry, which previously supplied sodium fluoride for water fluoridation, was facing a shortage of fluorspar used in smelting aluminum. Consequently, there was a shortage of sodium fluoride to fluoridate drinking water.

For the phosphate fertilizer industry, the shortage of sodium fluoride was the key to turning red ink into black and an environmental liability into a perceived asset. With the help of the EPA, fluorosilicic acid was transformed from a concentrated toxic waste and a liability into a "proven cavity fighter."

*The EPA and the US Public Health Service waived all testing procedures and - with the help of the American Dental Association (ADA) - encouraged cities to add the **radioactive** concentrate into America's drinking water as an "improved" form of fluoride.*

The product is not "fluorine" or "fluoride" as proponents state: It is a pollution concentrate. Fluorine is only one captured pollutant comprising about 19% of the total product.

And, then read this:

*In promoting the use of the pollution concentrate as a fluoridation agent, the ADA, Federal agencies and manufacturers failed to mention that it was **radioactive**. Whenever uranium is found in nature as a component of a mineral, a host of other radionuclides are always found in the mineral in various stages of decay. Uranium and all of its decay-rate products are found in phosphate rock, fluorosilicic acid and phosphate fertilizer.*

During wet-process manufacturing, trace amounts of radium and uranium are captured in the pollution scrubber. This process was the subject of an article by H.F. Denzinger, H. J. König and G.E. Krüger in the fertilizer industry journal, Phosphorus & Potassium (No. 103, Sept./Oct. 1979) discussed how radionuclides are carried into the fluorosilicic acid.

While the uranium and radium in fluorosilicic acid are known carcinogens, two decay products of uranium are even more carcinogenic: radon-222 and polonium-210.

During the acidulation process that creates phosphoric acid, radon gas contained in the phosphate pebble can be released in greater proportions than other decay-rate products (radionuclides) and carried over into the fluorosilicic acid. Polonium may also be captured in greater quantities during scrubbing operations because, like radon, it can readily combine with fluoride.

In written communications to the author, EPA Office of Drinking Water official Joseph A. Cotruvo and Public Health Service fluoridation engineer Thomas Reeves have

acknowledged the presence of radionuclides in fluorosilicic acid.

Click [here](#) to read Glasser's whole article. "Official dentistry" has known, all along, the source of this so-called "fluoride," and is knowingly, and intentionally, and for a lot of money, primarily responsible for the insertion of a deadly toxic waste into our water supply.

Last year, in Bellingham, Washington a pro-fluoride group (made up of TWO people) spent [\\$258,493.03](#) trying to promote fluoridation. Anti-fluoride people ate them up, defeating the issue with a huge majority vote. Where'd the "pro-fluoride" money come from? Guess... Want to read about how a successful anti-fluoride campaign (Bellingham) works? Click [here](#).

(2) **The Mercury Amalgam Problem** - For years, "official dentistry" has told the public that those shiny fillings in your mouth were "silver fillings," when in fact there is little, or no silver in them. They are, in fact 52 to 54% mercury, the deadliest of toxins, and over your lifetime, they leak that mercury into your body system, every time you swallow, or breathe in those mercury vapors - in essence, continuously. And you suffer for it. "Official dentistry" is hammering your immune system - for money.

I'm not going to dwell on this. Click [here](#) for more information.

(3) **The Industry Control Problem** - Almost half of the annual income for the American Dental Association (ADA) is from so-called "product endorsement." In other words, the ADA bureaucracy has a financial interest in maintaining the status quo. In short, I think if you have a new dental product you want to put on the market, you are going to give the ADA bureaucracy a piece of the action - or else...

And, I believe, if your new product conflicts with the sales, and the viability of one of the dental "good ole boy's" products, or services, you're in for a hard ride.

(4) **The "Pretty Teeth" versus "Healthy Mouth" controversy.**

American Dentistry doesn't compare well worldwide. In Europe, to become a Dentist, you must first become an MD. Dentistry, in Europe, is a medical specialty, like Pediatrics, Internal Medicine, Oncology, Psychiatry. There, Dentistry has a much different focus - body health.

In the US, "official dentistry," through national marketing programs, has turned "teeth" into a sexual conquest tool (whiter, brighter, sexier smile). There is in the US, virtually NO INTEREST in the health problems surrounding teeth. In fact, Dentists who cross the line into "health" problems (Biological Dentists) are openly attacked by "Official dentistry."

For a quick summary of the problems with US Dentistry, try reading the short article by Robert & Kerrie Broe, authors of "**Truth Decay**" by clicking [here](#). For MUCH MORE information, click [here](#) to see a list of books on this subject. I recommend all of them. As Robert & Kerrie Broe say:

The renowned German physician Dr. Reinhard Voll estimated that nearly 80% of all illness is related entirely or partially to problems in the mouth. The reason the teeth are such a threat to health is that, in addition to their connection to every organ and gland in the body, they can harbor infections without symptoms. There's no pain or discomfort. Yet, there may be chronic infection eroding the body's immune response-wearing out the immune system. This infection is very difficult to detect. Few people today have escaped the problems of dental cavities and gum infection. About 98% of Americans have some areas of diseased gum tissue in their mouths, over half of these are also experiencing a progressive "bone loss." Fortunately, cavities and pyorrhea (gum disease and bone loss) are both 100% preventable and reversible.

One of the most important legal challenges in the US on this subject, recently, was the "Cavitat v. Aetna" Federal Case. There we learned that "Official dentistry" was in a sheer panic about the Cavitat Medical device and its effect on Dentistry - and they were trying to use Aetna to do what they were unable, and had been unable, to accomplish.

And, what was "Official dentistry" trying to accomplish? - the destruction of the emerging idea that the long ignored "cavitations in the jawbone" problem is a serious dental, and health, issue that cannot be ignored.

What was so frightening, to "Official dentistry", about the [Cavitat device](#)? There's an easy answer. It detects the presence of cavitations in the jawbone using an ultrasound principal. It sees those cavitations LONG BEFORE they'd be picked up on x-ray. As a tool that does that, cutting-edge dentists have been using it to justify dental procedures surrounding damage to the jawbone - in severe cases using expensive jawbone surgery techniques. In short, the attack against Cavitat, and proponents of the cavitational issue is because it is believed that ALL cavitational issues are caused by POOR DENTISTRY, meaning poor work performed by US Dentists - a scandal "Official dentistry" is not willing to face. One example is the whole

idea of "root canals."

As Robert & Kerrie Broe say:

The philosophy underlying the teaching of dentistry limits its practice to mechanics, pain control and aesthetics. The systemic effects of dental treatment are rarely considered.

The root canal procedure is a fatally flawed procedure. The very nature of the procedure itself prevents it from achieving its supposed primary goal: a non-infected, sterile tooth. There is a high risk of keeping in the mouth a dead tooth that can harbor anaerobic bacteria, viruses and fungi, where neither the body's immune system nor antibiotics can fight them off. Sooner or later the root canaled tooth's bacteria and their toxins can invade the body, weakening the immune system, the nervous system, the heart, etc. yet often without the medical doctor even thinking to suspect the role that is being played by an infected, toxic tooth.

Of equal interest is the relationship of root filled teeth to traditional Chinese medicine and body energies. All teeth are linked to the body via acupuncture meridians and having a root filled tooth, a large amalgam filling, a crown, or anything that is not compatible with the body, on a meridian may set up an interference field, blocking or altering the energy flow (the chi ') passing through this meridian and cause a disease in an organ or body function remote from the tooth. For example a front upper incisor is on the Kidney/ Bladder meridians and having a root treated tooth here may cause gynecological problems, kidney problems, impotence, and sterility if you follow a Chinese medicine theme. These teeth also relate to spinal segments and joints, the front incisor relates to the coccyx and posterior knee and to L2, L3, S3, and 6.

If the tooth is removed, the energy does tend to pass through it; however, without the tooth in the bone, it is still altered. Without stimulation from a tooth, blood circulation and lymphatic drainage will be impaired, and the bone and tissue surrounding the extraction site can become diseased ([cavitations](#)) and die. Infections in the teeth and toxins have no place to go but down; down into the jawbone and into the rest of the body, creating systemic pathologies. Some dentists are trained to look for these areas on X-rays and Cavitat procedures and when these areas are treated they can also bring considerable improvements in patients health. This energetic relationship between teeth and the rest of the body is opening whole new

avenues of dental care and the chance for dentists to work with other complementary health workers.

It is assumed in dentistry that the extent of bone loss is a direct indication of the amount of infection present. This is a false assumption because the bone loss may

take time to develop. The extent of the bone loss about the end of the root is also a function of the body's immune system being able to isolate the infection process. It has little to do with the degree of infection. Sometimes there is no bone loss, but instead, a condensation of bone about the end of a dead tooth. Dentists are taught that this indicates a lack of infection. The reality is that teeth showing a Condensing Osteitis are demonstrating that the body's immune system is incapable of quarantining the infection locally. These are often the teeth which cause the greatest systemic effects.

On the side of the "cavitation problem" were, and are, Dentists and Dental schools, and textbook writers - some of the foremost people in Dentistry in the United States. On the opposite is "Official dentistry" and their flotilla of interested people - using [Robert S. Baratz MD, DDS, PhD](#) as their standard-bearer and chief spokesperson. Baratz, we know, has been terminated from virtually every job he's ever had - the last because he sexually harassed his female employee.

In summary...

Think about what I just wrote. Besides promoting, for money, two separate sources of deadly toxins (fluoride and mercury amalgam), and locking up innovation in Dental care, "Official dentistry" is attacking those that point out health related problems, especially those that dare to point out that *"what happens in your mouth affects your whole body."* - heavily.

And that's insane...

In short - It is up to the other health professions, and the general public at large, to fill in that gap. MDs, DOs, Chiropractors, Naturopaths, Nutritionists, Nurses, etc., need to avail themselves of information about health problems in the mouth - and act. For US Dentists are, for the most part, unable, or afraid to act. I recommend that MD, DO, Chiropractors, etc., groups make *"health problems starting in the mouth"* part of their annual training, and give CME credits for that training.

Americans would gain greatly from this. Once a problem is found, a recommendation to a "Holistic" or a "Biological" Dentist could be made.

Stay tuned...

Tim Bolen - Health Freedom Advocate

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