A Special Interview with Charlie Brown  
By Dr. Mercola

DM: Dr. Joseph Mercola  
CB: Charlie Brown

Introduction:

DM: Welcome everyone. This is Dr. Mercola. Today, we’re privileged to have with us Charlie Brown in person, live from Washington D.C. He is here as a result of attending the American Health Freedom Expo. For those of you who haven’t seen Charlie before he is the Director of the Consumer’s for Dental Choice.

But prior to that experience he’s an attorney and was the Attorney General actually for West Virginia and has really a passion for providing for justice. I don’t really have a fond view of many attorneys but Charlie is one of my favorites. We have too many legal issues in the U.S. but we certainly need some good guys and Charlie has a major white hat in my perspective.

He’s doing massive great work for really addressing some one of the most potent toxins in our environment which is mercury primarily in – at least one of our largest exposures for most people is through the dental amalgam fillings they have. It’s just absolutely unnecessary element. Charlie has been catalyzing the actions to remove it from the environment and as a choice for dentists to use in this. I’m a big proponent of free choice but there is just no reason one of those choices would be a potent neurotoxin that you put in your mouth for decades.

Welcome and thank you for joining us.

CB: Thank you Joe; great to be right here with you in your studios.

DM: Thanks. What is the most shocking evidence that you can provide us about the unfair policies and practices that are present today with respect to mercury fillings?

CB: From the consumer viewpoint amalgam would be gone if consumers only knew that it was mercury, that it was mainly mercury. A Zogby Poll said that 77% of the consumers, if they knew amalgam was mercury, would pay more to get something else. This was before they were told about the impact of the mercury just to learn it.

DM: It’s kind of like GMO in some ways.

CB: Absolutely.

DM: Because most people about the same percentages would refuse having GMO in their food if they knew but the industry is very clever. They have learned their lessons
and they have been effectively have been able to use political influence and muscle. And you’re based in Washington D.C. You’re right there on Capitol Hill and you’re very familiar with this lobbying. They have been effectively able to eliminate that as a choice very similar to what they’re doing with this issue.

CB: Yes, by getting the government to say, don’t tell anybody anything. On the state level, the dental boards have told dentists don’t tell them anything or we will threaten your license. That was the first thing we did in this movement was to establish the right of dentists to speak, to tell the truth, to talk about mercury under their rights, under the First Amendment of the United States Constitution.

The word is getting out but the word is not out all the way by any means because of the silver fillings deception and the gag rule. But it’s shocking that three-fourths of the people just knowing it’s mercury would not take it.

The other shocking development is more recent and that is that in December the Food and Drug Administration convened a hearing of scientists that it handpicked. We all know lawyers can be bought and sold but Joe, as you pointed out and I point out frequently so can scientists, so can economists, so many fields because where the money is coming from tends to get the result. But the FDA’s owned handpicked scientists told FDA, you’ve got to stop amalgam use for children, for pregnant women and for hypersensitive people right away and you got to make sure every patient knows that it’s mercury.

DM: It’s particularly extraordinary because most of these people you would think would have some industry conflict of interest. That’s the typical pattern that we see in these committees. So even though there may have been or may not have been but the possibility exists and they still come up with this discussion.

CB: Well, the chairwoman was quite conflicting. She kept trying to stop this from happening. She is a consultant for one of the dental insurance companies. The rest of the panel, even panelists that had been on record the other way, once they got in the room and spoke for themselves they said, let’s stop amalgam now for the most vulnerable. So here the clock keeps ticking and FDA now won’t even do what its own scientists have told them to do.

DM: What do you believe the reasons for that are?

CB: FDA cannot admit it ever made a mistake. The FDA feels it’s got the infallibility of the pope.

DM: Like most of us.

CB: Like most of us absolutely.
DM: It's very difficult for an individual to make that correction but for an institution it's close to impossible.

CB: That's why we have hammered on FDA for nine years now. But remember we can (indiscernible 4:53) FDA. We can lose every battle at FDA and end amalgam. The environmental route is by far the more promising. So is the consumer choice route, people just ignore it. Obviously, anyone who reads your newsletter knows they should not get amalgam.

We change insurance, we change consumer choice and the environmental regulators enter. The most promising environmental development is of course the pending world treaty on mercury which we hope and we're fighting like crazy to have amalgam included.

DM: Do you perceive this route as the most promising to end the use of mercury in dentistry is taking the angle from the environmental perspective?

CB: Yes, it is the most promising.

DM: Our approach is educate the consumers and really have the ground swell up to vote with your pocket books and not choose this but many people aren't able to do that or they don't have access to it or are not aware of this or they choose not to because they are biased by information they are receiving from the dentist who they believe and is probably confused on this issue because they haven't studied it carefully and they believe the American Dental Association. Do you think the environmental route is the way to go?

CB: Yes it is and I think the American Dental Association ultimately is going to have to thrown in the towel. They are going to ultimately realize it's either profession and their dues money or amalgam and when forced to choose they're going to cut something loose and they will cut loose amalgam. They are not ready to yet.

But when the environmental regulators are on their back, the consumer choice is getting amazing and on now they are going to this world treaty negotiations and being hammered by African delegates, Arab delegates, Asian delegates, Latin American delegates who are saying we don't want the mercury here. Don't think because you can't sell your amalgam in Europe and North America that you're going to start selling it here. We don't want it.

DM: One of the arguments that was previously used to justify the American Dental Association's position and reluctance to change their policy on it was that if they did that there was an implied liability that could result in trillions of dollars of lawsuits, class action lawsuits because of this.
As an attorney I would definitely appreciate your view if this was realistic a concern and if it is, if it’s approached from this other angle where there is an environmental perspective would that remove this liability from the American Dental Association?

**CB:** It removes the liability. The American Dental Association sits about 10 miles from where we’re sitting. Five years ago, I went down to their offices and met with their lawyers and I said, I want the soonest end to amalgam. If it costs you billions of dollars and shuts you down, fine. If it doesn’t cost you a penny, fine. Here is how it won’t cost you a penny – you the ADA declare yourselves good stewards of the environment and say it’s time to end the use of amalgam. And the lawyers wanted to do it but the ADA leadership didn’t want to do it.

**DM:** So what happened?

**CB:** The profits are too good. The profits are so good for dentists to drill, fill, and bill, in inner city Chicago, in the Army, in the prisons, in all the institutional places, in the Indian Health Service. All they have to do is just fill teeth, drill, fill and bill and they end their day most profitably.

**DM:** That doesn’t make sense to me. I’ll tell you why it doesn’t because one of the benefits, supposed benefits of amalgam fillings is it’s so damn cheap relative to the other dental materials that are available to dentists. So if they had this drill, fill and bill approach or policy, if they substituted a more expensive dental material wouldn’t they generate more profits?

**CB:** No, they would make more per chair per day with the mercury filling.

**DM:** Why is that? Help me understand.

**CB:** Because they do it so fast. The patient is not a person to them. To the mercury dentist, it’s money, it’s how many teeth. So that’s how they can bill faster.

**DM:** As a non-dentist I wouldn’t understand and I’m sure most of our viewers wouldn’t realize that but technically you can insert a mercury filling much quicker than a composite film.

**CB:** Quicker enough, yes you can.

**DM:** So you can get the speed because obviously a dentist really is reimbursed for his ability to do procedures so he can do more of them per unit time than he can a composite.

**CB:** Here is the reason that the American Dental Association and another reason they like is it destroys good tooth matter much more than other fillings. You carve out good tooth matter so that tooth is going to be a problem later.
DM: The mercury fillings.

CB: If you do a mercury filling the tooth will be more damaged. So mercury fillings is the gift that keeps on giving for the dentist, 10 years later it’s a root canal.

DM: So it’s an investment for their future.

CB: Absolutely. They are damaging something that they can keep working on their whole life.

DM: With respect to being more efficient and doing higher volumes if they are actually removing more material wouldn’t take more time than a composite for that aspect?

CB: I guess the composite, you shape it, you have to have it dry, I think.

DM: So there is a lot of technical things.

CB: Yeah, technical things. But I’ll tell you what’s coming. The composite really does not cost more than the amalgam though either. That’s the other (indiscernible 9:59).

DM: The actual material?

CB: No, for the work.

DM: For the labor.

CB: The labor and cost for a small cavity, the composite is the same price. So they have a myth that it’s more. But what’s a lot less price is a new system, not new, this country hasn’t been talking about it, Atraumatic Restorative Technique (ART). It is the solution in the developing world for children, for small cavities. You don’t need any drills. You just need tools.

DM: How do you that? I’ve never heard of it before.

CB: It’s just material they put on the tooth. They use their tools. They need a battery. That’s the only technology that could wear out is the battery and the flashlight. You can go into the bush, you into the villages. It costs a third to a half as much according to the Pan-American Health League.

DM: How do they remove the diseased tissue or decayed teeth?

CB: You carve it out with the tools. It’s only for small cavities. For big ones, you go to a dentist. A non-dentist can do it. The hygienist can do it. That’s what has the dentists panicked. They lose their monopoly. The price is low. It doesn’t need a clinical setting. You can go village to village in Africa, in India, and so on (indiscernible 11:10)
DM: Are they actually doing this now?

CB: They are doing it. The World Health Organization repeatedly said it works. I think it scares a dentist because of the monopoly and I think there are dentists who think you got to have expensive tools to look like a dentist. You got to have that big drill. It just makes you look more powerful than these little tools.

DM: What they fail to realize is they will always need experts to guide us and the professionals who really understand this and can see the more difficult cases. It’s this fear – and certainly it’s even in natural medicine too that people feel that if they teach people everything they know then they’re not going to come and see them when that’s the exact opposite occurs.

I found out in my own website when I put everything I knew how to take care of patients, every single thing, I didn’t leave not one thing out. I gave it all away for free and yet people still come to see me because they just had to hear it from me or something and they didn’t even have that professional guidance and counseling to nurture them through it. So this fear they have is really unjustified.

CB: Sure. Dentists will make plenty of money doing the more complicated work. The small cavities can be done by the trained non-dentist professional and the dental assistant, dental hygienist and the dental nurses they are called in some countries and the dentists will go ahead and do well.

DM: The paradox is they may even make more.

CB: Sure you will. It’s complicated work. I’m a lawyer. I made big bucks on complicated stuff. I didn’t make money writing a contract, come on.

DM: They can do that with some nice software programs now really cheaply. This is great. With respect to the technical components of the process of I guess legislating this or recognizing in an international basis that is in fact the case on an environmental perspective there is a series of different international meetings that were scheduled or processed and I think you’ve been to two already.

CB: Yes I have.

DM: Why don’t you tell us a little bit of those and the ones that are scheduled to come up?

CB: In 2009 the world sat down and said let’s do a treaty. They met in Nairobi and they met again in Thailand. These are diplomats. They have to have lots of meetings and lots of people in the room. In Thailand they set the schedule. So there are five negotiating sessions; two down three to go.
 Continent by continent, we’re going to Nairobi. We’re going to Africa for the third and we’ll go to South America, (indiscernible 13:32) for the fourth one in 2012. The fifth one will be held and the treaty will be signed in Minamata Bay, the site of one of the worst mercury poisonings ever in Japan. The Japanese have asked for that. It’s wonderful.

**DM:** Where were the first two?

**CB:** The first two were in Stockholm and then in Chiba, a suburb of Tokyo. Before the treaty started in early 2010, I created the World Alliance for Mercury Free Dentistry. I founded it. We invited NGOs from all over the world. Since then we have leaders all over the world. We have vice presidents for Africa, Europe, the Americas, Middle East, East Asia, and Oceania. Each region has a vice president, unpaid – they may be paid by other NGOs but this organization is a coalition. So people just contribute their time.

We go to the treaty sessions as a team. We have mercury free dentists and consumers. We’re multi-racial, multi-regional and we are having an impact. The World Dental Federation comes too. They tend to be all men, all white, all from North America and Europe. We’re a little different. We’re much more diverse in gender, race, and region. Their message is not getting across. They just look like people that said, we want to practice dentistry like our grandfathers. This has been good for 150 years and of course our answer is what else do you like about pre-Civil War medicine? They are not catching on but of course they have a lot of political allies.

Our most disappointing country so far Joe by the way is Australia. They are the ones that have asked – the only one though, that’s the good news but one country that has asked to not have amalgam in the treaty. To move it somewhere else, don’t put it on the phase out list.

So we are organizing like crazy in Australia. Dr. Lisa Matriste, a big fan of yours and your newsletter is the organizer of Australians for Mercury Free Dentistry. We have a lot of NGOs, dentists who are going back to the government and say you’ve made a mistake. You weren’t paying attention. I don’t think they were.

We think we can change that policy before Nairobi. We think by Nairobi, we will have no countries we hope and believe no countries will say, we don’t want amalgam in the treaty. We want amalgam in the treaty at the third session. If we can get amalgam in the treaty then comes the harder part, the details, the fine print, how will we phase out amalgam? How, when and under what rules? And that will be just as difficult because loopholes of course, I’m a lawyer, loopholes can kill you.

**DM:** Sure absolutely. We’re grateful that you’re aware of that and can implement strategies to make sure there are no loopholes that will allow countries to circumvent this really desperately needed initiative.
You’re hopeful that this process, this strategy seeking to identify mercury as an environmental contaminant and concern and as a result of that concern, eliminate it from the dental field will happen in Japan in…what year is that 2012?

**CB:** 2013 will be the signing of the treaty, in late 2013 and then we go back country by country to implement.

**DM:** So it’s only two years.

**CB:** In many democracies it has to be, you sign a treaty then congress has to implement it.

**DM:** So it might take a few years after that so maybe 2015.

**CB:** Yes. We’ll have a plan. That would be great.

**DM:** In the meantime, 2015 is still a long way off, it’s four years. It’s about the time it takes to go to four years of high school or college. What would you recommend that the average American can do to be proactive about this? Is there a way that they can have a voice and help catalyze this process? What can they do personally?

**CB:** You’re right. Every year amalgam is around thousands of children in America, millions around the world are getting poisoned, unborn children are being permanently damaged if not killed in the womb from a mother getting material.

What they can do, join us. Consumers for Dental Choice is the U.S. group, our group. We’re part of the World Alliance for Mercury Free Dentistry. Go to our website. It’s called [www.ToxicTeeth.org](http://www.ToxicTeeth.org) and sign up. Get on our list because we have ideas of what to do with the Food and Drug Administration. What to do on the treaty. What to do in California. What to do on Australia, Canada, or Europe. Wherever you are we need your help.

Or you can just write me at [Charlie@ToxicTeeth.org](mailto:Charlie@ToxicTeeth.org). We love to have people join up and be part of the movement. We need you wherever you are in the United States or wherever you are on planet Earth.

**DM:** Terrific. Personally of course there is just really no justification ever to get a mercury filling. There is just not for you or your family and certainly your children which is really the focus of this new initiative. That’s step number one is just do not do that. But if you have mercury fillings, if you’re concerned as I believe you should be, it’s relatively inert if it’s in your teeth. It’s definitely not helping you but it’s not really destroying your health necessarily.

The concern here is that if you get excited like I did when I was younger. I think my early 30s and found a dentist and said, take them all out. He was a really qualified dentist. He was one of the elders of the church I was going to and did a good job technically. But he
was inept and clueless with respect to understanding the pathology and the toxicity of mercury so he did no precautions and just devastated my system with loads of mercury which caused some physical problems for me.

So I made the mistake and I don’t want you to make that mistake. So if you’re going to remove this, it’s really crucial, it’s absolutely essential that you identify a qualified biological dentist who believes in the toxicity of mercury. Who will take the appropriate precautions such as the suction to remove the mercury vapors during the extraction and the physical dams and then replace it with a safe material.

So just don’t jump from the frying pan into the fire because it could be very dangerous and you could just have a very dramatic health catastrophe if you take this out improperly.

You’re playing with fire here. Mercury is a real serious poison. It doesn’t take much, literally a drop. I believe the last analogy I have is a drop of mercury in a swimming pool, an Olympic-sized swimming pool far exceeds the toxicity by the EPA standards of too much mercury.

CB: I’m sure. If it were (indiscernible 20:26) pool was a lake instead of a pool you couldn’t fish there, they would shut it down.

DM: So a drop in a lake that’s even more of a dramatic event. Thank you for that powerful metaphor because it’s just difficult to grasp these numbers. It’s like how big is space and how far away is the sun and the near star. Our minds, it’s just fails to comprehend those.

Mercury is a really potent poison. It’s one of the most potent we know. That’s why we’re so careful about placing and taking it out and then more importantly in a proactive global perspective for the future generations is these initiatives are so crucial.

CB: They are on a macro level but all causes they are one at the grassroots level. The grassroots rising up in places like California where Costa Mesa, California said we don’t want any amalgam immediately. Those were the kind of messages we could send to the United States government. So what happens at the local level is important.

What happens at the personal level is important. People who know there should not be amalgam need to tell family and friends, need to tell neighbors. Don’t let the dentist talk you into this for your child. That’s a message that millions of Americans need to give each other, millions of world citizens.

I hope that people don’t just say I better do something in this cause and what can I do in this cause. What you can start with is simply being in the office, in the family, in the home, in the workplace, in the church, in the clubs is to say this is a bad thing. And they said, but a dentist told me otherwise, well you got the wrong dentist. Go to this dentist to
tell you the opposite but the point is it’s not the dentist’s decision. It’s not the dentist’s mouth, it’s your mouth.

DM: I think it’s a good point to close on because ultimately you and you’re family can take control of your health. Clearly, removing and eliminating toxins from your environment is a very powerful strategy to do that.

Because you could have the best diet, best sleep and exercise, drinking the finest water on the planet but if you’ve got a toxic influence, it’s really going to cause some serious health problems for you. It will certainly increase the risk for that. This is one of the most pervasive ones and it’s a real challenge to remove it from your system once it’s there. The best strategy is like almost anything in life is prevention. An ounce of prevention is worth pounds maybe tons of cure.

Thank you for listening and thank you Charlie for coming here all the way from Washington D.C. to help enlighten our listeners and for all the amazing work you’re doing in really helping eliminate the – you are a major crusader. You’re one of my heroes in taking this to heart. Thanks for all you’re doing.

CB: Thank you for educating so many millions day in and day out Joe. We really appreciate that.

DM: You’re welcome.