An Interview with Dr. David Simone  
By Dr. Mercola

DM: Dr. Joseph Mercola  
DS: Dr. David Simone

Introduction:

DM: Welcome everyone. This is Dr. Mercola. Today, we’re here with the Dr. David Simone who has been an amazing advocate for the safety in the dental profession with respect to some of the toxins that are used specifically mercury.

Many of us watching this are not familiar with the enormous influence that dental health has on our physical health. It is a phenomenally important contribution that is overlooked by so many people not, only from the toxic component, which is a major component, but also from the health perspective. If we are not careful with this area of our health it can absolutely affect us and decrease our risk for living a long and healthy life.

David has been really active in this area. We’ll get his history in a moment but from what I understand many of the organizations that want to perpetuate this toxin are really funding this from deep pocketbooks. You’re on your own. You are not funded by anyone other than your own practice and you take time off from your practice on a regular basis, weeks at a time, to travel internationally and speak out about this and actually pay for your own tickets so that you can help to reduce this toxic threat to the public.


DM: When was dental school?

DS: I graduated dental school in 1993 in the University of Illinois here in Chicago.

DM: So you’re local.

DS: Right. Illinois boy. I went to undergraduate, a champion, and all that. I was given a basic dental education. But in dental school I learned about mercury toxicity through Hal Huggins who was one of my mentors. He and Boyd Haley who taught me all the science behind mercury and the toxicity and the multitude of how many different places in your metabolism mercury ruins your life.

DM: There are how many people in your graduating class?
DS: Seventy five.

DM: So relatively small. Where were you exposed of this information? Is this some information you got in the curriculum or is it something brought outside?

DS: It’s funny because in dental school, we’re always taught the benefits of the material but never the toxicity of a material. You know mercury, fluoride and root canals, are my three favorite subjects. We’re concentrating on mercury but I can discuss the other two as well. But I was never taught that mercury inhibits a reaction in the body that involves magnesium.

For example, you make glutathione in the mitochondria of your cells. It’s one of your 20 amino acids. Glutathione is your heavy metal detox amino acid. It grabs on to mercury, finds its way to the large intestine and jumps out with the mercury and you excrete mercury that way. That’s the best way to excrete it. Of course mercury inhibits the manufacturing of glutathione. So mercury stops its own elimination mechanism so it bioaccumulates in the body. It also affects the Krebs cycle. So you’re not producing ATP, your energy source.

One of my favorite things that also Hal Huggins’ and Boyd Haley’s research showed is that the hemoglobin, the molecule that carries your oxygen to make you live. You’ve got four bonding sites and mercury will attach to one or two of those sites for the lifetime of the red blood cell, four months. So your oxygen saturation in your body is much lower even though your blood cell count comes back normal.

So there are all these things that aren’t being considered by medicine. Just like you, I see so many sick patients and it takes time to take their entire history and most of the time, you know, we’ve got an immune system that gets burned out dealing with a chronic infection of some type. Unfortunately, root canals are condominiums for fecal bacteria. It’s been well documented and proven. My research organization by the way is the International Academy of Oral Medicine and Toxicology. IAOMT.org is the website. We have documented thousands of pages of why mercury and fluoride and these things are toxic to you. So it’s very simple science. It’s not rocket science.

DM: I’m interested in the history in how you became aware of this because there are 70 other students in your class…

DS: And why am I the only one who is…

DM: Were you the only one? Were there other classmates who understood this dilemma?

DS: Everybody was just interested in getting out of school. As was I, it’s finally time to earn a living. I had $100,000 in student loans.

DM: Which is relatively low nowadays.
DS: Yeah, 20 years ago, right. The issue was is that why are we using an outdated toxic material on people and it is affecting them – it would be really easy to pinpoint that mercury is a sole source of your problem if you put it in your body and you die. That would be really like arsenic, that would simple, or strychnine or something like that. You would know what killed you but it slowly interferes and there is already this toxic soup.

Part of what we’re doing, for example, currently the United Nations Environmental Program (UNEP), the environmental program is doing the global mercury treaty. That’s a legally binding instrument. I was at the recent negotiations in Japan right before the earthquake unfortunately. We got over 120 countries to support mercury fillings being in the mercury added products section of the treaty to be phased out. Of course we have some enemies that we’re going to discuss too as well and they’re pushing hard.

It's so obvious that mercury fillings are not healthy for you. It shouldn’t be rocket science here. I have seen so many sick people from their teeth where their conventional physicians have not thought that a tooth could be making their whole body sick. I’ve got two anecdotal cases of women with leukemia that all they had were a couple of bad root canal teeth. And you take out those chronic infections and all of a sudden their immune system starts going back to normal. It’s a miracle. They can't believe it.

Really common sense treatment is what we’re doing in my office. You don’t have to go to the extent of, like I say, rocket science to get people healthy.

DM: In your clinical experience of 20 years, is there ever a clinical situation that justifies the use of a mercury amalgam filling?

DS: The last mercury filling I did was my board exams in 1993. I was legally required to do it. It was against my will but I performed it because I wanted to get my license and move on. I have done 60,000 I believe now just over like 61,000 direct placement composite restorations in 18 years. I have used it in every situation – large, extra large fillings, all five sides of the teeth. I’ve had good results because I do the techniques properly.

The composites aren’t perfect themselves. They talk about the BPA and so forth. At least we have the ability to deal with BPA in our body whereas the lab rats don’t. That’s kind of the difference in research.

DM: So in your clinical judgment, the BPA as a toxin, is less of a risk than the mercury?

DS: Also the fact that there are BPA-free composites too. I use those as well. If a patient really doesn’t want any composite in their mouth fine then we can do a lab processed porcelain restoration and cement it in but the cement you’re still using is still a resin cement. So there is no perfect dental material.
Actually, once again, my mentor, I keep mentioning Hal Huggins but I love the guy – he’s actually working on a least toxic dental filling material to be used. Because really, I don’t care who makes it. I really don’t care what it costs. I want the best material.

**DM:** I think ultimately it would be our own biological material.

**DS:** Prevention of course is the key. If you can grow your own tooth or grow own tooth material.

**DM:** Right, with stem cells or some type of technology.

**DS:** But tooth structure is very simple. It’s just calcium and phosphorous. That’s the enamel and then you have a dentine layer which also has collagen mixed in and then you have the nerve of the tooth which is no different than any other part of the body. It’s got an artery and a vein and a nerve and tissue.

As time goes on, you know, I think a big problem with the healthcare in this country – first of all Obama Care doesn’t have dentistry in it. Oops, I forgot to take care of that part of the body. I have so many patients. Let’s start with maybe minor symptoms; vertigo or tinnitus or balance issues, any ear to shoulder or neck issues, chronic neck pain and stuff like that. It’s typically the lower tooth that’s partially dead or partially alive.

I’m not a big fan of root canals but my patients still select a few of them. And when I open up the teeth, typically in an older tooth, you’ll have one canal with some live tissue which is giving them a cold pain and another canal with a necrotic tissue which is giving them their hot pain and another canal that’s completely calcified. There is no bulk of nerve tissue because it’s been petrified and calcified over many years – the body’s natural defense against cavity and trauma and so forth.

So hundreds of patients, you know, chronic sinus problems. You take your decongestants and your antibiotics and you go to the doctor and I have seasonal hay fever and all that stuff. It’s typically just a dead tooth up here in this area (molar) because your sinuses are right here. Anybody that’s having this constant sinus problem in the front, it tends to be something in the interior, canine to canine, a dead tooth, trauma, may have had a root canal, may not have a root canal.

You fix these people, their lives get better, they would need less drugs, they’re healthier, their immune system has come back to normal and that’s all free. I just charge for the dentistry. That’s what’s missing in healthcare today. I can’t do all the nutritional support and the diagnosis and the testing that you do and you’re not taking a drill into these people’s mouths. That’s why it’s teamwork.

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**DM:** It seems like about 50% of the dentists today have reached your conclusion and are actually practicing mercury-free dentistry…
DS: And starting to be more holistically minded, correct.

DM: What is your best guess estimate as to why the other 50% have not shifted and why are they continuing in this process?

DS: It maybe an embarrassment or a liability issue. I belong to the American Dental Association which means by default, I belong to the World Dental Federation because every national dental organization automatically belongs to the World Dental Federation. So as a member, an inside guy, I disagree with the fact that mercury is safe and effective and it affects different people differently.

My biggest problem with mercury is let’s say, you know, the word autism is a hot word now. It used to be 1 in 10,000 now it’s less than 1 in 100. What happens when it’s 1 in 10? I can’t prove that mercury is the sole cause of autism. What I can do is break down the government’s reasons why it’s not and show you how the government has manipulated research, has adjusted data and hasn’t thought about this logically because they need to cover their tracks. So if you have woman that’s got five or 10 mercury fillings that’s constantly emitting mercury vapor and that mercury vapor goes into the body and then as you know what do we need for metabolism, we need methylization, right?

DM: Let me just step back because not everyone listening is going to understand this. When you mention the term constantly emitting mercury vapor, a lot of people don’t understand what that is because every time you chew…

DS: Right. It’s always coming off and if you chew or with hot liquids, the rate goes up. It’s never zero, the mercury vapor. It’s kind of like the stock market these days, up and down.

DM: How long does this mercury vapor continue to emit from this…?

DS: For the life of the restoration.

DM: How long is that?

DS: If it’s in your mouth 30 years, you have mercury vapor for 30 years.

DM: So it never disappears.

DS: It never goes out. It goes through various amounts of vaporization based upon chewing and activity and so forth. Once it enters the body, like I say, we’re worried about the methyl mercury in fish, well that’s already bound to the fish protein. You make fresh methyl mercury in your body because the vapor gets methylated either by vitamin B or bacteria will do that in your gut.
**DM:** Is that the most toxic form of mercury (methyl mercury)?

**DS:** No. That gets to my next point which is the most toxic form of course is the man-made form of mercury – ethyl mercury. Think of mercury as having two bonding sites. Mercury vapor is ready to bond to two things. Methyl mercury has got one carbon group and ethyl has got two. So ethyl was invented by Eli Lilly corporation in 1929 I believe was the patent and it’s used in all your vaccines as a preservative.

**DM:** And they call it?

**DS:** Thimerosal. To me, if a baby is born having been soaked in mercury vapor from the mother for nine months and having all the glutathione production in its body in every cellular division and all the metabolic process have mercury in those cells and then you inject the baby with some ethyl mercury, they have no ability to deal with that ethyl mercury and it fries them. Some of those kids show up as autistic or spectrum or ADHD or all those levels. The trick is is that how much of the fetal mercury was it? How much was the ethyl? How much was the coal burning power plants? So it’s this big soup. That’s responsible. That guy did it. It’s hard to point the finger.

My logic is let’s advise all women who are going to be pregnant not to have any mercury fillings in their mouths while they’re pregnant, limit their exposure to any toxins whatsoever because women that could bear healthy non-toxic children is going to become a commodity. We’re running out of them.

**DM:** You presented very powerful and compelling reasons not to have mercury fillings in your mouth. I think the majority of the population from my understanding is that 75% of people don’t understand that silver fillings are not silver they’re mercury.

**DS:** Correct. It’s misleading. It’s false advertising. Informed consent, like I say, doctors get sued all the time because they didn’t give informed consent or a patient says they didn’t understand something. People need to know. This problem would go away very simply. It’s a lot harder than just don’t put a mercury filling in your mouth, you know, there is 12 billion walking around on this planet already. There is a whole process to get them out of the mouth and safely.

**DM:** That’s what I wanted to address because if a person is convinced that this shouldn’t be in their mouth, as many of us have been and have them removed or want to have it removed, what guidelines can you give to the person watching this to make sure that (indiscernible 14:56) stating is to not jump from the frying pan into the fire and make the problem worse.

**DS:** The least toxic procedures is what you want to do. Let’s say somebody comes in and they have got eight or 10 or 14 mercury fillings in every section of their mouth. I basically divide the mouth up in sections whatever is worst. But it’s not just the mercury because there are fractures in the teeth.
I have taken out 40,000 mercury fillings. Of the 60,000 restorations about two-thirds were replacements. I photograph all my work. I have over 200,000 photographs. It’s all the same. I don’t have any pictures of taking out a mercury filling and then I photograph the tooth structure and it’s black and crude and softy and fractured, never. It’s the same thing over and over again. I have never taken out a mercury filling and seen pristine teeth underneath them. They’re all kind of failing.

The reason I usually replace mercury fillings – and I leave it up to the patient to decide – there are fractures in the teeth or the filling itself. There is cavity that is around the filling and it’s toxic. What order is most important to you? I don’t care. It has to be replaced anyway. It doesn’t matter to me.

I have lots of people who come to me who aren’t holistic. Who could care less and feel healthy and don’t do the mercury fillings who are a problem. If there isn’t a crack or a cavity in the tooth, I’m entitled to explain to them how mercury works in the body and that if you ever have symptoms when you start feeling badly maybe that would motivate you to remove them.

DM: Perhaps we can pause it right here because that’s the state of the society today. I’m wondering if you can comment on the transition that occurred that allows you essentially the freedom to do this. Because previously if you had done that like prior to when you graduated dental school...

DS: If you took out a sound functioning mercury filling right.

DM: Even told your patient what you just said. What would happen back 20 years ago?

DS: Well right, exactly, that’s how I learned about Hal Huggins. They took his license away for saying that he is using fear to motivate people to do unnecessary dentistry. My argument is that none of the dentistry is unnecessary because I have video and photographic proof of like I say 40,000 restorations removed and pictures of what’s underneath those restorations. I have never found a sound tooth. If you have a section of fillings and maybe one of them is in great shape maybe the others aren’t.

Why can’t the patient decide for themselves? They were never given informed consent with the materials. Why weren’t they allowed maybe to choose gold? The highest quality gold filling that you could do is 90% gold and 10% platinum which is supposedly very stable. What’s the problem with gold though? Gold attracts mercury. That’s what you use for mining.

DM: And also if you have two different metals in your mouth that will (indiscernible 17:50)

DS: What happens is people who have a gold filling over here and mercury over here, you have an increased rate of reduction and oxidation and you have a higher level of
toxicity. So when you polish the gold crown the polish comes off black. That’s all the metals being attracted to the gold.

In fact that was one of the things in the U.N. treaty was (indiscernible 18:13) and small scale gold mining because these guys use mercury in big vats in these rivers to try to attract the gold and then when it all clumps up together they burn it off. So the mercury goes up into vapor again and you get the gold chunks. It’s extremely toxic.

There are so many factors to taking care of it. But for the individual person, you can go to the www.IAOMT.org website, enter your ZIP code and you’ll find a list of dentists who are knowledgeable about how to remove mercury fillings the safest way possible.

DM: Because even though 50% of dentists are mercury free what percentage of…

DS: Most of those guys are not doing it properly – girls and guys, I would say.

DM: What percentage?

DS: It’s got to be low.

DM: Under 5%?

DS: I see a lot of patients who have been to a lot of the docs, you know, when I put the dental dam on – it’s an isolation device, a dental dam, some of you may know about it. It’s just a simple procedure to help protect you.

DM: It’s a mechanical barrier to make sure (indiscernible 19:14)

DS: Right. It’s like a raincoat for the tooth. A lot of people when I put it on the first time never had one before. I use it not only for removing toxic materials out of the teeth but also for placing the new materials in because it’s like working on a laboratory bench top with that on. I can control the asepsis and disinfect the (indiscernible 19:35)

DM: So it’s one key. Before you’re going to have your mercury fillings removed you want to make sure that the dentist is using a dental dam.

DS: Right, dental dam number one. Number two is that you don’t want the dentist to drill on the filling. Like I said, my photographs have a preponderance of evidence that show that there is decay anyway around most fillings. So if I use a very small carbide, just a little kid’s filling tip and I can go around the perimeter of the filling, I can lift filling out whole without creating any debris.

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The person is already toxic. They are already soaked in mercury. They don’t need extra.
I have to imagine, you know, all these people with colitis and IBS and all these stuff and they have a bunch of crowns in their mouth and they write that down the health history. All of those teeth used to be mercury fillings 10, 20, 30 years ago and they were probably drilled out with no protection creating hundreds of thousands of shards of mercury that line their intestine and probably their lungs as well.

As we know, red meat will stay in there five years whereas a little sharp spear tip, it’s not dust, it’s sharp. So if they get incorporated into the villi of the intestines and stay there for 10 or 20 years, does that affect intestinal health?

**DM:** And again probably less than 5% of the dentists are doing this. They’ll take a drill and drill right on the filling.

**DS:** Just go right into it with no thoughts whatsoever. In fact there is a couple of large companies that have photographs of a really aggressive burr drilling right through the middle of a metal filling as part of their advertising. I would walk around the meetings and I explain to those companies, ‘Hey, that’s absolutely wrong. You’re showing the wrong technique and everything. Let me show you the right technique.’ Some companies are listening. You never know.

That’s the other secret is don’t drill on the fillings to begin with and then have some place to dispose of them. I have a special mercury filter system in my office from Dental Recycling of North America. I have won an environmental award for it. It costs a dollar a filling basically. The State of Illinois, the democratic legislature just voted down mandating mercury filters in dental offices at a cost of $0.50 to a dollar a filling.

**DM:** So they’re exposing the entire community.

**DS:** (indiscernible 21:49) going into the sewer. Right exactly. Which is another part of the presentation is that it goes into the sewers, it goes either into the sludge fields, dried, that’s made into fertilizer.

**DM:** And they pump this into our crops.

**DS:** Or just right back into the water supply. The whole thing is backwards.

**DM:** What about high speed suction?

**DS:** Right. You want multiple suctions. Typically there is a suction underneath the dental dam. You’ve got a high speed suction right there. There is another one called the elephant nose which kind of captures vapor. Another thing you want to have is that you can have an oxygen mask over your nose so you have a separate supply. All these little precautions add up to a lot of protection to the patient. Is the patient protected 100%? Approaching 100%.
DM: Do you find that sort of like the cherry on the top to use is a mercury binder after the procedure is done. Is there any mercury that slips out that they would take that orally and switch it around?

DS: You can take activated charcoal. There are a number of different mercury chelating (indiscernible 22:46), different clays and things like that you can take, Zeolite. I advice patients, you know, I’m not a licensed nutritionist so I’m not allowed to give that kind of advice except don’t eat sugar. But in the process of making a person being less toxic, I tell patients that before their appointments, they should order some online and take it. I don’t dispense any drugs in my office or sell any nutraceuticals or anything. I don’t have any products to give. It’s just the dental service.

There are other doctors who are – for example, Dr. Diane Meyer who was actually at the recent Health Freedom Expo that we’re at. We were on the mercury panel together. She does a little more different dentistry. She’ll sedate a patient, do all the dentistry at once and include all of the pre and post nutrition support for that. So different people do it differently.

Everybody has their own comfort zone. I let patients decide what they want. If you want to be the best and then there is a little less than best. How holistic are they? I have some patients that would never have a mercury filling or a root canal or fluoride on this end of the scale and I have other patients, why is fluoride bad for you? What’s wrong with my mercury filling? I have four root canals. I feel fine. So it’s everybody in between.

DM: For that person on this end of the spectrum were those really migrating to that end, what powerful analogies can you share with our audience that might help convince them of the toxicity of mercury, from some of the science perspective on how it can damage them and why they really need to be concerned about this?

DS: Number one, it accumulates in your system and doesn’t leave. You can test your hair for methyl mercury. You can test your blood or your urine for excretion. But really it’s in your cerebral spinal fluid, in your brain tissue. No one’s really going to give a little brain tissue for a sample to prove that you have mercury. We all have it. I have mercury and you have it. We breathe air or drink water. So if you add up all these extra sources, at some point your body becomes so toxic that normal metabolism doesn’t occur anymore.

For example, the battery effect, that’s one of the main effects of mercury or brain fogginess people would describe. What’s a Duracell battery, you know, mercury, nickel and copper and you’re sucking on a battery in your mouth. I have had patients that have a twitch. Usually in one arm or the other and typically, it’s the upper side of the teeth that you take out the battery and the twitch goes away. I’ve had that as a report.
But it’s the combination because patients just don’t have the mercury. They are either soaked in fluoride as well. You get it in your water where you wash your clothes in it, you cook with it...

**DM:** Toothpaste.

**DS:** Toothpaste, exactly. Well you don’t have to because of those fluoride (indiscernible 25:44). I use bee pollen. Actually the best toothpaste, you know, there is three actions; use no toothpaste because the brush cleans your teeth anyway, make your own toothpaste with an essential oil like peppermint oil, baking soda, and salt. That’s what I like to use. Or you can go get, there is tons of holistic toothpastes with no fluoride, no sodium oral sulfate, no titanium dioxide. Those are unnecessary ingredients.

**DM:** Which are toxins that just (indiscernible 26:10)

**DS:** What do you need more toxin soup for? What you’re describing with the mercury removal is the chelation, the physical particles that get stuck in your gut as well as what you can draw to your system.

I like a vegan detox for a month, I suggest to my patients. You know, go through a full month of eating as much of organic raw vegetables as you can maybe on a diet plan. That will flood your body with the minerals that you need like magnesium. I have a chapter in my book called Magnesium versus Mercury. It displaces, you know, it’s taking its spot. So if you flood your body with magnesium just from kale and different Swiss chard and stuff like that, you’re giving your body the raw materials to displace the mercury and hopefully, you begin the process of healing again.

(indiscernible 27:05) take a seven years to regrow an organ typically, seven to 10 years, you can replace all the cells. How long does it take to get most of the mercury out? If you have to go through a chemical challenge with DMSA or whatever you wanted to use – I always say try the easy stuff first and work your way up the ladder.

**DM:** I just have a little caution about doing a vegan approach for a month. It may be useful but you have to be careful you’re getting enough protein, high quality protein. You don’t want to lose your muscle mass but you usually recommend is having loads of vegetables and organic vegetable juicing a quart or more a day (indiscernible 27:44)...

**DS:** Once again, I'm not a nutrition expert.

**DM:** Pounds of vegetables will give you all the magnesium and all the micronutrients you need.
DS: Before you start it you are flooding your mouth with, you know, you had vitamin mercury coming in all the time and then when that’s all gone now you just replace it. That’s a great way to do it.

I see all these people, like I say, chronic illness and sick and it’s a combination. A lot of the mercury fillings, you know, the teeth are partially dead inside there as well. So you’ll have a patient come in that has no pain and you take out the filling and it’s black and cruddy under there. You know what is under that, a nerve that’s half alive. And then the patient would eventually have to decide is this is a tooth that if it gives you a problem, is it worth keeping it versus taking out the tooth? That’s a tough decision for a lot of people.

DM: Do you actually do root canals in your office?

DS: I allow the patient to choose. I have done I think it’s like 2000 root canals in my career with a caveat of every root canal is going to fail. They’re all going to affect your immune system in a negative way. Eventually, you’re going to have symptoms and then I would advice extracting the tooth.

Most of the people I see are sick with chronic problems. Anything from their ear to their shoulder is a lower tooth. Sinuses, headaches, tender scalp, things like that is typically an upper tooth. When you take out the tooth or if a patient chooses to redo a root canal which still the tooth is soaked in bacteria but it’s a choice. Their conditions still improves because you’re cleaning up a dead source of tissue but the bacteria in your body find it and colonize.

So I have taken out teeth and you can actually see black pieces of plaque on the outside of the root or it looks like polka dots because the outside of the tooth is like a coral reef and there is all those little pores are full of bacterial colonies.

DM: There was a dentist that passed away. I think it was George Meinig who was one of the original founders of the Endodontic Society which is this specialty of dentistry that’s responsible for creating or implementing root canals. He was fond of saying, or maybe it was Hal Huggins that said that there is no other area in your body where the professionals actually keep a dead piece of tissue.

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That’s the only example.

DS: Literature will show that root canals are effective somewhat. The problem is that, like I say, every root canal eventually fails. It’s just a matter of when and how manage damage it’s going to do to your immune system during the process. I have many more patients that will take out a bad tooth, like I say, you have a space, you have four choices when you have an extraction. You can leave the space and do nothing. A lot of my patients choose that. They’re fine with that.
DM: The complication to that is that it will change the structure of your other teeth.

DS: Sometimes, not so much. If you’re done growing, stuff will shift with very little. Two, is I can make something that clips in and out. But those materials, you know, we’ve got only two choices of materials. You can have a conventional chrome cobalt with acrylic which I don’t like or you can have a material called (indiscernible 30:57) or VAL plaster something like that which is just all plastic but it still collects yeast and plaque and stuff like that.

You can have bridge work but you have to drill the adjacent teeth on either side of the space if you have teeth on either side. If there is virgin teeth on either side of the space, you don’t want to drill those because you’re going to ruin them. And then of course there are implants which are great but have their issues as well. The best dentistry is your own natural tooth. So prevention – flossing, brushing, not using toxic materials in your teeth and not having bacteria, sugar and time. When those three circles overlap, that’s when you breakdown tooth structure.

Of course some people are actually fooled because Gatorade, the sports drink, these kids will come into my practice and all of a sudden they have a bunch of fillings. What happened? They started drinking Gatorade all the time. It’s not just the sugar in there.

Gordon Christensen who is a dental researcher, who has been around for 40 years doing conventional dentistry and dental research did something called the dissolution rate of a tooth structure. So Coca Cola is 2.5. Gatorade is 20. Red Bull is 27. It’s all on my computer techs that sit around all day and drinking energy drinks, rotten on the inside of their mouth because it’s not just the sugar, it’s the acidity which now leads back to almost how you treat people.

When you have a chronic infection somewhere the body becomes acidic so two things, if somebody comes over with a tooth ache or an abscess they’re not going to get numb because the anesthetic doesn’t work at an acidic pH. That’s why bad stories, you know, this root canal is horrible or this extraction was horrible. But once again, it’s a choice. I can’t tell people what to do. I just give them the advice.

So if I can educate them about the bacteria that grow in a root canal which is basically fecal bacteria of 30 virulent types, fecal is usually number one. People will say, how does my poop bacteria get into my tooth? It’s in your blood stream. Teaching people holistics, you know, it depends where you start. A lot of people watching this…

DM: It’s an environment that doesn’t have oxygen so it’s an anaerobic environment that perpetuates that.

DS: By the way, some bacteria can convert between aerobic and anaerobic. So even when you’re doing a filling, you know, that’s the thing, the reason composites get such a bad rap is because of most of them aren’t done with a dental dam, the tooth structure
isn’t really prepared properly and the directions aren’t followed. So of course they don’t last as long. Any material lasts a long time if it’s done properly. That’s why mercury fillings are so great because they last so long.

**DM:** I’m trying to find a dentist like yourself who is really educated and has done the extra curricular activity usually outside of the profession at these meetings to get up to speed with the latest techniques in healthy dentistry. IOMT is one as you mentioned. Are there others that people can – other resources?

**DS:** There is the Holistic Dental Association. You can ask your dentist. You don’t have to find a new dentist. You can even convert your...

**DM:** Which is ideal.

**DS:** I can’t see every patient that (indiscernible 34:08)

**DM:** Ideally, if you can convince your dentist and enough people come to him or her that they become interested in this and see the light then they can help so many more people.

**DS:** Yeah. And they have to believe that what they’re doing is correct. I wish that my technique of what I did in my office was standard operating procedure taught in dental school. I would give it all away for free and all the information. I’m not in this for the money. I make a living as a dentist. That’s final for me. I would be happy to convert every dentist and teach them exactly what I do. It’s not brain surgery really. It’s not hard. I don’t know why my profession won’t take it up.

**DM:** Do you have any thoughts as to why?

**DS:** They have to be admitting that the restorations are toxic. Even setting that aside, how about just have a great technique for when they are removed because you’re poisoning the patient as well there.

**DM:** Does it boil down to the mindset that they don’t believe it’s toxic where they’re actually (indiscernible 35:12) the damage in themselves...

**DS:** I have been working for 50 years and I’m fine and all my patients are fine.

**DM:** And all my staff is fine.

**DS:** Right and maybe they are but how you can measure that? For example, my wife went to Walgreens to pick up her prescription and the pharmacist said, “You should get your swine flu vaccine.” She said, “My husband is concerned about it because there is mercury in the vaccine.” He goes, “There is more mercury in your drinking water than there is in the vaccine, just take the shot.”
He’s giving professional medical advice that he’s not licensed to give, number one. Number two, how much mercury does he know that’s in my drinking water and what type of mercury is it? Three, how many mercury is in the vaccine and what type of mercury is it because mercury is not mercury. Ethyl mercury is a thousand times more toxic than elemental mercury so it doesn’t make a difference.

In fact, there is the vaccine issue with mercury because it’s just as important as well, Dr. Mark Geier is the PhD researcher. He was also at the UN meeting. He presents the toxicity for vaccines.

DM: Was that the father or the son?

DS: Mark and David.

DM: The father is Mark.

DS: The father is Mark. The son is David.

DM: He’s MD-PhD I think?

DS: Yeah, right. He has the congressional report where they falsely used methyl mercury toxicity levels to determine ethyl mercury toxicity levels. There has never been a study done on the toxicity and yet we’re putting it in millions of people. It’s ridiculous. How has it affected people? Like I say, do kids have autism or do they have neurological damage from heavy metal toxicity being incorrectly diagnosed as autism? Like I say, patients watching this, if they’re going to have more kids let’s say, why would you want to soak them and bathe them in mercury vapor? Get them out. Have healthier children.

You would think that how am I going to get the American Medical Association to make that standard operating procedure? It’s an amazing fight. I have been on the radio. I have been on Air America. I had a show. I talked about mercury and fluoride toxicity and all these stuff before. As one of my friends would say, keep honking your horn eventually more people will turn around to see what’s going on back there.

DM: Have you received any professional backlash for your positions?

DS: I would say that most of the dentists in my community don’t like me very much. I really don’t care because what’s most important are the patients. Their patients come to me. Eventually, if they don’t change their ways, I’m the state of the art and so…

DM: Perhaps one of the reasons that 50% of dentists who are still using mercury are unwilling to stop is the fear of losing business. In your experience has it been (indiscernible 38:05)

DS: They would gain business because…
**DM:** That’s the reality because you’re presenting a better dentistry, you’re going to attract more people.

**DS:** Here is a perfect example. On NPR Radio, there was a guy who did a study with Delta Dental.

**DM:** Which is the primary…?

**DS:** Delta Dental is the largest insurer and they are very difficult to work with and deny things left and right. You can’t just diagnose off an x-ray. It is only one component of diagnosis. I happen to have a camera in my office that magnifies 300 times. So I can make a piece of a tooth look this big. So I can see all the fractures and recurrent decay that you can’t see in an x-ray.

There is a guy in NPR saying that 90% of the x-rays that he looked at had no decay in them yet the dentists were removing them. It was part of the propaganda to get people to distrust their dentist and not take their diagnosis. There is a big piece of the dark side working here. You have to think like Dick Cheney on this one, you know, how can I make people…

I got to tell one story. I’m going to come back to this. There is a chain of dental clinics on the East Coast called Small Smiles. There are about a hundred of them. They’re strategically located in very poor Latino and African-American neighborhoods. They see about 2 million kids a year. When I was in Japan, my holistic group emailed me this article – I’ve got an author who did this great article about this clinic and maybe she can do an article about mercury fillings.

So the article was that the dentists are overworked. They have to meet corporate quotas and they’re doing extra work that’s unnecessary. Really, what’s going on there is they’re putting mouthful of mercury fillings into welfare because welfare kids get free mercury fillings. Right now the people watching your website are usually people that have the ability to make a choice. They can choose their dentist.

[----- 40:00 -----]

If you’re on welfare and you’re only going to get your free dentistry from this one clinic and all you’re going to get is mercury fillings and you get no informed consent, you’re not really looking for information about mercury fillings and you’re just happy because you’re getting free healthcare.

So this clinic is putting in mouthfuls of mercury fillings in these kids everyday and also catching them up with their vaccines. So they’re getting mercury vapor from the filling plus the excess that swallowed in the raw mercury, the little bits that went down plus the ethyl mercury. How are they going to test in a few years? Is that going to affect their mental acuity?
Of course, oddly enough the corporation that owns this welfare dental clinic is the Carlisle Corporation. If anyone familiar it’s the largest defense contractor in the world. You can look them up, Google ‘Carlisle.’ The reporter was an investigative reporter. She actually works for the Department of Health and Human Services. Why couldn’t she see it? The story was about making kids mercury toxic.

The military gets free mercury fillings, HMO insurance programs free mercury fillings and half the dentists in the United States said to all their patients mercury is safe and effective and the other half are changing their ways but still not doing the techniques properly. So they still got a long way to go.

**DM:** What other examples have you seen of this big lie that persists in dentistry? I’m sure you’ve seen a number of them. What are some of the more the compelling ones?

**DS:** From an insurance company aspect, they want to drive a wedge in the relationship between the dentist and the patient so the patient goes to the dentist less often and has less claims so that the liability is down. Most of my patients use their insurance maximum every year. That’s how insurance works, right, you know, five people out of 10 people one person gets the max, two people get half and the other seven would get little or no service for the year. So in my model everybody is getting all their services used, the insurance company goes out of business. So they don’t like me very much. But I can photodocument, if he said, send an x-ray. Well an x-ray is only a two dimensional representation of a three dimensional problem.

**DM:** Have you or have your colleagues that practice this type of dentistry have ever targeted or singled out by the dental insurance companies for practicing alternative dentistry and then not be reimbursing you for the coverage?

**DS:** The only thing I usually get is that if I put in for a section or several porcelain fillings, they’ll downgrade the code to a mercury filling and just pay based on a mercury filling. So they say, usual and customary fee – my fee is above usual and customary and they’re only responsible for reimbursing for the least expensive safest alternative.

**DM:** What percentage of your patients or patients in a general dental practice actually have dental insurance?

**DS:** It has decreased. It used to be about half now it’s about a third. So two-thirds of my patients don’t have insurance.

**DM:** So for most people it’s something that’s an out-of-pocket expense.

**DS:** It’s an out-of-pocket expense. Let me tell you, some cases are very small and some cases are large if you want Rolls Royce dentistry. You can drive a Chevy or Ford too and be just fine. So it depends what level of service you pick too. We finance a lot of people in house. That’s the only way it’s going to get done.
**DM:** Just for the two-thirds of people who don’t have insurance it might be helpful to understand that this is an investment in their health and just like they need to make large investments like a car or refrigerator or some major appliance…

**DS:** Usually fillings last alongside of anything you ever own in your lifetime – if they’re done well.

**DM:** The danger of doing the less expensive could have far more long lasting health implications of disease and disability.

**DS:** Correct. What is the benefit of doing the cheapest toxic material now and then… the trick is, how I can exactly pinpoint that these mercury fillings in your mouth cause this exact problem later on when it could have been the mercury that you breathe in the air or that you eat or you drink. That’s the neat part about the propaganda of it is it’s their fault once again. That’s the mercury causing your problem.

You can only handle so much toxicity. Why are some people that have mercury fillings feel fine or would they feel 20% better without their mercury fillings? And yet some other people, like I have got a patient, the national spokeswoman Linda Brocato for Consumers for Dental Choice – that’s Charlie Brown’s non-government organization that I work for. She can only use her left arm. She’s on a wheelchair for 20 years. She was greatly affected by it. Like I say, these autistic children, how much was a vaccine? Was the mother being, you know, 10 mercury fillings admitting into the fetus? So it’s everybody’s fault.

The science of mercury toxicity has been well explained and authored by Boyd Haley, by Hal Huggins, by the IAOMT. There is no doubt. When you breakdown the government research, it’s either like I say, they’re stupid or they’re lying which one is it? We have freedom in this country and you can choose.

**DM:** Can you comment on that before because that’s a pretty powerful statement. When you refer that they’re stupid or lying, are these the…

**DS:** Well, they have the best scientists in the government.

**DM:** Is this the American Dental Association?

**DS:** Why do they keep supporting…

**DM:** Who is they?

**DS:** Right, they… you have the ADA, you have the insurance companies, you have the FDA. For example, let’s start with the FDA. We’ll start with the government. Barrack Obama comes in to office, we expect that science is going to return to the White House. We’re all excited; all the engineers and scientist are excited that science is going to be
coming back. He appoints as head of the FDA, Dr. Margaret Hamburg who comes from
the board of the largest dental supply company in the world.

DM: Henry Schein.

DS: Henry Schein. By the way, I’m a good customer. She approves mercury fillings as
safe and effective as a class 2 device with no real research and just dismisses…I’m not
the first guy to fight mercury. I’m like generation two and all the first generation guys,
they have been representing for 30 years and it was completely dismissed. And you
start to wonder, you know, really, you don’t even want to consider this information? You
don’t even want to think about it.

So they delay and they have mercury panels and they stack the mercury panel with pro-
mercury people. They send the Word Dental Federation to the U.N. who isn’t supposed
to be there by the way. We have a protest against them. The World Dental Federation
is funded by several large corporations including Nestle and Wrigley’s. So they’re not a
non-governmental organization – that’s not the definition. They’re not supposed to be
there. The head of that was also the head of the Canadian dental researchers and he
gave his presentation as the Canadian guy who is with the World Dental Federation. I
mean, you can’t do that.

DM: With Margaret Hamburg though, didn’t she eventually recluse herself because of
her conflict of interest?

DS: Eventually and then her assistant took over and did the exact same thing.

DM: It’s one vicious cycle.

DS: It’s the way it goes. If you look back, do they lie about the Vietnam War with the
Pentagon Papers about the Gulf of Tonkin effect? As time goes on, you see different
lies that the government because of the Freedom of Information comes out.

DM: Continue on your comment on either they’re lying or they’re ignorant.

DS: So that’s the FDA and so now you have the ADA who has been supporting the use
of mercury fillings in their editorial sections of the ADA newspaper there is always a pro
mercury comment and that anybody who takes out a mercury filling is a quack.

DM: Even though 50% of their membership does not do it.

DS: Well not membership – only 50% of all dentists in America belong to the ADA. A
majority of those are pro-mercury dentists so the ADA dentists, probably 90% to 95% of
the ADA dentists are pro-mercury dentists.

DM: You are one of the few dentists who are…
**DS:** I’m one of the few. I belong to all the organizations…

**DM:** Just for political motives.

**DS:** No, because I had to go to the meetings. I had to interact with these people. I want change from within.

**DM:** You want to be a proselytizer.

**DS:** A change from within.

**DM:** An evangelist.

**DS:** It’s funny you say that because would Jesus put mercury in a child? The religious right in this country is going to be on my side and then we win. The easiest way for us to do is for everyone to send this email about how mercury is toxic to you to everybody they know, nobody chooses a mercury filling anymore at their dental offices. Doctors don’t buy it anymore and the manufacturers run out of business and it’s over.

**DM:** Because we can vote with our pocketbooks economically.

**DS:** Exactly. Part of my assignment politically was to come up with a solution where mercury gets phased out and nobody gets sued. That’s the big thing. Everybody is worried about a class action liability suit knowing about this. It’s just like the tobacco industry. They all came and testified and said that cigarettes – we don’t add extra chemicals to make it more addictive and all these stuff that they’re lying about and we found out and then they gave us billions of dollars which weren’t even spent properly.

[----- 50:00 -----]

Is that the same thing that’s going to happen with mercury? That’s what they don’t want. The United Nations Environmental Program is a great way for them to say, okay, we’re not going to stop burning coal but we can stop the mercury fillings. But I guarantee you, once it’s passed and signed as a treaty, the senate has to approve it, whoever is going to be president in 2015, would have to sign it and then there is a five year implementation period so at 2020 is the soonest mercury fillings would start to be phased out worldwide.

**DM:** There is a good chance that people viewing this, if they are able to facilitate and catalyze the spread of this message that we could essentially speed that process up before it’s done politically.

**DS:** Correct. In 25 years, most of the dentists in the ADA that are pro-mercury won’t be practicing anymore. It’s going to happen. Do we just want to sweep it under the carpet and let it go quietly away? Once again, how do you prove it? I got a great patient of mine who is a lawyer and an MBA and all this stuff. He’s telling me, prove to me
because you can’t. You can’t prove that it’s just the mercury causing the illness or the source, that it’s just this dental mercury causing the illness. He’s right. Once again, let’s just revert to common sense. We have all the science in the world and why take the chance? If there is a 5% chance why take it with people?

**DM:** Precautionary principle.

**DS:** Exactly. That’s the word I was looking for. Most of the patients that come to me are that way. Once again, if they’re coming to me for mercury toxicity and mercury removal, and I take out their fillings and then photo-documenting all the cavities and fractures anyway, their teeth needs to be fixed anyway. It doesn’t even matter. I would guarantee you that a lot of them are like that.

If you have fillings that, you know, a two-year-old mercury filling that’s perfectly beautifully shaped and polished and shiny and looks great, do we give an informed consent as to that? You still weren’t educated about it so it’s not fair. Maybe you wouldn’t have chosen it in the first place. So is it wrong if I remove that if you asked me to? I don’t see any problem with that.

I can’t prove to you that I fixed this tooth and that toe will feel better but you have one system and it will improve when you stop sucking on a mercury lollipop. If I took a nickel, a penny, and a dime and a mercury filled thermometer and I mixed it up and gave you a lollipop, would you suck on it for 20 years and never take it out of your mouth? Of course not.

In fact one of my favorite things to do is when I take out one of the fillings whole is I’ll stick it in front of the patient and like, do you want to look at this one last time? I’m going to put in their recycling. You don’t want to stick your tongue out on it one more time? They’re like, no, gross. Like why? It didn’t magically change. The EPA calls it toxic waste when I’m holding it right here. One second out of the mouth and it was considered safe. Really?

Just that hypocrisy alone should be enough to convince people.

In fact, you asked me if I ever was harassed. Yes I was. Back in 1995 when I first opened my office I did a TV commercial. It showed some before and afters and the crawl on the bottom said, “The EPA says it’s illegal to dump mercury fillings in a landfill but it’s okay for your mouth?” with a question mark. I almost got my license taken away by the Illinois Department of Professional Regulations saying that I was using fear tactics to motivate my patients which was illegal in the Illinois Dental Practice Act. I said, no, I’m simply stating a fact.

**DM:** That’s a convenient way that they use to implement their strategies.

**DS:** They didn’t like…my corporation was Exquisite Smiles because I also do a lot of cosmetics too and fun stuff, conservative cosmetics so I’m not just slapping veneers on
everybody. My tagline is ‘Experience the Elegance of Exquisite Cosmetic Dentistry.’ They said that I had to get rid of that because it implied that my dentistry is better than other peoples which I have pictures to prove it. My patients come from somewhere. They’re not all three years old with decay starting from scratch.

How many of your patients are toxic with mercury? Can you really cure them all the way if they still have three or four mercury fillings in their mouth or an old root canal or something? No, you can’t. I can’t cure them all the way even if I take out all the mercury fillings, they still need all the nutritional supplements and so forth and the healing and the mental healing. It’s such a multifaceted part that I’m just a component of the detoxifying procedure for mercury just physically removing the stuff that’s in the mouth.

I would think that if I ever had any legal issues with that that my patients would all come and support – I’ve got a thousand people that literally their wives have been turned around by just fixing their teeth and the other thousand just have healthier teeth and the other thousand don’t really care. They’re just there to get their teeth fixed. They’re not holistic people. I don’t just mark it as a holistic person but it’s whatever you want. Some people come in, they don’t want to get better, fine, be more toxic. Maybe in a couple of years when you’re sick, we’ll fix you that.

DM: That will motivate them.

DS: Yeah.

DM: You’ve had a very active professional career and you’re also evangelizing this to the world and seeking to do this from the political perspective. I’m wondering if you can comment on some of your upcoming strategies and some of your work that you’re doing with Charlie Brown’s organization, Consumer for Dental Choice.

DS: As a non-governmental organization, he’s been in the two previous negotiating sessions of the Global Mercury Treaty. The third one is coming up in Nairobi, Kenya. We’re re-assembling our team from the second meeting. We’ve got Graeme Munro-Hall from England, Lillian Esteban from the Philippines and several other dentists that will be joining us around the world as well as more mercury injured people that are going to come and basically you work the room. You talk to delegates…

DM: Did you perceive this as one of your gifts?

DS: Well, I like to talk. I like to schmooze as we say. One of my favorite things is a roomful of a thousand people I don’t know because I want to know half that room by the end of the day. They’ll all say, “Hey that Dr. Dave guy…”

I was able to get the country of Iraq to bring up the subject of mercury fillings at the second meeting so that we can intervene to the subject. They invited me to present my mercury phase down program to the Arab League Subcommittee. The Arab League
never allows an NGO in the room and not only did I get to go in there but I got to present to all 28 Arab countries. I got unanimous support for mercury phase down. Then we went to the African Union. They invited us after they heard what happened there and we got all the countries in the African Union except South Africa. They have been very difficult.

I jumped in the lunch line with the head of the European Union and they just came out with the European Union scientific report basically regurgitating the talking points of mercury safety and effectiveness of the World Dental Federation. I presented our rebuttal report refuting their report at the academy website by Joaquin Mater; he’s in Europe, explaining to him that the European Union is looked upon as a scientific bastion. You’re supposed to be the pinnacle and yet you’re just simply regurgitating talking points. It’s almost embarrassing the scientific community as we move forward. Don’t you want to be in the side that’s going to win? I gave them a copy of the report. The next day, they gave us a statement of support. You got to badger these people and you got to get in with them.

DM: It’s an interesting strategy because most people who have this understanding, it’s been my experience at least, that they tend to congregate together in their own groups and they tend not to go out. They actually tend to actively avoid those groups.

DS: The first night I got into Japan I was looking for Charlie Brown and I walked up to a table who I knew was the opposition, the Academy of Dental Research, World Dental Federation, all those guys are sitting around having a beer. So I figured I go over and chat them a little bit and I said, “Hey, any of you know Charlie Brown. I’m looking for Charlie Brown.” They all laughed of course. I said, “Maybe I should sit down and have a beer.” So I sat down and had a beer and we argued mercury toxicity for over an hour. I said, I gave you all the evidence to show you how you guys are wrong. I understand that you have to keep perpetuating the lie and that’s your job and that’s what you get paid for and that’s what you’re here going to do. I understand that. Just know that wouldn’t it be a lot easier for you guys just to move forward but I don’t want to put you out of the job. They’re very upset with me.

I said, “One of the guys says, I’m not going to debate mercury science with you here. I’m like, because you can’t. Because no matter what you say, I will refute you and I will cite you evidence. That’s what we’re dealing with moving into Africa. So the next meeting, we’ve got a lot of nice relationships with people from the all the different continents and we’re going to keep working that.

I was more of the Chicago baseball bat kind of guy. I was the bad cop and Charlie and Graeme Munro-Hall we’re the good cops. I would say very straightforward black and white things and then they would come in and mop up afterwards.

[----- 1:00:00 -----]
It was a nice technique. It worked very well. Like I say, I’ll walk up to anybody. I don’t care.

I even got the Russian delegate to support us. It just so happened that the Russian delegate had twins. They were two years old. His wife had passed away in childbirth. He got remarried when they were two. He married a doctor and he had never gotten the kids vaccinated as he was traveling around the world doing other stuff. At age four, the new wife took them to get all their vaccines caught up. They came home autistic. Guess who is on my side very quickly. This guy was right on it. So to get Russia to be in terms with you when your own country isn’t, that’s pretty big.

We have five countries that are interested in phasing out mercury before the treaty. We have Iran and Qatar, Nigeria and Gambia and Nepal. We’re trying to work, you know, if I can have those phased out. So that’s what we’re doing internationally is we’re going to keep those relationships going and show the importance of this.

Locally, in the state of Minnesota, I’m going to be introducing a mercury phase out bill with representative Jim Abeler who is head of the Health and Human Services Committee in Minnesota. Mark Dayton, owes me favor because he was a guest on my show. Hopefully, he’ll sign the bill when it comes across his desk. These are the things that I have been setting up for a long time because in Illinois...

The other thing in Illinois that they did is they just passed to make it legal for dental assistants to put mercury fillings on people. So you can have less qualified people who know nothing about toxicity probably using poor technique and more toxic technique to put mercury fillings to people.

**DM:** Do you think there is a chance or hope that they could shift over to this ART – this atraumatic restorative technique which uses...

**DS:** This is what Charlie has been pushing, you know, Charlie Brown. Consumers for Dental Choice, you can go to the website. It’s a non-profit so it’s all donation. The way that he travels and fights all these things. That way that I travel is I write a check. Japan cost me $5000 but the time out of the office cost me $30,000. I’m going to make two trips this year. It’s going to cost me $70,000 on my pocket. That’s pretty much...

**DM:** It’s your investment in the cause.

**DS:** Because you don’t make a ton in dentistry. You only produce what you can produce. I don’t have associates or stuff like that. Consumers for Dental Choice, what are you going to do for these people in the jungle? What are you going to do for people that are rural and have no access to electricity? You have to scoop in place. Teaching people how to use simple materials to do that with is going to be dentistry for three billion people on this planet. They deserve relief from their toothaches or simple treatment.
Personally, I think what we should do is just have mobile dental clinics in a truck. I am a member of Homeland Security. I’m a first responder for mass casualty incidences is my specialty. So for nine years I’ve been treating. I have a military dental unit. It was about like 4000 bucks but it’s portable and all you need is a Honda generator to run it and you can have a laptop computer with a mobile x-ray and a camera attachment now you have my entire high tech office in an area this big. You can dentistry anywhere.

I would like to push for even more than the ART technique and push for these mobile little dental clinics. A tent, a Honda generator, a kit for 10,000 bucks, the government can setup a whole dental clinic and have people, Doctors Without Borders come. My retirement plan is to go do dentistry around the world for free and have countries put me up wherever and I’m going to stay three months at a time in a country and really enjoy my retirement.

But for another 20 years, I still have to do, you know, I’m going to take out another – let’s see, we’ve done 40… so I figure I’m going to take out another 60,000 to 70,000 mercury fillings out of people in the next 20 years. Of course I have to protect myself too. That’s why I don’t like drawing on the metal. I want the splatter. But when someone breathes on you, they’re giving you mercury vapor. It’s never zero. The fight will not stop.

And then of course if anybody knows a senator or his friends like for example Dick Durbin and Mark Kirk in Illinois, they’re going to need to support this treaty and ratify it once it’s signed in 2013. These are the aspects. It’s a non-ending fight.

And then even when it’s all signed and ratified, people are going to be looking for exemptions. The World Dental Federation isn’t going to go away. They can say, we need an additional five- or 10-year exemption so now you’re pushing down to 2030. So the fight is going to continue anyway after this stuff but it’s going to be closed scenes.

But the momentum is building. More people are getting involved. People like me are making that move to saying, you know what, I’m going to stick with this…I’m going to fight mercury, the stupidity of using mercury in medicine, for another 20 years and maybe I’ll get nudged for it a little more.

**DM:** I want to thank you for all that you’ve done and all that you will continue to do. You’re really serving as a model for someone who is really committed and passionate about a concept that is really not benefiting them – this is not conflict of interest.

**DS:** I can stay in the office and just not do this stuff.

**DM:** You’re doing this at a purely altruistic philosophical approach and it’s really a tremendous model to others who can take their passion and apply it. You also have to be passionate. You’re gifted socially so you’re actually going into the belly of the beast and interacting with these people and converting them which is an interesting model
and though not many people would be comfortable with that but if your gift is social – it’s a tremendous model that you’re providing for people.

**DS:** People ask me what motivates me. I’ll just have to put it. I’m very lucky to be on this planet for two reasons. Number one, my grandparents were lucky enough to survive the Holocaust. That was great. They were the 1% of Polish Jews that survived. I’m a one percenter there. My mom got pregnant at a young age, so I was lucky that she chose life and here I am. Those are two nice little things that happened for me.

But I’m a big fighter – everybody in this world deserves a chance and they don’t need to be shot or poisoned. It’s my duty to stop what I consider to be toxic genocide on people. I do not agree with the fluoridation of our water; the fluoridation of our food; the fluoridation of kids in the dental office with fluoride treatments, with fluoride in toothpaste.

We’ve got this little group of people in charge that are poisoning us in our food and water supply with fluoride, poisoning us at the dental office with mercury by teaching improper information in dental school. Like I say, education indoctrination. I think that’s a crime against humanity. You’re teaching doctors incompletely. I was never taught that fluoride takes the place of calcium in your bones, is a psyche drug, fries you endocrine system, churns your pineal gland, you know, all the people that have problem sleeping…melatonin.

**DM:** (indiscernible 1:07:24).

**DS:** Yeah, it turns into a little puddle. I fight all of these. It’s just with Consumers for Dental Choice it is just the mercury. I don’t think they’ll ever be a global treaty on fluoride. That’s never going to happen. Who are these people, these little group of people that make these broad decisions so that every local government is thinking they have to buy fluoride to put in the water. They shouldn’t regulate their local dentist.

Like my town of Northbrook, why doesn’t the mayor demand that every dental office have a mercury filter in it? Why do we want to be poisoning our sewer water if they can become our own drinking water again? She could stop fluoridating the city water as well. It’s like everybody but me. There is like Fluoride Action Network. There is FAN and different things.

**DM:** Sure and we work with them and we have a coalition where we’re working with FAN for fluoride and then Charlie for the mercury and then different groups for the GMO and then for the vaccine with Barbara Loe Fisher. They’re all really key issues that lead into the toxic threats that we’re exposed to. I really appreciate what you’ve done to help facilitate that.

**DS:** You’re kind of the internet guru. You have tons of people that come to your website looking for information and you’re almost like the umbrella organization for all of us under here doing this stuff.
As you know, you only have so much time to dedicate to certain subjects and you have to take care of your patients. You still have all these sick people waiting for you out there and really what you’re doing is stop putting the toxins in your body, number one. Second, the toxins that are in there get them out of which the only part I do is the removal of disease from the mouth and you do all the chelation and different aspects like that. And then three, good nutrition and that’s it.

And then after that, if you’re still sick, okay now we can go to regular pharmaceutical medicines and see if those would apply to you. What’s the point of even starting any drug made by any drug company before those first three things are done? There is absolutely no point to it. Talking about the healthcare system, if we’re going to be giving free healthcare to a bunch of people, what do those people owe to the system to keep the cost down nutrition wise, making wise choices not to get toxic materials put in their mouth?

I’m lucky enough, you know, politically I’m on a committee right now for, you know, if we’re going to repeal or replace better with something good. At least want some dentistry in there so I’m writing a dental component to that thing that’s going on but I’m an independent. I’m not a Democrat or a Republican. I did plenty of work for Democrats. I did work for Republicans as well and have friends on both sides of that. Maybe I can get something done.

DM: Thank you for all you’ve done and will continue to do. We really appreciate your efforts and all information you’ve shared with our audience.

DS: Keep reading, keep learning, go to the academy website. Go to Consumers for Dental Choice. Google the word ‘mercury vapor.’ Google ‘smoking tooth.’ Watch the mercury vapor coming off. Just keep educating yourselves and make informed decisions because after all it’s your mouth. It’s not mine. You can do whatever you want with it.

DM: Thanks.

DS: You got it.