

To Protect Unborn Children from Exposure to Toxic Mercury,  
FDA Must Ban Mercury/Silver Tooth Fillings for Pregnant Women

---

Citizen Petition to Acting Commissioner Andrew Von Eschenbach, September 5, 2006

Consumers for Dental Choice ([www.toxicteeth.org](http://www.toxicteeth.org)), Mercury Policy Project of the Tides Center ([www.mercurypolicy.org](http://www.mercurypolicy.org)), and International Academy of Oral Medicine and Toxicology ([www.iaomt.org](http://www.iaomt.org)) submit this petition pursuant to the Food Drug and Cosmetic Act, to in order **to protect unborn children from unnecessary exposure to mercury -- an element that can cause permanent brain damage in the most minute doses, an element so virulently toxic that no safe level of exposure exists.**

Even though amalgam is 50% mercury, fewer than one-fourth of consumers know this, according to a Zogby poll taken less than six months ago. It is not due to lack of consumer interest; indeed, the poll shows over 90% of consumers believe they have a right to know about mercury in dental fillings, and by 7 to 1 they support a ban. Rather, **this consumer ignorance is the result of calculated and coordinated policies of the American Dental Association (“the A.D.A.”) and the Food and Drug Administration (“FDA”). The A.D.A., the only health trade group to endorse using mercury, has a gag rule directing dentists to stand silent**, a rule of conduct adopted after the A.D.A. acquired two amalgam patents.<sup>1</sup>

Incongruously, FDA condemns mercury in other products, even veterinary products, but it ignores what both the Centers for Disease Control and the U.S. Public Health Service call a “major exposure to mercury,” amalgam. To keep mercury fillings on the market, FDA has engaged in at least five potentially lawless schemes – consciously and continually violating the Food Drug and Cosmetic Act; the National Environmental Policy Act, and the Federal Acquisition Regulation: (1) FDA refuses to classify mercury amalgam, thus keeping an unregulated product on the market; (2) FDA refuses to require proof of safety, instead merely assuming safety when the law states proof of safety is required; (3) FDA approves amalgam due to an ostensible order of Substantial Equivalence which does not exist; (4) FDA refuses to do an Environmental Impact Statement, which would show that only non-toxic materials should be used in dentistry; and (5) FDA has potentially violated the Federal Acquisition Regulation by, when ordered to do a literature review on mercury fillings, handpicking a plainly unqualified company. Small wonder, then, that FDA has orchestrated a set of hearings where all invited guests are pro-mercury, and opponents are packed like sardines into seven-minute segments.

Due to FDA policies, **unborn children are exposed to a toxin that could cause permanent harm to some of them -- for no reason at all.** Since every cavity can be filled with alternatives to toxic mercury, amalgams (“silver” fillings) are completely unnecessary.

---

<sup>1</sup> The ACLU, the Goldwater Center, and two state Attorneys General have fought this gag rule.

## STATEMENT OF GROUNDS

1) Based on the latest Centers for Disease Control data, scientists for the US Environmental Protection Agency have found that one American woman of childbearing age in eight already has so much mercury in her body she is at risk of having a brain-damaged baby. For such a huge number of American women (about ten million), **any exposure to mercury is a risk to fetal health.**

2) Amalgam fillings, which many dentists deceptively call “silver fillings,” are 50% mercury. **Mercury is a virulent toxin that can cause permanent brain damage or even death. A panel of the World Health Organization says no safe level of mercury exists.**

3) The most controversial issue in dentistry today is whether mercury-based fillings should be used. Many modern dentists no longer place mercury fillings, and their use is almost non-existent for upper-middle-class white adults. **Only assembly-line dentists and old-fashioned dentists still place amalgam – the victims of this unnecessary mercury exposure are children, the working poor, and minorities.**

4) **Other modern health systems ban mercury amalgam fillings for pregnant women; in fact, they did so many years ago.** The government of Canada directed its dentists to stop placing mercury fillings in pregnant women in 1996. The government of the United Kingdom followed suit in 1998, directing no amalgam for pregnant women..

5) As explained below (paragraphs 11-15), on dental questions the Food and Drug Administration puts politics ahead of the health of unborn babies.

6) Encapsulated dental amalgam arrives at a dentist’s office with  affixed next to the words “POISON, CONTAINS METALLIC MERCURY.” Mercury, the warning states, is a “potentially hazardous substance” with “**neurotoxic/nephrotoxic effects**”<sup>2</sup>; “a chemical **known to the state of California to cause birth defects or other reproductive harm.**”

7) The two largest amalgam manufacturers – Kerr and Dentsply -- tell dentists in writing, **Do not place amalgam in pregnant women, nursing mothers, children under six**, and anyone with kidney disease.

8) Kerr, the largest mercury amalgam manufacturer in the American market, warns dentists:

**"The health authorities of the various countries, including Canada, Germany, France, the United Kingdom, Norway and Austria have recommended against the placement or removal of an amalgam in certain individuals such as pregnant and nursing women and persons with impaired kidney function."**

---

<sup>2</sup> Neurotoxic: poison to the brain and nervous system; nephrotoxic: poison to the kidneys.

9) Dentsply/Caulk, the second largest mercury amalgam manufacturer, warns: “**Contraindication** [*N.B.*: “Contraindication” is a directive to forbid, not just a “warning.”]

- In proximal or occlusal contact to dissimilar metal restorations.
- In patients with severe renal [*i.e.*, *kidney*] deficiency.
- In patients with known allergies to amalgam.
- For retrograde or endodontic filling.
- As a filling material for cast crown.
- **In children 6 and under.**
- **In expectant mothers.**

“Side Effects/Warning: Inhalation, Chronic: ... In severe cases, hallucinations, loss of memory, and mental deterioration may occur. Concentrations as low and (sic "as") 0.03 mg/m<sup>3</sup> have induced psychiatric symptoms in humans. Renal involvement may be indicated by proteinuria, albuminuria, enzymuria, and anuria. ... Intrauterine exposure may result in tremors and involuntary movements in the infants. Mercury is excreted in breast milk. ... The fact that Dentsply/Caulk has placed this information on the Internet, available to the public and professionals alike, has a vital impact on various aspects of the current controversy over the safety of mercury/silver amalgam dental fillings.” (Emphases added.)

10) FDA condemns **other** products with only a fraction as much mercury, for example, banning it in all veterinary medicine. So concerned is FDA with the health of horses that it removed from the market a salve applied to horses’ legs solely because it contained trace amounts of mercury.

11) FDA’s silence over mercury – the same kind of silence our government once had for tobacco – plus the ADA’s a gag rule on the mercury controversy means that the overwhelming majority of American consumers don’t know that silver fillings are in reality mercury fillings. A Zogby poll of registered voters in 2006 shows **only 24% can name the major component of amalgam.**

12) Were they to know, American consumers would not choose mercury fillings. The Zogby poll found that 77% would choose non-mercury fillings were they given a choice – a choice they are required to receive by law, by the Medicaid policies of the 50 states, and by dental ethics. But many pregnant women, especially from low-income families, are not told they have a choice – and **they are not told that one choice exposes their baby to mercury, a neurotoxin, while the other does not.**

13) The FDA has allowed dentists with close ties to the pro-mercury faction of dentistry (the ADA) to make the regulatory decisions on mercury amalgam.

14) Major questions about FDA’s failure to protect pregnant women and other vulnerable consumers are raised in questions to the Acting Commissioner by Senator Mike Enzi and Senator Ted Kennedy, Chair and Ranking Member, respectively, of the Senate H.E.L.P. Committee.

15) FDA policy protects dental mercury from scientific oversight, and potentially violates three different important federal statutes. FDA refuses to classify encapsulated

mercury amalgam, a violation of the Food Drug and Cosmetic Act. FDA refuses to do an Environmental Impact Statement on this, the largest source of mercury in the wastewater, in violation of the National Environmental Policy Act. FDA refuses to do an honest literature review of amalgam, instead secretly handpicking an unqualified meetings planner. These law violations, which are ongoing, are the subject of a lawsuit to ban mercury fillings by a different group of nine petitioners, in the case of *Moms Against Mercury v. FDA*.

Therefore, Petitioners seek an emergency order from the Acting Commissioner, Andrew Von Eschenbach, M.D., that no dental filling containing mercury be implanted in a woman in any stage of her pregnancy, effectively immediately.

ADDRESSEE for PETITION: Dockets Management Branch, Food and Drug Administration, Room 1-23, 12420 Parklawn Dr., Rockville, MD 20857

CERTIFICATION: The undersigned certifies that, to the best of his knowledge and belief, this petition includes the information and views on which the petition relies.

NECESSITY OF HEARING: (1) Factual differences exist; (2) hearing demanded.

Respectfully submitted by counsel

Charles G. Brown, Member of the Bar of the District of Columbia  
1725 K St., N.W., Suite 511, Washington, DC 20006  
Telephone 202.822-6307; Fax 202.822-6309, E: [charlie@toxicteeth.org](mailto:charlie@toxicteeth.org)

Attachments to Petition (next ten pages)

## **Amalgam Warning By Manufacturer - March 1998**

Dentsply/Caulk, a major manufacturer of dental amalgam, has placed the following warning for its amalgam products Dispersalloy, Megalloy, and Unison on their internet site. The URL's for the various products are:  
<http://www.caulk.com/MSDSDFU/DispersDFU.html>,  
[www.caulk.com/MSDSDFU/UnisonDFU.html](http://www.caulk.com/MSDSDFU/UnisonDFU.html),  
and [www.caulk.com/MSDSDFU/MegalloyDFU.html](http://www.caulk.com/MSDSDFU/MegalloyDFU.html).

### **Contraindication The use of amalgam is contraindicated:**

- In proximal or occlusal contact to dissimilar metal restorations.
- In patients with severe renal deficiency.
- In patients with known allergies to amalgam.
- For retrograde or endodontic filling.
- As a filling material for cast crown.
- **In children 6 and under.**
- **In expectant mothers.**

### **Side Effects/Warning:**

Prior to use, read the MSDS information and product instructions for this item.

- Exposure to mercury may cause irritation to skin, eyes, respiratory tract and mucous membrane. In individual cases, hypersensitivity reactions, allergies, or electrochemically caused local reactions have been observed. Due to electrochemical processes, the lichen planus of the mucosa may develop.
- Mercury may also be a skin sensitizer, pulmonary sensitizer, nephrotoxin and neurotoxin.
- After placement or removal of amalgam restorations, there is a temporary increase of the mercury concentration in the blood and urine.
- Mercury expressed during condensation and unset amalgam may cause amalgamation or galvanic effect if in contact with other metal restorations. If symptoms persist, the amalgam should be replaced by a different material.
- Removal of clinically acceptable amalgam restorations should be avoided to minimize mercury exposure, especially in expectant mothers.

### **Precautions:**

- **The number of amalgam restorations for one patient should be kept to a minimum.**
- Inhalation of mercury vapor by dental staff may be avoided by proper handling of the amalgam, the use of masks, along with adequate ventilation.
- **Avoid contact with skin** and wear safety glasses and gloves.
- Store amalgam scrap in well sealed containers. Regulations for disposal must be observed.

Dentsply/Caulk has also placed the MSDS for mercury on another page [www.caulk.com/MSDSDFU/DispersalloyMSDS.html#MERC]. Of particular importance, are some statements made in Section VIII - Control Measures, Inhalation, Chronic: Inhalation of mercury vapor over a long period may cause mercurialism, which is characterized by fine tremors and erethism. Tremors may affect the hands first, but may also become evident in the face, arms, and legs. Erethism may be manifested by abnormal shyness, blushing, self-consciousness, depression or despondency, resentment of criticism, irritability or excitability, headache, fatigue, and insomnia. In severe cases, hallucinations, loss of memory, and mental deterioration may occur. Concentrations as low and (sic "as") 0.03 mg/m<sup>3</sup> have induced psychiatric symptoms in humans. Renal involvement may be indicated by proteinuria, albuminuria, enzymuria, and anuria. Other effects may include salivation, gingivitis, stomatitis, loosening of the ! teeth, blue lines on the gums, diarrhea, chronic pneumonitis and mild anemia. Repeated exposure to mercury and its compounds may result in sensitization. Intrauterine exposure may result in tremors and involuntary movements in the infants. **Mercury is excreted in breast milk.** Paternal reproductive effects and effects on fertility have been reported in male rats following repeated inhalation exposures. The fact that Dentsply/Caulk has placed this information on the Internet, available to the public and professionals alike, has a vital impact on various aspects of the current controversy over the safety of mercury/silver amalgam dental fillings.

-----  
On 9/21/04 9:43 PM, Mary Ann Newell [Vancouver, Wash.', "BULLELKMAN@aol.com" wrote:  
*HI Everyone, One of our Washington state mercury free dentists just purchased a container of mercury amalgam to get the packing slip. She shared it with me. The name of the mercury amalgam is Tytin which is a Kerr product and this is what is written on the packing slip:*

**"The health authorities of the various countries, including Canada, Germany, France, the United Kingdom, Norway and Austria have recommended against the placement or removal of an amalgam in certain individuals such as pregnant and nursing women and persons with impaired kidney function."**

-----

## Pregnant women warned about dental fillings

By Celia Hall

**PREGNANT women should not have any new dental amalgam fillings or have old ones replaced** because of a "theoretical risk" to unborn babies, the Department of Health advised yesterday. The Chief Dental Officer, Robin Wild, and the deputy Chief Medical Officer, Dr Jeremy Metters, have written to all dentists and doctors with the new guidance on the advice of COT, the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment. **Although the Department of Health said last night that the advice was precautionary, it will fuel the debate on the safety of amalgam fillings, which contain mercury.**

**COT believes that it is possible for mercury vapour, at its greatest concentration when fillings are inserted or replaced, to cross the placenta.** However, scientists differ on the seriousness of the effects of fillings on humans and foetuses except in the "very few" cases of rare hypersensitivity to mercury. Dental treatment is free during pregnancy and for a year afterwards and many women use the opportunity to have their teeth fixed. A spokesman for the Department of Health said last night that until scientists could agree, COT had decided to act cautiously. It last considered the safety of amalgam fillings in 1986 when the committee concluded that their use was "free from risk of systemic toxicity". It said yesterday that its view had not changed.

**The British Dental Association said last night that the advice was common sense.** It said: "Generally it is sensible to minimise health intervention during pregnancy. Dentists would approach the placement or removal of amalgam from the same precautionary viewpoint." It said that there was no evidence that foetuses had been affected.

-----  
*Los Angeles Times*, 2/6/04

### Estimate of Fetuses Exposed to High Mercury Doubles

The metal becomes more concentrated in umbilical cord blood, the EPA notes.

By Elizabeth Shogren, Times Staff Writer

WASHINGTON — **The Environmental Protection Agency believes that about 630,000 of the roughly 4 million babies born annually in the United States — twice as many as previously thought — may be exposed to dangerous levels of mercury in the womb,** according to an analysis released Thursday.

The primary source of newborns' exposure to mercury is the fish and shellfish their mothers eat. Mercury in children can impair motor functions, learning capacity, vision and memory, and can cause a variety of other symptoms related to neurological damage.

The EPA's analysis reflects a new understanding among scientists in the U.S. and Japan that umbilical cord blood has higher mercury concentrations than a

mother's blood, said Kate Kathryn Mahaffey, the author of the analysis and a division director in the EPA's toxics and pesticides office.

The new information comes as the Food and Drug Administration is redrafting its guidelines on how much and what kind of seafood women of childbearing years can eat without putting their babies at risk.

At the same time, the EPA is taking public comment on its proposal to limit power plant emissions of mercury into the air. The emissions are believed to work their way into ground water and then through the food chain, reaching the fish sold in supermarkets.

The EPA based its estimates on data from the Centers for Disease Control and Prevention, which last year found that 8% of women of childbearing age had mercury blood levels higher than 5.8 parts per billion, the level the EPA then considered safe.

Given the new finding that umbilical cord blood has higher concentrations of mercury, the EPA believes that the safe level for mercury in mothers' blood is 3.5 parts per billion. About 15% of women of childbearing age had blood levels that high, according to the CDC study.

The EPA formerly thought there was a 1-1 ratio between mercury concentrations in blood and the blood that reached the fetus. But it now believes that umbilical cord blood has 1.7 times more mercury, on average.

Mahaffey stressed that the science was evolving and that the estimates could change. But she urged expectant mothers and women who planned to become pregnant to choose fish that have lower mercury levels and higher levels of Omega-3 fatty acids, which are beneficial to developing fetuses. Swordfish, shark, tilefish and king mackerel are all high in mercury but relatively low in Omega-3 fatty acids. Sockeye salmon and herring have low mercury levels but are high in Omega-3 fatty acids.

"It's important for the public to recognize the nutritional value of fish, and it's important that we work hard to keep the food supply as low in contaminants as we can," Mahaffey said.

Environmental and public health groups said the report should serve as a wake-up call to the Bush administration.

"This heightens the urgency for FDA to give women adequate advice on what fish are safe to eat, and it ups the burden on the administration to cut mercury pollution from coal-fired power plants," said Jane Houlihan, vice president of the Environmental Working Group, a research and advocacy organization. "The problem is twice as serious as previously believed."

Houlihan said the FDA should particularly warn women not to eat albacore, or white meat tuna, which is high in mercury but is not on the FDA's list of fish to avoid.

Last week, the EPA announced its plan to reduce mercury emissions from power plants by 70% over 15 years. The agency's own Children's Health Protection Advisory Committee called the proposal inadequate.

-----  
**Centers for Disease Control, *Third National Report on Human Exposure to Environmental Chemicals 2005*** , <http://www.cdc.gov/exposurereport/>, at pp. 45-48:

**Amalgam is “a major source” of mercury exposure.**

[Note: If looking for the section, scrolling pages are not the same as numbered pages.]

-----  
Gesundheitswesen. 2005 Mar;67(3):204-16.

- **Amalgam risk assessment with coverage of references up to 2005**

[Article in German]

Mutter J, Naumann J, Walach H, Daschner F.

Institut für Umweltmedizin und Krankenhaushygiene, Universitätsklinik  
Freiburg. joachim.mutter@uniklinik-freiburg.de

Amalgam, which has been in use in dentistry for 150 years, consists of 50 % elemental mercury and a mixture of silver, tin, copper and zinc. Minute amounts of mercury vapour are released continuously from amalgam. Amalgam contributes substantially to human mercury load. Mercury accumulates in some organs, particularly in the brain, where it can bind to protein more tightly than other heavy metals (e. g. lead, cadmium). Therefore, the elimination half time is assumed to be up to 1 - 18 years in the brain and bones. **Mercury is assumed to be one of the most toxic non-radioactive elements.** There are pointers to show that **mercury vapour is more neurotoxic than methyl-mercury in fish.** Review of recent literature suggests that **mercury from dental amalgam may lead to nephrotoxicity, neurobehavioural changes, autoimmunity, oxidative stress, autism,** skin and mucosa alterations or non-specific symptoms and complaints. **The development of Alzheimer's disease or multiple sclerosis has also been linked to low-dose mercury exposure. There may be individual genetical or acquired susceptibilities for negative effects from dental amalgam. Mercury levels in the blood, urine or other biomarkers do not reflect the mercury load in critical organs.** Some studies regarding dental amalgam reveal substantial methodical flaws. Removal of dental amalgam leads to permanent improvement of various chronic complaints in a relevant number of patients in various trials. **Summing up, available data suggests that dental amalgam is an unsuitable material for medical, occupational and ecological reasons.**

PMID: 15789284 [PubMed - indexed for MEDLINE]

## Childhood urine mercury excretion: dental amalgam and fish consumption as exposure factors.

Levy M, Schwartz S, Dijak M, Weber JP, Tardif R, Rouah F.

Montreal Public Health Department, 1301 Sherbrooke Street East, Montreal, Canada H2L 1M3.

J. Environ Res. (Mar. 2004, Vol. 94 (3), pp. 283-90)

The authors investigated the effect of amalgam fillings and fish consumption on urine mercury level (UHg), in children aged 4-8 years old inclusive. Using a sample of 60 children, we found that children with amalgam fillings had significantly higher UHg levels than children without amalgams (geometric mean=1.412microg Hg/g versus 0.436microg Hg/g, respectively, [Formula: see text] ). Subjects with reported higher fish consumption also had significantly higher UHGs ( [Formula: see text] ). Univariate analyses provide evidence of an association between elevated UHg level and young age ( [Formula: see text] ), short height ( [Formula: see text] ), and low weight ( [Formula: see text] ) in children with amalgam chewing surfaces. We also found a negative correlation between urine mercury and age (-0.378), height (-0.418), and weight (-0.391). **A multiple logistic regression model shows that the presence of amalgam fillings leads to increased odds of high UHg in children (OR=47.18), even after adjusting for high fish consumption (OR=8.66) and height (OR=11.36).**

PMID: 15016596 [PubMed - in process]

-----  
[http://www.mercurypoisoned.com/health\\_canada.html](http://www.mercurypoisoned.com/health_canada.html)

### Health Canada Position Statement on Amalgam

August 1996

#### Considerations:

1. Although dental amalgam is the single largest source of mercury exposure for average Canadians, current evidence does not indicate that dental amalgam is causing illness in the general population. However, there is a small percentage of the population which is hypersensitive to mercury and can suffer severe health effects from even a low exposure.
2. A total ban on amalgam is not considered justified. Neither is the removal of sound amalgam fillings in patients who have no indication of adverse health effects attributable to mercury exposure.
3. As a general principle, it is advisable to reduce human exposure to heavy metals in our environment, even if there is no clinical evidence of adverse health effects, provided the reduction can be achieved at reasonable cost and without introducing other adverse effects.

#### Recommendations:

Health Canada advises dentists to take the following measures:

1. Non-mercury filling materials should be considered for restoring the primary teeth of children where the mechanical properties of the material are suitable.
2. Whenever possible, amalgam fillings should not be placed in or removed from the teeth of pregnant women.
3. Amalgam should not be placed in patients with impaired kidney function.
4. In placing and removing amalgam fillings, dentists should use techniques and equipment to minimize the exposure of the patient and the dentist to mercury vapour, and to prevent amalgam waste from being flushed into municipal sewage systems.
5. Dentists should advise individuals who may have allergic hypersensitivity to mercury to avoid the use of amalgam. In patients who have developed hypersensitivity to amalgam, existing amalgam restorations should be replaced with another material where this is recommended by a physician.
6. New amalgam fillings should not be placed in contact with existing metal devices in the mouth such as braces.
7. Dentists should provide their patients with sufficient information to make an informed choice regarding the material used to fill their teeth, including information on the risks and benefits of the material and suitable alternatives.
8. Dentists should acknowledge the patient's right to decline treatment with any dental material.

-----  
**CALIFORNIA MEDICAL ASSOCIATION HOUSE OF DELEGATES**

Resolution 115-00 (2000)

Title: Preventing Human Mercury Exposure

Author: Robert M. Gould, MD

> Whereas, mercury is a component of consumer and medical products which, when discarded, become a fuel for waste incinerators, ultimately accounting for approximately 30% of the 158 tons of human-generated mercury emissions released to the air annually in the U.S.;[1] and,

> Whereas, it is understood that when inorganic mercury is released into the environment, microbial biotransformation produces methylmercury, especially in aquatic environments, and that this organic compound accumulates as one moves up the food chain;[2] and,

> Whereas, methylmercury is known to adversely affect the nervous and reproductive systems of humans, with particular danger posed to the developing brain, manifested by neuro-developmental deficits such as cerebral palsy and mental retardation, as well as

developmental delays such as delayed walking and speech, and other disabilities that may be latent in infancy, and which may appear only later in childhood;[3] and,

> **Whereas, avoiding incineration of mercury-containing wastes and adopting mercury-free product alternatives is fundamental to a primary prevention approach that reduces human and wildlife exposure to mercury;** and,

> **Whereas, it is known that appropriate alternative mercury-free products are currently available for many mercury-containing consumer and healthcare products;**[4] and,

> Whereas, the American Hospital Association has signed a Memorandum of Understanding with the EPA to phase out mercury-contaminated waste in hospitals by the year 2005, while highly-effective programs for the virtual elimination of mercury from hospital waste through use of mercury-free alternative products have been initiated in the U.S.;[5] therefore be it

**RESOLVED: That the California Medical Association encourages the reduced use of mercury-containing products by urging medical product suppliers to continue to develop, produce, and bring to market appropriate, cost-competitive, environmentally protective, and effective mercury-free replacements; and, be it further**

**RESOLVED: That the CMA calls upon health care professionals to encourage the institutions with which they are associated to adopt policies that will lead toward the eventual elimination of mercury containing products where feasible, effective alternatives are available, and to promptly eliminate mercury from the waste-stream fed into incinerators.**

References:

1. US Environmental Protection Agency. *Mercury Study: Report to Congress, Vol II, An Inventory of Anthropogenic Mercury Emissions in the United States*, Washington DC: US Environmental Protection Agency, Office of Air Quality Planning Standards and Office of Research and Development; 1997. EPA/452/R-97-004; Northeast States and Eastern Canadian Provinces. *Mercury Study: A Framework for Action*, 1998.
2. Agency for Toxic Substances and Disease Registry. Mercury Fact Sheet, U.S. Department of Health and Human Services, Public Health Service, September 1995.
3. US Environmental Protection Agency, *Mercury Study: Report to Congress, Vol VII, Characterization of Human Health and Wildlife Risks from Mercury Exposure in the United States*, Washington DC: US Environmental Protection Agency, Office of Air Quality Planning Standards and Office of Research and Development; 1997. EPA/452/R-97-009; Watanabe C, Satoh H., *Evolution of Our Understanding of Methylmercury as a Health Threat*. Environ Health Perspect. 1996, 104(Suppl 2): 367-379; Weiss B, Reuhl K., *Delayed Neurotoxicity: A Silent Toxicity in Principles of Neurotoxicology*, Louis W. Chang, ed. Marcel Dekker, New York: publisher, 1994.
4. Michigan Mercury Pollution Prevention Task Force, *Mercury Pollution Prevention in Michigan*, 1996; National Wildlife Federation, *Mercury Pollution Prevention in Healthcare: A Prescription for Success*, 1997.
5. American Hospital Association: Memorandum of Understanding between the United States Environmental Protection Agency and the American Hospital Association, June 24, 1998; Environmental Working Group and Healthcare Without Harm. *Greening Hospitals: An Analysis of Pollution Prevention in America's Top Hospitals*, 1998

EMBARGOED FOR RELEASE  
1 p.m. Eastern, Tu., Feb. 14, 2006

Contact: Peter L. Kelley  
202-270-8831

National poll reveals overwhelming support for consumers' right-to-know about mercury in dental fillings, and strong preference for alternatives

*Most Americans still don't know the environmental toxin occurs in their mouths, and given an informed choice, 77% would pay more to avoid it*

WASHINGTON – A new national poll reveals that most Americans still don't know that they probably have mercury in their mouths, would overwhelmingly choose alternatives even if they cost more.

The poll was conducted for the Mercury Policy Project and paid for by the International Academy of Oral Medicine and Toxicology. The sponsoring organizations released a report, **Dentists' Sweet Tooth for Mercury: Breaking a Bad Habit**, in which they recommended that patients be fully informed about risks and benefits of mercury and alternatives; that states require dentists to do that, and to properly manage the mercury they do use; and, that dentists be free to tell patients about mercury-free practices and bill health insurance for alternatives.

The poll was conducted by Zogby International, which polled 1,216 likely voters by telephone, Jan. XX-XX, 2006. It found:

- **76% don't know mercury is the primary component of amalgam fillings;**
- **92% want to be informed of their choices with respect to mercury and non-mercury dental filling materials, prior to treatment;**
- **77% would choose higher-cost fillings that do not contain mercury, if given the choice;**
- 47%, a plurality, think mercury pollution poses a serious problem for the environment; and,
- In a sub-sample, more than two-thirds (69%) of New Englanders would support a ban on mercury amalgam fillings for pregnant women and children.

-----  
**Swedish literature review says ban mercury fillings.**

[www.social.regeringen.se/inenglish/publications/index.htm](http://www.social.regeringen.se/inenglish/publications/index.htm);

Scroll down that cover page to "health and medical care," then open the first item, by Maths Berlin. Go to the end of the report and read the conclusions and bibliography first. See parts 5 & 6, pp. 41-43

p. 41: **For occupationally exposed workers ... neuropsychological symptoms at low exposure levels.**

p. 41: **Exposure causes lasting damage to the central nervous system.**

---

p. 41: **The safety factor thought to exist with respect to mercury exposure from amalgam has been erased.**

p. 42: **“For medical reasons, amalgam should be eliminated in dental care as soon as possible.**

---

[http://www.mercuryexposure.org/index.php?policy\\_id=16](http://www.mercuryexposure.org/index.php?policy_id=16)

Ministry of Environment, Sweden

Mercury - investigation of a general ban.

Report by the Swedish Chemicals Inspectorate in response to a commission from the Swedish Government.

#### SUMMARY

Mercury is one of the most hazardous environmental toxins and is a threat to human health and the environment. Mercury cannot be broken down but accumulates in soil, water and living organisms. The more mercury is supplied to society the more the levels in the environment increase. It is therefore of great importance that the use and release of mercury should be eliminated. Sweden has up to now been successful in the phasing-out of the use of mercury. At the start of the 1990's, mercury-containing instruments and electrical components were prohibited and an export ban was imposed on mercury, its chemical compounds and preparations that contain mercury. Restrictions for mercury have also been introduced within the EU, e.g. for batteries.

Dental amalgam: **KemI judges that there are strong grounds for banning amalgam[5] for environmental reasons. From a health point of view there is every reason to apply a precautionary approach. There are other dental filling materials available on the market which meet the needs encountered in normal dental care for children and adults.** Within hospital dental care, there may be a need to use amalgam for treating adult patients in exceptional cases where for special medical reasons other treatment methods cannot be used to give a sufficiently good result. KemI and the National Board of Health and Welfare here-for propose such and exception until 31 December 2008. The proposal contains a special requirement for the dentists carrying out the treatment to keep records so that the need for the exemption can be evaluated.

-----  
***Posting required via court order, in California dentists' offices; see [www.dbc.ca.gov](http://www.dbc.ca.gov)***

#### NOTICE TO PATIENTS

**PROPOSITION 65 WARNING: Dental Amalgam, used in many dental fillings, causes exposure to mercury, a chemical known to the state of California to cause birth defects or other reproductive harm.**

*(End of attachments)*

---