ANON-YHFW-HR8W-7

Publish response

Graeme Munro-Hall World Alliance for Mercury Free Dentistry

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

No

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

The implementation of the EU act will have a significant impact on everyday life in Northern Ireland that will be wholly positive. A partial ban on mercury amalgam already exists since 2018 for pregnant and nursing mother and children under 15. The EU act only extends this ban to the rest of the population. The materials to replace mercury amalgam are available, affordable and effective and the dentists have at least 6 years experience of using them. There is no clinical need to continue using mercury in dental fillings. The British Dental Association mention the possibility of a loss of dental income of £13 million if mercury fillings are banned. At present non-mercury fillings in back teeth are privately charged for. If non-mercury fillings become available on the NHS this may reduce the demand for private treatment and pose a threat to dental incomes.

A potential threat to dental incomes is not reason enough to continue to pollute the environment and damage human health with mercury from dental amalgam. It should be noted that dentists in Northern Ireland have received a 30% increase this year along with an extra £3.6 million which is enough to cover any costs transitioning to mercury free dentistry.

Using the Dept. of Health's own figures, the World Alliance for Mercury Free Dentistry estimate that replacing mercury amalgam fillings with non-mercury fillings will cost an extra £1 million per year in Northern Ireland not the £3 million + the Dept. of Health claims.

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

Society will reap tremendous benefits when mercury amalgam ceases to be used. Mercury leaks from an amalgam filling 24/7 and can have adverse effects on health. That is why the EU wants to ban mercury fillings after all! The Minamata Convention published the adverse effects of dental mercury on health. The science behind this is on its website:

https://minamataconvention.org/sites/default/files/documents/submission_from_organization/WAMFD_Comparison_report_DentalAmalgam.pdf.

The EU report, "The True Cost of Dental Amalgam" says that the health and environmental cost to society is at least \$60usd per amalgam filling. The dentist using amalgam fillings pollutes the environment and endangers health and leaves society to pick up the bill. Using mercury amalgam fillings for another 10 years prolongs the damage to human health and the environment.

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Yes

The Commission notice prolonging the use of dental amalgam in Northern Ireland is a recommendation not a law or regulation passed by both the Commission and the European Parliament. To quote:

COMMISSION NOTICE.

"Application of Regulation (EU) 2024/1849 of the European Parliament and of the Council amending

Regulation (EU) 2017/852 on mercury as regards dental amalgam and other mercury-added products

subject to export, import and manufacturing restrictions to and in the United Kingdom in respect of

Northern Ireland".

They go on to say, it is a Guidance Notice only and only the Court of Justice of the European Union is competent to authoritatively interpret Union law.

A guidance document allows the Assembly to ignore this notice and apply the the EU act to the benefit of the whole population of Northern Ireland similar to its immediate neighbour.

The notice also forbids the use of mercury amalgam fillings in EU residents from dentists in the UK. This means we can poison ourselves but no-one else in Europe.

ANON-YHFW-HR8M-W

Publish Response

Garreth Falls The Wild Sage

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

It would positively impact the communites of Northern Ireland to have this toxic poison removed from our services.

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

I have treated a number of people personally with mercury toxicity and have an essential tremor myself which I blame in part to Mercury toxicity. It will continue to leech into our bodies and into our water table. The number of inflammatory conditions has grown exponentially.

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Yes

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Tell us why

Mercury leaks from dental amalgam 24/7 and is stored in all vital organs.

The WHO say that mercury from dental amalgam is the greatest source of mercury in humans.

- Dental mercury is proven to damage health which is why the EU is banning it.
- A partial ban on dental amalgam has existed since 2018 for pregnant and nursing mothers and children under 15. Extending this to a full ban is possible. There is no need to use dental amalgam at all.
- The alternatives to dental amalgam are available, affordable and effective.
- Dental mercury gets into the ground water, rivers and lakes and fish. It is damaging to the environment and difficult to remove.
- I have treated a number of people personally with mercury toxicity and have an essential tremor myself which I blame in part to Mercury toxicity.

ANON-YHFW-HR8H-R

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

There is copious evidence as to why amalgam fillings need to stop. This needs to happen due to the heavy metal toxicity.

- Mercury leaks from dental amalgam 24/7 and is stored in all vital organs.
- The WHO say that mercury from dental amalgam is the greatest source of mercury in humans.
- Dental mercury is proven to damage health which is why the EU is banning it.
- A partial ban on dental amalgam has existed since 2018 for pregnant and nursing mothers and children under 15. Extending this to a full ban is possible. There is no need to use dental amalgam at all.
- The alternatives to dental amalgam are available, affordable and effective.
- Dental mercury gets into the ground water, rivers and lakes and fish. It is damaging to the environment and difficult to remove.

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

Mercury leaks from dental amalgam 24/7 and is stored in all vital organs.

- The WHO say that mercury from dental amalgam is the greatest source of mercury in humans.
- Dental mercury is proven to damage health which is why the EU is banning it.
- Dental mercury gets into the ground water, rivers and lakes and fish. It is damaging to the environment and difficult to remove.

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Yes

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Tell us why

- A partial ban on dental amalgam has existed since 2018 for pregnant and nursing mothers and children under 15. Extending this to a full ban is possible. There is no need to use dental amalgam at all.
- The alternatives to dental amalgam are available, affordable and effective.
- Dental mercury gets into the ground water, rivers and lakes and fish. It is damaging to the environment and difficult to remove.

ANON-YHFW-HR8U-5

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

No

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

Should be easy to implement and should be equivalent cost to present mercury fillings so individuals will not experience any change in service

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

Damage to personal health with mercury contained in fillings and to environment as use in dental treatment and disposal processes unclear.

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Unsure

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Tell us why

N/a

ANON-YHFW-HR8G-Q

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

It would help with kids and adults overall health and wellbeing

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

If this doesn't go ahead and it keeps happening. It's going to seriously affect our oral health. It's so difficult to get to the dentist as it is and the cost of it

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Nο

ANON-YHFW-HR8C-K

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

The science has already proved that dental amalgam containing mercury severely undermines the health of the body, as it becomes stored in all the organs including the brain. This of course affects people's well-being, and they end up needing expensive treatment for chronic diseases. So the lasting impact would be a positive one. Alternatives are already available and are being used by more and more dentists, world-wide.

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

This option would be wholly negative, cancelling the potential benefits described in point 1. The damage that Mercury has already done is acknowledged by the fact it has already been banned for pregnant women since 2018.

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Yes

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Tell us why

Scientific research is already available to support the points made above.

ANON-YHFW-HR85-5

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

It's toxic

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

It will continue to poison people with its toxic chemicals

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Unsure

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Tell us why

I'm unsure of anything that needs attention

ANON-YHFW-HR8Y-9

Publish Response

Julie Williams-Nash British Dental Association

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

a) Applying a ban on dental amalgam use from an arbitrary and vastly accelerated date of 1 Jan 25 - without the necessary progress having been made to enable phase-out of dental amalgam use in NI, that is, insufficient progress on population oral health and prevention; on dental service reform including a new fit-for-purpose GDS contract to stabilise services; and on suitable alternative materials and techniques - would have had a long-lasting and irreparable impact on dental services here.

We refer to BDA written evidence already submitted to WF DSC:

- o The BDA Dental Amalgam Position Paper February 2024
- o The Impact Assessment Survey of Dentists in NI March 24
- o The BDA Costings Paper to DoH May 2024

The consequences of this EU act being applied in Northern Ireland, without any derogation are as follows:

- A significant divergence between dental practices/businesses/HSC organisations and patients in NI
 - relative to the rest of the UK.
- The requisite preparatory focus areas of prevention, alternative materials/techniques and service
- reform laid out in the Northern Ireland Plan to phase down Dental Amalgam have not progressed to
 - the required extent to phase-out amalgam from 1 January 25.
- Dental Services that were devastated by COVID-19 continue to deal with significant patient backlogs.
- Oral Health Improvement Plans have not progressed beyond consultation
- Work on a new GDS contract has stalled, and the service continues to be under immense financial
 - pressures due to rising costs and unviable fees.
- Dental system reform requires much more work to address significant workforce recruitment and

retention issues.

- BSO figures show just how heavily reliant we continue to be on dental amalgam in Northern Ireland.
- NI dental services require strategic reform and investment in order to create the conditions

amenable to phase-out, which simply hasn't happened.

• The amended EU act would be in direct contradiction to DoH's own policy of phasedown of dental

amalgam as outlined in Northern Ireland Plan to Phase down the use of Dental Amalgam 2019.

• This would be contrary to the UK-wide approach affirmed by all four Chief Dental Officers applied

to this point of phasing down use of amalgam.

- The UK is a signatory to the Minamata Convention in its own right.
- It would be contrary to the position adopted by COP-5 in November 2023 which reaffirmed phase-

down as respecting differences in country capacities, promoting equity and taking an evidence-

based approach to identify alternatives to dental amalgam, ultimately safeguarding the oral health

of respective populations.

 NI is not ready to have a ban applied from 1 January, according to dental leaders, including BDA

and Northern Ireland's Chief Dental Officer.

• HS dentistry in NI is already under considerable financial pressure, evidenced by a service that is

disappearing due to a mismatch between dental fees and costs to provide care at practice level.

Practitioners anticipate that additional costs (either directly or indirectly) from implementation of

this EU act will not be fully mitigated, and could be the tipping point for many practices from being

able to continue to provide HS dentistry.

• This EU act is estimated to impose £22m of additional cost per annum - including displaced private

earnings - to practices in Northern Ireland.

• Practices cannot sustain such a loss of revenue without significant and long-lasting impact on

access to Health Service dentistry.

• If applied directly in NI in the absence of full mitigations, BDA considers this EU act would have

irreparable and long-lasting damage to provision of dental services at a time when Health Service

dentistry is already on its knees.

 Adopting the EU act to apply an amalgam ban from continued phase-down of dental amalgam

must be managed with the profession adequately supported to meet this goal.

• Stormont and the UK Government working with EU must support the application of the derogation

in order to find a workable bespoke arrangement for NI, with a plan put in place, adequately

funded.

• There is an imperative and unprecedented opportunity to action similar reform and investment into

dental services and oral health provision, starting with stabilising the service at practice level.

• We require a collaborative and ambitious approach centred around prioritising the oral health

needs of the NI population and the future viability of dental services.

- b) On 19th July, the EU Commission issued a notice confirming a derogation until 31 December 2034, or until the date agreed by the Minamata Convention (whichever is earlier) for Northern Ireland, to the above amended EU Regulation on dental amalgam from applying.
- BDA very much welcomes the derogation being granted.
- Adopting the EU act to apply an amalgam ban on the basis of a continued 'phase-down' of dental

amalgam must be managed, with the profession adequately supported to meet this goal.

• We welcome the efforts of both the Stormont and UK Government working with EU, to apply this

derogation in order to find a workable bespoke arrangement for NI – now we need a plan put in

place, adequately funded.

 We require a collaborative and ambitious approach centred around prioritising the oral health

needs of the NI population and the future viability of dental services. Collectively, we must grasp

this significant opportunity to reform and invest in this vital public service.

• Provision for a 10-year derogation is subject to specific conditions being met, including the UK

taking the necessary measures to make regular and consistent progress towards phasing down

amalgam, which we welcome.

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

 UK is a signatory to the UN Convention on Mercury, and will continue to adhere to amalgam

phase-down.

• The derogation is subject to specific conditions being met, including ensuring UK authorities, 'take

the necessary measures to ensure regular and consistent progress' towards phasing down amalgam

use, including an update of the Northern Ireland Plan to phase down the use of dental amalgam.

• We very much welcome these conditions as offering the opportunity to drive oral health and

reform of dental services forward. We would urge government at Stormont and UK level to support

their progress.

• Environmental concerns fall under the remit of DAERA. Lamps and other items containing mercury

are not the concern of the BDA, and therefore not within our remit or area of expertise.

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Yes

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Tell us why

• BDA supports the underpinning rationale for the derogation being brought forward and approved

by the European Commission for Northern Ireland, namely that to have applied this amended EU

Regulation would have had a significant impact on the provision of dental services, impacting

adversely on the local community in a way that was liable to persist.

• This alternative approach - the derogation and conditions requiring further phase-down work - is a

much more workable approach cognisant of the particular needs and context within Northern

Ireland.

• While the derogation offers much needed breathing space, we will continue to press Stormont and

the UK Government to complete the task of reforming and investing adequately in dental services,

now that they've been able to work successfully together on securing the derogation.

 Conditions attached to the derogation include the expectation by the European Commission that

amalgam continues to be phased-down in earnest.

• While we have bought time, we urge Stormont and the UK Government to follow through on

dental reform:

• By funding and implementing Northern Ireland's Oral Health Improvement Plans (OHIPs) to

improve population oral health;

- By reforming and adequately investing in dental services to stabilise General Dental Services:
- By taking forward dental payment and contract reform;

• By growing our Community Dental Service and Hospital Dental Service workforce, informed by the

Dental Workforce Review work carried out in September 2023;

By placing a renewed focus on new treatment materials and techniques.

Appendix:

• BDA in Northern Ireland has been immersed in this issue since late 2023. Our evidence has

included:

- · Briefing papers
- o BDA Evidence/Briefing Paper to the WF DSC March 2024
- o BDA Health Service Dentistry briefing to all MLAs March 2024
- o BDA Impact Assessment for the WF DSC
- o BDA Final Dental Amalgam Position Paper
- o General Dental Services on the Impact of an Amalgam Ban March 2024
- Correspondence
- o 15/12/2023 From BDA to x4 Chief Dental Officers
- o 17/01/2024 Response to BDA from x4 Chief Dental Officers
- o 30/01/2024 BDA Open Letter to Permanent Secretary signed by over 700 dental practitioners
- o 23/01/23 Response from Permanent Secretary to BDA NI Director
- o 05/02/2024 From Department of Health to all dental practitioners
- o 05/03/2024 From BDA NI Director to WF DSC Chair Philip McGuigan
- o 15/07/2024 From BDA NI Director to Health Minister
- Detailed excel spreadsheets
- o Fillings by Item of Service 2022-2023
- o Total fillings adults and children 2022/23
- o SDR Filling Fees (as of March 2024)
- o From BDA Survey 'If you had one message to share with your MLA, what would it be'
- Press releases
- o Council of European Dentists (CED) January 2024
- o 14th March2024 following BDA evidence to WF DSC
- o 19th July 2024 following announcement of derogation

ANON-YHFW-HR2P-T

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

This EU act would significantly improve the health of communities within Northern Ireland by preventing the use of dental amalgam fillings:

- 1. Mercury leaks from dental amalgam fillings 24/7 and is stored in all vital organs.
- 2. The WHO say that mercury from dental amalgam is the greatest source of mercury in humans.
- 3. Dental mercury is proven to damage health which is why the EU is banning it.

Additionally, there would be significant environmental benefits with resultant positive impacts on Northern Ireland communities from implementing this act. Dental mercury gets into the ground water, rivers and lakes and fish. It is damaging to the environment and difficult to remove.

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

Please see previous answer - failing to apply this EU act would have a clear detrimental impact on the health and quality of life of communities across Northern Ireland by allowing the continued use od dental amalgam fillings.

- 1. Mercury leaks from dental amalgam fillings 24/7 and is stored in all vital organs.
- 2. The WHO say that mercury from dental amalgam is the greatest source of mercury in humans.
- 3. Dental mercury is proven to damage health which is why the EU is banning it.

Additionally, there would be significant environmental costs with resultant negative impacts on Northern Ireland communities from not implementing this act. Dental mercury gets into the ground water, rivers and lakes and fish. It is damaging to the environment and difficult to remove.

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

Yes

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Tell us why

A partial ban on dental amalgam has existed since 2018 for pregnant and nursing mothers and children under 15. Extending this to a full ban is possible. There is no need to use dental amalgam at all. The alternatives to dental amalgam are available, affordable and effective.

ANON-YHFW-HR2C-D

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

Removal of metal fillings will assist with reduction of illness linked to heavy metal toxicity in the body

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

More illness will continue to develop die to heavy metals

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

No

ANON-YHFW-HR2U-Y

Publish Response

Richard D Fischer, DDS, FAGD, Dipl ABDSM, ND Richard D Fischer DDS, ND, MIAOMT

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Significant Impact

Yes

Does it appear likely that the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Please expand on your answer

2002 TESTIMONY BEFORE CONGRESS Testimony Before Congress Oversight Government Reform Committee Tuesday, Nov. 14, 2002 2154 Rayburn HOB

Dental amalgam ("silver") fillings contribute more mercury to the body burden in humans that all other sources (dietary, air, water, vaccines, etc.) combined.[1,2,3] These fillings contain 50% mercury – which is more neurotoxic than lead, cadmium, or even arsenic.

To put this in perspective, the amount of mercury contained in one average size filling exceeds the U.S. E.P.A. standard for human exposure for over 100 years. Put in other terms, it takes only ½ gram of mercury (the amount in one filling) to contaminate all fish in a 10 acre lake.[4]

Mercury vapor escapes from dental amalgam fillings and is readily absorbed into the body. It accumulates in all body tissues and has been shown to cause pathophysiology. Many studies have confirmed this. Furthermore, in the case of pregnant women with amalgam fillings, the mercury readily passes from her bloodstream through the placental barrier and accumulates to even higher levels in the developing fetus organs than it does in the mothers. Mercury from dental amalgam has also been shown to concentrate in mothers milk, providing not only a prenatal, but a perinatal and a postnatal exposure [5] for the developing child, whose immune system and central nervous system are exquisitely vulnerable to this poison.

Scrap amalgam mercury, that unused portion of the filling material remaining after the filling is placed into a tooth, must by law be handled as a toxic waste disposal hazard.[6] It cannot be thrown in the trash, buried in the ground or incinerated. It must be stored in an air-tight vessel until properly disposed of. Yet some will justify storing this same mixture in peoples mouths just inches from the brainstem and declare it harmless!

Governments of other countries (Canada, Germany, Sweden, France, Norway and the United Kingdom) have place restrictions and/or issued advisories against the use of mercury in dental fillings – particularly in children and pregnant women.

In addition to the direct mercury exposure to humans from dental fillings, there exists a significant secondary route of exposure from dental offices. Published research shows that between 14% and 75% of the mercury found in municipal waste waters originate from dental offices. Mercury in this form ultimately finds its way into our rivers, lakes, bays and oceans where it undergoes a bioconversion by bacteria into methyl mercury – the form which commonly contaminates fish and shellfish. In this form, when eaten 90-100% of the mercury is absorbed. It was this compound which caused the tragedy in Japans Minimata Bay in the 1970s when hundreds of people were poisoned and many died from eating mercury contaminated fish.

In conclusion, there is no scientific debate over the following facts regarding mercury from dental fillings.

Mercury is more toxic than lead, cadmium or even arsenic
Mercury escapes from dental amalgam fillings continuously as a vapor
74-100% of inhaled mercury vapor is absorbed into the human body
Inhaled mercury vapor from dental fillings accumulates in the body to levels which
cause pathophysiology
Respectfully submitted,

Richard D. Fischer, D.D.S., F.A.G.D. Past President, International Academy of Oral Medicine and Toxicology

References:

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Aposhian, et. al., FASEB J. 6:2472-2476, 1992.

Clarkson & Friberg – Biological Monitoring of Toxic Metals. Plenum Press, N.Y., 1988.

Electric Power Research Institute, EPRI Technical Brief: Mercury in the Environment, 1993: and EPRI Journal, April, 1990.

Vimy, et. al., Maternal – fetal distribution of mercury (203 Hg) released from dental amalgam fillings. American Journal of Physiology 258:R939-45. April 1990. Council on Dental Materials, Instruments and Equipment. Recommendations in dental mercury hygiene. 1984 JADA. 109:617-9, October, 1984.

AVERAGE FETAL/INFANT ABSORBED DOSES OF MERCURY (A TIME LINE) Graph showing the Average fetal/infant absorbed doses of mercury

*Contributed from Mothers Absorbed Doses Transferred to Fetus via Placenta

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - not applying eu act

Yes

Does it appear likely that NOT APPLYING the EU act would have a significant impact specific to everyday life of communities in Northern Ireland in a way that is liable to persist? - Tell us why

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Dental amalgam ("silver") fillings contribute more mercury to the body burden in humans that all other sources (dietary, air, water, vaccines, etc.) combined.[1,2,3] These fillings contain 50% mercury – which is more neurotoxic than lead, cadmium, or even arsenic.

To put this in perspective, the amount of mercury contained in one average size filling exceeds the U.S. E.P.A. standard for human exposure for over 100 years. Put in other terms, it takes only ½ gram of mercury (the amount in one filling) to contaminate all fish in a 10 acre lake.[4]

Mercury vapor escapes from dental amalgam fillings and is readily absorbed into the body. It accumulates in all body tissues and has been shown to cause pathophysiology. Many studies have confirmed this. Furthermore, in the case of pregnant women with amalgam fillings, the mercury readily passes from her bloodstream through the placental barrier and accumulates to even higher levels in the developing fetus organs than it does in the mothers. Mercury from dental amalgam has also been shown to concentrate in mothers milk, providing not only a prenatal, but a perinatal and a postnatal exposure [5] for the developing child, whose immune system and central nervous system are exquisitely vulnerable to this poison.

Scrap amalgam mercury, that unused portion of the filling material remaining after the filling is placed into a tooth, must by law be handled as a toxic waste disposal hazard.[6] It cannot be thrown in the trash, buried in the ground or incinerated. It must be stored in an air-tight vessel until properly disposed of. Yet some will justify storing this same mixture in peoples mouths just inches from the brainstem and declare it harmless!

Governments of other countries (Canada, Germany, Sweden, France, Norway and the United Kingdom) have place restrictions and/or issued advisories against the use of mercury in dental fillings – particularly in children and pregnant women.

In addition to the direct mercury exposure to humans from dental fillings, there exists a significant secondary route of exposure from dental offices. Published research shows that between 14% and 75% of the mercury found in municipal waste waters originate from dental offices. Mercury in this form ultimately finds its way into our rivers, lakes, bays and oceans where it undergoes a bioconversion by bacteria into methyl mercury – the form which commonly contaminates fish and shellfish. In this form, when eaten 90-100% of the mercury is absorbed. It was this compound which caused the tragedy in Japans Minimata Bay in the 1970s when hundreds of people were poisoned and many died from eating mercury contaminated fish.

In conclusion, there is no scientific debate over the following facts regarding mercury from dental fillings.

Mercury is more toxic than lead, cadmium or even arsenic
Mercury escapes from dental amalgam fillings continuously as a vapor
74-100% of inhaled mercury vapor is absorbed into the human body
Inhaled mercury vapor from dental fillings accumulates in the body to levels which
cause pathophysiology
Respectfully submitted,

Richard D. Fischer, D.D.S., F.A.G.D. Past President, International Academy of Oral Medicine and Toxicology

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Vimy, et. al., Maternal – fetal distribution of mercury (203 Hg) released from dental amalgam fillings. American Journal of Physiology 258:R939-45. April 1990. Council on Dental Materials, Instruments and Equipment. Recommendations in dental mercury hygiene. 1984 JADA. 109:617-9, October, 1984. AVERAGE FETAL/INFANT ABSORBED DOSES OF MERCURY (A TIME LINE) Graph showing the Average fetal/infant absorbed doses of mercury

*Contributed from Mothers Absorbed Doses Transferred to Fetus via Placenta

Are there any other matters regarding the EU act that you wish to draw to the Committee's attention? Please note, any information provided should be of an evidential nature rather than a commentary. - Any other matters

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The above 2 entries should suffice.