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BUNDESVERBAND DER **B**ERATUNGSSTELLEN **F**ÜR **U**MWELTGIFTE
INSBESONDERE AMALGAM, SCHWERMETALLE UND HOLZSCHUTZMITTEL e.V.

Member of the **World Alliance for Mercury-Free Dentistry**

To
BioIS
Mrs. Lise Van Long (Lise.Vanlong@biois.com)

15 July 2010

Subj.: **Community Strategy Concerning Mercury**
Meeting on 18 June 2010: Report (7 June 2010) and Minutes (8 July 2010)
Comment in response to the invitation to stakeholders by mail from Pavlos Mouratidis, DG ENV, on 25 June 2010.

Supporting and adding to the contributions from the "World Alliance for Mercury-Free Dentistry" and its member associations we want to stress the following points:

1. Mercury is extremely neurotoxic.

This statement is one of the basics of the EU and UNEP mercury strategy.
Mercury is also immunotoxic, genotoxic, nephrotoxic, a reproductive toxin and an endocrine disruptor.

2. Mercury is persistent (long-lived, long half-life period) in all biologic organisms including humans, i.e. it accumulates and is therefore almost not excreted from the body.

The persistence of mercury is one of the basics of the EU and UNEP mercury strategy.

Unfortunately in many studies about dental amalgam and/or mercury

- it is ignored, that the small amount of mercury excretion does not reflect the mercury concentration in critical organs (brain, kidney, liver etc.),
- no scientifically proven method is used for the diagnosis of a patients's mercury load (correct diagnosis would not be based on excretion, but on the mercury concentration in the critical organs),
- there is no correct discrimination between mercury free and mercury loaded patients. Therefore the correct allocation of study participants to one of these two groups fails.

The expert opinion, that dental amalgam is safe, is usually based on such flawed studies. We have **not found any study**, which takes into account the persistence and the storage attribute of mercury and then comes to the conclusion, that dental amalgam is safe.

. . . .

3. Dental amalgam provides the highest contribution to the daily mercury exposure of humans, at least in developed countries.

Evidence on WHO documents:

a) Environmental Health Criteria 118, Inorganic Mercury (issue: 1991). In chapter 5.1.1.1 the table 2 “Daily mercury intake” (retention in brackets) shows the following numbers:
3.8 – 21 µg (3 – 17 µg) elemental mercury vapor from dental amalgam
2.4 µg (2.3 µg) methyl mercury from fish.

b) Concise International Chemical Assessment Document 50: "Elemental Mercury and Inorganic Mercury Compounds: Human Health Aspects" (issued by WHO 2003). In chapter 6.2 the table 1 “Average daily intake” (retention in brackets) shows the following numbers:
1.2–27 µg (1–21.6 µg) Mercury vapour from dental amalgam
4.3 µg (0.43 µg) all sources of inorganic mercury compounds

4. No diagnosis, no treatment

Established medicine in Germany (and presumably in other EU member states) offers no concept for diagnosis of the neurotoxic impact of chronic mercury poisoning. Thus there is no therapeutic conception. The ability to excrete mercury may be different between individuals. But once more established medicine provides no concept to find the most vulnerable, bad excreting sub group of the population. Therefore there is a high risk for patients, that chronic mercury poisoning will be kept untreated until death.

Conclusion:

Due to the high risk associated with dental amalgam (see points 1 to 4) and due to the missing options to reduce the high risk (see point 4), the use of dental amalgam has to be stopped as soon as possible by establishment of a total ban. A ban of mercury with exception for dental amalgam would fail to prevent the population from chronic mercury poisoning.

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