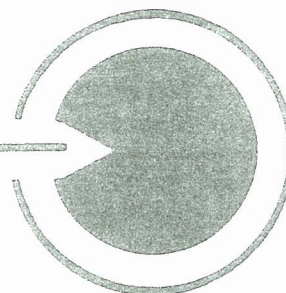


# BIO-PROBE

# NEWSLETTER



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## "SEE-SURP" REPORT CONFLICT!

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At what point does factual misrepresentation influence the public health to a degree that demands corrective action?

The misinterpretation of conclusions from the January 1993 CCEHRP ("See-Surp") report is so blatant that nothing less than formal investigation by the United States Congress is warranted!

The closing paragraph of the Preface to the Final Report sums up the veracity of the entire effort: "This report is not intended to serve as the authoritative source on dental amalgam safety, but rather as a planning tool to assist policy-makers in deciding on appropriate risk management actions."

## THE CCEHRP DOCUMENT

The Final Report is entitled: *DENTAL AMALGAM: A SCIENTIFIC REVIEW AND RECOMMENDED PUBLIC HEALTH SERVICE STRATEGY FOR RESEARCH, EDUCATION AND REGULATION.*

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The study represents 25 months of effort by subcommittees from eight Public Health Service (PHS) agencies, including; the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDCP), the Food and Drug Administration (FDA), the Health Resources and Services Administration, and the Indian Health Service. The Environmental Protection Agency (EPA) and non-government "peer reviewers" also participated.

## CCEHRP CONCLUSIONS

The conclusion on the safety of dental amalgam, stated on page 3 of the document under the section entitled "Amalgam Risks," is:

- "In the absence of adequate human studies, the Subcommittee on Risk Assessment could not conclude with certainty whether or not the mercury in amalgam might pose a public health risk."
- The conclusions of the Subcommittee on Risk Assessment, stated on page 29 of Appendix III, are:
  - "Available data are not sufficient to indicate that health hazards can be identified in non-occupationally exposed persons. Health hazards, however, cannot be dismissed."
  - "Because there are no scientifically acceptable studies with sensitive standardized measurements for physiological and behavioral changes in non-occupationally exposed populations, we cannot, at present, determine whether such changes observed in persons with low-level occupational exposure to mercury also occur as a result of exposure to mercury from dental amalgams."
  - "The margin of safety may, however, be lower

because body burdens of mercury are already high as a result of exposure to other sources; some persons may perhaps respond adversely to the incremental exposure to mercury derived from dental amalgams."

- "At the mercury doses produced by amalgam fillings, the evidence is not persuasive that the wide variety of non-specific symptoms attributed to fillings and "improvement" after their removal are attributable to mercury derived from the fillings. Conversely, the evidence is not persuasive that the potential for toxicity at the levels attributable to dental amalgams should be totally disregarded."

- "The potential for effects at levels of exposure produced by dental amalgam restorations has not been adequately studied."

Further information is derived from the conclusions of the Research Work Group (RWG) Report, found on page 8 of Appendix IV:

- "The available research evidence is not specific enough or strong enough to make sound pronouncements about human health risks from dental amalgam."
- "Given the potential that end effects from low level mercury exposure may well be subtle and non-specific and that the relative importance of various forms and sources of mercury are not clearly established, much work remains."
- "Based on comprehensive scientific reviews of the risks and benefits of dental amalgam, the RWG has identified an extensive list of research opportunities and needs relative to the safety and utility of dental amalgam and alternative dental restorative materials."

Finally, even Assistant Secretary for Health and head of the Public Health Service Dr. James O. Mason stated in his introductory letter, dated 15 January 1993:

- "Because the possibility of adverse health effects resulting from the use of dental amalgam cannot be fully discounted based on available scientific evidence, I am requesting the National Institutes of Health, the Centers for Disease Control and Prevention, and the Food and Drug Administration to undertake an expanded and targeted program of research, professional and

consumer education and product regulation."

From the above statements, the following facts are clear and obvious:

- » Humans with amalgam dental fillings are chronically exposed to mercury from the fillings.
- » There is insufficient documented human evidence to clearly determine whether or not this chronic exposure to mercury causes specific adverse health effects.
- » The potential for adverse health effects to mercury exposure from amalgam dental fillings is a definite possibility, as well as a cause for concern and a definitive research need.
- » Public announcements that the CCEHRP Committee concluded that mercury exposure from amalgam dental fillings has no adverse health effect in humans or that mercury/silver amalgam dental fillings are "safe" or "harmless" are clearly contradictory to the Committee findings, are misrepresentative, and are potentially harmful to the public health.

#### THE PRESS RELEASE, AND BEYOND

None of the above statements are contrived; they are all direct quotes from the CCEHRP document itself.

However, the press release issued by the Public Health Service on 21 January 1993 is certainly puzzling, if not downright misrepresentative. (HHS NEWS. U.S. Department of Health and Human Services. Public Health Service. Bill Grigg. (202) 690-6867.)

The release stated: "The U.S. Public Health Service today released an evaluation of mercury-containing dental amalgam - silver fillings - that says that amalgam has continuing value in maintaining oral health. According to the report:

- There is no solid evidence of any harm for millions of Americans who have these fillings, and
- No persuasive reason to believe that avoiding amalgams or having them removed will have a beneficial effect on health."

The release further stated:

"James Mason, M.D., who ordered the study as HHS assistant secretary for health and head of the Public Health Service, said, "This report makes clear that, except for a very few people who may be