FEDERAL BILL TO BAN AMALGAM!
H.R. 4163
"To prohibit after 2006 the introduction into interstate commerce of mercury intended for use in dental filling, and for other purposes."

- Immediate ban on the use of mercury/silver amalgam dental fillings in children, pregnant females, and nursing mothers.
- Require health warnings to all patients receiving mercury amalgam fillings.
- Total ban on mercury amalgam fillings by 2007.

On 10 April 2002, Representative Diane Watson (D-CA) and Representative Dan Burton (R-IN) introduced this bill, H.R. 4163, into the United States House of Representatives. This bill is of obvious importance to a great many people. Some key statements in this bill are:

"(3) Consumers may be deceived by the use of the term ‘silver’ to describe a dental amalgam, which contains substantially more mercury than silver."

"(5) The mercury in a dental amalgam continuously emits mercury vapors."

"(8) According to the Agency for Toxic Substances and Disease Registry, the mercury from amalgam goes through the placenta of pregnant women and through the breast milk of lactating women, giving rise to health risks to an unborn child or a baby."

"(9) The Environmental Protection Agency considers removed amalgam filling and extracted teeth containing amalgam material to be hazardous waste."

"(11) Consumers and parents have a right to
know, in advance, the risks of placing a product containing a substantial amount of mercury in their mouths or the mouths of their children."

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Now comes the political process. The fact that the bill was introduced, does not mean that it will pass into law. The bill will be sent into a committee of the House of Representatives. If it passes Committee, it must then be voted for on the floor of the House. Then it is sent to the United States Senate, where it is placed into a Committee; then to the Senate floor for vote. At any step, it can be altered, defeated, or returned to the other branch of Congress. This is where public opinion is critical! Members of Congress will respond to their voters, providing that the input is strong enough.

The more U. S. Representatives and Senators that sponsor or pledge support to this bill, the better the chance that it will pass into law. Every caring patient and health professional must now devote their energies to ensuring that every United States Representative and Senator is made aware that the wishes, and health, of their constituent voters is to support this bill.

[See Bill on: http://Thomas.loc.gov/]

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What YOU Can Do

Elected Officials Will Respond to the Voters!

- The "Government Offices - U.S." section of the "Blue Pages" of your telephone directory will provide information on your local U.S. Representative and two U.S. Senators.
- Contact these offices to voice your support of H.R. 4163. In general order, most effective are: 1) Personal visit to local staff; 2) letters; 3) Emails; 4) telephone calls; 5) petitions.
- Emphasize the most important issues: The protection of unborn babies and small children from exposure to the neurotoxic mercury.

- Emphasize that you will pay attention to their vote on this issue.
- Tell all of your relatives, friends, neighbors, etc. about H.R. 4163 and request that they participate, and tell their friends.
- Call local radio talk shows, TV stations, and newspapers urging public support of the bill.
- Distribute notices to patients (for doctors), sympathetic health professionals and their patients, health food stores, health clubs and spas, environmental groups.

For voter input on the state legislation reported in the following pages, the same procedures can be followed. In step 1, simply look under "State Government - Legislature" for the State Senators and State Representatives in these states.

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[REPORT OFFICIALS CONTACTED to the IAOMT Office for follow up: IAOMT, P.O. Box 608531, Orlando, FL 32860-8531; T: 407-298-2450; F: 407-298-5075; email: mziil@iaomt.org]

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CONGRESSIONAL COMMITTEE TO HOLD HEARING ON AMALGAM!

On 5 April 2002, at the Mid-Year Meeting of the International Academy of Oral Medicine and Toxicology (IAOMT), the IAOMT Government Liaison William Chatfield announced that the Committee on Government Reform of the United States House of Representatives will hold a hearing on dental amalgam mercury. This committee is chaired by Representative Dan Burton (R-IN).

The committee has been investigating a possible connection between vaccine mercury and autism for some time. Chairman Burton became convinced of the need to specifically investigate dental amalgam mercury after representatives of the IAOMT presented him with documentation of the transfer of dental amalgam mercury into the body tissues of unborn babies and from the milk of nursing females into the newborn. This prenatal and neonatal body burden of mercury
approximates the doses received from vaccines, and could predispose the infant to adverse effect from vaccine mercury.
A date for the Congressional hearing was not announced, but could occur as early as June. At the first hearing, it is probable that both sides of the amalgam mercury controversy will be allowed 3-5 five minute testimonies from scientists and health professionals. If the first hearing is successful and raises the concern of the Committee, further hearings will be held to potentially include testimony from the public.

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STATE BILLS ON DENTAL AMALGAM
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ALABAMA BILL ON AMALGAM!

HB 378

"To prohibit the use of a device that is a mercury alloy intended for use as a dental amalgam that contains approximately 50 percent mercury on children less than 18 years of age, pregnant women, or lactating women; and to provide that the device could not be administered to any consumer without a warning that the product contains mercury."

[alisdb.legislature.state.al.us]

Sponsors: J. Rogers, O. Robinson, Houston.
Status: Introduced.
Key Language:
"Section 1. This act may be cited as the mercury in Dental Fillings Disclosure and Prohibition Act."

"(2-3) Each dental amalgam contains about the same amount of mercury as is present in a mercury thermometer, about ½ to 3/4 of a gram."

"(2-4) The mercury in a dental amalgam continually emits poisonous vapors."

"(2-5) Mercury does not change its physical properties when mixed with other metals in an amalgam."

"(2-6) Consumers may be deceived by the use of the term 'silver' to describe a dental amalgam, which contains substantially more mercury than silver."

"(2-10) Consumers and parents have a right to know, in advance, the risks of placing a product containing a substantial amount of mercury in their mouths or the mouths of their children."

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CALIFORNIA BILL ON AMALGAM!

AB 2270

"This bill, on and after January 1, 2007, would prohibit a dentist from providing a patient with a dental filling that contains mercury. The bill would require a dentist to make a specified disclosure to a patient prior to that date when providing a dental filling containing mercury."

[www.leginfo.ca.gov/pub/bill/asm/ab]
Sponsor: Assembly Member Dickerson.
Status: Introduced, amended.
Key Language:
"(1-c) Consumers may be deceived by the use of the term 'silver' to describe a dental amalgam, which contains substantially more mercury than silver."

"(1-e) The mercury in a dental amalgam continually emits mercury vapors."

"(1-f) Mercury toxicity is a retention toxicity that builds up over years of exposure."

"(1-i) The federal Environmental Protection Agency considers removed amalgam filling and extracted teeth containing amalgam material to be hazardous waste."

"(1-k) Consumers and parents have a right to know, in advance, the risks of placing a product containing a substantial amount of mercury in their mouths or the mouths of their children."

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GEORGIA BILL ON AMALGAM!

HB 1715

"To amend Article I of Chapter 11 of the Official Code of Georgia Annotated, relating to general provisions regarding dentists and dental hygienists, so as to prohibit the use of mercury amalgam fillings by a dentist under
certain circumstances; to provide for notice to patients; to provide for related matters; to repeal conflicting laws; and for other purposes."

[www2.state.ga.us/Legis/2001]


Status: Introduced.

Key Language:
"(1-a) A dentist shall not place a mercury or mercury amalgam filling in any person 18 years of age or younger, in any female 45 years of age or younger, or in any woman of any age who is pregnant."

"(1-b) A dentist may not use mercury or mercury amalgam in a dental procedure unless, prior to such use, the dentist, in a manner that, in the dentist’s professional judgment, will be understood by the patient, informs the patient of the following: (1) The intended use of mercury or mercury amalgam."

"(1-c) Every dentist shall post in the public area of such dentist’s office a warning concerning the dangers of exposure to mercury posed by mercury amalgam fillings. The required minimum information to be posted shall be determined by rule or regulation adopted by the board."

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NEW HAMPSHIRE BILL ON AMALGAM
HB 1251

"This bill requires dentists and the department of health and human services to provide information on restorative dental materials, and requires the department of environmental services to adopt rules for the disposal of mercury amalgam waste in an environmentally appropriate manner."

[gencourt.state.nh.us/legislation/2002]

Sponsors: Lynde, Hills, Flanagan.

Status: Passed House, Amended and passed Senate, House concurred; adopted; effective date 1 January 2003.

Key Language:
"(317-A:38) Mercury Amalgam: Information. A dentist shall present patients having dental restorative procedures with a standardized pamphlet developed by the board in consultation with the department of health and human services regarding the risks and benefits of dental materials, including mercury amalgam, and shall discuss with the patient the choices of restorative dental materials prior to their use."

"VI. The department shall provide information to the citizens of New Hampshire, within its existing resources, about the risks and benefits of dental restorative materials including the use of amalgam in children under the age of 6."

" XVIII. To establish rules for dental offices relative to the use of environmentally appropriate disposal equipment for amalgam waste to trap and dispose of mercury."

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OREGON DENTAL BOARD RETREATS

On 8 March 2002, the Oregon Board of Dentistry (OBOD) met to debate a rule that would limit what dentists could tell their patients about mercury amalgam dental fillings. The rule, adopted in 1990 stated: "It is fraud and a violation of the Dental Practice Act for a dentist to advocate to a patient the removal of properly working amalgam fillings, just to substitute a filling material that doesn't contain mercury."
The OBOD rescinded the rule!

The American Civil Liberties Union (ACLU) had submitted a letter to the Attorney General of Oregon challenging the rule. The ACLU cited the Oregon Constitution, which states: "No law be passed restraining the free expression of opinion, or restricting the right to speak, write, or print freely on any subject whatever."

The ACLU also stated that the OBOD policy expressly prohibits dentists from advocating a particular viewpoint, which is a violation of the First Amendment of the U.S. Constitution. The Board has the right to govern what dentists do.
but attempting to govern what dentists say is an abridgment of freedom of speech.
It was also pointed out that the OBOD violated Oregon Law by adopting the rule without a public hearing and other legal requirements.
The OBOD explained that the purpose of the rule was to prevent the perpetration of fraud on patients by dentists claiming that mercury fillings caused certain diseases, such as Multiple Sclerosis, and that removal of mercury fillings would cure these diseases. Lawyers pointed out the existence of Oregon Law protecting against fraud, and that such dentists were still responsible to these laws.

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MERCURY LAWSUIT IN GEORGIA
Attorney Michael N. Weathersby of Atlanta’s Evert and Weathersby has filed a lawsuit in the Fayette County Superior Court in Georgia. The suit claims that elevated levels of mercury in the bodies of the children of plaintiffs is responsible for the children’s neurological problems, including autism.

The primary defendants to the suit are the pharmaceutical companies that provide vaccines containing mercury (Thimerosal) as a preservative. However, Georgia Power is included in the suit because mercury emissions from their plants contribute to the cumulative effect of mercury exposure to the children. The suit also includes the American Dental Association and Georgia Dental Association for endorsing the use of mercury containing amalgam dental fillings.

Ed. Note: Published animal and human studies have clearly established the transfer of mercury from the amalgam fillings of pregnant females into the body tissues of unborn babies and from nursing females to infants. [see Reference section of www.iaomt.org]

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VACCINE MERCURY BOMBSHELL!
In a press release, the lead law firm of another lawsuit against vaccine mercury, has claimed that they are in possession of documentation of a previously confidential report authored by scientists with the Centers for Disease Control that states: "As for the exposure evaluated at 3 months of age, we found increasing risks of 'neurological developmental disorders' with increasing cumulative exposure to thimerosal within the group of 'developmental disorders'... for the sub-group called 'specific delays,' and within this sub-group for the specific disorder 'developmental speech disorder,' and for 'autism,' stuttering' and 'attention deficit disorder.'"

[http://www.vaccineinfo.net/autismHg.htm]
The firm Waters & Kraus, which issued the press release, is the leading law firm in a consortium of ten firms in as many states pursuing this action. The confidential version of the study clearly demonstrated that an exposure to more than 62.5 micrograms of mercury within the first three months of life significantly increased a child’s risk of developing autism, which is a 2.48 times increased risk. The lawyers state that children receive more than the 62.5 micrograms of mercury from vaccines in the first three months of life.

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MERCURY CONNECTED TO INCREASED RISK OF HEART DISEASE
The following information was reported by Martha Kerr of Reuters Health in a 25 April 2002 news release.
[www.nlm.nih.gov/medlineplus/news/fullstory] A recent study in Finland by Dr. Jukka Salonen found that: "Men with higher amounts of mercury in their body are more likely to develop heart disease than men with lower levels." Salonen said to Reuters Health: "This is comparable to the risk of smoking."
Although the consumption of fish was considered as the possible source of increased mercury, the researchers admitted that the source was not entirely clear. Two recently reported studies from the United States showed that subjects who consumed fish several times a week actually had a lower risk of heart disease than did subjects who rarely consumed fish. Salonen stated: "I recommend more routine monitoring of the mercury content in the body, blood and hair in pregnant women, who are at particularly high risk, and those with coronary heart disease."

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SCIENCE

Mercury Concentration in Amniotic Fluid and Relation to Amalgam Fillings.

Campus, G; Luglie, P; Spano, G; Chessa, G; Dessole, S.


ABSTRACT: Objectives: The aim of this study was to explore the relationship between the presence of detectable mercury concentration in amniotic fluid and the number and extent of amalgam restorations.

Methods: Seventy-two pregnant women took part in this study, the total mercury concentration in amniotic fluid was determined. The dental status, the presence, the number and extent of amalgam fillings was charted. Mercury was determined in digested samples using automatic cold-vapor atomic absorption equipment (FIAS). Associations between amniotic mercury concentrations, number of dental amalgam fillings, health parameters, and food habits were examined calculating Pearson correlation coefficients (r) using listwise deletion of missing data. The set of explanatory variables was categorized and regression analysis procedure was performed using the concentration of mercury in amniotic fluid as dependent variable.

Results: The mean Hgt concentration was 0.37 +/- 0.49 ng/ml. Nineteen subjects had a mercury concentration of 0 ng/ml. In cases with a concentration higher than zero the mean value was 0.49 +/- 0.52 ng/ml. The average number of fillings was 2.26 +/- in the Hgt negative group and 5.32 +/- 3.03 in the Hgt positive (ANOVA one-way P=0.04). Statistically meaningful results are displayed for mercury concentration and presence and number of amalgam restorations, their extent and neurologic disease in the total sample (r=0.27, P=0.02; r=0.34, P=0.00; r=0.27, P=0.002; respectively). Regression analysis shows that mercury levels in amniotic fluid were related to the number and extent of amalgam restorations in Hgt positive group.

Conclusions: A placement or a re-placement of an amalgam restoration during pregnancy should be taken into account.

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Longitudinal Assessments of Urinary Mercury Levels In The Casa Pia Study.

Martin, MD; Leroux, BG; Benton, T; Leitao, J; Bernardo, M; Soares Luis, H; Braveman, N; Woods, JS; Simmonds, L; Deroen, TA.


ABSTRACT: The Casa Pia Study is a prospective clinical trial (a component of the Children's Amalgam Trial) sponsored by the NIDCR to examine the health effects of mercury amalgam exposure in children.

Objectives: To examine the differences between those subjects assigned to the alternate materials vs. mercury amalgam treatment groups over time, as well as to compare the urinary mercury (HgU) levels for subjects in the amalgam group who received amalgams only at baseline vs. those who required additional treatment during follow-up periods.

Methods: Children were enrolled at age 8 to 12 (n= 507), randomly assigned to amalgam or alternate materials (composites) treatment
groups, and are periodically evaluated over time for neurobehavioral, neurological or renal effects. HgU levels are assessed annually. To date, baseline through the third year of follow-up assessments are complete.

**Results:** As previously reported, children in the amalgam group had higher HgU levels than children in the composite group after 1 year (2.49 ug/L vs. 1.29 ug/L, p<.01). The present analysis shows that this difference persisted through years 2 (3.24 ug/L vs. 1.52 ug/L, p<.01) and 3 of follow-up (4.22 ug/L vs. 1.82 ug/L, p<.01). Amalgam treatment group subjects who received no additional amalgams during year 1 and 2 showed a mean HgU of 2.52 ug/L at the beginning of year 3 follow-up (when urine samples are taken) vs. those who did receive additional amalgams, 4.26 ug/L, p=.03.

**Conclusions:** There are measurable exposures to mercury from dental amalgam which persist over at least two years beyond placement, and additional exposures do result in increased measurable HgU levels. These findings are consistent with current metabolic models of low level Hg exposure and excretion but do not reflect anything about the health effects of low level Hg exposure in children with no previous exposure to any restorative material.

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**Implantation of Bacteria from Human Pulpal Necrosis and Translocation from Root Canals in Gnotobiotic Mice.**

Sobrinho, APR; Lanna, MA; Farias, LM; Carvalho, MAR; Nicoli, JR; Uzedda, M; Vieira, LQV. J Endodontics, 27(10):605-9, Oct 2001.

**ABSTRACT:** The aim of this study was to determine whether microorganisms recovered from infected human root canals were able to survive and translocate to a local lymph node when experimentally inoculated into the root canal system of germ-free mice. The microorganisms isolated from two patients with pulpal necrosis were inoculated in two groups of experimental animals; group I (Gemella morbillorum) and group II (Bifidobacterium adolescentis, Fusobacterium nucleatum, and Clostridium butyricum).

G. morbillorum showed the highest frequency of colonization and translocation to the draining lymph node. In group II only F. nucleatum and C. butyricum colonized and translocated when inoculated in tri-association. When the bacteria from group II were inoculated in monoinfection all three species colonized the root canal of germ-free mice and translocated to the draining lymph node, but with different frequencies.

We conclude that selective mechanisms occur in which some bacterial species are fit to survive, multiply, and translocate in the germ-free mouse model.

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**Mercury Release From Dental Amalgam After Treatment With 10% Carbamide Peroxide In Vitro.**

Rotstein, I; Dogan, H; Avron, Y; Shemesh, H; Steinberg, D.

**ABSTRACT:** Objectives: The effect of 10% carbamide peroxide on mercury release from dental amalgams was assessed in vitro by using a cold-vapor atomic absorption Mercury Analyzer System.

**Study design:** Samples of 4 commercial brands of dental amalgam, Megaloy, (Dentsply/Caulk, Milford, Del), Mega+ (CFPM, Aulnaye, France), Nongama 2 (Silmet, Or Yehuda, Israel), and Valiant Ph.D. (Dentsply/Caulk, Milford, Del), were treated for 48 hours with 10% carbamide peroxide and compared with samples treated with phosphate buffer.

**Results:** Amalgam specimens exposed for 48 hours to 10% carbamide peroxide showed significantly higher concentrations of mercury in solution as compared with specimens treated with phosphate buffer (P<.001). Megaloy and
Valiant Ph.D. yielded significantly higher mercury concentrations in solution than Mega+ and Nongama 2 (P<.001). Mega+ yielded significantly higher mercury concentrations in solution than Nongama 2 (P<.05). No significant differences were found in mercury concentrations in solution between Megaloy and Valiant Ph.D.

Conclusions: Treatment with 10% carbamide peroxide bleaching agents caused an increase in mercury release from amalgam restorations, possibly increasing exposure of patients to its adverse effects. Amalgam brands differed in the amounts of mercury release after bleaching with carbamide peroxide.

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FORUM

IAOMT 2002 ANNUAL MEETING

Date: Fri.-Sat., 27-28 September 2002.
Site: Calgary, Alberta, Canada.
Hotel: Hyatt Regency Calgary, 700 Centre Street South, Calgary, Alberta, T2G 5P6, Canada. T: 403-717-1234; F: 403-262-3490. Specify IAOMT. Room rate/night (Canadian): $205-275; Suites: $400-$1000. Deadline for IAOMT block: 26 August 2002!
Meeting Registration: IAOMT, P.O. Box 608531, Orlando, FL 32860-8531. T: 407-298-2450; F: 407-298-3075. Registration (U.S.$) to be announced.
Welcome Reception (Cash bar): Thursday, 4 April 2002, 7:30-10:00 pm.
Program: To be announced.

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Biocompatible Periodontal Therapy Seminar (BPT), Sponsored by IAOMT

Site/Date: Seattle, WA: 17 May 2002.
Friday: 8 am-5 pm.
Hotels: Radisson Hotel Seattle Airport.
Meeting Registration: Send to: BPT c/o IAOMT, PO Box 608531, Orlando, FL 32860-8531. One attendee: $295, Additional attendee from same office: $149. Includes continental breakfast and lunch on Friday.
Program: This full day seminar with Dr. Thomas Baldwin, DDS, MAGD, Chair of the Periodontal Committee, IAOMT and Editor of Non-Surgical Periodontics Newsletter (NSP) takes a hands-on approach to learning with specific emphasis on Step-by-Step case presentations; Microbial Assessment Techniques; Natural Herbal & Essential Oil alternatives; Nutrition, Prevention & Patient Management. Learn how to diagnose and treat the actual infections that cause periodontal disease instead of just treating the symptoms while your patients continue to lose attachment.

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