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13 November 2009

Dear Dr. Petersen,

We are writing with respect to the upcoming WHO *Meeting on the Future Use of Materials for Dental Restoration*, 16 to 17 November 2009, and specifically in relation to any subsequent meeting report or recommendations thereafter.

We would kindly like to remind and invite the WHO colleagues and meeting attendees to carefully consider the health and/or environmental risks resulting from continuing use and subsequent release of dental mercury. Furthermore, we would also strongly urge WHO to take a progressive and pro-active position with regard to the innovative use of mercury-free alternatives in parallel with WHO's commendable goal of bringing affordable dental healthcare to a much wider part of the global population. This is entirely consistent with the vast number of similar initiatives going on worldwide to phase out the use of mercury in products and processes.

As you explained in your 22 October 2009 correspondence regarding the purpose of the meeting: in February 2009, the world governments reached consensus on the need for a global legally binding treaty in order to significantly reduce mercury exposure worldwide:

*"...awareness of the environmental implications of mercury has increased markedly over recent years, and mercury is a matter of concern to several countries and international organizations. Furthermore, the United Nations Environment Program (UNEP) has launched an initiative on avoiding the contamination of the environment from mercury which has implications to the use of dental amalgam in countries...The advantages and disadvantages of these alternatives need to be analyzed in order for WHO to update the knowledge base and give advice to countries in this matter. The intention of the meeting is to provide global guidelines and strategies for the future use of biomaterials and the challenges are different for high-, middle-, and low-income countries."*

It has been scientifically demonstrated that mercury can drift long distances through the atmosphere and contamination from this dangerous neurotoxin poses a major worldwide threat to human health and the environment. Mercury is persistent and can be transformed in the environment into methylmercury, its most toxic form, which readily passes through both the placenta and blood-brain barriers. It accumulates in the bodies of humans and wildlife and can become more concentrated as it moves up the food chain, especially in certain types of fish.

There are various pathways where mercury from dental amalgams may be released and where it can be only partially controlled (dental clinics, waste water and sewage sludge, crematoria, cemeteries etc.) However, it is generally accepted that effective global control of these releases would be not only impossible, but also inordinately expensive.

In order to effectively reduce the quantities of mercury circulating in the atmosphere and biosphere, the UNEP member governments have agreed that there is a need to reduce

the supply of, and demand for, mercury worldwide. In addition, mercury supply and trade are priority areas for the Intergovernmental Negotiating Committee (INC) deliberations to prepare a legally binding instrument on mercury. This approach is also consistent with the overall goal of the UNEP Global Mercury Partnership, which is *to protect human health and the global environment from the release of mercury and its compounds by minimizing and, where feasible, ultimately eliminating global, anthropogenic mercury releases to air, water, and land.*

In summary, given the timing of the WHO meeting in relation to the start of INC deliberations, we would respectfully request that meeting participants be made fully aware of the global health and environmental risks resulting from continuing use and subsequent release of dental mercury. There are a growing number of examples where countries have dramatically reduced (i.e. 50% reduction in dental mercury use in the USA over six years) or practically eliminated dental mercury use, such as the case in Scandinavia. However, we are fully aware of the challenges developing countries face in phasing out mercury uses and recognize that an innovative and differentiated approach may be necessary.

In conclusion, we would strongly urge you and other meeting participants to recommend the use of mercury-free alternatives whenever they are determined viable, consistent with a vast number of similar initiatives going on worldwide to phase out the use of mercury in products and processes whenever viable, mercury-free alternatives are available. It would be important that mercury-free fillings become the rule and not the exception to dental treatment.

Thank you in advance for considering our views on this important environmental health issue. Please don't hesitate contacting us if you have questions, or need additional information.

Yours sincerely,

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