



## Mercury Policy Project

### Re: WHO Meeting Report on the Future of Dental Restorative Materials

26 November 2010

Dear Dr. Petersen,

As meeting participants, we are writing regarding the World Health Organization (WHO) Meeting Report on the Future of Dental Restorative Materials. While we thought the meeting was generally congenial, a positive exchange of information and a forward thinking approach to moving forward, we were most disappointed to read the WHO meeting report which is so at variance with what actually occurred.

Our distinct recollection, as you can see in our attached meeting notes, was that the **purpose of meeting was to discuss alternatives to amalgam, and not debate the safety of amalgam.** Yet the report takes every opportunity to confirm that amalgams are safe. Unfortunately, contrary to your recent email, the gross inaccuracies and biases reflected in the report are already being diffused on various pro-amalgam websites, as everyone can see:

<http://www.ada.org/news/5082.aspx>, and  
<http://www.adavb.net/#zomaUQ6HCSLv>

While the meeting report states who the authors are and that they are responsible for the views expressed in the publication, the report is clearly presented as a meeting report. As mentioned already above, what the report now includes is **not** the full picture of what was discussed, but rather a biased distortion. In addition, since the report came out as a WHO publication, it is evident that this is how it will be used and not as a private writing of the authors.

Furthermore, although it is mentioned that ‘all reasonable precautions have been taken from WHO to verify the information in the publication’, **the most simple one, circulating a draft to the participants before publication, has not occurred.** As a result, we question the overall validity of this report, as we consider it misleading in the way it is presented, and in terms of content many important points are missing from the description and discussions, including factual elements that could have been very interesting for the reader on what is going on in the regions. Consequently, we hold WHO directly responsible and liable for fostering this kind of premeditated and clearly misleading meeting report information.

This deception is perpetuated by the inclusion the statement in Annex 1, entitled "consensus statement on amalgam," (which is not even a WHO policy document) for the express purpose of demonstrating the safety of amalgam is both misleading and irresponsible. However, this statement is not from the actual meeting, was not discussed during the meeting, but in fact is more than 10 years old! Yet this is almost exactly the same wording that was used in the 1997 WHO report Dental Amalgam and Alternative Direct Restorative Materials :*"The views expressed in documents by named authors are*

*solely the responsibility of those authors.*” Including such references is rather a step backwards and the opposite of the spirit in which discussions took place during the November 2009 meeting.

Clearly, it appears that this subsequent meeting report intends to be utilized by its authors as was this 1997 report, which was extensively used to influence politicians and other decision makers world wide and convince them about the safety of dental amalgam, <http://www.fdiworldental.org/sites/default/files/statements/English/WHO-consensus-statement-on-dental-amalgam-1997.pdf> . When this report and the resulting consensus statement became known questions were raised that the claims of amalgam safety were actually made by WHO as an organization.

Therefore, it’s important to seek clarification on the legal status of these kinds of WHO meeting reports. The Swedish journalist Monica Kauppi (Heavy Metal Bulletin) contacted the WHO Legal Department and this is what Legal Officer of the WHO at that time in 1997 stated in the interview:

*“Expert groups, whatever the form, are usually set up as ad hoc groups, and what they have in common is that they are only set up in order to provide advice to the WHO. This means that any statements or recommendations made by the group or individual experts are not in any way binding for WHO, or for any other body for that matter, they are only made as advice to WHO. Also, WHO is in no way responsible for the advice provided by the experts.”* (Note: see attached article.)

Furthermore, as already discussed, even though there is some small print somewhere in the report that states that only the authors are responsible for the report, the postings on the websites (see above) are already blatantly disregarding this, and many readers will assume that the report is the consensus of all the participants, which is clearly not the case.

Consequently, we believe that it is incumbent on WHO to correct the inaccuracies, misleading and incorrect statements and bias in this meeting report and to honor the statements that were made to participants during the meeting. In developing our comments below, we have consulted extensively from our contemporaneous notes which we took meticulously during the meeting, and believe are an accurate representation of what actually transpired during the meeting. We would urge WHO to carefully review and utilize this document when revising its meeting report.

## I. Conference Notes

### (A) Transition out of mercury-containing tooth fillings

A key and central theme discussed during the meeting was on how to transition out of amalgam into mercury-free tooth filling materials. The notes make clear why a transition out of amalgam is needed, and why at least some meeting participants voiced reasons why a transition to mercury-free tooth filings should occur:

- The continuing use and subsequent release of mercury from amalgam is a major pollution source. Mr. Bakken of UNEP; Dr. Narvaez of UNEP: worked past the

- relative impact to address the point that all major uses of mercury must eventually be curtailed.
- Dental mercury pollution is not just limited to what spills in the dental office, because most of it is implanted and later enters the environment through multiple pathways, including through cremation (Professor Hylander);
  - Amalgam, whose vapors can be dangerous to dental workers, is a major occupational safety issue (Professor Phantumvanit; Dr. Meyer; )
  - Amalgam alone destroys good tooth matter, whereas composite and “ART” “preserve the tooth structure.” (Dr. McConnell, Dr. Dahl).
  - Amalgam has externalized costs to governments and society due to the mercury pollution that it creates and costs in terms of subsequent environmental health impacts (Mr. Maxson, Dr. Van den Heuvel)
  - The world is working on a treaty and all uses of mercury must be addressed (Dr. Narvaez, Mr. Bakken);
  - WHO lists mercury as one of 10 chemicals of most concern globally (Dr. Vickers of WHO);
  - Amalgam-free, or virtually amalgam-free dentistry, is prevalent from Norway to Indonesia to Japan. There was evidence from the presentations that mercury free dentistry is growing in use in the developing countries.
  - Some meeting participants from the developing world expressed support for an amalgam phase-down, and wondered what was holding up the rich countries (Professor Phantumvanit; Dr. Sudeshni).

(B) The concrete steps available now for an amalgam phase-down

While no vote was taken, the meeting ended with no expressed objections that there is a need for a phase-down of the use of amalgam. What was abundantly clear from the meeting notes is that “phase-down” means concrete steps to reduce amalgam, and indeed a large number of quite specific and realistic phase-down strategies were proposed. Throughout the two days, the meeting was alive with a huge variety of ways to approach a phase-down in the use of amalgam; the speakers were both supporters and opponents of amalgam:

- End amalgam use for routine care, preserving it only for the unusual cases (Dr. Dr. Van den Heuvel);
- Change third-party payment systems to cover alternatives in all teeth( Dr. Pedersen, Dr. Valencia, Professor McConnell, Dr. Meyer, Dr. Soucy);
- Health providers must contribute to the amalgam phase-down (Dr. Petersen);
- Educate dentists about the risks as well as benefits of amalgam (Mrs. Lymberidi-Settimo);
- Switch from amalgam use to ART in lower-income nations, which is both cheaper and involves less expertise (Dr. Williams, Dr. Honkala, Dr. Soucy,);
- Amalgam is not necessarily a lower price than composite -- composite is less in some markets (Mr. Maxson), and as controls begin mercury’s price will rise and hence amalgam’s price will rise (Mrs. Lymberidi-Settimo);
- Stop its use for children (Dr. Soucy; Professor Bian Jin You, Mr. Maxson, Mrs. Lymberidi-Settimo);
- For amalgam phase-down but we need to establish the timeline (Dr. Meyer)

- Prevention: Many speakers pointed to preventing cavities as one of the means to reduce amalgam use.
- Provide information to the consumer about alternatives to amalgam (Dr. Petersen).

### (C) Success stories on countries phasing out amalgam

The meeting gave reports on how the nations and regions of the world were doing, and outcome it was mixed. . That is, success stories about ending amalgam use, or getting amalgam use under 10%, came from all over the world:

- Norway, zero %: According to Dr. Dahl of the University of Oslo: For dentists, “the ban of 1.1.2008 did not create any problems.” They had already ceased using amalgam!
- Indonesia: 5% amalgam. Indonesia, the world’s largest Muslim nation, uses ART.
- Vietnam: 5 to 10% amalgam.
- Guangxi province, China: 8 to 10% amalgam.
- Finland, 5%

Dr. Van den Heuvel, in his presentation, noted that Sweden, in 1978-79, had 74% amalgam usage. (Most participants were aware that Sweden, like Norway, has ended amalgam, so the number was probably presented to show a nation can go from high usage to zero usage.)

Professor McConnell of Ireland’s dental school stated that, in Ireland, the dental schools focus on resin; it is recognized that amalgam is “going down.” Dr. McConnell doubts that amalgam will be used in the future.

In an indication that it is children who are most at risk, the meeting noted that on three continents steps have been taken to stop amalgam use for children: in Canada; in Dalian, China; and in the Scandinavian region.

## II. Opening Statement to Meeting Participants

In the opening statement, it was stated that: “Alternatives to amalgam: that’s what this meeting is about” and were an active participant in phase-out discussions throughout and concluded with the following statements. With the meeting concluding on a high note; you stated that the “phase down” approach provided a “platform to move forward.”

## III. The Meeting Report

As others have already pointed out, some of the claims in the meeting summary are just plain wrong. Your paper says that Sweden’s usage of amalgam is 74%. The meeting notes make clear it was a figure from 32 years ago!

Unexplainably, the meeting report proceeds to disregard all phasedown strategies. Insurance was repeatedly stressed as a strategy at the meeting; it is virtually ignored, as

are limits for children, as is making ART or composite the routine filling and amalgam the exception.

The report pretends that catching the amalgam dentists spill solves the problem. First, developing countries have no way to set up this system, as there is no hazardous waste collection or infrastructure in place to manage mercury-containing wastes. Furthermore the effectiveness of amalgam separators was not mentioned in the meeting report, though it was discussed in the meeting; meaning that the real effectiveness may not be the same after installation if routine maintenance does not occur regularly. Second, 80 to 90% of the mercury is walking out of the office – and ultimately into the environment either when fillings are drilled out and replaced, or when the person dies. It also gives no weight to workplace risks, nor to another amalgam downside, that placement of amalgam damages good tooth matter more than other restorative materials.

Another problem with the WHO report is that it presents dentistry as a monolithic group opposed to an end to amalgam, when in fact multitudes of dentists worldwide are opposed to dental mercury or are embracing the growing exodus toward mercury free alternatives. Thus the 2009 meeting attitude of “we *can* do it” is turned on its head in the report to “we *cannot* do it.” For example, about Europe, you state: “Many dentists feel amalgam cannot be entirely replaced.” It could easily have said, equally truthfully, “Many dentists feel amalgam can be entirely replaced.” Many of the points under summary of conclusions are as well presented in a rather negative way when they refer to alternatives, clearly demonstrating a bias in promoting amalgam.

The section of the meeting report on the various national initiatives is not accurate either – and not just the Swedish example presented above. Rather than the success stories, the paper talks about failure nations, and states instead that nothing can be done. In addition, the meeting report failed to acknowledge other key countries updates, including ignoring:

- Indonesia, with 5% amalgam use and instead chose to spend a page on Canada, population one-eighth of Indonesia
- Japan, with amalgam at 5%. Japan is hosting the next INC.
- Vietnam, 5 to 10% amalgam on caries.

The report appears to make Norway look like the outlier, with anyone else not able to end amalgam. Hence it conceals East Asian and Southeast Asian success stories: Indonesia, Japan, and Vietnam. The presentations have shown that alternatives are used also in other regions even if not widely spread at the moment, such as Africa and in Latin America the insurance system is even reimbursing resin for front teeth restorations. It says Norway is the only country where amalgam is phased out, without naming Sweden too, and without noting the entire Nordic Council of Ministers supporting an amalgam ban.

One conclusion only is possible: the report appears to suggest that dentists have no good reason to start using substitutes, not even for routine cavities, whereas during the meeting the issue of environmental impacts of dental amalgam were discussed and recognized. Instead, the report casts blame on nations, parents, and consumers for the existence of cavities, and adamantly insists says that dentists will continue to use mercury materials to fix them instead of using interchangeable, nontoxic substitutes.

In conclusion, the meeting report claims are repeatedly contrary to the positive spirit and discussions of the meeting as well as our contemporaneous notes -- it is incontrovertibly biased toward amalgam. It pretends that only one nation has succeeded in phasing out amalgam when several in Asia and Europe have.

Therefore, for these reasons and the ones mentioned above, we respectfully request that WHO revise the report based on the comments received and through consulting the attached meeting notes and with the meeting participants. Once this occurs, we look forward to seeing a revised, fair and unbiased meeting report that accurately reflects what transpired during the meeting. Thank you.

Sincerely,

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Environmental Bureau.  
Zero Mercury Working Group Co-Coordiators  
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