

MERCURY FILLINGS: THEY'RE NOT RISKY: RESPONSE TO ARTICLE IS IN UNDERLINED CAPS IN THE ORIGINAL TEXT AND ARE THE OPINIONS AND STATEMENTS BY DR. BOYD HALEY, PROFESSOR OF CHEMISTRY, UNIVERSITY OF KENTUCKY, LEXINGTON, KY. 40506-0055

INTRODUCTION: AFTER READING THIS PRESS RELEASE I AM VERY CONCERNED THAT THERE WAS VERY LITTLE CREDIBLE EFFORT FOR TRUTH EXHIBITED BY THE NIDCR PANEL THAT WAS CONVENED TO EVALUATE THE TOXIC EXPOSURE TO MERCURY FROM DENTAL AMALGAMS. SEE THE INCREDIBLE STATEMENT AT THE START OF THIS ARTICLE "MERCURY VAPORS NOT EASILY ABSORBED BY BODY" NOTHING COULD BE FURTHER FROM THE TRUTH SCIENTIFICALLY. MERCURY VAPORS, RELEASED IN THE MOUTH FROM DENTAL AMALGAMS, HAVE BEEN PROVEN TO BE THE MOST READILY ABSORBED FORM OF MERCURY BY THE HUMAN BODY. THIS ARTICLE, AND THE SUPPORTING COMMENTS BY PANEL MEMBERS AND DENTISTS, REPRESENTS AN INTELLECTUAL TRAVESITY AND AN ETHICAL FAILURE OF THE GOVERNMENT AND DENTAL AGENCIES WHOSE ASSIGNMENT IS TO PROTECT AMERICANS, ESPECIALLY AMERICAN CHILDREN, FROM EXPOSURE TO NEUROTOXINS. THIS IS WHY WE MUST TAKE ACTION AT THE STATE LEGISLATIVE LEVEL TO BUILD ADDITIONAL FIREWALLS AGAINST TOXIC EXPOSURES ALLOWED, AND INDIRECTLY ENCOURAGED, BY THE FDA AND CDC.

http://my.webmd.com/content/article/98/104695?src=RSS_PUBLIC

Mercury Fillings: They're Not Risky

Mercury Vapors Not Easily Absorbed by Body A TOTAL FABRICATION! 80% OF INHALED MERCURY VAPORS ARE RETAINED BY THE BODY.

By Jeanie Lerche Davis
WebMD Medical News Reviewed By Brunilda Nazario, MD
on Thursday, December 09, 2004
More From WebMD

Dec. 9, 2004 -- Mercury in dental fillings does not cause Alzheimer's disease, multiple sclerosis, or other health problems, according to a new review of all current research. NOT A PROVEN STATEMENT AT ALL. FOR EXAMPLE, MERCURY, AND MERCURY ALONE OF ALL MATERIALS TESTED, HAS BEEN ABLE TO PRODUCE THE ABERRANT BIOCHEMICAL EFFECTS SEEN IN ALZHEIMER'S DISEASED BRAIN (INHIBITION OF CREATINE KINASE, GLUTAMINE SYNTHETASE AND TUBULIN VIABILITY PLUS CAUSING A DISRUPTION OF MICROTUBULES INTO ABNORMAL AGGREGATION OF TUBULIN INTO INSOLUBLE BODIES). IN ADDITION, MERCURY AND ONLY MERCURY, IS CAPABLE IN TEST SYSTEMS TO CAUSE THE PRODUCTION OF NEUROFIBILLARY TANGLES, INCREASE HYPERPHOSPHORYLATED TAU AND INCREASE THE PRODUCTION OF BETA-AMYLOID PROTEIN THAT AGREEGATES INTO SENILE PLACQUES. THESE REPRESENT THE THREE MOST WIDELY ACCEPTED PATHOLOGICAL DIAGNOSTIC HALLMARKS OF ALZHEIMER'S DISEASE.

THE HYPOTHESIS OF MERCURY INVOLVEMENT IN ALZHEIMER'S DISEASE WAS REVIEWED AND SUPPORTED BY GERMAN AND SWISS SCIENTISTS UNIVERSITY RESEARCHERS AND RECENTLY PUBLISHED (Mutter et al., Alzheimer's Disease; Mercury as a Pathogenetic Factor and APO-E as a Moderator. Neuroendocrinology Letters, #5 October issue, 2004, www.nel.edu). THE OPINION OF THESE AUTHORS IS IN LINE WITH THE INCREASED PHASING OUT OF AMALGAM USAGE IN EUROPE. IN MY OPINION, IT IS THE FEAR OF LEGAL ACTION THAT CAUSES THE AMERICAN DENTAL ASSOCIATION (ADA) AND THE NATIONAL INSTITUTES OF DENTAL AND CRANIOFACIAL RESEARCH (NIDCR) AND THEIR SUPPRESSION OF THE FACTS RELATED TO MERCURY EMISSION FROM AMALGAMS THAT KEEPS ACCEPTANCE OF THE DANGER OF LONG TERM MERCURY EXPOSURE FROM BEING CONSIDERED A CAUSAL OR EXACERBATING FACTOR IN NEUROLOGICAL DISEASES. A LARGE AMOUNT OF RESEARCH HAS BEEN PUBLISHED IN SCIENTIFIC JOURNALS TO BACK MY STATEMENTS REGARDING THIS ISSUE. MANY OF THESE PAPERS CAN BE FOUND AT www.altcorp.com under dental information and <http://www.toxicteeth.net/>, <http://www.bioprobe.com/>, <http://www.icnr.securesites.com/hhnews1.html>, www.home.earthlink.net/~berniew1 (Bernie Windham), www.chem.unep.ch/mercury/, ATuxen@unep.ch (Swiss Hg website), www.uninformedconsent.com (shows

Hg vapor from amalgams on video), <http://www.alzforum.org/new/detail.asp?id=611> (discusses new ideas about AD)
<http://health.nih.gov/>, www.doh.wa.gov/fish/FishAdvMercury.htm, www.epa.gov/mercury/
<http://www.dentalmaterial.gov.se/Mercury.pdf>,
<http://www.Isro.org/amalgam/frames_amalgam_meetings.html>

THERE IS A TOTAL LACK OF HIGH QUALITY EPIDEMIOLOGICAL RESEARCH THAT WOULD SHOW AMALGAMS TO BE CAUSAL OR SAFE AND NOT INVOLVED IN HUMAN HEALTH PROBLEMS. IN THE USA THE ADA, FDA, NIH AND ESPECIALLY NIDCR HAVE TOTALLY DROPPED THE BALL IN REGARDS TO DOING SIGNIFICANT STUDIES IN THIS AREA AS THEY ARE THE ONLY AGENCIES WITH THE FUNDS AND DATA BASES AVAILABLE FOR SUCH RESEARCH. HOWEVER RESEARCH FROM SWEDEN HAS DEMONSTRATED THAT REMOVAL OF DENTAL AMALGAMS FROM ABOUT 700 SUBJECTS WITH NEUROLOGICAL PROBLEMS LEAD TO CLINICAL IMPROVEMENTS IN ABOUT 70% OF THE SUBJECTS, ALONG WITH A SIGNIFICANT DROP IN THE BLOOD MERCURY LEVELS OF THE SUBJECTS. THERE ARE ALSO REPORTS THAT INDIVIDUALS WITH MULTIPLE SCLEROSIS HAD LESS DELETERIOUS EVENTS WHEN THEIR AMALGAMS WERE REMOVED. RESEARCH HAS SHOWN THAT INDIVIDUALS WHO DIED OF IDIOPATHIC DIALATED CARDIOMYOPATHY HAVE 20,000 TIMES MORE MERCURY IN THEIR HEART TISSUE THAN FOUND IN OTHER FORMS OF HEART DISEASE. THIS WAS PUBLISHED IN A 1999 ISSUE OF THE J. OF AMERICAN CARDIOLGY. YET NO NIH GRANTS OR PROGRAMS HAVE BEEN DEVELOPED TO PURSUE THIS LEAD. THIS IS CONSISTENT WITH AMERICAN NIH SUPPORTED RESEARCH TO NEVER FOLLOW UP ON NUMEROUS SUCH LEADS AS THESE IF MERCURY IS IMPLICATED. SO WE SHOULD NOT BE SURPRISED TO SEE AN NIDCR SPONSORED AND ORCHESTRATED REVIEW PANEL COME TO THE DECISION THAT AMALGAMS ARE SAFE. DON'T LOOK FOR CAUSES OF MERCURY INDUCED DISEASES AND YOU WON'T FIND ANY SEEMS TO BE THE MANTRA OF THE NIDCR AND NIH.

BUT WE MUST ALSO ASK OURSELVES WHY WE CANNOT FIND, AFTER SPENDING BILLIONS OF TAX DOLLARS, THE CAUSE OF ALZHEIMER'S DISEASE, MS, ALS, AND PARKINSON'S WHILE WE READILY FIND THE CAUSE OF DISEASES LIKE AIDS, POLIO, ETC. I THINK IT IS IT BECAUSE SCIENTISTS ARE NOT FUNDED TO LOOK FOR CAUSATION IN CERTAIN AREAS, LIKE HEAVY METAL OR MERCURY TOXICITY. WE HAVE SOLVED NUMEROUS OTHER DISEASES, BUT NOT THE NEUROLOGICAL DISEASES MENTIONED ABOVE. IF THESE DISEASES HAVE THEIR BASIS IN MERCURY EXPOSURE THEN WE WILL NEVER SOLVE THEM FOLLOWING THE PATH OF IGNORING BASIC RESEARCH IN THE AREA OF MERCURY TOXICITY AND JUST BELIEVING WHAT THE DENTAL ESTABLISHMENT TELLS US. ARE WE TO BE DUMB ENOUGH TO BELIEVE THAT NEWLY PLACED DENTAL AMALGAMS, WHICH CONTAIN ABOUT 500,000 MICROGRAMS MERCURY/GRAM AMALGAM, WHICH BREAK DOWN AND NEED REPLACEMENT DO NOT LOSE A HUGE AMOUNT OF MERCURY IN THE NUMBER OF YEARS THEY ARE IN OUR MOUTHS, AND THAT THIS MERCURY ENDS UP IN OUR CENTRAL NERVOUS SYSTEM?

IF A SINGLE SMALL ONE GRAM AMALGAM LOST 5 TO 10 MICROGRAMS PER DAY (A TOXIC EXPOSURE) THEN IT WOULD TAKE ABOUT 137 TO 274 YEARS TO LOSE ALL THE MERCURY. ALSO, IF 5 TO 10 MICROGRAMS PER DAY WERE LOST FROM THIS AMALGAM THIS WOULD AMOUNT TO 0.365% TO 0.73% OF THE MERCURY PER YEAR. SO YOU DON'T HAVE TO HAVE A GREAT LOSS PER YEAR TO EXPERIENCE A TOXIC EXPOSURE.

But will this put to rest the concerns many people have?

It's a sensitive issue. Methyl mercury is the type found in fish, and has been found harmful to the brain in large amounts. The EPA advises women to avoid eating mercury-rich fish during pregnancy for that reason. FIRST, ALL STUDIES ON POPULATIONS WITH DENTAL AMALGAMS AND FISH CONSUMPTION HAVE SHOWN THAT THE MAJOR CONTRIBUTOR TO MERCURY BODY BURDEN IS THE SUBJECTS DENTAL AMALGAMS, NOT FISH. SO TO SPEAK, THE DENTAL CLAIM THA FISH IS THE MAJOR EXPOSURE TO HUMANS IS A RED HERRING.

FURTHER, MERCURY VAPORS FROM DENTAL AMALGAMS ENTER THE BRAIN WITH EASE AND ARE OXIDIZED TO Hg²⁺, THE TOXIC FORM, AND CAUSE DAMAGE TO THE SAME BIOCHEMICAL SYSTEMS FOUND DAMAGED IN ALZHEIMER'S DISEASED BRAIN. THIS HAS BEEN PROVEN BY EXPOSING RATS TO MERCURY VAPOR AND BY EXPOSING NEURONS IN CULTURE TO Hg²⁺. SEVERAL STUDIES, INCLUDING ONE FROM THE NIH, HAVE SHOWN THAT DENTAL AMALGAMS ARE THE MAJOR CONTRIBUTOR TO HUMAN BODY BURDEN. WHY WOULD ANY ONE WITH GOOD SENSE RECOMMEND PLACING A MATERIAL IN HUMAN MOUTHS THAT CAN EASILY BE SHOWN TO

RELEASE MERCURY AT A CONSTANT RATE FOR MANY YEARS? ESPECIALLY KNOWING THAT MERCURY CONCENTRATES IN THE FETUS WITH AN AVERAGE OF MERCURY IN THE INFANTS CORD BLOOD BEING 1.7 TIMES THAT IN THE BIRTH MOTHER BLOOD.

However, mercury in dental fillings is a different type of chemical compound -- an amalgam or blend of copper, silver, and mercury. Dentists have used this blended metal for more than 150 years. But over the years, concerns about mercury fillings have been raised, writes Meryl Karol, PhD, an epidemiologist with the University of Pittsburgh School of Public Health. THE INITIAL SENTENCE IS A TOTALLY INCORRECT STATEMENT ON THE CHEMICAL LEVEL. MERCURY IS AN ELEMENT NOT A COMPOUND. THE MERCURY THAT IS EMITTED FROM A DENTAL AMALGAM IS PURE MERCURY VAPOR AND ITS RELEASE CAN BE MEASURED AND QUANTIFIED QUITE EASILY. USING A MERCURY VAPOR SNIFFER OR, FOR MORE ELEGANT EXPERIMENTS, BY USING A MERCURY COLD-VAPOR ANALYZER AFTER COLLECTING THE WATER IN WHICH AN AMALGAM HAS BEEN PLACED FOR A FEW HOURS OR LESS, HAVE CONFIRMED THE RELEASE OF MERCURY FROM DENTAL AMALGAMS. ALSO, THE WEBSITES AT www.uninformedconsent.com and www.iaomt.org HAVE VIDEOS OF MERCURY VAPORS ESCAPING FROM DENTAL AMALGAMS NOT UNLIKE SOME COMING FROM A CIGARETTE.

FURTHER, ELECTRON MICROSCOPY OF DENTAL AMALGAMS CLEARLY SHOWS DROPLETS OF MERCURY LIQUID IN DENTAL AMALGAM PORES. HEATING THE AMALGAM RELEASES THIS MERCURY QUICKLY AND CAUSES THE DROPLETS TO DISSAPPEAR. A MASSIVE GERMAN UNIVERSITY STUDY FOUND TOXIC LEVELS OF MERCURY IN THE SALIVA OF SEVERAL THOUSANDS OF SUBJECTS AND THE AMOUNT WAS CORRELATED TO DENTAL AMALGAMS.

THERE IS NO SCIENTIFIC CONTROVERSY ABOUT THE NATURE AND AMOUNT OF MERCURY BEING EMITTED FROM A DENTAL AMALGAM. THE ONLY CONTROVERSEY IS MAINTAINED BY THE INACCURATE AND MANIPULATED DATA (AS WELL AS CONGRESSIONAL LOBBYING EFFORTS) PUT FORTH BY THE PRO-AMALGAM ELEMENTS IN ORGANIZED DENTISTRY, INCLUDING THE DENTAL BRANCH OF THE FDA AND THE NIDCR.

Karol chaired the expert panel whose research review was released today. IF DR. KAROL IS AN EPIDEMIOLOGIST (NOT A NEUROLOGIST OR BIOCHEMICAL SCIENTIST) SHE SHOULD SUPPLY THE PUBLIC WITH THE EPIDEMIOLOGICAL STUDIES TO BACK HER CLAIM. THE FACT IS, THERE ARE NO GOOD STUDIES IN HER AREA TO SUPPORT HER CLAIMS. ALSO, WHY WASN'T A TOXICOLOGIST GIVEN CHARGE OF SUCH AN IMPORTANT TOXICOLOGICAL QUESTION AS THIS IS CHEMISTRY/BIOCHEMISTRY, NOT EPIDEMIOLOGY SINCE NO SIGNIFICANT EPIDEMIOLOGICAL STUDIES HAVE BEEN DONE. Scientists from the National Institutes of Health's National Institute of Dental and Craniofacial Research, the Center for Devices and Radiological Health of the FDA, the CDC, and the Public Health Service's chief dental officer, were among those experts. WOULD ONE EXPECT DENTISTS FROM THE NIDCR TO ADMIT, AFTER SCORES OF YEARS OF DENIAL, THAT MERCURY RELEASED FROM DENTAL AMALGAMS COULD CAUSE MEDICAL DEFICITS? IN LIGHT OF THE RECENT FDA RECORD ON VIOXX AND THE CONTAMINATED FLU VACCINE CITIZENS SHOULD SEVERELY QUESTION THEIR INPUT TO THIS REPORT.

THE FDA HAS STEADFASTLY REFUSED TO TEST OR EVALUATE DENTAL AMALGAM SAFETY FOR THE PAST 40 YEARS EVEN THOUGH THEY ARE 50% MERCURY AND EVERYONE AGREES SOME OF THIS MERCURY IS CONSTANTLY BEING RELEASED---THE ARGUMENT IS HOW MUCH. I HAVE MEASURED THE MERCURY EMITTING FROM A DENTAL AMALGAM AND IT IS NOT INSIGNIFICANT SO IT IS MY OPINION THAT THE BUREAUCRATS IN THE FDA DENTAL BRANCH WILL DO ANYTHING TO PREVENT A SOLID, UNBIASED STUDY IN THIS AREA THAT SIMPLY SHOWS THAT AMALGAMS IN A SEALED TEST TUBE STILL RELEASES A LOT OF MERCURY AND THAT THIS LEVEL INCREASES DRAMATICALLY (ABOUT 8-10 FOLD) ON BRUSHING 30 SECONDS WITH A STANDARD TOOTH BRUSH. THE LATTER FACT IS INCREDIBLY EASY TO DEMONSTRATE.

FURTHER, THE REASON THIS PANEL WAS FOUNDED WAS DUE TO THE PRESSURE FROM CONGRESSMAN DAN BURTON REGARDING AMALGAM SAFETY EVALUATION. THE NIDCR FORMED THE PANEL TO PREVENT FUNDING RESEARCH BY UNBIASED SCIENTISTS TO DIRECTLY MEASURE MERCURY RELEASE FROM DENTAL AMALGAMS AS MENTIONED BELOW. IT IS BETTER FOR THE NIDCR TO HAVE A CONTROLABLE PANEL TO EVALUATE THE SAFETY OF DENTAL AMALGAMS THAN IT IS TO OBTAIN HARD SCIENTIFIC FACTS WHICH THE NIDCR KNOWS WOULD SHOW THEM TO BE WRONG.

THE CDC'S COVER-UP OF THE EARLY EPIDEMIOLOGICAL STUDIES SHOWING THIMEROSAL'S (ORGANIC MERCURY) RELATIVE RISK TO AUTISM CAUSATION (UNCOVERED ONLY BY THE FREEDOM OF INFORMATION ACT BY SAFE MINDS (www.safeminds.org) PLACES THE CDC IN THE SAME CATEGORY AS THE FDA DENTAL BRANCH. THEY ALSO PREACH THAT EXPOSURE TO MERCURY IS NOT DANGEROUS, YET THE INCREASE IN AUTISM AND ATTENTION DEFICIT DISORDER HAS INCREASED WITH DOCUMENTED INCREASED EXPOSURE TO VACCINE MERCURY EXPOSURE. (NOTE: THE THIMEROSAL CONTAINING VACCINES GIVEN IN THE PAST TO DAY OLD INFANTS CONTAINED 12.5 MICROGRAMS OF MERCURY. THE EPA STATES THAT 0.1 MICROGRAM/KILOGRAM BODY WEIGHT/DAY IS THE ACCEPTED LEVEL. THEREFORE, THE VACCINE WOULD BE SAFE FOR AN INDIVIDUAL WEIGHING 125 KILOGRAMS (DIVIDE 12.5 BY 0.1) OR 275 POUNDS (MULTIPLY 125 KG BY 2.2 LBS/KG). YET, WITH ALL OF THE BASIC SCIENCE AND SOME VERY GOOD EPIDEMIOLOGICAL STUDIES SHOWING THE RISK OF VACCINE EXPOSURE FOR AUTISM AND OTHER RELATED DISEASES, THE CDC STILL RECOMMENDS THAT 6 MONTH OLD INFANTS BE VACCINATED WITH THIMEROSAL CONTAINING FLU VACCINE. THIS DOES NOT MAKE SENSE. NEITHER DOES THE PLACEMENT OF AN AMALGAM FILLING INTO A CHILD THAT RELEASES MORE MERCURY IN TWO DAYS THAN IS FOUND IN THE VACCINES. (PLEASE NOTE THAT I AM IN FAVOR OF A STRONG VACCINE PROGRAM ABSENT MERCURY COMPOUNDS.)

THE PUBLIC HEALTH SERVICES CHIEF DENTAL OFFICER IS LIKELY A DENTIST WITHOUT SCIENTIFIC OR MEDICAL TRAINING WHO WOULD NOT LIKELY BE TRAINED IN TOXICOLOGICAL OR BIOCHEMICAL AREAS. THIS REPRESENTS AN OLD ADA TRICK OF GIVING A PERSON A "TITLE" THAT WOULD MAKE HIM/HER APPEAR QUALIFIED TO THE PUBLIC WHEN IN FACT THEY ARE NOTHING MORE THAN A DENTAL ADMINISTRATOR.

THE INITIAL QUESTION OF MERCURY LEAVING AMALGAMS AND ENTERING THE BODY IS A QUESTION OF SCIENCE, NOT ADMINISTRATION OR LEGAL JUDGEMENT. FOR EXAMPLE, IN THE CONGRESSIONAL HEARING CHAIRED BY CONGRESSMAN DAN BURTON THE SPOKESPERSON FOR THE AMERICAN DENTAL ASSOCIATION FOUGHT AGAINST FUNDING FOR A SIMPLE, STRAIGHTFORWARD, INEXPENSIVE RESEARCH PROJECT THAT WOULD PUT THE MATTER OF MERCURY RELEASE FROM DENTAL AMALGAMS TO REST.

THIS PROPOSED PROJECT ENTAILED MAKING ABOUT 200 DENTAL AMALGAMS OF ONE SPILL EACH OUTSIDE THE MOUTH SO THAT THESE AMALGAMS WOULD BE OF IDENTICAL WEIGHT AND SURFACE AREA. THESE AMALGAMS WERE TO BE DIVIDED INTO 10 LOTS OF 20 EACH AND SENT TO THE BEST ACADEMIC LABORATORIES IN THE USA TO HAVE THE AMOUNT OF MERCURY THEY RELEASED PER DAY DETERMINED BY ANALYTICAL EXPERTS. THE RESULTS FROM THESE 10 TOP FLIGHT LABORATORIES WOULD BE USED AS AN ABSOLUTE FOR THE QUESTION OF HOW MUCH MERCURY IS RELEASED FROM AMALGAMS.

INSTEAD OF DOING THIS SIMPLE, STRAIGHT FORWARD PROJECT TO ANSWER THE QUESTION OF HOW MUCH MERCURY IS RELEASED FROM AMALGAMS THE NIDCR AND FDA ORCHESTRATED A COSTLY (THEY WON'T ADMIT HOW MUCH IT COST) PANEL REVIEW OF THE EXISTING LITERATURE ORGANIZED BY A GROUP OF QUESTIONABLE EXPERTISE SELECTED BY DENTAL ADMINISTRATORS. WHY WOULD THEY DO THIS? IN MY OPINION, HARD SCIENTIFIC DATA PRODUCED BY 10 DIFFERENT UNIVERSITIES WOULD BE HARD TO QUESTION OR MANIPULATE. IT IS APPARENT TO ME THAT PANELS FORMED TO LOOK AT CERTAIN ISSUES CAN BE HAND SELECTED MANIPULATED TO GIVE THE ANSWER WANTED, JUST AS EPIDEMIOLOGY DATA CAN BE MASSAGED TO GIVE THE ANSWER WANTED. THESE APPEAR TO BE THE TWO FAVORITE APPROACHES BY THE FDA, NIDCR AND THE CDC. I DON'T WONDER WHY.

WHILE THE REST OF THE CIVILIZED WORLD IS ELIMINATING DENTAL AMALGAMS TO REDUCE HUMAN MERCURY EXPOSURE OUR FDA AND NIDCR IS NOW SAYING ITS SAFE BECAUSE RESEARCH, DONE BY DENTISTS IN AREAS WHERE THEY HAVE LITTLE TO NO EXPERTISE AND A BIG VESTED INTEREST, SAYS SO. NOW THEY HAVE GENERATED A PANEL OF HAND SELECTED "EXPERTS" THAT AGREE WITH THEM. THIS PANEL EVIDENTLY IGNORED THE OBVIOUS SCIENCE CONSIDERED BY THE WORLD HEALTH ORGANIZATION, MANY EUROPEAN COUNTRIES, THE ENVIRONMENTAL PROTECTION AGENCY (EPA) AND THE NATIONAL ACADEMY OF SCIENCE COMMITTEE (NAS).

CONSIDER, BOTH THE EPA AND NAS AGREE THAT ABOUT 8 TO 10% OF AMERICAN WOMEN HAVE SUCH HIGH BLOOD MERCURY LEVELS AS TO PUT TO RISK FOR NEUROLOGICAL IMPAIRMENT

ANY CHILD THEY GAVE BIRTH TO. ALL RESEARCH STUDYING MERCURY BODY BURDEN SHOW THAT DENTAL AMALGAMS ACCOUNT FOR THE MAJOR EXPOSURE, SOMETIMES OVER 80%. CONSIDER THAT OUR FDA DENTAL BRANCH, THE NIDCR AND THIS CONVEINED PANEL IMPLY THAT DENTAL AMALGAMS ARE NOT THE MAJOR CONTRIBUTOR TO THIS INCREASED MERCURY BODY BURDEN?

THE ABOVE NIDCR PANEL OPINION CONTRADICTS THE SCIENCE PUBLISHED BY NUMEROUS RESEARCH GROUPS IN REFERRED JOURNALS. IT IS QUITE APPARENT THAT THE NIDCR AND FDA WANTS THE QUESTION OF THE AMOUNT OF MERCURY RELEASED BY DENTAL AMALGAMS TO BE DECIDED BY THEIR COMMITTEE'S OPINION RATHER THAN DETERMINED BY GOOD SCIENCE---OTHERWISE THE NIDCR WOULD HAVE FUNDED AND PUBLISHED THIS TYPE OF RESEARCH MANY YEARS AGO. THE FACT IS THE NIDCR CANNOT OBTAIN SUCH RESULTS AND PUBLISH THEM AS THEY ARE FEARFUL THAT CERTAIN SCIENTISTS WOULD REPEAT THEIR EXPERIMENTS AND SHOW THEIR DATA AND OPINIONS ARE NOT CORRECT.

IS THIS A WORRY? THE CDC AND THE AAP RELEASED A STATEMENT SAYING 1 OF 6 CHILDREN IN THE USA HAS A NEURODEVELOPMENTAL PROBLEM. THE MEDCO HEALTH SOLUTIONS GROUP REPORTED IN 2004 THAT THE COST OF DRUGS TO TREAT CHILDHOOD NEUROLOGICAL DISORDERS HAS INCREASED 71% IN THE SAME TIME ANTIBIOTICS USED TO TREAT CHILDREN INCREASED 4.3%. YET THE FDA AND NIDCR RECOMMENDS EXPOSING OUR CHILDREN TO MORE NEUROTOXIC MERCURY FROM DENTAL AMALGAMS. IT IS MY OPINION THAT IF YOU HAVE A PROBLEM, AND THE USA HAS ONE WITH THE INCREASING NEED FOR DRUGS TO CONTROL OUR CHILDREN, THEN YOU NEED TO DO EVERYTHING POSSIBLE TO ELIMINATE THIS PROBLEM---LIKE REMOVE ALL MERCURY EXPOSURES---EVEN IF YOU CANNOT ABSOLUTELY PROVE THIS MERCURY IS CAUSAL.

IT IS TOUGH TO ABSOLUTELY PROVE THAT MERCURY CAUSES A PROBLEM IN CHILDREN WHEN, OBVIOUSLY, YOU CANNOT TAKE SAMPLES OF THEIR BRAIN OR OTHER ORGAN TISSUES. BUT SINCE YOU CANNOT, THE NIDCR, AND ITS PANEL, CLAIM THERE IS NO PROOF OF CAUSATION. JUST PROVING THE RELEASE OF MAJOR AMOUNTS OF MERCURY FROM THE AMALGAMS AND SHOWING IT IS RETAINED BY THE CHILD'S BODY IS NOT PROOF ENOUGH THAT THIS EXPOSURE IS CAUSING A NEGATIVE EFFECT ON CHILDREN, OR ADULTS FOR THAT MATTER.

The Evidence

Only 300 studies published since 1996 had sufficient merit to be included in their report -- studies that analyzed mercury in urine samples as a marker for mercury exposure. Methyl mercury from fish is not found in urine samples, explains Karol. **THE PANEL IS WRONG IN USING URINE MERCURY LEVELS AS A MEASURE OF MERCURY EXPOSURE. SCIENCE HAS SHOWN THIS. IN FACT, MOST STUDIES ON CHILDREN INDICATE THAT THE ONES WITH THE HIGHEST URINE, BLOOD OR HAIR LEVELS OF MERCURY WERE THE HEALTHIEST. THAT IS BECAUSE OF THOSE EXPOSED TO MERCURY, THE ONES WITH THE HIGHEST URINE, BLOOD AND HAIR LEVELS ARE THE ONES EFFECTIVELY EXCRETING THE MERCURY. THREE DIFFERENT RESEARCH GROUPS HAVE SHOWN THAT AUTISTIC CHILDREN HAVE MUCH LOWER MERCURY IN THEIR HAIR, YET HAVE HIGHER BODY BURDENS OF MERCURY. THIS IMPLIES THAT AN INABILITY TO EXCRETE MERCURY BY A SUBSET OF THE POPULATION REPRESENTS THOSE THAT WILL RESPOND BADLY TO A LOW CHRONIC EXPOSURE TO MERCURY.**

THE REASON MOST MERCURY FROM FISH AND AMALGAMS IS NOT FOUND IN THE URINE IS THAT ABOUT 90% IF MERCURY IS EXCRETED IN THE FECAL MATERIAL. A RESEARCH REPORT FROM A UNIVERSITY IN FINLAND SHOWED THAT A SUBJECT GROUP WITH DENTAL AMALGAMS HAD 13 TO 17 TIMES THE MERCURY IN THEIR FECES COMPARED TO TWO GROUPS WITHOUT AMALGAMS (ONE GROUP HAD NEVER HAD AMALGAMS, THE SECOND GROUP HAD HAD THEIR AMALGAMS REMOVED: SEE Osterblad et al. Antimicrobial Agents and Chemotherapy, V39#11, p 2499-2502, Nov, 1995). AT THE LOWER 13 FOLD LEVEL THIS SHOWS THAT CONTROLS HAD 7.7% OF THE MERCURY OF THE AMALGAM GROUP. THIS MEANS THE AMALGAMS ARE CONTRIBUTING 92.3% OF THE MERCURY IN THE FECES OF THESE INDIVIDUALS. IT IS LIKELY THAT AMALGAMS, SINCE THEY RELEASE HIGHLY ABSORBED MERCURY VAPOR, IS CONTRIBUTING AT LEAST THIS MUCH TO THE MERCURY BODY BURDEN. THIS WOULD BE CONSISTENT WITH OBSERVATION GIVEN IN OTHER PUBLISHED RESULTS BUT STRONGLY CONTRASTS TO THE OPINION OF THE ADA, FDA, NIDCR AND THEIR "EXPERT" PANEL.

AS STATED ABOVE, URINE MERCURY IS NOT A RELIABLE MEASURE OF MERCURY EXPOSURE. IN FACT, THE ONLY RELIABLE MEASURE OF EXPOSURE AND RETENTION WOULD REQUIRE SACRIFICING THE TEST SUBJECT SO EACH ORGAN COULD BE ANALYZED FOR MERCURY RETENTION. MERCURY LEVELS IN BODY ORGANS HAS BEEN DONE ON EXPIRED HUMANS AND THE LEVELS CORRELATED TO EXISTING DENTAL AMALGAMS IN THE ORGANS OF THE CORPSES RESULTS HAVE ALSO SHOWN THAT THE MAJOR AMOUNT OF MERCURY FOUND IN THE FIRST HAIR CUT OF NORMAL INFANTS IS ACCOUNTED FOR BY THE NUMBER OF DENTAL AMALGAMS IN THE BIRTH MOTHER. THEREFORE, AGAIN, THERE IS NO SCIENTIFIC CONTROVERSY ABOUT MERCURY IN HUMAN BODIES COMING FROM DENTAL AMALGAMS. THE CONTROVERSY HAS BEEN MANUFACTURED BY PRO-AMALGAM DENTAL ORGANIZATION TO ALLAY ANY BLAME FOR THE MASSIVE NEUROLOGICAL PROBLEMS THEIR PROCEDURES HAVE GENERATED IN GENERATIONS OF AMERICANS.

Large population studies, animal toxicity studies, and studies of effects from various levels of mercury exposure were included. Researchers also looked at whether it was biologically possible for mercury vapor from fillings to cause brain disorders and other health problems, she notes.

The panel's conclusion: "Current research is insufficient to attribute various complaints to mercury in dental amalgam," writes Karol. Even those people with allergic reaction to dental amalgam "did not have high levels in their blood," she adds. IT IS IMPORTANT TO NOTE THAT THE INSUFFICIENT RESEARCH, IF SUCH EXISTS, IS BECAUSE THERE HAS BEEN LITTLE SUCH RESEARCH FUNDED BY THE NIDCR, FDA OR NIH OVER THE YEARS TO ADDRESS THIS ISSUE. IN 1993 AN EVALUATION OF DENTAL AMALGAMS CONCLUDED THAT SUCH RESEARCH SHOULD BE DONE TO CONCLUDE IF AMALGAMS WERE SAFE. NOW, IN 2005, WE ARE HEARING THE SAME THING FROM ANOTHER COMMITTEE FORMED BY ORGANIZED DENTISTRY. YET THE NIDCR ONLY FUNDS DENTAL SCHOOLS TO STUDY AMALGAM TOXICITY AND THESE GRANTS HAVE TO BE AMONG THE LEAST PRODUCTIVE IN THE ENTIRE FEDERAL GOVERNMENT SYSTEM OF GRANT FUNDING. THEY HARDLY PUBLISH IN ANY REFEREED JOURNAL ANY REPORT A SIGNIFICANT FIND REGARDING THIS ISSUE IN THE PAST 12 YEARS. THIS IS A MAJOR WASTE OF TAXPAYER DOLLARS AT THE VERY LEAST (CHECK THE NIH CRISP DATA BASE IF YOU WANT TO CONFRIM THIS).

RESEARCH HAS BEEN DONE BY PLACING AMALGAMS IN ANIMALS IN OTHER COUNTRIES. WHEN THIS WAS DONE IN SHEEP AND MONKEYS THE MERCURY WAS FOUND TO BE RAPIDLY MOVED INTO MAJOR ORGANS. NOTE THAT THE HALF LIFE OF MERCURY VAPOR IN THE URINE AND BLOOD IS VERY SHORT AND SUCH LEVELS ARE NOT A GOOD MEASURE OF EXPOSURE. MANY ACCUTELY EXPOSED INDIVIDUAL WILL HAVE URINE LEVELS CONSIDERED NON-TOXIC YET HAVE HIGH MERCURY LEVELS IN THEIR ORGANS YEARS LATER WHEN THEY DIE.

RETENTION IS THE KEY ISSUE, AND INHALED MERCURY VAPOR IS KNOWN TO BE 80% ABSORBED AND RETAINED BY THE BODY WITH EACH ORGAN HAVING A DIFFERENT TIME FOR THE AMOUNT TO DECREASE BY 50%, WITH THE BRAIN HAVING THE LONGEST RETENTION TIME FOR MERCURY VAPOR WHICH IS WHY THE VAPOR FORM IS MORE NEUROTOXIC INSTEAD OF RENAL TOXIC.

IT IS MY OPINION THAT THE FDA PANEL WAS SET UP TO REVIEW "CURRENT RESEARCH THAT WAS INSUFFICIENT" TO MAKE A DECISION REGARDING AMALGAM TOXICITY INSTEAD OF CONCENTRATING ON THE SIMPLE APPROACH OF DETERMINING THE AMOUNT OF MERCURY, A KNOWN NEUROTOXIN, THAT AMALGAMS CONTRIBUTE TO MERCURY BODY BURDEN. SCIENCE KNOWS THAT MERCURY IS TOXIC AND WE RECOMMEND AGAINST EATING FISH BASED ON THE MEASURED EXPOSURE---WHY CAN'T THAT BE DONE WITH DENTAL AMALGAMS???

DO NOTE, THAT EATING FISH TODAY, WITH AVERAGE MERCURY CONTENT, HAS ALSO NOT BEEN PROVEN TO CAUSE ANY MERCURY RELATED DISEASE EITHER. (NOTE: THE MINIMATA BAY DISASTER WAS CAUSED BY EATING FISH WITH EXTREMELY HIGH MERCURY LEVELS INITIALLY COMING FROM A PLANT THAT RELEASED MERCURY INTO THE BAY). THE FISHING INDUSTRY IS JUST A CONVENIENT WHIPPING BOY FOR THE IAOTROPIC EXPOSURES TO MERCURY.

Also among the panel's conclusions:

The evidence showed that mercury vapor is released from dental work and absorbed in the body. YES, AT 80%. However, about 95% of people in the studies had mercury levels at or lower than the level deemed harmful by the WHO.

NOT SO. THE WORLD HEALTH ORGANIZATION (WHO) STUDY LEAD BY DR. MATHS BERLIN RECOMMENDED ENDING THE USE OF DENTAL AMALGAMS. THE WHO STUDY THE FDA PANEL QUOTES WAS A NON-OFFICIAL OPINION OF SOME DENTISTS THAT SET UP A WHO COMMITTEE TO WHITEWASH DENTAL AMALGAMS. THEY ALSO DETERMINED MERCURY LEVELS LOOKING AT URINE LEVELS WHICH ARE NOT A VALID MEASURE OF MERCURY EXPOSURE OR RETENTION. THE FDA PANEL KNEW THIS AS DR. BERLIN'S TESTIMONY WAS PRESENTED TO THEM AND DISCUSSED SEVERAL SUCH ISSUES---WHICH THEY APPARENTLY IGNORED.

The long-term use of nicotine chewing gum (over two years) combined with intense chewing and more than 20 dental amalgam surfaces presents the greatest chance that urine mercury measurements exceed the general population and approach a level seen in people who have occupational exposure to mercury.

AGAIN, IT IS WELL KNOWN THAT URINE MERCURY LEVELS ARE NOT RELIABLE FOR DETERMINING TOTAL MERCURY EXPOSURE OR RETENTION LEVELS.

However, the reports state that adverse health effects for long-term nicotine gum chewers was not evaluated.

NEITHER HAS ANY OTHER EXPOSURE TO DENTAL MERCURY BEEN EVALUATED.

Bruxism (grinding teeth) and dental amalgam placement and removal appear to have less impact on exposure than the use of nicotine chewing gum.

APPEAR??? BRUXISM IS PLACING TOGETHER TWO HARDER SURFACES THAN IS CHEWING GUM. WHAT IS THE REFERENCE TO THIS WORK, WAS IT DONE BY A DENTIST?

Allergic sensitivity to dental amalgam seems to affect a small percentage of people. Insufficient research has been done to support or refute whether dental amalgam causes antibiotic resistance in the human gut or that it may cause any autoimmune disease including multiple sclerosis.

KEY WORDS AGAIN, INSUFFICIENT RESEARCH HAS BEEN DONE AFTER MORE THAN 12 YEARS AFTER USING THIS EXCUSE IN A PRIOR FDA/ADA SUPPORTED PANEL EVALUATION. WHY?

THE NIDCR HAS AWARDED OVER 200 GRANT YEARS OF FUNDING AND THE RESEARCHERS AWARDED THIS FUNDING (PRIMARILY DENTAL SCHOOLS) HAVE BEEN EXTREMELY UNPRODUCTIVE NOT PUBLISHING A SINGLE SIGNIFICANT PAPER ON MERCURY RELEASE FROM DENTAL AMALGAMS.

ONE HAS TO ASK WHY IN ALL THE SCORES OF YEARS OF RESEARCH AND CONFLICT ON DENTAL AMALGAM THE NIDCR HAS NEVER EVER REPORTED ANY RESEARCH ON A SIMPLE STRAIGHT FORWARD STUDY TO MEASURE THE AMOUNT OF MERCURY RELEASED FROM A DENTAL AMALGAM IN A SEALED TEST TUBE. IN MY OPINION, SINCE I HAVE DONE THIS, THEY KNOW THE ANSWER AND REFUSE TO STATE IT PUBLICLY OR TO PRESENT IT TO THE PANEL WHO MADE THIS DECISION.

ALSO, WHY WOULDN'T THIS PANEL DEMAND TO KNOW THE ANSWER TO THIS QUESTION? THIS IS FUNDAMENTAL SCIENCE, EASY TO OBTAIN AND BASED ON COMMON SENSE. NOT ASKING, OR EVEN COMMENTING ON THE LACK OF THIS BASIC DATA IS SYMPTOMATIC OF A PANEL DEDICATED TO A PREDETERMINED RESPONSE.

NOTE, THE ADA AND NIDCR COULD SHUT SCIENTISTS LIKE ME UP IN A HEARTBEAT IF THEY COULD DO THIS EXPERIMENT AND OBTAIN DATA TO BACK UP THEIR CLAIMS OF MERCURY NOT BEING EMITTED FROM AMALGAMS AT UNSAFE LEVELS. THIS PANEL SHOULD BE EMBARRASSED BY THE FACT THEY ACCEPTED UNSUBSTANTIATED CLAIMS WITHOUT DEMANDING TO KNOW WHY CERTAIN SIMPLE EXPERIMENTS HAVE NOT BEEN DONE REGARDING AN ISSUE THAT HAS EXISTED FOR OVER 100 YEARS. THIS IS SYMPTOMATIC OF A WELL DESIGNED COVER UP OF THE FACTS.

Three studies also failed to support a role of dental amalgam as a factor in the development of Parkinson's disease or Alzheimer's disease.

THERE IS AT LEAST ONE PUBLICATION SHOWING INCREASED MERCURY IN TISSUES FROM PARKINSON'S PATIENTS, BUT IT WAS NOT BASED ON DENTAL AMALGAMS. DID THIS PANEL FIND ANY RESEARCH TO THE CONTRARY REGARDING PARKINSON'S DISEASE?

THE STUDY ON AMALGAMS AND ALZHEIMER'S DISEASE THE PANEL REFERS TO WAS LEAD BY A DENTIST. IT WAS PUBLISHED IN THE IN THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION (JADA), A TRADE JOURNAL FOR DENTISTS WITH A VESTED INTEREST IN THE RESULTS, BUT WITH NO EXPERTISE ON THEIR REVIEW BOARD TO ADEQUATELY REVIEW THIS PAPER. OF SIGNIFICANCE IS THAT THIS ARTICLE WAS TWICE REJECTED BY J. OF THE AMERICAN MEDICAL ASSOCIATION AND THE NEW ENGLAND JOURNAL OF MEDICINE.

AMAZINGLY, A PRESS CONFERENCE WAS CALLED TO ANNOUNCE THE RESULTS OF THIS PUBLICATION---A PAPER PUBLISHED IN A NON-REFEREED TRADE JOURNAL AFTER BEING REJECTED BY TWO SIGNIFICANT JOURNALS. THIS WAS DONE AT MY UNIVERSITY AND IT IS UNUSUAL FOR OUR FACULTY TO CALL A PRESS CONFERENCE EVEN WHEN PUBLISHING OUTSTANDING PAPERS IN THE HIGHEST QUALITY JOURNALS. IN MY OPINION, THIS WAS NOTHING LESS THAN A MISLEADING PUBLICITY PLOY BY THE ADA AND OTHERS. THIS PANEL RELEASE APPEARS TO BE JUST MORE OF THE SAME.

IN THE JADA PAPER TWO GLARING, SIGNIFICANT ITEMS BEAR MENTIONING. FIRST, THE CONTROL SUBJECTS HAD TWICE THE MERCURY IN THEIR OLFACTORY TISSUES, WHICH ARE LOCATED IN THE NASAL AREA OUTSIDE THE BLOOD BRAIN BARRIER. THIS IMPLIES THAT THE CONTROLS SELECTED BY THE DENTIST INVOLVED HAD DOUBLE THE EXPOSURE TO MERCURY RELEASED FROM DENTAL AMALGAMS AS DID THE ALZHEIMER'S SUBJECTS. THIS INVALIDATES THIS STUDY WITH REGARDS TO MERCURY EXPOSURE FROM DENTAL AMALGAMS AND ANY RELATIONSHIP OF THIS EXPOSURE TO ALZHEIMER'S DISEASE. NO WONDER THESE RESEARCHERS FAILED TO FIND A SUPPORTING ROLE FOR MERCURY EXPOSURE FROM AMALGAMS FOR ALZHEIMER'S DISEASE. ISN'T IT INTERESTING THAT THE ONLY NIH STUDY INVESTIGATING AMALGAMS AND ALZHEIMER'S DISEASE WAS AWARDED TO A DENTIST WITH LITTLE OR NO EXPERIENCE IN NEUROLOGY OR MERCURY TOXICITY RESEARCH?

SECOND, IN THE HISTOGRAM IN THE JADA ARTICLE ABOUT 15% OF THE ELDERLY NUN SUBJECTS HAD BRAIN MERCURY LEVELS IN EXCESS OF 0.5 MILLIMOLAR, A VERY TOXIC LEVEL. NEURONS IN CULTURE DIE AT 1,000 FOLD LESS THAN THIS LEVEL. SOME OF THESE SUBJECTS WERE LISTED AS NORMAL. BUT, HOW CAN AN ELDERLY PERSON BE IDENTIFIED AS NORMAL WITH EXTREMELY TOXIC LEVELS OF MERCURY IN THEIR BRAINS?

ALSO, THESE SUBJECTS WERE MOSTLY CATHOLIC NUNS AND ONE HAS TO ASK WHERE DID THIS ELEVATED BRAIN MERCURY COME FROM AND DID THEY DETERMINE URINE AND BLOOD MERCURY LEVELS TO SHOW ANY CORRESPONDENCE TO THE EXCESS BRAIN LEVELS? I DOUBT THAT ANY OF THESE NUNS HAD HIGH URINE MERCURY LEVELS TO CORRESPOND TO THEIR HUGE LEVELS OF BRAIN MERCURY.

Human studies have failed to support or refute a link between dental amalgam with brain damage in a developing fetus.

HAS ANY ADEQUATE STUDIES ON THIS ISSUE EVER BEEN DONE IS THE REAL QUESTION? HAS THE NIDCR EVER REQUESTED ANY RESEARCH PROPOSAL IN THIS AREA FROM QUALIFIED RESEARCHERS? IF NOT, WHY NOT?

HUMAN STUDIES HAVE SHOWN ELEVATED MERCURY IN THE FETUS FROM MOTHERS WITH DENTAL AMALGAMS. WHY DIDN'T THE "NIDCR PANEL" CONSIDER THE EPA AND NATIONAL ACADEMY OF SCIENCES (NAS) WARNING ABOUT 8-10% OF AMERICAN MOTHERS HAVING MERCURY BLOOD LEVELS THAT PUT ANY CHILD THEY WOULD GIVE BIRTH TO AT RISK FOR NEURODEVELOPMENTAL PROBLEMS?

THE NATURE OF THE ABOVE STATEMENT IS SYMPTOMATIC OF A PANEL SKEWING THE PRESENTATION TO MAKE AMALGAMS LOOK AS SAFE AS POSSIBLE. WHAT DATA DOES

THE EPA AND NAS HAVE THAT THIS PANEL MISSED? DOES THE PANEL THINK WE HAVE TO ABSOLUTELY SHOW THAT A KNOWN NEUROTOXIN DOES DAMAGE IN A FETUS BEFORE WE RECOMMEND THAT SIGNIFICANT EXPOSURES TO MERCURY BE ENDED? PRESENCE OF MERCURY SHOULD BE PROOF ENOUGH. WHAT HAPPENED TO THE CONCEPT OF "FIRST, DO NO HARM".

Both methyl mercury from fish and mercury from dental amalgam have been found in breast milk. Rat studies show that high exposure of mercury vapor among pregnant rats and monkeys induces behavioral abnormalities -- but no studies have looked at whether low-level exposures affect brain development.

AGAIN, THE NIDCR'S PANEL HAS THE IDEA THAT AS LONG AS THERE IS ABSENCE OF ABSOLUTE PROOF WE ARE TO BLINDLY ACCEPT THIS AS PROOF OF ABSENCE. WHERE IS THE CONCEPT OF PROTECTING CHILDREN BY THE SIMPLE GUIDELINE OF REMOVING ALL TOXIC EXPOSURES, ESPECIALLY THOSE THAT ARE KNOWN TO BE RETAINED BY THE BODY?

Although some people undergo chelation therapy to treat their symptoms, animal studies have shown that chelation therapy works to bind and remove mercury from the kidneys, but not from the brain, Karol notes.

YES, THAT IS BECAUSE CHELATORS USED TODAY WERE INVENTED ABOUT 50 YEARS AGO AND THESE CHELATORS DO NOT ENTER CELLS OR CROSS THE BLOOD BRAIN BARRIER. SO THEY ARE NOT GOOD AT REMOVING MERCURY FROM THE CENTRAL NERVOUS SYSTEM OR FROM INSIDE OF CELLS.

AGAIN, NO RESEARCH HAS BEEN SUPPORTED BY NIH OR NIDCR TO DEVELOP NEW CHELATORS THAT WOULD CROSS THE BLOOD BRAIN BARRIER AND ENTER CELLS WHERE THE BULK OF THE MERCURY IS THAT IS DOING DAMAGE. TO ELICIT SUCH PROPOSALS WOULD REQUIRE THAT NIDCR AND THE FDA ADMIT THAT MERCURY COULD CAUSE A PROBLEM AND THIS IS AGAINST THE PARTY LINE.

However, chelation carries a host of problems -- possible adverse health problems including headaches, dizziness, nausea, and the loss of essential metals.

ALL MEDICAL TREATMENTS CARRY A RISK FACTOR. ASK THE VIOXX USERS. ANY INTELLIGENT PHYSICIAN OR MERCURY FREE DENTIST KNOWS THAT METAL CHELATION HAS TO BE ACCOMPANIED BY MONITORING AND SUPPLEMENTATION OF ESSENTIAL METALS.

Chemicals used in chelation therapy have been harmful to the developing fetus, she adds.

COULD SHE PROVIDE THIS REFERENCE? IF, IN THE PANEL'S OPINION, RESEARCH DID NOT SHOW THAT MERCURY EXPOSURE ADVERSELY AFFECTS A FETUS HOW DID THEY CONFIRM THAT CHELATION AGENTS DO THIS? THE AMOUNT OF WORK ON MERCURY IN THIS AREA IS MUCH GREATER THAN THAT ON CHELATORS.

SAFE USE OF CHELATION (EVEN IF I DON'T NECESSARILY LIKE THE APPROACH OF USING BRITISH ANTI-LEWISITE AGENTS) HAS BEEN DONE FOR A LONG TIME BY MANY PHYSICIANS AND HAS BEEN SUCCESSFULLY USED TO TREAT AUTISTIC CHILDREN.

I FIND IT INCREDIBLE THAT DR. KAROL WOULD IMPLY (SEE ABOVE) THAT MERCURY VAPOR FROM DENTAL AMALGAMS, A KNOWN POTENT NEUROTOXIN, THAT READILY CONCENTRATES INTO THE FETUS FROM THE MOTHER AND CROSSES INTO CELLS AND PASSES THE BLOOD BRAIN BARRIER WITH EASE, SHOULD BE CONSIDERED SAFE UNTIL ABSOLUTELY PROVEN OTHERWISE, YET SHE OPENLY EVALUATES CHELATORS, FDA APPROVED AND USED BY PHYSICIANS, THAT BIND MERCURY AND PREVENT ITS TOXICITY, CHELATORS THAT DO NOT ENTER CELLS AND DO NOT CROSS THE BLOOD BRAIN BARRIER, AS HARMFUL TO THE DEVELOPING FETUS. THIS LOGIC OF ATTACKING THE PROVEN TREATMENT FOR HEAVY METAL TOXICITY, YET ABSOLVING THE MERCURY INVOLVED, IS ABSURD AND REPRESENTS AN OVEREXPRESSION OF INTENT TO PROTECT DENTAL AMALGAMS AT ALL COSTS, EVEN ONE'S REPUTATION.

Why Mercury Fillings Are Safe

Mercury amalgam fillings "are 100% safe," says Cynthia Trajtenberg, DDS, professor of restorative dentistry and dental biomaterials specialist at the University of Texas Dental Branch at Houston. She was not involved in today's report, but offered her insights.

THIS DENTIST CONCLUDES THAT A MATERIAL IS 100% SAFE THAT CONTRIBUTES MOST TO THE MERCURY BODY BURDEN OF ALL AMERICANS AND CONTRIBUTES MOSTLY TO THE MERCURY BLOOD LEVELS THAT THE EPA AND NATIONAL ACADEMY OF SCIENCES STUDIES CONCLUDED WOULD LEAD TO LEVELS IN 8-10% OF POTENTIAL MOTHERS THAT WOULD INCREASE THE RISK OF THE BIRTH OF CHILDREN WITH NEURODEVELOPMENT DISORDERS.

IT APPEARS AS IF THIS PARTICULAR DENTIST DOES NOT READ THE MEDICAL OR SCIENTIFIC LITERATURE AND JUST PARROTS THE STATEMENTS OF THE ADA. THIS EMPHATICALLY PROVES THAT ORGANIZED DENTISTRY IS TRYING TO WHITELASH THE DANGERS OF AMALGAMS BY USING SUCH PRESS RELEASES AND AVOIDING CONSIDERATION OF THE SCIENCE PRODUCED BY MEDICINE AND ENVIRONMENTAL SCIENTISTS.

The safety "all depends on how molecules are combined," she tells WebMD. "Salt is sodium chloride, but if you put pure chloride on your steak you will die. If chloride is combined with sodium, it's safe; it's even a nutritional element. It's the same with mercury. Mercury in dental fillings is combined with silver and copper, and is transformed into a stable metal material that is not easily released into the oral cavity. Therefore, it is not harmful."

THE ABOVE STATEMENT IS A VERY UNINTELLIGENT STATEMENT THAT SHOWS THE LEVEL OF CHEMICAL KNOWLEDGE MANY PRO-AMALGAM DENTISTS POSSESS (NO INSULT IMPLIED, BUT I WOULD NOT BEGIN TO MAKE COMMENTS ABOUT THE WAY TO DO A DENTAL PROCEDURE WITHOUT UNDERSTANDING THE BASICS OF DENTISTRY).

THE SODIUM AND CHLORIDE IN TABLE SALT IS HELD TOGETHER BY IONIC (CHARGED) BONDS AND THE SODIUM AND CHLORIDE IONS ARE ESSENTIAL TO HUMAN HEALTH BEING FOUND IN THE BLOOD AND CELLS IN EXCESS OF 100 MILLIMOLAR CONCENTRATIONS. MAN HAS TO MAKE PURE SODIUM METAL FOR IT TO BE DANGEROUS, AND CHLORINE GAS FOR THE CHLORIDE TO BE DANGEROUS. IN OTHER WORDS, SODIUM AND CHLORIDE ONLY EXIST IN NATURE AS IONS AND ARE NECESSARY FOR LIFE.

IN CONTRAST, MERCURY IS CONSIDERED TO BE ONE OF THE MOST TOXIC MATERIALS TO LIFE THAT HUMANS CAN REASONABLY BE EXPECTED TO BE EXPOSED TO. IT EXISTS IN NATURE IN MULTIPLE TOXIC FORMS. IT HAS NO KNOWN POSITIVE ATTRIBUTES TO HUMAN HEALTH OR LIFE OF ANIMALS.

MAN CAN MAKE MERCURY MORE TOXIC BY CONVERTING IT TO THE LIQUID AND VAPOROUS FORMS AND PLACING IT IN THE MOUTH AS DENTAL AMALGAM. THE MERCURY IN DENTAL AMALGAMS IS BOUND TO OTHER SOLID METAL POWDERS BY WEAK, UNCHARGED METALLIC BONDS. MERCURY IS THE ONLY METAL THAT IS A LIQUID AT ROOM TEMPERATURE. THIS IS BECAUSE IT FORMS WEAK METALLIC BONDS WITH ITSELF.

THE BONDS BETWEEN MERCURY AND OTHER SOLID METALS ARE STRONGER BECAUSE OF THE CONTRIBUTION TO BOND STRENGTH BY THE OTHER SOLID METALS, THIS IS WHY INITIALLY SOFT AMALGAMS TURNS HARD. BUT, THE MERCURY BONDS IN AMALGAMS ARE STILL RELATIVELY WEAK METALLIC BONDS. THEREFORE, THE MERCURY IS CONSTANTLY BEING EMITTED BY THE NATURAL BREAKING OF THESE BONDS WHICH RELEASES UNCHARGED MERCURY VAPOR INTO THE ORAL CAVITY WHERE IT IS INHALED OR ABSORBED IN THE ORAL MUCOSA.

BOTTOM LINE, PLACE TABLE SALT IN A HOT FRYING PAN AND NOTHING WILL HAPPEN TO THIS SALT, IT WILL JUST REMAIN THERE FOR HOURS. HOWEVER, PLACE AN AMALGAM FILLING IN THIS HOT PAN AND SOON THE ENTIRE HOUSE WILL BE FILLED WITH TOXIC MERCURY VAPORS. PEOPLE CAN KILL THEMSELVES HEATING DENTAL AMALGAMS IN AN ATTEMPT TO RECOVER THE SILVER FROM THE AMALGAMS.

THE MERCURY LEVELS FOUND IN THE MOUTHS OF MANY INDIVIDUALS WITH AN AVERAGE NUMBER OF FILLINGS WOULD RESULT IN THE CLOSING OF A BUILDING IF THESE LEVELS WERE FOUND IN A ROOM. ASK WHY THE DENTISTS HAVE TO PLACE ANY EXTRACTED AMALGAMS IN A

SEALED CONTAINER UNDER A LIQUID FOR STORAGE BEFORE THEY ARE PICKED UP AS A TOXIC WASTE? WHY ARE DENTISTS MORE AND MORE BEING REQUIRED TO TRAP ALL MERCURY BEING RELEASED IN THEIR WATER SUPPLY BY THE EPA? IF AMALGAMS ARE NOT SAFE IN THE SEWAGE WATER HOW CAN THEY BE 100 % SAFE IN A HUMAN MOUTH. WHY DO INSTITUTIONS HAVE TO PLACE FLUORESCENT LAMPS IN TOXIC WASTE CONTAINERS WHEN THEY ONLY CONTAIN A SMALL FRACTION OF THE MERCURY OF A SINGLE ONE SPILL DENTAL AMALGAM?

One study showed that it would take 300 tooth restorations to create mercury toxicity -- "but that's impossible because we only have 32 teeth," she tells WebMD. "Eating salmon and deep sea fish more than twice a week gives more mercury than a single amalgam."

THE 300 TOOTH RESTORATIONS TO CREATE TOXICITY IS BASED ON THE ABSURD AND PROVEN WRONG "ESTIMATION" BY A PRO-AMALGAM MATERIALS SCIENTIST WHO CAME UP WITH THE VALUE OF 0.08 MICROGRAMS OF MERCURY ABSORBED PER DAY PER DENTAL AMALGAM SURFACE. MANY MEASUREMENTS OF MERCURY RELEASE CONSERVATIVELY INDICATE THAT 4-10 MICROGRAMS OF MERCURY ARE RELEASED PER AMALGAM PER DAY. THAT IS ORDERS OF MAGNITUDE MORE THAN THE LEVEL USED TO MAKE THE SILLY STATEMENT ABOVE.

CONSIDER THE HARD SCIENCE, IN THE STUDY MENTIONED ABOVE WHERE THE MERCURY LEVELS WERE 13-17 FOLD HIGHER IN THE AMALGAM GROUP VERSUS THE NON-AMALGAM GROUP (Osterblad et al. 1995). IN THIS STUDY THEY REPORTED 1.044ng MERCURY PER GRAM FECES IN THE AMALGAM GROUP WHICH IS EQUAL TO 1.044 MICROGRAM/GRAM FECES. ESTIMATING THE GRAM WEIGHT OF ADULT DAILY FECAL LEVELS IS DEBATABLE, BUT IT IS A LARGE NUMBER OF GRAMS BEING CONSERVATIVELY APPROXIMATED IN A RANGE OF 1-4 GRAMS FECES PER KILOGRAM BODY WEIGHT(NOTE, A LB. OF FECES WOULD BE ABOUT 455GRAMS).

THEREFORE, A 150 LB PERSON WEIGHS ABOUT 68 KILOGRAMS AND WOULD PRODUCE BETWEEN 71 TO 272 GRAMS FECES PER DAY (OR 0.15 TO 0.60 LBS. FECES PER DAY). THIS CALCULATES TO BETWEEN 75 TO 284 MICROGRAMS MERCURY PER DAY IN THE FECES (1.044 MCG MERCURY/GRAM FECES x 71 AND 272 GRAMS FECES). OSTERBLAD ET AL. REPORTED THAT A MINIMUM OF 93% OF FECAL MERCURY CAME FROM THE DENTAL AMALGAMS. THIS CORRESPONDS TO A RANGE OF 70 TO 264 MICROGRAMS OF FECAL MERCURY FROM DENTAL AMALGAMS PER DAY.

IF EACH AMALGAM SURFACE CONTRIBUTED 0.08MICROGRAMS MERCURY/DAY AS THE "DENTAL EXPERT ESTIMATED" IT WOULD TAKE AN "IMPOSSIBLE TO ACCOMPLISH" 875 TO 3,300 AMALGAM SURFACES (DIVIDE 70 AND 264 MICROGRAMS FECAL MERCURY PER DAY BY 0.08 MICROGRAMS MERCURY/AMALGAM SURFACE) TO CONTRIBUE THE MERCURY IN A ONE DAY FECAL DISCHARGE BY A 150 LBS. PERSON.

THIS HARD SCIENCE CALCULATION, TOTALLY REFUTES THE 0.08 MICROGRAMS "ESTIMATED" BY THE PRO-AMALGAM PERSON AND SHOWS THE RIDICULOUSNESS OF THE STATEMENT OF THE DENTIST ABOVE.

HOWEVER, IF ONE ASSUMES A REASONABLE ESTIMATE OF 10 MICROGRAMS PER AMALGAM FILLING PER DAY THEN THIS WOULD CORRESPOND TO BETWEEN 7.0 TO 26 AMALGAMS IN THE MOUTHS OF THESE STUDY SUBJECTS WHICH IS IN THE BALL PARK OF OTHER SCIENTIFIC MEASUREMENTS.

SINCE THE OSTERBLAD ET AL. 1995 PUBLICATION WAS DONE IN FINLAND, WHERE THEY CONSUME A LOT OF SALMON, HER OTHER CONTENTION THAT EATING FISH TWICE A WEEK GIVES MORE MERCURY EXPOSURE IS ALSO SHOT DOWN. THE FACT THAT HAVING AMALGAMS RAISES EXCRETED MERCURY LEVELS BY 13-17-FOLD IN A FISH EATING POPULATION IS A STRONG INDICATION OF THE TOXIC CONTRIBUTIONS OF AMALGAMS BASED ON PUBLISHED SCIENCE.

IT HAS BEEN EXPERIMENTALLY ESTABLISHED BY AN NIH STUDY THAT AT ABOUT 4 AMALGAM FILLINGS ABOUT 80% OF MERCURY IN THE BLOOD AND URINE IN ADULTS WILL BE FROM THE AMALGAMS THAT IS IN REASONABLE AGREEMENT WITH THE OSTERBLAD ET AL STUDY.

IT IS IMPORTANT TO UNDERSTAND THAT IT IS THE AMOUNT OF RETENTION OF MERCURY, NOT THE FECAL EXCRETION LEVELS OF MERCURY, THAT CAUSES TOXICITY. HIGH FECAL MERCURY

LEVELS INDICATES EXPOSURE. HOWEVER, WITH DENTAL AMALGAM EXPOSURES THERE IS ENOUGH MERCURY FROM DENTAL AMALGAMS RELEASED TO CAUSE CONSIDERABLE TOXICITY TO THOSE WHO DO NOT EFFECTIVELY EXCRETE MERCURY BECAUSE OF GENETICS, SYNERGISTIC TOXICITIES (E.G. LEAD AS WELL AS MERCURY EXPOSURES) OR HEALTH PROBLEMS THAT DECREASE THEIR ABILITY TO EXCRETE HEAVY METALS.

Several medical societies including the American Dental Association, the Alzheimer's Association, the American Academy of Pediatrics, and the Multiple Sclerosis Society all agree there is no proven link between silver or amalgam fillings and mercury toxicity that can cause neurological disease, Trajtenberg adds.

THE ADA HAS A VESTED INTEREST IN KEEPING THE PERCEPTION THAT AMALGAMS ARE SAFE SO THEY CAN AVOID LAWSUITS. THE ALZHEIMER'S ASSOCIATION, THE AAP AND THE MS SOCIETY ARE NOT AGENCIES THAT RESEARCH MERCURY TOXICITY, NOR HAVE ANY OF THESE AGENCIES SUPPORTED ANY SIGNIFICANT RESEARCH TO STUDY MERCURY TOXICITY AND ITS AFFECTS ON THEIR SPECIFIC DISEASE. THE GRANT REVIEW BOARDS OF THE ALZHEIMER'S ASSOCIATIONS ARE LOADED WITH RESEARCHERS WEDDED TO THE HYPOTHESIS THAT ONE OF THE PROTEIN ABNORMALITIES FOUND IN AD BRAIN IS CAUSAL FOR THE DISEASE (E.G. THE AMYLOID, NFT AND TAU HYPOTHESES). THEY DON'T WANT TO BELIEVE THAT A HEAVY METAL TOXICITY COULD BE INVOLVED AS THIS WOULD SHOOT DOWN THEIR RESEARCH PROJECTS THAT HAVE EXISTED FOR MANY YEARS.

HOWEVER, MERCURY AND ONLY MERCURY, CAN CAUSE THE PRODUCTION OF NEUROFIBILLARY TANGLES, THE HYPERPHOSPHORYLATION OF TAU, AND INCREASES IN THE PRODUCTION OF BETA-AMYLOID PROTEIN. ALL OF THESE ARE INVOLVED IN THE DIAGNOSTIC HALLMARKS OF ALZHEIMER'S DISEASE. MERCURY ALSO CAUSES THE ABNORMAL POLYMERIZATION OF TUBULIN, AN ABERRANCY SEEN IN ALZHEIMER'S DISEASED BRAIN.

IT SEEMS, IN LIGHT OF THESE PUBLISHED RESEARCH OBSERVATIONS THAT THE ALZHEIMER'S ASSOCIATION, AND NIH, WOULD WANT TO FUND RESEARCH PROJECTS LOOKING INTO AT LEAST THE POSSIBLE EXACERBATING EFFECTS OF CONSTANT LOW LEVEL MERCURY VAPOR EXPOSURES ON THIS DISEASE? I CAN TELL YOU THAT THEY WOULD NOT FUND ME FOR THIS RESEARCH AND I HAVE NOT SEEN OTHERS PUBLISH ANY REFUTATION OF THE ABOVE OBSERVATIONS. I WOULD BET THAT THESE FUNDING AGENCIES HAVE NEVER FUNDED A PROJECT ON MERCURY TOXICITY AND ANY RELATIONSHIP TO ALZHEIMER'S DISEASE. HOWEVER, THEY HAVE FUNDED HUNDREDS OF PROJECTS ON NEUROFIBILLARY TANGLES, AMYLOID PLAQUES AND TAU PHOSPHORYLATION AS BEING INVOLVED IN ALZHEIMER'S DISEASE CAUSALITY AND PROGRESSION---AND, IN MY OPINION, THESE DIAGNOSTIC HALLMARKS ARE MOST LIKELY VESTIGES OF THE DISEASE CAUSED BY MERCURY AND OTHER HEAVY METAL TOXICITIES.

I WOULD BE IMPRESSED IF THE FDA OR NIH FUNDED A MAJOR MERCURY/ALZHEIMER'S PROJECT THAT WAS LEAD BY NON-BIASED RESEARCHERS AT MAJOR MEDICAL SCHOOLS. THIS WILL BE DONE, BUT IT WILL BE DONE IN EUROPE WHERE MOST SIGNIFICANT MERCURY TOXICITY STUDIES AVAILABLE TO DAY HAVE BEEN DONE.

"There's a lot of misunderstanding in the medical community about this," she adds. "I get a lot of patients requesting total replacement of fillings because their doctor said they were harmful. It creates a lot of anxiety among patients, but it is not evidence-based. In Germany, there have been cases of metal reactions to fillings. But not usually to amalgam fillings -- it's with gold."

SO SHE THINKS THAT DENTISTS KNOW MORE ABOUT MERCURY TOXICITY AND CAN READ THE MEDICAL LITERATURE BETTER THAN PHYSICIANS AND SCIENTISTS? MANY PHYSICIANS ARE SHOCKED WHEN THEY REALIZE HOW MUCH THEY THEMSELVES ARE BEING EXPOSED TO MERCURY FROM THEIR OWN DENTAL AMALGAMS. THEY CAN READ BLOOD AND URINE MERCURY LEVEL REPORTS FROM DIAGNOSTIC LABORATORIES AND THEY BECOME CONCERNED. THEY HAVE READ MANY CASE REPORTS ON MERCURY TOXICITY.

THIS COMMENT BY THIS DENTIST REPRESENTS THE ENTIRE PROBLEM---DENTISTRY HAS BEEN REMOVED FROM CONSIDERING MEDICAL SCIENCE BY THE MERE PROCESS OF SETTING UP A SYSTEM IN DENTISTRY THAT BASES THE EVALUATION OF MEDICAL SAFETY ON THE OPINIONS

OF DENTAL ADMINISTRATORS WHO CAN CONTROL THE OPINIONS EXPRESSED BY THE FDA, CDC, STATE DENTAL BOARDS AND ALL USA DENTAL SCHOOLS. DENTISTRY HAS A "HIGH PRIEST" METHOD OF CONVEYING KNOWLEDGE. DENTIST "KNOW" AMALGAMS ARE SAFE NOT BECAUSE THEY HAVE EVALUATED THE MEDICAL AND SCIENTIFIC LITERATURE BUT BECAUSE THEY "BELIEVE" WHAT THE ADA AND FDA "HIGH PRIESTS" HAVE TOLD THEM.

DENTAL SCHOOLS IN THE USA TRAIN DENTAL STUDENTS THAT MERCURY IS NOT RELEASED FROM DENTAL AMALGAMS AT ANY SIGNIFICANT AMOUNT, A STATEMENT THAT HAS BEEN PROVEN WRONG IN NUMEROUS RESEARCH PROJECTS. BUT WHO CAN BLAME A STUDENT FOR BELIEVING HIS PROFESSOR. IT IS WELL KNOWN THAT THESE GRADUATE DENTISTS, IF THEY STATE AMALGAMS MAY RELEASE TOXIC LEVELS OF MERCURY, ARE RISKING AN ATTACK ON THEIR DENTAL LICENSE BY THE ADA CONTROLLED STATE DENTAL BOARDS. AND, I WONDER WHAT WOULD HAPPEN TO THE ACCREDITATION OF ANY DENTAL SCHOOL THAT WOULD CHALLENGE THE ADA'S STAND ON AMALGAM SAFETY?

ORGANIZED DENTISTRY CAN MAKE UP ANY ABSURD CONCLUSIONS ABOUT THE CHEMISTRY AND TOXICITY OF DENTAL AMALGAMS AND THERE APPEARS TO BE ONLY A HANDFUL OF CONCERNED DENTISTS THAT HAVE THE COURAGE TO CONFRONT THEM.

It's true that medical symptoms -- like headaches, tremors, mood swings -- may lead people to suspect mercury toxicity, she says. "But it's not related to small doses from dental restorations.

AGAIN, THIS IS AN OPINION THAT IS NOT BASED ON ANY RESEARCH. MERCURY IS EXCEPTIONALLY TOXIC AND IS KNOWN TO CAUSE THESE PROBLEMS. IS A DENTIST QUALIFIED TO SAY LIVING 40-50 YEARS WITH 10 DENTAL AMALGAMS WOULD NOT LEAD TO THE HIGH LEVEL OF BRAIN MERCURY FOUND IN 15% OF THE AGED NUNS IN THE STUDY PUBLISHED IN THEIR OWN JOURNAL (SEE ABOVE) THAT COULD CAUSE THESE PROBLEMS. I WOULD BE SHOCKED IF MILLIMOLAR LEVELS OF MERCURY IN THE BRAIN WOULD NOT CAUSE THE PROBLEMS LISTED ABOVE, PLUS OTHERS.

We always want physicians to do further tests with their patients to look for neurological or psychiatric disorders that may cause similar symptoms."

DOES SHE THINK THAT INDIVIDUALS SUFFERING FROM NEUROLOGICAL ILLNESSES SHOULD NOT HAVE THE OPTION TO REDUCE THEIR EXPOSURE TO THE MOST NEUROTOXIC AGENT THEY ARE KNOW TO BE EXPOSED TO? DOES SHE BELIEVE THAT MANY OF THESE SUBJECTS NEUROLOGICAL AND PSYCHIATRIC PROBLEMS DO NOT HAVE CAUSAL AGENT, THAT THEY APPEAR SPONTANEOUSLY? IT IS THIS ATTITUDE THAT HAS PREVENTED ANY RESEARCH THAT WOULD LEAD TO FINDING THE CAUSE OF THE NEUROLOGICAL DISEASES DISCUSSED ABOVE. I WOULD LIKE TO KNOW WHAT NEUROLOGICAL AND TOXICOLOGICAL COURSES THIS PARTICULAR DENTIST HAS TAKEN.

The report was funded by the U.S. Department of Health and Human Services, and coordinated by The Life Sciences Research Office, Inc., a nonprofit, independent research group in Bethesda, Md.

THE LIFE SCIENCE RESEARCH OFFICE, INC. WAS SELECTED WITHOUT COMPETITION BY THE NIDCR TO DO THIS STUDY. IT IS NOW UNDER INVESTIGATION BY THE NIH AND A CONGRESSIONAL INVESTIGATION HAS BEEN CALLED FOR BY LAWYERS FROM THE PRO-PATIENT CONSUMERS FOR DENTAL CHOICE.

SOURCES: "The Potential Health Effects of Dental Amalgam," September 2004. Cynthia Trajtenberg, DDS, professor of restorative dentistry and dental biomaterials specialist, University of Texas Dental Branch at Houston.. Agency for Toxic Substances and Disease Registry.