COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON LICENSES AND INSPECTIONS

- - -

Room 400, City Hall
Philadelphia, Pennsylvania
Wednesday, May 30, 2007
1:15 p.m.

- - -

PRESENT:
COUNCILMAN DANIEL SAVAGE, CHAIR
COUNCILMAN JACK KELLY
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN FRANK RIZZO

BILL 040904 - An ordinance amending Title 9 of The Philadelphia Code, entitled "Regulation of Businesses, Trades and Professions," by adding a new Chapter requiring dentists to post and distribute certain information concerning the use of mercury in dental procedures, and requiring dentists to install systems that permit the recycling of mercury waste; all under certain terms and conditions.

- - -

V A R A L L O Incorporated
Litigation Support Services
Eleven Penn Center
1835 Market Street, Suite 600
Philadelphia, Pennsylvania 19103
215.561.2220 215.567.2670

COUNCILMAN SAVAGE: Good afternoon. The Committee on Licenses and Inspections is now in session.

Will the Clerk please read the bill to be heard today.

THE CLERK: An ordinance amending Title 9 of the Philadelphia Code, entitled "Regulation of Businesses, Trades and Professions," by adding a new Chapter requiring dentists to post and distribute certain information concerning the use of mercury in dental procedures, and requiring dentists to install systems that permit the recycling of mercury waste; all under certain terms and conditions.

COUNCILMAN SAVAGE: I would like to recognize that a quorum is present. To my left we have Councilman Rizzo, Councilman Kelly and Councilwoman Blondell Reynolds Brown.

We will now hear testimony on Bill No. 040904. Is there anyone here from the Administration to testify?

5/30/07 - L&I - BILL 040904

The Chair recognizes Councilwoman Blondell Reynolds Brown for remarks.

COUNCILWOMAN BROWN: I thank the Chairman of the License and Inspection Committee.

On behalf of the staff and all of the stakeholders who have worked over the past many months on this issue, we want to first say thank you, and we need to acknowledge that some things are not as they seem.

Silver fillings must be silver, right? The answer is wrong. They are mainly mercury, a toxic material. But a Zogby poll says that over three-quarters of Americans simply do not know that.

The United States Food and Drug Administration makes sure that only safe products are on the market, right? Not in 2007. The FDA admits it doesn't know if those mercury silver fillings are safe or unsafe, yet keeps them on the market without warnings.

5/30/07 - L&I - BILL 040904

Exposure to mercury can permanently injure the developing brain of a child or fetus. FDA bans mercury in any medicine or lotion for horses and dogs. So for the FDA, children are coming in last. Not acceptable.

The dentists should decide on what kind of filling material to use, right? Yes and no. Healthcare decisions should be made by the patient with proper informed advice. The EPA says for the sake of a baby, a pregnant woman should try to avoid all mercury exposures, and silver fillings is one of them. She should tell the dentist she is pregnant and ask about the alternative, such as the white-colored fillings also known as resin.

With these contradictions, it's time for us as public policymakers to look deeper. I've introduced a bill to require disclosure of this mercury to all patients and, further, to put environmental requirements in place to

stop this mercury from going from dental offices into our City's wastewater. So this is also for us an environmental issue.

Today's hearing here in these Chambers will allow the members of the License and Inspection Committee to examine and look for solutions. With FDA taking a pass, we may indeed have to solve this problem for ourselves.

I thank you for the testimony, Mr. Chairman, and we can now move to those offering remarks.

COUNCILMAN SAVAGE: Thank you.

We will now hear testimony from the Administration. Could you please state your name for the record.

DR. DEAN: Good afternoon. I'm Dr. James Dean. I'm the Medical Director for the Department of Public Health.

Chairman Savage and members of the Council and the Committee on Licensing and Inspections, thank you for the opportunity to offer the perspective

of the Department of Public Health on Council Bill 040904, which would require that public information on the use of mercury in dental procedures be made available to patients of all dental practices in the City and require the installation of amalgam separators in the wastewater lines of dental practices in the City.

The issues surrounding the proposed legislation include the concerns of whether the mercury content of amalgam fillings causes toxic amounts of mercury to enter the body and whether additional pre-treatment of wastewater discharges from dental offices is needed to remove solid materials that might contain mercury from the wastewater prior to discharge into the City's sewer system.

Dental amalgam restorations, commonly known as, quote, "silver fillings," are used to fill or restore tooth surfaces that have cavities. Amalgam is a metal alloy comprised

primarily of silver, copper, tin, zinc and mercury, and it's been used as a reliable dental restorative material for more than 150 years. The use and safety of dental amalgams has been comprehensively reviewed for many years and has generally been established as a safe and effective means of restoring tooth surfaces. Professional organizations and government agencies nationally and internationally, including the United States Public Health Service, the Food and Drug Administration, the American Dental Association, the American Medical Association, the World Health Organization, the Centers for Disease Control and Prevention, and the National Institutes of Health, have continued to investigate the safety of amalgams used as dental restorations. These organizations have reviewed and investigated scientific literature looking for links between dental amalgams and health problems and, to date, no

valid scientific evidence has been reported by any of these agencies that shows the use of amalgam causes harm to children or adults, except in the rare cases of allergy. The recommendation of these agencies is, therefore, that amalgam is safe and effective for restoring teeth and should continue to be used in the general population.

While there's insufficient evidence to assume that components of other restorative materials would have fewer potential adverse health effects than dental amalgam, including allergic reaction, there remains some controversy on the use of amalgam. We acknowledge that there are anti-amalgam proponent groups that include dentists, other healthcare professionals and scientists. Some advise not only against the use of amalgam fillings but also recommend that persons with existing amalgam fillings have them removed and replaced with other materials.

5/30/07 - L&I - BILL 040904

Bill 040904 has been in Committee since October of 2004, affording the Department an opportunity to evaluate the feasibility and efficacy of such a regulation and its impact on public health. As the Medical Director, I've reviewed the recommendations of the appropriate organizations and government agencies, but also the Department's dental program managers and supervisors, as well as the Board of Health, whose function it is under the Home Charter Rule to promulgate regulations that are to be enforced by the Department of Public Health, have looked at the issue. At this time, we are examining the recommendations of the United States Food and Drug Administration.

In brief, the Department has identified the following facts in the area of dental health and amalgam fillings: Number one, the use of mercury in dental procedures remains a highly controversial issue across the country.

We acknowledge that.

Number two, while the hazards associated with mercury in the environment in humans are relatively well known and documented by the scientific community, little or no scientific evidence currently exists on the extent, if any, to which the mercury in amalgam fillings affect humans.

Number three, many dental insurers do not reimburse the full cost of non-amalgam dental fillings for the use where amalgam fillings are generally deemed appropriate. Non-amalgam, or composite restorations, tend to be more expensive than amalgam fillings and the difference between what is billed and what is received from a patient's insurance will ultimately be the patient's responsibility. The potential reluctance of patients to receive needed fillings because of the amalgam material used, coupled with their inability or unwillingness to pay for more extensive

fillings, could have a negative impact on the overall delivery of needed dental care.

Number four, for several reasons, large urban areas, including Philadelphia, have large numbers of underserved individuals, both medically and dentally. Persons who postpone needed dental care are more likely to develop more serious dental and other medical problems as a consequence.

And, finally, there is a potential for a negative economic impact on dentists serving in the underserved areas of the City, which could result in a further decline in the availability of dental services in these needed areas.

Considering the possible negative impact the provisions of Bill 040904 could have on public dental health, we are continuing to seek the scientific evidence we need to further clarify the issue and allow us to make the most informed decision on how best to

proceed.

In May of 2006, in order to address public concern related to the use of dental amalgam, the FDA Associate Commissioner for Science charged the then Acting Director of the FDA's National Center for Toxicological Research with preparing a report on the state of the science on this issue. The purpose of the assessment was to review literature published since 1997 to search for substantive changes that have taken place in the health risk associated with the use of dental amalgam. This report was referred to as the White Paper. And upon completion in September of 2006, the White Paper was presented to a joint committee -- actually, three committees, the FDA's Medical Devices Advisory Committee, the Committee for the Center of Devices and Radiologic Health and, finally, the Peripheral and Central Nervous System's Drugs Advisory Committee. The joint committee members

voted to reject the draft White Paper until more research was completed that would accurately assess whether or not mercury in dental amalgam posed a significant health threat.

Upon receiving the recommendation from this joint panel, the FDA then opened a public docket in order to collect additional research requested by this committee. The FDA is currently reviewing the new research that was received before their November 9, 2006 deadline in order to determine what, if any, changes would be made to the stance originally set forth in the White Paper. The Department of Public Health believes the scientifically based recommendations of the FDA on the safety of using dental amalgam fillings will provide us with a sounder basis on which to form future recommendations on this issue, and we will continue to monitor the progress of the FDA on this issue.

Regarding the issues of this

bill that relate to the requirement for the installation of amalgam separators in dental offices for the removal of solid amalgam material from wastewater discharges for recycling, the Department neither regulates the chemical content or the quantities of materials discharged into the City's wastewater system, nor the handling of hazardous chemical waste materials.

We appreciate the concerns of the City Council regarding the public health issues brought forth in this ordinance. At this time, the Department considers the use of mercury in dental amalgam of possible significance and looks forward to the finalization of the ongoing national review of scientific evidence and the issuance of recommendation on the issue.

Thank you for the opportunity to present this testimony and I will now answer questions.

COUNCILMAN SAVAGE: Thank you

for your testimony.

Are there any questions from members of the Committee?

The Chair recognizes Councilman Rizzo.

COUNCILMAN RIZZO: Doctor, thanks for your testimony.

Doctor, I read recently that there's been high levels of mercury in farm-raised fish. Could you comment on how that's occurring and what this could be contributing? From what I understand, that it's pretty much limited to fish that are raised in fish farms. And I read in the article that it has to do with what we're talking about today, that mercury is entering into the water system through offices, homes, et cetera, runoff or whatever, but could this be possibly contributing to the high levels of mercury that have been identified in farm-raised fish? I just noted recently this weekend that a restaurant was advertising the fact that their fish that

they sold on their menu was -- what's the word I'm looking for? Wild fish, the ones that come from the ocean and not raised in a pond some place.

Could you comment on that, please?

DR. DEAN: What I could comment on, you are correct, there was this concern with farm fish. Most of the mercury that gets into the groundwater is from industrial discharge. In terms of this bill, the average dental office would probably release less than 35 milligrams of mercury into wastewater per day, but large industrial processing plants are where the large amounts of mercury end up into the water.

COUNCILMAN RIZZO: Well, Doctor, what's such a bad idea? I went and got my flu shot and they wiped me with the alcohol and they put the wiper in a little thing for contaminated materials. Why would we not want to lessen and try to go to zero what we

flush down the toilet or drop in the sink?

DR. DEAN: Our concern and the concern of the Department is that we know dental health in our inner city is a problem, and based on the professional organizations that I mentioned, as well as the governmental organizations, at this point, the evidence doesn't support changing the recommendation. Now, as I said, the FDA is currently reviewing over 3,000 responses that they received to their public docket to the White Paper.

If we cause fewer dental practices to be available in the underserved areas of the City, then we run the risk of actually causing a problem because of the medical problems that can exist from untreated cavities and infections, including bone infections, infections of the heart valves, et cetera. So we want to be very careful that we don't discourage individuals from getting needed dental

care and causing another problem until we have the appropriate scientific evidence.

COUNCILMAN RIZZO: Are you suggesting that using an alternative material other than mercury would do what you just described? Are you suggesting that it's so costly that a person wouldn't go to the dentist to get a cavity repaired because there's an upcharge, if any? I just can't imagine there would be that much of a difference in the cost of the material. Is that what you're suggesting, the cost of the replacement for the amalgam filling?

DR. DEAN: That has been one of the concerns, yes. On the average, from the information that I have, amalgam fillings can cost anywhere from 25 to 30 percent more than the traditional -- I'm sorry; the composite fillings can cost more than 25 to 30 percent more. What we don't know is if third-party reimbursement will pay for that and how much of that cost will get passed on to

individuals, and at least within the Health Department, the individuals that we see have no -- they don't have dental insurance. They don't have medical coverage. So we're concerned that those who actually see private dentists may have undue burden.

COUNCILMAN RIZZO: I think what we need for you also to do -- and I'll end it -- is, I don't want to assume anything here. It's too serious an issue that we're discussing. I would hope the Health Department would have the answers to those questions. Is it more expensive or isn't it?

DR. DEAN: It is more expensive.

COUNCILMAN RIZZO: Is it a given that the insurance companies, knowing that there's a health risk, would dismiss paying the upcharge for the alternate material? I think we've got a lot of areas here that I don't feel confident, no disrespect to you, Doctor.

But what I need is a matter of fact that the insurance companies would reject or try to pass on to their patients. So I think we need to know the answers to that, and I'm sure that you could help with that, pass it on to an associate or someone to talk to the various providers of dental insurance. There's not that many left, so I don't think it's a tough question to get the answer to.

Thank you, Mr. Chairman.

COUNCILMAN SAVAGE: Thank you.

The Chair recognizes Councilman Kelly.

COUNCILMAN KELLY: Doctor, I just want to know, who would enforce the adherence to this bill, what department?

DR. DEAN: The wastewater --

COUNCILMAN KELLY: In other words, how are we going to know if dentists are advising their patients about the risk of mercury fillings?

DR. DEAN: The educational component would be the responsibility of

the Health Department. The discharge into the wastewater would be the responsibility of a variety of state organizations, the Environmental Protection organization, the Water Department.

COUNCILMAN KELLY: Well, is there anyone presently inspecting dentist offices; do you know?

DR. DEAN: With your permission, I would like to call our Assistant Health Commissioner to help answer that, who is in charge of our environmental health services program.

COUNCILMAN KELLY: Certainly.

COUNCILMAN SAVAGE: Please state your name for the record.

MR. MELHEM: Yes. It's Izzat Melhem, I-Z-Z-A-T, M-E-L-H-E-M.

COUNCILMAN KELLY: Mr. Melhem, I just asked the question of who is going to be enforcing this policy as far as requiring dentists to advise their patients about the risk of mercury

fillings.

MR. MELHEM: Well, as Dr. Dean had stated, the educational component would come from the Health Department.

COUNCILMAN KELLY: And also the other part of this is, of course, the waste matter.

MR. MELHEM: Correct. The Pennsylvania Department of Environmental Protection, the Waste Management Unit, handles any discharges and any generation of hazardous waste in the State of Pennsylvania.

COUNCILMAN KELLY: But do you know offhand if there's anyone presently inspecting dentist offices?

MR. MELHEM: I am not aware that the state Department of Environmental Protection actively has inspected --

COUNCILMAN KELLY: As far as the Health Department, L&I or any state agency, as far as you know.

MR. MELHEM: The state agencies

I am not aware of. This would also be a Water Department and perhaps a plumbing issue to ensure that proper plumbing fixtures are in place to capture any discharges into the waste stream from a dentist's office. The cuspidors, I know, dentist chairs, they have filtration systems and strainers to catch any discharges, which should be maintained. I'm assuming it would be the Department of Licenses and Inspections, the Plumbing Unit, that would ensure that they have the proper plumbing fixtures in place.

COUNCILMAN KELLY: Is anyone from L&I here?

(No response.)

COUNCILMAN KELLY: No. Okay. Thank you, Mr. Chairman.

COUNCILMAN SAVAGE: Thank you. The Chair recognizes Councilwoman Reynolds Brown.

COUNCILWOMAN BROWN: Thank you very much, Mr. Chairman. Good afternoon, gentlemen, and

thank you for your important testimony and perspective.

Reduced to its lowest common denominator, we're hearing that the Administration and the Health Department are not in favor of this bill because of the potential negative economic impact; is that what we're hearing?

DR. DEAN: One of the concerns is the potential negative impact. The major concern is that we may in fact discourage people from getting the necessary dental care done that needs to be done and then we will see more complications of untreated dental disease.

COUNCILWOMAN BROWN: And could there not be the flipside to that, which could be the better and more informed consumers are about the options and alternatives available to them for treatment of their dental needs, the better choices they make because a better choice is available?

5/30/07 - L&I - BILL 040904

DR. DEAN: And certainly should the scientific evidence suggest that, then, yes, then the informed consumer can make a better decision.

COUNCILWOMAN BROWN: And so am I hearing also that because we do not have an affirmative, as defined by FDA, then this move or this action doesn't warrant the type of action presented in this bill?

DR. DEAN: Not only the FDA, but the professional organizations, the American Medical Association, the American Dental Association, at this time upon review of what currently is available did not have the -- does not have the evidence, does not feel comfortable with saying that regulations need to be put in place.

COUNCILWOMAN BROWN: Isn't it possible that those who stand to not benefit from a measure like this would not move eagerly in the direction of putting in place something that at the

end of the day is going to be in the best interest of a consumer? That's a rhetorical question.

Finally, there are two sides to this. There's the health issue and then there is also the environmental aspect to this. And you've testified that -- forgive me for not remembering the department you represent.

MR. MELHEM: I'm with the Health Department. I'm the Assistant Health Commissioner.

COUNCILWOMAN BROWN: A particular division of the Health Department, correct?

MR. MELHEM: The Pennsylvania Department of Environmental Protection. It's the state Environmental Protection Agency.

COUNCILWOMAN BROWN: And currently there are no practices or need for your division of the Health Department to be visiting or examining dental offices, correct, currently?

MR. MELHEM: Currently, that's correct. Although the state Department of Environmental Protection indicated that they would enforce the disposal of the amalgam that is collected through the plumbing system.

COUNCILWOMAN BROWN: Okay, then. Then thank you very much for your testimony.

Thank you, Mr. Chairman.

COUNCILMAN SAVAGE: Thank you.

Thank you for your testimony.

COUNCILMAN RIZZO: I have a follow-up question.

COUNCILMAN SAVAGE: The Chair recognizes Councilman Rizzo.

COUNCILMAN RIZZO: Doctor, I may have missed it when we were comparing the mercury filling versus the alternative material. Is there any difference -- and I know you're not a dentist, at least I don't think so. Is there any difference between -- the word that I guess I'm trying to use, is the

alternative, even though it's more expensive, does it serve as well as the amalgam material?

DR. DEAN: You're correct, I'm not a dentist. However, we do have our dental specialists here and with your permission, I would like to call them to the stand.

COUNCILMAN RIZZO: I would like to know that, and since we have a dental specialist here, we'll add a second question. So could they come to the table and identify themselves for the record, please.

COUNCILMAN SAVAGE: Good afternoon.

DR. BROWNE: Good afternoon.

COUNCILMAN SAVAGE: Could you please state your name for the record.

DR. BROWNE: Yes. Dr. Tanya Browne.

MR. ZAYON: And I'm Dr. Gordon Zayon. We're both supervisors.

DR. BROWNE: The question that

you asked, the scientific evidence seems to indicate that the composite resins and the glass isomers are not as effective and long lasting as amalgams. That has been scientifically evaluated. It also coupled with what Dr. Dean was saying at the joint committee, it does not last. And we also don't know the effectiveness in terms of the medical end of those composites and glass isomers.

COUNCILMAN RIZZO: Well, I think that's an important factor.

DR. BROWNE: Yes, it is.

COUNCILMAN RIZZO: If you have something that has a life expectancy of X number of years versus an amalgam filling, some people are 50, 60 years, I would assume, or more with some of that material. So that's important for me to know, that one of the issues could be the effectiveness and the longevity of that particular material.

The other question, there wasn't a firm answer whether or not the

insurers would pick up the cost for that material. If a patient said, Look, I'd prefer not to have the mercury filling in my mouth, I would prefer to have the alternative even if it meant a short life of the material, is it in fact more expensive and will the insurance companies not pick up the entire tab for that extra cost associated with a person's decision to use an alternative material?

DR. BROWNE: They have not yet made -- they still make a distinction in terms of amalgams versus composites or resin composites, and the patients have had to pick up that difference. The insurance companies are still not paying the same cost for amalgams as they do for composites.

COUNCILMAN RIZZO: Well, that's also an interesting point, where some lobbying probably would need to be done at that end. Is there -- and I don't want to take too long. Is there a reason

other than the cost? Is it the life expectancy of the treatment? What is the reason? Is it strictly dollars?

DR. BROWNE: I'll let --

DR. ZAYON: It's financial. It's mainly financial also. I think they are aware that the longevity of the composite resin restorations and the glass ionomer restorations, which are basically the substitute restorative filling materials, do not last as long as the amalgam restoration. They have a higher wear than the amalgam restorations, also known to have marginal leakage, which lends itself to secondary caries or recurrent caries between the tooth restoration interface.

COUNCILMAN RIZZO: Well, thank you. I was thinking to myself, after 11 and a half years in this Council, I think it's the first time we ever had three doctors at one time at the witness table. So I won't forget today. Thank you.

Thank you, Mr. Chairman.

Thank you all.

COUNCILMAN SAVAGE: Thank you for your testimony.

Zack Hoover, please come forward.

Good afternoon.

MR. HOOVER: Good afternoon. My name is Zachary Hoover and I'm here today on behalf of State Representative Daylin Leach, who represents the 149th District, comprising parts of southern Montgomery County bordering on Philadelphia. I'm also here as a resident of Philadelphia's 2nd Ward.

It is an honor to speak before this body on an issue of vital importance to the health of our neighbors and to the ecological viability of our City. I know you will be hearing from experts who can speak with far greater authority on both of these issues than I can. For my part, I would like to tell you how we are working on the state level to tackle the health threat posed by mercury in dental

amalgam fillings.

Several states, including Arizona, California, Connecticut, Maine and New Hampshire, have enacted statutes mandating that patients be notified of the potential health threat posed by fillings containing mercury. My boss, Representative Leach, will soon be introducing legislation aimed at having Pennsylvania join the ranks of these states. Specifically, Representative Leach's bill authorizes the state Departments of Health and Environmental Protection to jointly create a patient education brochure concerning all of the following: The presence of mercury in amalgam fillings; health and environmental concerns arising from the use of amalgam fillings; cavities, tooth decay and what a patient can do to avoid needing fillings in the first place; the procedure used in filling a cavity; and, most importantly, choices a patient has for filling materials.

I'm sure this fact will be repeated over the course of this hearing that those whose health has been negatively impacted from having fillings containing mercury implanted in their teeth would have considered other options had they known other options existed. Unfortunately, making patients aware of the potential danger posed by using amalgams containing mercury is not the practiced standard of care in Pennsylvania. Fundamentally, this is not an issue about the environment or an issue about the general public health. This is about empowering our neighbors to take a more active and informed role in decisions relating to their personal healthcare. Little can be more important to an individual.

I know I join Representative Leach in applauding the City of Philadelphia for being ahead of the pack on this issue. The measure before this body takes on some of the environmental

factors that you will hear about from subsequent witnesses, in addition to the patient notification aspect I have discussed. He urges you that you pass this bill favorably out of committee.

Thank you, and if it pleases the Chair, I'll be happy to take questions.

COUNCILMAN SAVAGE: Thank you for your testimony.

Are there any questions from members of the Committee?

The Chair recognizes Councilwoman Reynolds Brown.

COUNCILWOMAN BROWN: I thank you very, very much, and please extend my thanks to State Representative Leach, and I would ask that you keep our office informed of your proceedings with the introduction of this bill going forward.

MR. HOOVER: I certainly will.

COUNCILWOMAN BROWN: Thank you very much for your time.

MR. HOOVER: Thank you.

COUNCILMAN SAVAGE: Thank you.

Charlie Brown, please come forward.

Good afternoon. Please state your name for the record.

MR. BROWN: Yes. Mr. Chairman, I'm Charlie Brown. I'm National Council of Consumers for Dental Choice, came up here from Washington. Our organization works closely with Freya Koss, who is here, who is the head of the Pennsylvania Coalition for Mercury-Free Dentistry, and we're certainly honored that Councilwoman Reynolds Brown has put this issue on the table for the good folks of Philadelphia.

As she mentioned, the Zogby poll says that three-fourths of Americans still cannot identify the major component of amalgam. The term "silver" is not an accident. It's not an expression. It's how the American Dental Association markets amalgam fillings. Here's their brochure, and they call it silver fillings. The ADA doesn't want people to

know that the material is 50 percent mercury. That's why government intervention is needed, when the private sector is not working.

If mercury fillings are unsafe, people have a right to know, of course. If we don't know whether they're safe -- and that's where FDA is now. You may hear from dentists saying FDA says they're safe. Not anymore. The panel has said, the scientific panel advising the staff, has said we disagree with you. FDA is in equipoise. Amazingly, as the Councilwoman noted, the federal agency that's supposed to protect us said in a federal court brief two months ago five times they don't know if it's safe or not. If people don't know if it's safe, doggone it, people ought to know. If we're certain it's safe, even if that's so, what's the harm? For a pregnant woman who is trying to avoid all exposure to mercury -- mercury is poison, you know. If a pregnant woman is trying to

avoid that, shouldn't she be told this is a mercury filling? I mean, she'd probably have her personhood right out of that chair immediately and leave the office.

So if we want to increase dental care, think about the Councilwoman's angle. If we destroy public confidence in dental care, which we're going to do if this mercury continues, because the public is getting more and more aware, then people won't go to their dentists. The way to get people to their dentists is for you to say, We're going to put the cards on the table for you, the patient, and if you feel this is toxic, mercury is toxic, then you have a right to go to a dentist who will give you that material.

Now, every dentist can do a non-mercury filling. This is not rocket science. Every dentist can do it. The mercury filling is archaic. It's 19th century. It's toxic material. It's an

environmental hazard coming out of the mouth. And they carve out good teeth matter. It's primitive. They carve out good teeth matter and then -- whereas, resin filling doesn't. They just adhere to the teeth. So they carve out good teeth matter. You have a weaker tooth and you have the mercury fillings.

Now, Councilman Rizzo, you raised a great question about how long these last. Some people say the resin now lasts as long, but assuming it doesn't, what's the harm on baby teeth? For a child's tooth, just six to 12 years, the resin and mercury are the same, but we don't have that mercury vapor implanted three inches from a child's brain if we don't give them a mercury filling. So for goodness sakes.

You led so many things in Philadelphia. It's such credible -- your big, ornate City Hall. This whole building is just historic and you've been a leader. I was out there sitting under

the Tom Paine statue, when he came here and energized America with his written word coming over from France. I mean, you're a city that's led and led and led.

Now we have -- and I've got the book The Tipping Point here.

We have dentistry, 52 percent, according to a magazine survey, of dentists no longer use mercury fillings at all, 52 percent, according to a survey we have, which we can e-mail you. I don't know if it's exactly accurate, but it's clearly been growing. That means every dentist doesn't have to use it. Many of them are. They're old-fashioned, they're operating assembly lines. They don't have to do it.

Medicaid has changed now. Medicaid in Pennsylvania used to say put in mercury. They don't anymore. They give the patient a choice. We can give them that choice by this right to know. There's no harm in right to know.

Now, one thing the doctor in

the Health Department didn't mention is the cumulative effect of one dentist office after another. The largest source of mercury in the wastewater is dental offices. Don't you have enough toxic products in this City? Don't you think there's a link between toxic people and violence, toxic people and sick people? Don't you think we can improve the quality of life, reduce violence, improve public health by trying to remove as many toxins as possible?

There's no reason that dentists can't spend 700 bucks and block that mercury from going in the water. And if you don't require it, then some dentists, the responsible ones, like Dr. Don Robbins, Dr. Andrea Brockman, Dr. Vinny DiLorenzo, they're all here, they're all mercury free, they will buy it, but many dentists won't. Let's just have them all buy it for a few hundred dollars. Then you reduce the largest source of mercury in the wastewater.

You have a witness here from Toronto. He'll tell you when Toronto required it, the amount of mercury in their waste system went down by over 50 percent immediately, because dentists are the largest source of mercury in the wastewater. It's unnecessary. It's not the 19th century anymore. If they tell you it's good because we've done it for a hundred years, offer them a cigarette, because we've done that for a hundred years, too.

So I just think, folks, that -- Councilpersons, excuse me, I just think you really have a chance to help. It's the low-income people in particular still getting the mercury.

Thank you, Mr. Chairman and members of Council.

COUNCILMAN SAVAGE: Thank you for your testimony.

The Chair recognizes Councilman Rizzo.

COUNCILMAN RIZZO: Thank you

for your testimony.

I'm just here following along. Wastewater treatment plants, from what I understand, are very sophisticated. They can separate oil. They can separate a lot of various materials that are put into the public sewage system.

Do you know of any municipality that has the ability when it gets to the treatment plant to be able to filter out the mercury levels that may be in any wastewater?

MR. BROWN: I think Mr. Darcy from Toronto can answer that better, Councilman Rizzo, but let me point out the taxpayer angle to this. Why should the taxpayers of Philadelphia pay to have the wastewater removal done when the dentist can pay 700 bucks and put it in his office? The point is, let's shift the burden upstream.

(Applause.)

COUNCILMAN RIZZO: I agree. That's a good first stop.

MR. BROWN: It is.

COUNCILMAN RIZZO: But what about the people that don't comply? Wouldn't it be great if we could catch it at the water treatment facility?

MR. BROWN: Yes, and I think you ought to get a technical person. I wish I could answer that, Councilmembers, and I apologize for not being able to, Mr. Rizzo.

COUNCILMAN RIZZO: We'll catch up to that person.

COUNCILWOMAN BROWN: Thank you for your testimony.

Can you speak to hurdles that the other states may have endured before they moved to a place where -- before moving to a place where now consumers are informed and educated about their choices; namely, Arizona, California, Connecticut, Maine and New Hampshire?

MR. BROWN: Well, Councilwoman Reynolds Brown, it is a battle, because the dental boards don't want people to

know. We have to battle dental boards. Within the Departments of Public Health, you always have dentists who are saying, Under our philosophy, it's good, we've done it for a hundred years.

It is a barrier. If you pass this bill, frankly, lady and gentlemen, you're going to have to bird-dog that Department of Public Health. That's been our experience in New Hampshire, in Maine, in Connecticut, in California, in Arizona. So don't think passing the law is going to create this fact sheet without good follow-up. So it's been a burden.

COUNCILWOMAN BROWN: I will tell you from two years ago when we first started looking at this issue and doing the research, the dollar cost to put in the separators was a lot more than what it is today.

MR. BROWN: You bet. It keeps going down. And by the way, you're at the edge now where it should happen

geographically. Almost all New England states mandate separators. Then New York mandated it by law. New Jersey mandated it statewide without even a law, just an Executive Order from the Governor. And so basically we've come from New England. We're now at Philadelphia. So I think it's logical.

On the right to know, you're cutting edge. On the separators, it's logical, because New Jersey already requires it. They're not dumping things into the Delaware River, and maybe you shouldn't either.

COUNCILWOMAN BROWN: And again in your testimony, just to underscore this fact that I was not aware of, you stated that the largest source of the environmental -- mercury is the largest source of waste in water.

MR. BROWN: The largest source of mercury in the wastewater is dental offices by far. And mercury we know is toxic. They break a thermometer or spill

it in the chemistry lab, they shut down the high school. Have you had that in Philadelphia ever? It's happened all over the country. That's how serious this is.

So dentists can be responsible, and it's time we just had them step up to the plate like every other polluter. I mean, I respect these men and women, but they're polluters when they dump mercury out of their office and let it go down the drain.

COUNCILMAN RIZZO: Our Medical Director -- excuse me. May I?

COUNCILWOMAN BROWN: Please.

COUNCILMAN RIZZO: Our Medical Director didn't concur -- I'm not putting words in his mouth. I asked that specific question, and the industrial is obviously the bigger volumes, are the biggest contributor to mercury in the water.

At least I believe that's what you said, Doctor, not coming from dental

offices.

So our Medical Director is not on the same page with you, obviously.

MR. BROWN: Well, two reports have come out by major environmental groups, one in 2002, one in 2006, that say clearly in the wastewater. Now, the groundwater is a different mercury source and the air is yet another one. So all that -- just the wastewater cumulative. He just said one dentist only does 0.35, whatever it was, but he's not talking about the hundreds of them.

By the way, a major source -- do you know why a crematory isn't supposed to go near a school now? You may know that issue. One reason: The mercury from the fillings, right. So let's stop putting it in. I mean, more and more of us are choosing cremation as our final exit from the planet and that means more mercury is going into the air. In the United Kingdom, the largest source of mercury in the air is now crematories,

and crematories in the United States are more and more common.

So we just -- I mean, ask the dentist why they won't phase this out. We went to the ADA. I met with them in December, sat down in their offices. I said, We don't want a dollar. You don't have to admit it's unhealthy. For environmental reasons, announce a phaseout. Their lawyers wanted to do it. They just couldn't pull the trigger.

They don't have an inalienable right to use mercury forever. No other health profession does. It's time for them to phase them out. So if the ADA or the PDA or the City DA is here, why don't you ask them, Do you have a phaseout plan to stop using this toxic product? Because we sure would like to know that.

COUNCILWOMAN BROWN: Thank you. Finally, to the moral issue you raise, do you have facts or numbers or background information to substantiate the observation that in low-income areas the

mercury fillings are used more predominantly than the alternative?

MR. BROWN: Yes. We have that from the survey that came out on the -- 52 percent are mercury free, but in the cities, it is much less than 52. It's under 40 percent. So we still have -- it's true, but doggone it, the child -- it's more important they not get the toxic, and you know why, Councilwoman? Because of the synergies of toxins. The lead damage per child combined with the mercury damage, the synergies are not one plus one. They're multitudes. Where the child is already toxic from other products, that's the biggest reason.

There's a wonderful organization in our movement, the Connecticut Coalition for Environmental Justice, run by a black doctor named Mark Mitchell in Hartford, and he stresses this, how the biggest problem for toxins in the cities -- and you folks are the

cutting edge, Councilman Kelly, all three of you and all on Council, by being able to say, We're going to look at this toxin one at a time, here's a big one, we can reduce its load. You reduce it by the separators and you reduce it by choice, because, as I say, the pregnant woman, if she's told there's mercury fillings, she's either going to leave the office or say, I don't want them, something else.

COUNCILWOMAN BROWN: Anything else, Councilman Rizzo?

COUNCILMAN RIZZO: Just that this issue -- I enjoyed your presentation.

MR. BROWN: Thank you, sir.

COUNCILMAN RIZZO: The interesting thing with me is, for years and years, my doctor is saying too much beef, too much beef, start eating more fish, start eating more fish. Well, I start eating more fish and then I read an article that says make sure -- now I feel like a little strange. I walk into a

restaurant. The young server, I'm asking him, Is this fish caught in the ocean or did it come from a farm?

Wait. I have to check with the chef. And the chef comes out, What can I do for you, sir? You know, it's just -- you don't know what you're doing.

MR. BROWN: Councilman Rizzo, you had the right point, which was the fish aren't creating that mercury themselves. This is coming from dental offices and other sources, all the other sources, so here's --

COUNCILMAN RIZZO: What are we doing to correct the fish mercury problem? I mean, is this one piece of the puzzle? Lessening that, you start to --

MR. BROWN: Yes. That's how we do it. The fish aren't putting mercury in their own bodies, I assure you. It's coming from manmade sources, and we can have a major --

COUNCILMAN RIZZO: By the

fillings.

MR. BROWN: Our fillings, yes, in the dental offices.

COUNCILWOMAN BROWN: We thank you enormously for making the trip and thank you for your testimony, Mr. Charlie Brown, with the National Consumer for Dental Health.

(Applause.)

COUNCILWOMAN BROWN: If we could have Mike Ewall, Sean Jacobs and Mike Darcy to please come to the witness table.

So that we are seeking to a have balanced perspective here, a representative from the ADA, please come forward, sir. Gentlemen, if you would, come to the witness table so that we can offer up the balanced perspective now as we proceed with subsequent testimony from these gentlemen. Please come forward.

COUNCILMAN SAVAGE: Just take the seats behind the stand, please. The guys at the table, if you could excuse

yourself just for time for the testimony from the ADA.

Could you please state your name for the record, please.

DR. GAMBA: Good afternoon, Chairman Savage, Councilwoman Reynolds Brown, Councilman Kelly, Councilman Rizzo, my name is Dr. Thomas Gamba. I am a general dentist practicing in Philadelphia. I am the President-Elect of the Pennsylvania Dental Association, a past President of the Philadelphia County Dental Society, and with me is Dr. Peter Carroll, a trustee of the Pennsylvania Dental Association, a member of the Board of Governors of the Philadelphia County Dental Society and also a practicing dentist in Philadelphia. We are here today to testify representing more than 5,000 members who are licensed to practice dentistry in Pennsylvania and the more than 500 members who practice dentistry in Philadelphia.

We're here today to oppose this

bill for three basic reasons. First, we feel it will jeopardize access to dental care for the children of Philadelphia and other needy Philadelphia patients. Secondly, we feel there is no credible science to support the claim that dental amalgam is hazardous to dental patients or to the environment. And, third, mandating amalgam separators and warning posters will pose an unwarranted burden on Philadelphia dentists as small business owners.

Regarding the access to care, which we feel is the most important issue, placing unwarranted restrictions on dental amalgam will eliminate a viable and safe treatment option for thousands of medical assistants and CHIP patients who might otherwise not receive care. All Philadelphians should have access to quality dental care, especially those who don't benefit from routine dental preventive services.

Children who are eligible for

MA and the CHIP program are three to five times more likely to experience tooth decay. Only 20 to 30 percent of MA pediatric patients see a dentist annually, and their oral health problems have severely worsened by the time they do visit a dentist.

More than 50,000 children are treated each year by the dental services in the Philadelphia hospital system. The rate of tooth decay in children in the Philadelphia school system is 66 percent, far above other populations. Fifty million school hours are lost due to toothache, the single largest cause of lost school time in the United States every year.

Many uninsured and underinsured patients receive their dental healthcare at community clinics or through charitable efforts, such as the American Dental Association's Give Kids a Smile program. In this program, volunteer dentists try to diagnose and treat dental

disease to as many patients as possible in a limited time period. The number of patients treated could be reduced by as much as 75 percent if dental amalgam were phased out or limited as a restorative option and composite resin or glass ionomer cements had to be used. This is because placing dental composite restorations is much more technique sensitive. It requires more time from the dentist, and it leaves less time to treat additional patients in these situations.

Dental amalgam, unlike any other restorative materials, can be placed even in moist areas such as below the gum line, in the very back teeth and in very deep cavities. This is critical when working with young children or with special needs patients, who often have difficulty remaining still in the dental chair. Dentists could be faced with the need either to sedate these patients in order to achieve the level of cooperation

that is necessary to place composite fillings or be forced to extract teeth that could otherwise be retained. Compounding that problem is that most insurance companies will not cover the cost of administering dental anesthesia in a hospital setting if patients need to be referred there for dental treatment.

Placing roadblocks to a patient's ability to choose an amalgam restoration will surely increase the cost of dental care and negatively impact access to quality, affordable dental care in the City of Philadelphia, both in private offices and in public dental facilities, as I think we've heard from your Health Department.

Now, regarding the environmental issues, both the Environmental Protection Agency and the Pennsylvania Department of Environmental Protection do not consider dental amalgam to be a hazardous substance. Now, the major source of mercury in lakes, rivers

and streams, Councilman Rizzo, comes from industrial smokestack emissions. According to a 1997 study by the EPA, the major sources of environmental mercury are utility boilers, 32.8 percent; municipal waste incinerators, 18.7 percent; commercial and industrial boilers, 17.9 percent; and medical waste incinerators, 10.1 percent. Emissions from dental offices do not appear on this chart. Less than one percent of the mercury released into the environment comes from dental amalgam, according to this study. And even this amount is in the form of dental amalgam. It is not in the form of methyl mercury. Methyl mercury is the form of mercury that is of particular concern. There is no methyl mercury in dental amalgam.

The American Dental Association contracted with an environmental consulting firm, Environ, to assess the impact of dental offices' release of mercury into wastewater. The Environ

report states that amalgam separators do not result in a meaningful reduction in the concentration of mercury in the environment.

Dentistry relies on the scientific studies and analyses provided by scientists independent of the profession. Dental amalgam has been studied and reviewed extensively. It has established a record of safety and effectiveness. One such study, which was conducted by the Life Sciences Research Office -- and I have a copy of this study for you -- and funded by the National Institutes of Dental and Craniofacial Research, the National Institutes of Health, the Center for Devices and Radiological Health and the United States Food and Drug Administration, states, "The current data are insufficient to support an association between mercury release from dental amalgam and the various complaints that have been attributed to this restoration material."

Because the independent scientific community has not found dental amalgam to be of any risk to patients, we believe it should remain an option for dentists and for patients.

Other organizations that find the use of dental amalgam completely safe and effective include the Centers for Disease Control, the World Health Organization, the World Dental Association, the National Multiple Sclerosis Society, the National Autism Association and the Alzheimer's Association. Nonetheless, recognizing that dentistry must do its part to protect the environment, the Pennsylvania Dental Association partnered in 2002 with the Pennsylvania Department of Environmental Protection to reduce amalgam waste. We have worked together with the DEP to produce our best management practices and our waste management guidelines, a copy of which I have for you, including two updates. In

2004, PDA became part of the DEP's Mercury Reduction initiative, and in 2006, we signed a Memorandum of Understanding with the DEP to help collect old elemental mercury from dental offices through the Elemental Mercury Collection program. That is a program where the inspectors who check out our x-ray equipment every two years, if there is any old elemental mercury -- and that's the dangerous kind -- remaining on the shelf, they have been collecting it, and we have been very successful with that program.

Please remember that the American Dental Association and its affiliated state and local societies have always placed the health of the public first. And, by the way, I resent some of Mr. Brown's comments about being irresponsible as far as the dental associations go.

Just one example would be dentistry's decades-old position as a

champion of water fluoridation. Fluoridation, along with ADA's many public education campaigns, has reduced the incidence of tooth decay for millions and millions of children. Our profession has placed this preventive health benefit far above any loss of income resulting from the decrease in the number of fillings we have placed over the years.

We believe that educating the dental profession about best management practices for the removal of dental amalgam waste is the most practical and reasonable solution to protecting the environment, while at the same time ensuring that patients have access to affordable dental care.

Now I'd like you to hear just a minute from Dr. Carroll.

DR. CARROLL: Pete Carroll, general dentist.

Regarding the dentist as a small business owner, a mandate to install amalgam separators will be an

unwarranted burden which is totally unsupported by any credible scientific study. Installing amalgam separators is often complicated by factors such as building configuration, available installation space, access to centralized plumbing lines and lease agreements. Retrofitting dental offices with amalgam separators and testing, tracking and the recording-keeping necessitated by their installation will be an unnecessary expense to small business owners, who will ultimately eliminate the option of dental amalgam for patients, thereby impacting patients' ability to access affordable care in Philadelphia.

We also believe that requiring dentists to display posters and disseminate brochures to patients about the potential risk of dental amalgam is unnecessary because there are no associated risks with this restorative option. Displaying posters and brochures about mercury amalgam will only alarm

patients about a substance that is an alloy, entirely different properties than pure mercury, and this will cause stress over a treatment option that is harmless to their health and well-being. However, in the interest of educating the public, the American Dental Association is currently devising a brochure that will explain all the options available to patients who need restorative dental treatment. We believe that distribution of the ADA's brochure to the public will provide better guidance to patients who wish to make informed choices about their oral health.

In conclusion, we ask that you not jeopardize the long-term health of our Philadelphia community by imposing these unwarranted, scientifically unsupported restrictions on dental care delivery.

Thank you for allowing us the opportunity to speak to you. The important issues pertaining to patient

safety, access to dental care and environmental protection are important to all of us.

COUNCILMAN SAVAGE: Thank you for your testimony.

Are there any questions from members of the Committee?

The Chair recognizes Blondell Reynolds Brown.

COUNCILWOMAN BROWN: Good afternoon, gentlemen. Could you please talk to us more about the elemental collection program.

DR. GAMBA: Yes. As the best example, my dad was a dentist and we practiced together for a number of years, and I've been in practice for 30 years. So in 1976 when I graduated, my dad had a machine -- you're too young to remember this, Councilwoman, but the dentist would buy elemental mercury, the same kind that's in thermometers, and he would put that in one little vile on the top of this machine and he would put the silver

alloy powder in the other side, and then you would hit it once back and forth and it would drop into a capsule and the machine would amalgamate it. Now when you go, you have the little capsules where the mercury is sealed in and there's no exposure to the environment until it's mixed with the metal alloy and triturated and then it becomes more stable.

So when we switched over to that new capsule system probably -- well, certainly more than 25 years ago, here we have actually a mason jug full of elemental mercury, and that remained on my shelf, because I didn't know what to do with it. I sealed it up and taped it until we had this elemental collection program. So now the DEP inspector comes every two years to inspect the x-ray equipment in every dental office, and when they come in, they take away any elemental mercury that remains on the shelves of, I want to say, just a few

dental offices in the state, not too many. But we have collected several hundred pounds of elemental mercury that will be properly taken care of by the Department of Environmental Protection.

COUNCILWOMAN BROWN: So it is voluntary?

DR. GAMBA: It is voluntary, absolutely.

COUNCILWOMAN BROWN: And would you say it's universal? I mean, is it a universal practice or it's an option, practice, procedure for dentists who care to participate?

DR. GAMBA: In the elemental mercury program?

COUNCILWOMAN BROWN: Yes.

DR. GAMBA: It's optional, yes, but I would say it's a small percentage of offices in the state that still have elemental mercury.

COUNCILWOMAN BROWN: Oh, that still have it.

DR. GAMBA: Yeah, because it's

been phased out for quite a number of years.

COUNCILWOMAN BROWN: And the environmental issue is addressed because they take it and then they handle it in the way that would be acceptable to the environmental community, right?

DR. GAMBA: Yes. I'm assuming they recycle it in some way, because I know mercury has industrial uses and commercial uses. I couldn't comment on how they dispose of it or use it, but they -- I would trust them to do the right thing.

COUNCILWOMAN BROWN: Okay. And then talk to us more about this brochure that you mentioned in your testimony, sir.

DR. CARROLL: The brochure, which I believe I have like a hard copy, not of the actual brochure but of the information that will be in it, and it just lists all the advantage and the risk. I can leave it for you. But it

lists gold, porcelain, composite resins, amalgams so that you would have something to show your patient and discuss the choices.

COUNCILWOMAN BROWN: If you could see that that gets to the Chair.

Would you say based on what you know about the brochure that in many ways it addressed the right to know issue that is at issue here, as well as simply providing the patient with all the various options available and that addresses the interest of wanting to educate the consumer?

DR. CARROLL: Well, I'll read to you from the general description from the amalgam in here. The very first sentence says, it says it's mixture of mercury and silver alloy powder. It states right off the bat that it's a mixture of mercury and silver alloy. So if that's what you're getting at, I'll leave it with the Chair.

COUNCILWOMAN BROWN: Okay.

We'd certainly be interested in reviewing that further.

We thank you for your testimony, gentlemen.

Any other questions or comments?

(No response.)

COUNCILMAN SAVAGE: Thank you for your testimony.

DR. CARROLL: Thank you very much.

COUNCILMAN SAVAGE: We will now move into our public meeting and resume testimony after the public meeting, given the large number of people who are scheduled to testify.

DR. GAMBA: Excuse me, Mr. Chairman. Who shall I leave the materials with?

COUNCILWOMAN BROWN: Mr. Joe Meade will accept that.

COUNCILMAN SAVAGE: We will now move into our public meeting.

The Chair recognizes

5/30/07 - L&I - BILL 040904

Councilwoman Reynolds Brown for an amendment on Bill No. 040904.

COUNCILWOMAN BROWN: Thank you, Mr. Chairman. I move that Bill No. 040904 be amended.

(Duly seconded.)

COUNCILMAN SAVAGE: All in favor say aye.

(Aye.)

COUNCILMAN SAVAGE: Those opposed?

(No response.)

COUNCILMAN SAVAGE: The ayes have it.

The Chair recognizes Councilwoman Reynolds Brown for a motion on Bill No. 040904.

COUNCILWOMAN BROWN: Mr. Chairman, I move that Bill No. 040904 as amended be reported out of Committee with a favorable recommendation.

(Duly seconded.)

COUNCILMAN SAVAGE: All in favor say aye.

(Aye.)

COUNCILMAN SAVAGE: Those opposed?

(No response.)

COUNCILMAN SAVAGE: The ayes have it. Bill No. 040904 will be voted out of Committee with a favorable recommendation.

We will now resume the Committee on License and Inspections.

We're going to move back into our public meeting.

The Chair recognizes Councilwoman Reynolds Brown for a motion on Bill No. 040904.

COUNCILWOMAN BROWN: Thank you, Mr. Chairman. I move that Bill No. 040904 as amended be reported out of Committee with a favorable recommendation and further move that the rules of Council be suspended so as to permit first reading at our next scheduled session.

(Duly seconded.)

5/30/07 - L&I - BILL 040904

COUNCILMAN SAVAGE: All in favor say aye.

(Aye.)

COUNCILMAN SAVAGE: Those opposed?

(No response.)

COUNCILMAN SAVAGE: The ayes have it. Bill No. 040904 will be voted out of Committee with a favorable recommendation.

This concludes our public meeting, and the Committee on License and Inspections will now resume and go back into session.

Would Mike Ewall, Sean Jacobs and Mike Darcy please come forward.

Good afternoon. Please state your name for the record.

MR. EWALL: My name is Mike Ewall. I'm the Director and Founder of Action PA.

MR. JACOBS: My name is Sean Jacobs. I'm Project Coordinator for the Clean Air Council.

5/30/07 - L&I - BILL 040904

MR. DARCY: My name is Mike Darcy. I'm President and CEO of M.A.R.S Bio-Med Processes. We manufacture amalgam separators.

COUNCILMAN SAVAGE: Thank you. Mike, do you want to begin?

MR. EWALL: Hi. Thank you for having me. My name is Mike Ewall. I direct an organization called Action PA. We're a statewide environmental organization based here in Philadelphia.

First I'd like to just start by addressing some of the earlier speakers and point out that it's sad, but not surprising, to see the dental associations continuing to support mercury, yet they were founded by the split in the dental community that was in favor of mercury. And so knowing that organizational position has not changed on that or water fluoridation in spite of much evidence on the harms of those over the years is not a surprise. But to see the Health Department speaking in favor

of continued use of mercury in the dental industry is much more upsetting to me. They seem like they spend more time defending pollutants from the public instead of protecting the public from pollutants, and this is not the first issue I've seen them do this on.

However, in some other areas of the country, the precautionary principle is starting to become a public policy that has been given more attention. I know in San Francisco they have passed a law of that sort. And the precautionary principle basically says that no risk is acceptable if it's avoidable. And just like with cigarettes, they didn't wait until all of the scientific conclusive evidence came around to prove how they cause cancer. They saw the writing on the wall. There was enough anecdotal evidence and enough scientific evidence to say, Hey, there's something going wrong here, and decades before they knew exactly how it caused cancer, they put

warning labels on cigarettes. And I think this is the same sort of thing that falls under that precautionary mode of thinking, that we don't need to wait until the FDA finally decides officially that this is a mistake and this is dangerous to act. We have enough information now that we can be acting.

Now, to fully protect public health, toxic materials must be contained, concentrated and isolated, not released and dispersed, and when things are dumped down the drain, that's essentially what's happening, is that they're being dispersed, yet toxins, certain ones, have a nasty habit of concentrating themselves back into places that we least want them, like our food supply.

When things are dumped down the drain -- and this is not just in Philadelphia, but in general -- the way sewer systems work, you have liquids, solids, you have all sorts of things are

dumped down the drain and they go to sewage treatment plants, and these plants basically -- they don't have ultra fancy technology that enables them to remove every single pollutant. There's all kinds of pollutants that get dumped down there. A lot of them just get mixed all together and they end up either in the solid stream or the liquid stream. Essentially to simplify it, what a sewage treatment plant does, it separates the liquids into effluent, which is dumped back into rivers and streams, and it separates the solids into what's called sewage sludge. They like to call it biosolids because it sounds better, because the public relations industry they hired said, Call it that, people won't know what it means. But sewage sludge is basically the solids that are left over from everything that goes down the drain, and it's not just human waste, but industrial waste also going down the drain and things from dental offices.

And that sewage sludge ends up in many different places. You can find this on the Philadelphia City government's own website exactly where it goes. It tells you what percentages are going to what types of things. The largest category is that some of it is going to landfills, but the second largest category is that it's going to farm fields. They call it agricultural utilization on the website. But basically that means they call it fertilizer and bring it to places like York and Lancaster Counties where we have most of our agricultural industry in the state concentrated, and it's dumped on farm fields as if it's fertilizer. This is the places that are growing our food.

Now, a good bit of it, another 20 percent, goes to what they call compost marketing. That basically means they heat it up. And mercury at room temperature already is a liquid and can vaporize at that temperature. When they heat it up in this process, it helps it

vaporize and makes sure that you get more of the mercury into the air in the process, and then what's left over, the sewage sludge that is then the sludge compost, is marketed as Earthmate here in Philadelphia. I think they changed the name. They call it EQ now. But basically they make this available to people to use in their gardens and their other kinds of gardening-like uses, and it's toxic still because of not just mercury but many other things that get dumped down the drain. And so that's another place that's a concern for us as far as where the stuff ends up.

Some of it also ends up in public works projects. Ten percent of the City's sewage sludge goes to public works. Another 15 percent gets dumped in the coal mines in central Pennsylvania. And there are documented cases of teenage boys who have died in the mid 1990s from Philadelphia sewage sludge specifically being dumped in coal mines and on farm

fields in central parts of Pennsylvania. So it's not the mercury that did that so quickly; it was other things in it that kill people a lot quicker. But the mercury that's in there will contribute to other health problems that people have that won't be as obvious and quick.

So earlier the -- was it the ADA that was just up here?

COUNCILMAN SAVAGE: Yes.

MR. EWALL: They were testifying that this is not a source of methyl mercury, and I found that very interesting, because there's some truth to that, except for the fact that when it goes down the drain, there are only two known sources of methyl mercury. One of them is sewage sludge and the other one is landfill gas, and this is proven according to an Oak Ridge National Laboratory study that was done only a couple years ago, and I'll be glad to provide that study. I just didn't know the issue was going to come up here.

But they follow where mercury ends up in the waste stream, and it's mostly falling into landfills and things like that. But they did comment that sewage sludge is the only other source of methylated mercury. And the reason why there's a distinction, the reason why it's important to know whether it's methyl mercury or not is because methyl mercury is the kind that has fat soluble that can climb up the food chain and do the things that Councilman Rizzo was worried about in terms of it getting into fish or into other animals. And so for those of us who are not vegetarian, who are actually still eating fish or other animal products, this is a very big concern, because it concentrates and accumulates in these things, because it loves fat and certain chemicals, like dioxins, do the same thing. They hate water and they love fat and they climb up the food chain very effectively.

In Pennsylvania, we have over

2,000 fish consumption advisories a year. We're actually one of the worst states in terms of mercury in the fish. We're one of the very few states where they actually warn all people, not just pregnant women or children, but all people to avoid all types of fish. Usually they say just certain types, but in Pennsylvania it's all types of fish, and from all water bodies. Every lake and every river and stream in Pennsylvania is under advisory for mercury in the fish. And so it's not just the farm-raised ones which are known to have the highest levels of dioxin in them. I didn't realize about the mercury in farm-raised fish, but it's well known that the mercury in the wild fish is high enough that in Pennsylvania we're not supposed to be eating much of them at all and we're advised to have very small amounts of them.

So the precautionary principle would tell us that the way to deal with

this is really to deal with it up front, and that's what the other speakers will be speaking to specifically, is to get it out at the source so that we can then have better control over it. And I can speak to the issue where it goes when it's properly recycled just so that's known and can perhaps inform where this legislation ends up going.

In Pennsylvania, we happen to be home to the largest mercury recycler in North America. They're called Bethlehem Apparatus. They operate right outside Bethlehem in a town called Hellertown. They use a distillation process and they take mercury wastes, they purify it and get other things out of them through this distillation process. And then they put it back out on the market, which is a shrinking market globally, but they put it out so that industries can continue to use mercury. But they realized that since the industry is moving away from using

mercury and there's more and more that's being collected in thermometer exchanges and other things that are trying to get mercury out of our landfills and our wastewater, they're realizing that they need to go in a different direction that may end up requiring them to store mercury or, ideally, convert it to a state where it's not liquid at room temperature, where it's not going to be as dangerous. And they're actually applying -- they already have patents for converting mercury back into cinnabar, which is a sulfur bound with mercury type of compound that is the natural state where we get mercury and we get it out of the ground before we get the sulfur out and make it what it is. And so that's the technology that we feel pretty happy to know exists and is being pursued by a Pennsylvania company.

We would not like to see -- I mean, we would love to see the mercury collected not in the sewage systems, but

we would like to see things go a little further and make sure that when it does get collected, we follow it, because it's still going to go somewhere, and say that if Philadelphia can help create an incentive and say that rather than put this stuff back out on the market where it can continue to do damage, that we create an incentive and say, if possible, get this stuff converted back into cinnabar when companies make that option available. It's not available yet, but it is the direction we're moving in.

Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony.

Any questions from members of the Committee?

(No response.)

COUNCILMAN SAVAGE: Thank you for your testimony.

Sean Jacobs.

MR. JACOBS: Hi. My name is Sean Jacobs. I'm a Project Coordinator

for mercury at Clean Air Council. Clean Air Council is a non-profit environmental and public health advocacy group that works to protect everyone's right to breathe clean air. Founded in 1967 and operating in Pennsylvania, Delaware and New Jersey, the Council has 7,000 dues-paying members, with roughly 4,000 of those residing in the City of Philadelphia.

The Council supports the general purpose of Bill 040904 to ensure informed consumer consent with respect to the use of mercury amalgam in dental procedures and proper disposal of toxic mercury waste in connection with these procedures. The Council also supports the specific mechanisms proposed in the bill; namely, more aggressive consumer education about options to mercury and the required use of amalgam separator systems to reduce the discharge of mercury from dentist offices into the waste stream.

The facts regarding human health and mercury are well known and have been documented by other testimonies today. Those who discharge mercury into the environment are being asked forcefully and with greater justification than ever to dramatically reduce their emissions.

The amount of mercury in circulation from use in dental procedures is significant. The United States Environmental Protection Agency estimates that mercury amalgam accounts for more than 1,000 tons of mercury residing in the mouths of U.S. citizens today. And while the use of mercury amalgam by dentists may be declining, the mercury they use still figures largely in total mercury consumption in the U.S. In fact, a recent report issued by the New England Zero Mercury Coalition indicates that 14 percent of all mercury in the U.S. today is for dental fillings.

You might be wondering at this

point what happens to all this mercury in our mouths. Well, if it is not captured and recycled, there is a good chance that some of it is ending up back in our school lunches and on our dinner plates, causing the well-documented problems for children, mothers, families and the rest of us. At the dentist office in Philadelphia, unlike a growing number of other places, this mercury is not captured and recycled according to the best technology. Without a device to effectively prohibit its discharge, a significant amount of mercury is released into the wastewater stream when new fillings are put in and old ones removed. According to the US EPA, dentists estimate that 20 percent of amalgam escapes into the wastewater system. From there, mercury can enter the environment in a number of ways: directly into surface waters via effluent from publicly owned treatment works; mercury emitted from sewage sludge incinerators;

volatilization of mercury from land-applied biosolids; and, lastly, the leaching of mercury from landfills. In Philadelphia, mercury is finding all these pathways to work its way back into the environment.

While there is some dispute about how much of the mercury that's removed from the mouths of dental patients ends up back in the environment, the ADA says very little, a claim that echoes the assertions of fuel manufacturers who wrongly, as it turned out, argued in the 1970s that removing lead from gasoline would have very little impact on lead levels in the environment and individuals.

It is beyond doubt that technologies remove mercury amalgam. Specifically, amalgam separators have been highly effective. In fact, in King County, Washington, an aggressive inspection program around wastewater discharge has been implemented, with the

result that mercury in biosolids has dropped by 50 percent since 2000. An intense effort in Boston has yielded even greater improvements in mercury reduction flowing in Boston's Harbor.

Amalgam separators that capture mercury from wastewater leaving the dental office are currently on the market. The units are installed in the plumbing system of the office and can collect up to 98 percent or more of mercury in wastewater. New Jersey, New York and most New England states and several municipalities now mandate separators. In New York, where all dental offices will be --

COUNCILWOMAN BROWN: Sir, can I ask you to repeat the last paragraph that talks about amalgam separators, the paragraph you just read.

MR. JACOBS: Amalgam separator units that capture mercury from wastewater leaving the dental office are currently on the market. The units are

installed in the plumbing system of the office and can collect up to 98 percent or more of mercury in wastewater, and I listed a few states that have already laws.

COUNCILWOMAN BROWN: Okay. We have a copy of your testimony, correct?

MR. JACOBS: Yes, you do.

COUNCILWOMAN BROWN: Okay.

MR. JACOBS: Would you like me to --

COUNCILWOMAN BROWN: Continue, yes.

MR. JACOBS: In other words, the separators are affordable, and the regulations also require and detail the proper recycling of amalgam. In Philadelphia, with a large number of dentists and two very large dental schools at the University of Pennsylvania and Temple, the benefit to wastewater discharge of the installation of amalgam separators would be significant. Given that a few pounds of mercury can render

millions of fish inedible and cause untold damage to human health, Philadelphia, and then the Commonwealth, should be next in taking aggressive steps to limit mercury discharge through amalgam separators.

Toxic mercury released from dental offices is identifiable and its release is controllable. Clean Air Council strongly urges Philadelphia City Council to prevent the discharge of hundreds of pounds of mercury into the environment, where it is ultimately absorbed into the food that Philadelphians and their families eat. We urge City Council to pass Bill No. 040904.

Thank you for your time.

COUNCILMAN SAVAGE: Thank you for your testimony.

Are there any questions from members of the Committee?

(No response.)

COUNCILMAN SAVAGE: Thank you

for your testimony.

Mike Darcy.

MR. DARCY: Thank you very much for having me.

I actually started here bringing out a PowerPoint presentation and I've decided to throw it out. I've heard very much different testimonies and a lot of thoughts by people who are saying that the mercury amalgam is not a danger to the environment, it's safe, mercury is embedded in an amalgam, which means it doesn't leak and that there is no significant evidence to say that it's not so. I beg to differ, because I'm going to bring out a couple of things, and that's what I was doing over here, is pulling out literature.

As a matter of fact, while the ADA is referring to the safety of the product, they may want to advise Dr. Adams, Professor of the School of Materials at Arizona State University, that his study here that reads, "The RGA

analysis reveals that only mercury is present in the emitted vapor and is exactly matching the signature of pure mercury one line for each isotope in the mass spectrometer." What he was doing was identifying the vapor that was being released from amalgams. So I guess he doesn't work very well.

Great Lakes articles has come up and we've talked about the minimal amount of mercury separated, a Great Lakes article September 8th, '05, and the report was to find that the Michigan power plants emitted 2,464 pounds of mercury annually, which was of great concern. If we take the national averages, we find out that dentists in Pennsylvania emit approximately 4,000 pounds.

They also stated that there was a great -- let's see. Oh, yes, the World Health Organization. I have a paper in front of me, a policy paper, from the World Health Organization and Item No. 2,

and I will quote, "Dental amalgam is the most commonly used dental filling material. It is a mixture of mercury and a metal alloy. The normal composition is 45 to 55 percent mercury, approximately 30 percent silver and other metals such as copper, tin and zinc. In 1991, the World Health Organization confirmed that mercury contained in dental amalgam is the greatest source of mercury vapor in non-industrial settings, exposing the concerned population to mercury levels significantly exceeding those set for food and for air."

The report that actually was just mentioned was from Massachusetts. I have a copy of that. They have approximately 3,000 of their 4,000 dentists that are using amalgam separators, about 3,000 or 4,200. Their wastewater sludge has reduced their mercury by 50 percent.

In Toronto, which was mentioned earlier, they have a separator program in

where we require a 99 percent. Actually, it's ten parts per billion separation. The general calculations from the city Water Department indicate that a reduction of over 70 percent has happened in Lake Ontario, in the Toronto area.

For having a lack of credible evidence, I'd like to submit www.osha.gov, who clearly states, Item No. 2, Health Hazards Information, Effects on Humans: Mercury vapor can cause effects in the central and peripheral nervous systems, lungs, kidneys, skin and eyes in humans. It is also immunogenic and affects the immune system. Acute exposure of the high concentrations of mercury vapor cause severe respiratory damage, while chronic exposure to lower levels is preliminarily associated with central nervous system damage.

What we have -- and I may want to explain this. I started out in -- obviously didn't start my life in the

separator industry. I started out just like everybody else, and unfortunately, I had what my dentists used to refer to as soft teeth. So I ended up with a mouth full of it. We went through an awful lot of difficulties. Most of the things that these people talk about in health I've had.

In 1999, I had my last amalgam removed. We still have some challenges. In 2005, I bought the company, because it's actually very important to not only Philadelphia and not only Pennsylvania -- I know this is a focus here, but this is actually a global problem. We're allowing a known toxin. It hurts people. It kills people. It destroys families.

I couldn't help when the, I believe it was, Dr. -- excuse me for this. My apologies. Dr. Gamba was talking about concern about kids not getting into the program and not getting fillings done. However, they're willing to put a known toxin in. So instead of

like giving them a cavity, we'll make them sick some other way. This is not acceptable to me.

We've heard that there's no credible science. I have about 20 inches of paper in my office. I can give you credible science that can fill this room.

The concept that the burden on the dentist, the financial burden on a dentist, when we take a look at the average cost of an efficient separator that will take 99 percent, ISO approved 99 percent separator, take that much mercury out of the wastewater, the cost from an average practice should be about 31 cents a patient. And I would challenge anybody in this room to walk out and ask any mother out there for 31 cents if she'd like to have the mercury taken care of. I'll probably pay heavily for anybody that says they don't want to, because everybody out there is going to say no. For 31 cents, let's get it out of here.

Pennsylvania is very -- has a strong tourist fishing program. I mean, everybody knows it's quality here. We've just heard that the waterways are polluted.

One of the biggest myths about mercury, amalgam mercury and methyl mercury, is that somehow it magically goes out of the dental office, flows through this water system and it's dumped into the water. It is not. I have spent the past two years studying mercury. I've probably listed about -- I don't know. Let's be conservative and say 25 to 3,000 websites and reports on the subject. One of the biggest misconceptions is exactly that, it's in the water. Folks, it's not in the water. Mercury leaves a dental office, goes through the pipe to the vacuum pump, is discharged into the sewer system. From the sewer system, it goes to extremely efficient wastewater plants. And I've seen wastewater plants. I have a report

here from East Bay Municipal in Oakland, California. I've looked at your system in Philadelphia. It's very efficient. The problem they have is, what's coming in settles out in the sludge. They can detect it, and they do, and they detect it very well, because they need to detect it to make sure that it's not over EPA levels when it leaves the plant. And it isn't. Matter of fact, I think yours is about 18 percent -- or, no, 80 percent below EPA requirements. It's excellent.

It's in the sludge. When it gets in the sludge, mercury becomes what I'd like to refer to as the perfect terrorist. If you look for it in solids, it will go liquid. If you look for it as liquid, it will become vaporous. It responds to its environment. It's invisible. You can't smell it. You can't taste it.

When it gets into the sludge, if you, as we heard before, make biosolids or use the biosolids for

fertilizer, you heat it. You heat it, it goes vaporous. It goes vaporous. It gets high enough up, it cools down, it goes liquid. It comes down with the rain. It comes down in your lakes. You fish it in. And because it's heavier than water, it sinks to the bottom. The smaller fish eat it. The plankton eat it. They move up the food chain. It's bioaccumulative. By the time you're eating that small-mouth bass, it's poisonous.

This is where the problem is. This is where the misunderstanding is. When we talk about mercury, I'm almost to the point in this industry of saying it's not when you take a look at how many different types of mercury and it can't be any mercury amalgamated -- well, it's after -- it's removed. It can become methyl mercury, trust me. We talk about what happens, it can't leak, it's perfectly safe because it's bonded. We have proof to say, well, it unbonds quite

nicely.

The American Medical Association -- that's one of the other things that I do when I do my research, I stay away from the ADA, I stay away from the FDA, because a lot of the information that is gathered there is co-dependent, let's say. However, the American Medical Association has Mercury and Fish Consumption: Fetal exposure to large amounts of methyl mercury from maternal consumption of fish results in a pattern of severe neurodevelopmental defects and fatalities. Chronic low-dose prenatal methyl mercury exposure from maternal consumption of fish has been associated with more subtle decrements in several measures of neurological development, which may resemble a number of learning disabilities present in the overall population of children.

A study of 237 children in New Zealand born in the early 1980s and who were tested at ages four and six found

the scores on the Denver Developmental Screening Test were significantly lower in those whose mothers had mercury hair concentrations exceeding six parts per million. Approximately eight percent of women of child-bearing age have body -- sorry; blood mercury concentrations exceeding those associated with the EPA's RFD of 5.8 nanograms per liter. Values were fourfold higher in those who had eaten fish in the last 30 days.

By the way, we're not talking about something you can hold in your hand and say that's a pound of mercury. We're talking about if I put it on a table, it would take you all day to find it. That size.

We have Sources of Mercury and Mercury Exposure, a featured AMA report, which I was just looking for -- I'd have to find that -- quote, "The primary source of elemental mercury in the general population is via inhalation of vapors from dental amalgams, which are 50

percent mercury. In the absence of fish consumption, body burdens of mercury correlated with a number of amalgam surfaces present. Mercury exists in an elemental form and in various inorganic and organic complexes, which differ in toxicity. The presence of ten amalgam surfaces approximately doubles the background mercury concentration found in the urine." And on that subject, I found something very interesting, as I normally do when I've got any spare time at all, searching a few things. In 1999, Mr. Berglin from, I believe it was, the Minnesota DEC was doing a study on amalgam -- sorry; on rubber dams to prevent materials coming back into the patient. One of the side-effects on that or the side results of that was that they measured the amount of mercury present in the plasma and in the urine, not only seven days later but they were lucky enough to go back a year after that. What they did is, after the amalgams were

removed -- and they were, of course, comparing to a control group -- the mercury levels in the group that had the amalgams removed had dropped over 50 percent in the plasma and 70 percent in the urine.

I'm here to tell you they're leaking and they're poisonous.

Mercury also quite nicely is what we refer to as lipophilic. It likes fatty tissue and muscles. So it doesn't sit back in the blood for long. Actually, that's why most people who have blood tests don't recognize they have mercury, because it moves on, is deposited.

In Philadelphia, you have a population just, by the way, from 2005 estimates, of about 1,463,281; children under five, 109,746. The numbers of women between 18 and 64 is 476,956. By the national estimate, you have 38,156 women that shouldn't be having children.

COUNCILWOMAN BROWN: Let me

ask, please, do you have any experience with any of the other states that have successfully moved on this type of legislation?

MR. DARCY: Yes. We're waiting, of course. New York has just come into play. They enacted law May 12, 2006, gave a two-year grandfathering, which means everybody in New York needs to have a law by May the 12th or need to have an amalgam separator, 2008.

COUNCILWOMAN BROWN: So they gave them two years?

MR. DARCY: They gave them two years. We had a discussion with the DEC, Pete Pettit and Christine Barnes, who we deal quite closely with. In hindsight, that was a mistake. Most of the dental practices tend to leave it to the last minute anyway, so why are we bothering with two years?

COUNCILWOMAN BROWN: Most dentists tend to do what?

MR. DARCY: Most of the dental

practices will leave it 'til the end, won't buy the separator until the end of the mandated period. So why are we giving them two years? We should just give them a year and get on with it. It's going to happen, it's going to happen.

New Jersey has just started. We've just started and had some conversations with Art Meisel, the Executive Director of the New Jersey Dental Association, who is very interested in separators and wants to make sure that they comply.

People in the Northeast, a lot of people -- the Northeast is pretty well taken care of. They've started the laws. Massachusetts just simply has the best management practice, but they had a very significant program to convince practitioners to get amalgam separators. Even at that, only 3,000 of the 4,200 complied. If 3,000 can drop it by 50 percent, we're looking at 75 percent,

which is exactly the kind of numbers we see in Toronto.

COUNCILWOMAN BROWN: I see.

MR. DARCY: It works. The science of amalgam separators has changed. It's most efficient when it has a separation settlement chamber and an ion chelation, which actually there's a biomedia and, oddly enough, a sulfur impregnated carbon that attracts mercury in a liquid form. That's where we get the 99 percent.

COUNCILWOMAN BROWN: Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony.

MR. DARCY: You're quite welcome.

COUNCILMAN SAVAGE: If there's anyone here that's going to testify and they would like to leave, they can leave their testimony and we will include it in the record. That's an option that I want to put out there.

Thank you for your testimony.

5/30/07 - L&I - BILL 040904

Would Frederick Burton, Donald Robbins, Mr. Ellis and Dr. John Tierney please come forward.

Good afternoon. If it's possible, since a lot of the testimony today is basically parallel, if it's possible, if you could summarize your testimony if it be lengthy, I'd appreciate that. Thank you.

DR. BURTON: I'd be very happy to.

Thank you for the opportunity to speak on this subject. My name is Frederick Douglas Burton, M.D. I practice in both Allentown and Wynnewood, and I'll be very, very brief.

First of all, I appreciate you having this discussion. I think it's crazy that we're even sitting here talking about whether or not it's good to have a poison in your mouth sucking on it 24/7. I had mine taken out about 20 years ago for the very reason that it makes no sense.

I'm sure all of you have had an experience where you've gone and broken a thermometer when you were a kid and told, Don't play with that stuff because it's poison. So we all know basically it's not good to do.

I just want to relay a couple of basic stories to you. One, last year two students in Washington, DC public school were fiddling with a machine that contained mercury in one of the science classes and they intentionally broke it. The school was closed down and the students were suspended from the school for doing that, because it required a thousand dollars and lots of man hours to clean the school up from the toxic mercury from the machine.

The Mayo Clinic a few years ago had a big controversy as to whether or not their sphygmomanometers should be used with mercury. I'm sure all of you remember the tall rolling blood pressure cuffs that used to be used very common in

the old days and not too common today, but bottom line is, they had the long columns of mercury that measured the pressure. Well, there was a controversy there about whether or not they should still be used, because when one was broken, it cost the Mayo Clinic upwards of $30,000 to clean the room of the mercury that was released.

The other story I'd like to relay to you is, I have a good friend who is a dentist in the Michigan area, and I met him back in the early 1990s at a meeting in Pittsburgh and he relayed to me a very interesting story. He said, you know, I decided as a means of saving myself and my patients to stop using amalgam in Michigan. Word got out and I was called onto the carpet by the dental association and dental board of Michigan, and the only thing that saved me is when they asked me why I stopped using dental amalgams, the mercury, I told them I stopped because the safety of my

employees was very important and OSHA regulations require that I protect my employees. You don't have to protect the patients, but you have to protect your employees.

So this is a real basic discussion. I heard a lot of the scientific readings that the other side made, but you have to relay to your own personal gut common-sense understanding that mercury, in no sense of the word, is considered to be safe to suck on, and that's basically what we're doing when we put it in our mouths.

Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony.

Any questions from the Committee?

(No response.)

COUNCILMAN SAVAGE: Thank you for your testimony.

Could you please identify yourself.

DR. ROBBINS: Yes. Dr. Donald Robbins. I'm a practicing biologic dentist in Exton, Pennsylvania. You have my testimony. I had sent it before for copies. But there's certain things that you should know. I've been in practice for 25 years as a biologic dentist, and it's not difficult to be a biologic dentist to not use mercury. I stopped in the early '80s because I realized by going through scientific toxicology studies and reading up on it that this stuff was pretty bad stuff, and I didn't want it to expose my patients, I didn't want it to expose my staff and I didn't want to get it myself. So I took it out of my office in the early '80s and I've been practicing that way ever since.

I want to tell you, I'm here to tell you that the ADA and the PDA are selling you a bill of goods. They are not telling you the whole story. They're giving you half truths about some of the studies they have cited.

5/30/07 - L&I - BILL 040904

In 1999, World Health Organization and the Health and Human Services put out a study on mercury. They found that the average individual at that time had 19.3 percent micrograms per day of mercury exposure. Of that, they found that dental -- the average dental fillings between three and 12 -- the average dental fillings were six, but the level of mercury in those people was 12 to 17 micrograms per day. Now, 12 to 17, and they came up with 19.3 total. People are worried about fish? If they have more than a few fillings in their mouth, fish becomes a very secondary thing. And I don't mean to put that down, because this is a real serious health issue.

My patients are sick when they come in. They get better after I treat them, after physicians treat them and get the mercury out of their body burden. They are tremendously improved.

But this was the World Health Organization in '99, Department of Health

and Human Services, came out stating that the number of fillings was two to ten times what the contamination was from fish.

I'm going to tell you what the Pennsylvania Dental Association told you about putting -- Oh, well, we can't put bonded fillings in a wet environment. Well, I'm here to tell you that there's no dental school in the country that's going to teach a dentist to put a filling in a wet environment. I don't care if it's a child or an adult or an elderly person. You have to have a dry field to put your mercury filling in. You have to have a dry field to put your bonded filling in. That's just a smoke screen for the whole issue.

To the idea of people not getting care because it may cost $5 more or $10 more is also not true. I have patients coming in who are indigent, on public assistance. They're reaching into their pockets to pay to be safe. They

don't want this stuff in their mouth.

I sent you -- and if you don't mind, I will read this. I get e-mails on my website. I get telephone calls all the time. This is from a woman October 2006 in Mountain, Pennsylvania. "Help. I'm 12 weeks pregnant and I am 43 years old. This is our first child, coming unexpectedly, and I recently read an article about mercury fillings causing autism in unborn children and even later on. I have about six and I have upwards of ten mercury fillings in my mouth. Is my baby truly at risk, and is there anything I can do to protect it? I appreciate any help you can give me. I am very worried."

I get stuff like this all the time over the Internet. People who go to their dentist and literally the dentist laughs when they say that, Well, I don't really want that mercury because it's dangerous. Dentists are actually laughing at patients, saying that.

They're not taking their feelings into account or their concerns. And this goes directly to the ordinance that you are voting on, because I'm going to tell you, you need an amendment to have the patient or guardian sign that they have received the literature that is supposed to be distributed to them, because I'm going to tell you, you put that placard in a waiting room and you put some brochures in that waiting room, it's going to gather dust. If the dentist, as you heard from the PDA themselves, believes in mercury, they're going to do mercury.

This woman wants a choice, but right now the dentists are not giving the patients the choices. The dentist is making the choice for them. You need to tell them what needs to be done.

This is basically a no-brainer. You don't even have to believe me about the mercury being dangerous or anybody else. This is a choice of just telling them what's in it, and this is very

important for their health.

And if you have any questions, I'd be glad to answer them.

COUNCILMAN SAVAGE: Thank you for your testimony.

The Chair recognizes Councilwoman Blondell Reynolds Brown.

COUNCILWOMAN BROWN: Thank you, Mr. Chairman.

Let me be absolutely certain I've heard a recommendation you've put forth, and, that is, in addition to the consumer information brochure, have what we do in a lot of medical offices already, signs saying that they have been duly informed of the options, if you will? Is that a summary of what you're offering here as a recommendation?

DR. ROBBINS: Well, at least that they acknowledge that they've been told that mercury filling was recommended and alternative fillings were recommended.

COUNCILWOMAN BROWN: Okay. All

5/30/07 - L&I - BILL 040904

right, then. Thank you for your testimony.

DR. ROBBINS: Could I -- one other thing is, I just read an article that shows eight percent of dentists in this country still use elemental mercury. What that means is, they have bottles of liquid mercury in the office that they mix with the alloy to still make the filling material. Twenty-five years ago I switched to the pre-capsulated. Why did they take so long? They don't want to change. That's why this is so important to protect the people of Philadelphia and give them an option, because dentists really don't -- people don't want to change, quite honestly, and sometimes you got to force them to do that.

Thank you very much.

COUNCILWOMAN BROWN: Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony.

Please proceed.

5/30/07 - L&I - BILL 040904

DR. TIERNEY: Dr. John Tierney, Penn State, Delaware County Campus.

I just want to start -- I will be brief and I'll just start by telling you that mercury in all of its forms, as a practicing chemist, is toxic. You can look that up for yourselves online in the Aldridge Chemistry Handbook. They sell all forms of mercury to chemists. Chemists are trying to avoid using it in chemical reactions.

I'll avoid talking too much about chemistry, but I would like to read you something. The detrimental health effects of mercury have been known for a long time and reference has been made to those adverse health effects in the popular literature.

In 1865, Lewis Carroll first published Alice in Wonderland. One of the characters in there was the Hatter, and he was mad, and the reason for that is that it was an indirect reference to the cumulative toxic effects of mercury,

which were known in the mid 1800's. And I'm now quoting medical references to the effects of mercury sorts that hat makers came into contact with.

"Nitrate was used to make or to cure felt in hat making, and prolonged exposure to the mercury caused mercury poisoning. The hat makers developed severe and uncontrollable muscular tremors and twitching limbs, and it was called hatter's shakes. Other symptoms included distorted vision and confused speech. Advanced cases developed hallucinations and other psychotic symptoms."

Now, this has been known since the mid 1800's. It's been referred to in the common literature, not the scientific literature.

I will finish by saying one thing in rebuttal to some of the testimony that I've heard by the medical staff that's come to the table so far. They seem to have forgotten their basic

second semester freshman chemistry. There is a topic that they learned and it is called "solubility products."

COUNCILWOMAN BROWN: Called what?

DR. TIERNEY: "Solubility products." Solubility products is the study of an area where a material appears to be insoluble, but you quickly learn that nothing is insoluble, even something that is seemingly there and visible to the eye is actually dissolving in solution. So the mercury amalgam -- and there is actual scientific evidence that I even found by Googling to show in Elsevier Publications and Wiley InterScience Publications where saliva has actually been tested and different mercury -- forms of mercury has been detected by analytical chemists in the saliva, and the only source that they were able to identify was the mercury amalgam in the teeth.

That's the conclusion of my

testimony.

COUNCILWOMAN BROWN: Thank you for that chemistry lesson, very much.

COUNCILMAN SAVAGE: Thank you for your testimony.

Would you please state your name for the record.

DR. ELLIS: I am Dr. Leander Ellis. I am a psychiatrist who, for the past 40 years, has been digging into the disturbed physiology of disturbed emotionality, and I became aware of the problem of mercury back in the early '90s. At that time, dentists had the reputation for having the highest rate of suicide of any profession. Psychiatrists, by the way, had the highest rate of suicide in medicine, but the dentists had the highest rate in any profession.

We speculated about what it was about, and all sorts of fanciful explanations were given, but in the early '90s, the American Dental Association

realized that it was an occupational hazard from handling mercury, and so they issued a set of guidelines forbidding the dentists to even touch the stuff, advising that he not have a carpet on the floor, because he'd be spelling the vapors of it, inhaling the vapors of it for the rest of the time that he used the office if he dropped a crumb of it on the floor and that any crumb should be stored in a glass container, closed glass container, under liquid as a means of trying to limit outgassing into his office. It was almost like they were handling radioactive material. Very, very careful. They were advised to be very careful with it.

Some of the symptoms that had arisen had been nerve pulses from the touching of it. There was a tendency to drift toward alcoholism, anxiety, irritability and depression.

At the same time, they said it's perfectly all right to put that

stuff in the person's mouth, because after all, it was going to be an amalgam. An amalgam is not a solid any more than macadam is a total solid. When they put down a blacktop road, it outgases until it loses enough of the tar that was holding it together so that it fails. The same thing happens with amalgam fillings. It outgases throughout the time that it is in the person's body until it has so little of the mercury left that it can't hold itself together and so then it disintegrates, it fails, it has to be replaced. And so it is an illusion that it is in place.

The other thing is that mercury has an exceptionally long half life in the body. It's about 77 days. And that means that half of it is still there after 77 days. After 144 days -- or 154 days, one-fourth of it is still there, and so on. It's a progressive dilution over a period of time.

The liver pulls it out of the

bloodstream, tries to dump it into the intestinal tract. It is 100 reabsorbed, recycled to the liver and goes back into the intestinal tract again and it just builds up there. The kidneys do manage to dump a minutial amount of it, and that's why it takes so long to get rid of it.

Most of the other things that I would say have already been answered, already been alluded to, and I won't take up more time.

COUNCILMAN SAVAGE: Thank you for your testimony.

Could Mrs. Moore, Mrs. Ward and Ms. Kreider and Ms. Palmer, please come forward.

Ms. Ward, could you please identify yourself and state your name for the record.

MS. WARD: Yes. My name is Carol Ward. I'm Vice-President of Dental Amalgam Mercury Syndrome. It's a national non-profit group. We've existed

since 1987. I'll try to be quite brief. I'm here representing the 2,000 members of Dental Amalgam Mercury Syndrome. Many -- in fact, all of the people have recovered either fully or partially after having their fillings replaced, especially the coordinators and the activists in our group.

People have said over and over again that mercury is a 50 percent component of amalgam fillings. I would like to say that I have had composites in my mouth for 22 years. They have held up very well. So I don't really believe that they're as unstable as we have heard here.

I had a life-threatening breakdown from the amalgam fillings. No one could figure out why. I was in my 40's. I had been a hiker and a jogger. I went downhill in one year's time and became a bedridden invalid. My symptoms were a lot like MS. They were brain fog, confusion, digestive problems,

equilibrium problems, and I guess if I hadn't been such a fighter, I would have simply given up and that would have been that. But I had a feeling that it was caused by something that I did not contribute, and finally after five doctors gave up trying to diagnose me, I was diagnosed by a biochemist nutritionist as having a sensitivity to my 16 amalgam fillings. Those fillings, because I was not genetically the kind of person who could excrete efficiently, built up in my system so that I could not get rid of the mercury. I was placed on a special regime. I had my mercury fillings replaced by composites and I began to get well.

This was an expensive process. I count myself fortunate that I had the income to do this. And I think that's why I feel so strongly that we should get rid of this so that other people don't have to spend this kind of time and go through the suffering and the stress

involved in all of this.

I have fielded myself. I have five notebooks full of testimonies of people who have gotten well from having their amalgams replaced. So I have absolutely no doubt about what I'm saying to you.

I'm in favor of this bill, and I hope it's put in through for the best results for this City.

Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony.

Sara Moore, please state your name for the record, if you could come forward. Thank you.

MS. MOORE-HINES: Good afternoon.

COUNCILMAN SAVAGE: Please state --

MS. MOORE-HINES: I want to commend Councilman Brown and yourself in terms of proposing this bill. I think it's a huge contribution to the

community.

I'm a graduate of Swarthmore College and Hahnemann Graduate School here in the City. I'm a psychotherapist in Pennsylvania. I'm a member of Sanctuary Church of the Open Door. And, Councilwoman Brown, thank you for your very eloquent speech the other day at our church.

COUNCILWOMAN BROWN: Oh, you're welcome.

MS. MOORE-HINES: I've practiced for over 25 years as a therapist.

COUNCILMAN SAVAGE: Please state your name for the record.

MS. MOORE-HINES: I'm sorry. Sara Moore-Hines.

COUNCILMAN SAVAGE: Thank you.

MS. MOORE-HINES: I practiced for over 25 years as a therapist here in Pennsylvania with individuals and families. I've served on two mental health boards in the state advocating for

professional standards, including for licensure, for professional counselors and marriage and family therapists.

Eleven years ago I was in excellent health and physically active. My life was happy, personally and professionally, and who would have suspected that a few visits to the dentist would have resulted in 11 years of an unexpected and devastating damage to my health?

My local dentist had decided to repair and replace about three or four amalgam fillings, and I felt good that I caught up on some long-needed dental work. Within one to two months, my energy had began to slowly deteriorate and I began to experience flu-like symptoms almost all the time. An extensive battery of traditional blood tests indicated I had a very good bill of health, and a Main Line M.D., Harvard-trained M.D. said he had no idea what was happening to me.

Over the next four years, my energy worsened into exhaustive chronic fatigue, creating great difficulty even getting out of bed in the morning and getting through my workday. Eventually I could no longer walk around the block. I came down with frequent colds and illnesses, and when I did get the flu, I wondered at times if I would survive. I had to begin to cancel personal and professional appointments at the last minute.

I started experiencing bouts of depression, which I had never had in my life, worry and anxiety out of nowhere. I also noticed that I didn't have my usual emotional resilience and calm state of mind. Clearly, something was having a powerfully negative effect on my whole body and no one seemed to know what it was. My hair began to fall out and I noticed it was becoming a challenge to focus or concentrate. My memory started declining and I was no longer able to

easily do checkbook calculations. So as a graduate of Swarthmore and Hahnemann, that was clearly a dilemma and a big question mark what was going on here.

Other problems emerged: thyroid and adrenal damage, tachycardia, chest pains, none of which I had had before, and chronic painful, urinary tract infections. I wondered if I could ever get well. It took me four years to be properly diagnosed. And, thankfully, I was diagnosed by a holistic dentist and a holistic M.D., and the accurate diagnosis was mercury poisoning from the silver amalgam fillings, and the tests bore this out.

I had trusted that my amalgams were safe, as many other dental consumers do, with blind trust. Because my immune system had been so damaged from the mercury, it turned out, it took about a year to safely and slowly replace the mercury fillings with white composite fillings.

The healing process over the last few years has occurred slowly, inconsistently and with frequent disappointing setbacks. I am better. Not completely better.

Subsequent testing has indicated a gradual decrease in the mercury level burden in my body and associated gradual health improvement. Thanks to the mercury removal and special daily supplementation, which I'm still on -- very expensive, by the way -- I can work full-time again. My life is slowly resuming its original quality, thank goodness.

The entire detox, mercury detox, process created significant emotional and financial burdens, as it does with many mercury-poisoned patients. The devastation to my health was not necessary and should not have happened. My question is, how can other people be spared and protected from this internal mercury amalgam assault?

5/30/07 - L&I - BILL 040904

As having sat on other professional standards boards, I believe that this issue of mercury amalgam is a significant consumer protection and public safety issue. Please take responsible steps to protect consumers from being exposed to mercury amalgam fillings. Please enact procedures, regulations and/or laws regarding informed consent that will educate consumers about the potential health dangers of amalgam fillings.

As in many medical care where we all expect to be informed about any surgery going into or any important medical procedures, dental patients also have a right to informed choices.

Sweden banned amalgam fillings as of this January '07 and other European countries are following suit. If you look at the independent research -- and this is not research from ADA or any of the state dental associations. And by the way, I brought copies which I would

like to submit, if I may, to you, to Council.

COUNCILMAN SAVAGE: Thank you.

MS. MOORE-HINES: Should I bring it up to you?

COUNCILMAN SAVAGE: No. We'll get it.

MS. MOORE-HINES: Thank you, sir.

This independent research indicates great concern, and this research, by the way, has been going on in Canada and United States for over 20 years. It's always interesting to me that the American Dental Association never can seem to find it, because many of us have found it. And it concludes many things, and I'll be very brief on this. Among those things are that mercury amalgam fillings contain at least 50 percent or more mercury, each one, and has been demonstrated to be more toxic than lead or even arsenic, that the fillings continuously leach or -- I'm

sorry; that the mercury leaves the fillings continuously throughout the lifetime of the filling, especially when you drink hot liquids like coffee or tea, or chew gum, that more the mercury vaporizes off the filling is breathed in, goes into the bloodstream and poisons the body.

Mercury vapor -- this is all from research now. Mercury vapor is the main way that it comes out of the amalgams, and the vapor is absorbed at a rate of 80 percent through the lungs into the blood. It also crosses the fetal placenta in the pregnant mother and it also crosses into breast milk for the breastfeeding infant.

Scientific studies also show that mercury is absorbed into the brain that passes through the blood brain barrier, thus being implicated in Alzheimer's, depression and anxiety disorders, as has been alluded to by the doctor and other people who testified.

Mercury kills cells and can severely harm the nervous, reproductive and immune systems, also the kidneys, the heart, thyroid, adrenals and other systems in the body.

Again, the World Health Organization, which is highly respected, maintains that mercury from amalgam fillings is the single greatest source of mercury for the general population. Ideally, these fillings should be banned. There are safe dental alternatives that truly serve our citizens well.

And in conclusion, those of us who have been adversely affected by mercury fillings will remain deeply concerned about this issue until everyone is safe from this toxic substance, which is a neurotoxin, that can greatly damage the bodies and lives of any of us. I believe that in every walk of life and in every profession, there are certain crucial times when there is a need for leaders to emerge who take required

action. Regarding the issue of amalgam, now is the time for those who can and will to take such informed, responsible action. Now is the time to resist the pressures of vested interests and to take the higher ground and to act wisely and courageously based on the research, and to do so will serve and deeply benefit tens of millions of Americans across the nation, including women and children.

Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony.

Susan Kreider.

MS. KREIDER: Susan Kreider.

COUNCILMAN SAVAGE: Excuse me. I'm sorry. I apologize.

MS. KREIDER: That's all right.

COUNCILMAN SAVAGE: Could you please state your name for the record.

MS. KREIDER: Susan Elizabeth Kreider.

COUNCILMAN SAVAGE: Thank you.

MS. KREIDER: Thank you for

hearing testimony in consideration of a bill that would require mercury separators in dental office sinks to prevent it from entering the City water supply. I am here today to put a face to the hypothetical female of child-bearing age we always hear about who should be protected from mercury exposure.

As a consumer, I was exposed to mercury in amalgam fillings from an early age. Raised in the Philadelphia suburbs, my parents took me to see a dentist biannually. Because my teeth were misaligned, I wore braces for four years in my teens and subsequently underwent wisdom teeth extraction.

By age 30 years old, I had accumulated about 12 amalgam fillings, many of them multi-surface type. Since I was leaving a job that had, quote, good dental insurance, my dentist, who was retiring soon, advised me to get porcelain crowns. He said they would have a nice, natural appearance and last

for many years. I deferred to his judgment and invested in the six crowns.

I brought a poster with me that was taken 20 years ago when I was 30 years old in Vilnius, Lithuania. I wanted to point out that -- this is prior to having neurologic damage. That picture was taken in the fall of 1987, approximately six months after the crowns were placed. It was one month prior to my earning a third degree black belt in Shotokan Karate recognized by the Japan Karate Association. When I entered Abington Memorial Hospital School of Nursing a few years later, my Cumulative Health History Physical Exam dated June of 1990 noted that all body systems were within normal limits.

That soon changed. In September 1990, as mandated by the School of Nursing, I simultaneously received a hepatitis B vaccine and tetanus booster, not knowing that each contained 25 micrograms of mercury in the

preservative, thimerosal. October 1990 I received another bolus dose of mercury in my second hepatitis B shot, followed by yet another bolus dose of mercury two weeks later in a flu shot. By the third and final hepatitis B shot received March 1991, I was starting to complain of numbness and tingling in my fingers and toes.

I was employed as a nurse extern at Chestnut Hill Hospital that spring. Their Department of Occupational Medicine recommended that I receive the MMR vaccination series despite that I now had massively elevated anti-nuclear antibodies, meaning that my immune system was creating antibodies attacking the nucleus of my own cells. In May and June of 1991, I received those shots. Thankfully, they do not contain thimerosal preservative, because mercury is a cytotoxin and would, therefore, kill the live viruses.

Fall of 1991 I had my final flu

shot containing another 25 microgram bolus of mercury in the preservative. The sum total then was 150 micrograms of mercury that I received by intramuscular injection in a 15-month period. At the time, I had an estimated five to six grams of mercury in my teeth. And at this point, I'd like to point out that I have photos actually taken by a dentist here that show the dental amalgam that was underneath the porcelain crowns that I was unaware of.

Since spring of 1991, I was evaluated regularly at the Abington Memorial Hospital Rheumatology Clinic and, since then, have had extensive neurologic work-ups, including a sural nerve biopsy at the Hospital of the University of Pennsylvania, leading to a diagnosis of undifferentiated connective tissue disease and severe peripheral sensory neuronopathy. By 1994, I was walking with a cane and needed hand controls in order to drive my car,

because I couldn't tell where my feet were.

In 1994, I filed a VAERS -- that's Vaccine Adverse Event Report -- and learned that the hepatitis B vaccine was not covered by the Vaccine Injury Compensation Program despite that the vaccine was given to newborn babies since 1991. The Table of Compensable Vaccines expanded in August of 1997, although the FDA did not apprise me of this, and I filed a complaint to the National Vaccine Injury Compensation Program within five weeks of my statute of limitations expiring in August of 1999.

It was not until attending a hearing about vaccine safety by a United States Department of Congress Oversight Committee in August 1999 that I learned from an attendee about mercury in my dental amalgam. I had only just learned about the mercury in the vaccine preservative. It was overwhelming to learn this, that this could happen in a

developed country. I was gobsmacked.

Prior to having my dental amalgam removed in March of 2000, I had a Clifford Material Reactivity Test to ascertain which dental materials would be most appropriate for replacement. The tests confirmed on two separate occasions that I am reactive to mercury, along with formaldehyde and aluminum, also in the vaccines. I have attached those test results.

And I'd also like to point out -- and this is not written -- that what it states in these tests is that I'm allergic or reactive to the mercury group. It does not specify whether it's metallic mercury, methyl mercury, ethyl mercury, whatever. I'm reactive to the whole group.

On February 1, 2007, this year in other words, I finally had my onset hearing for the National Vaccine Injury Compensation Program to establish that my new neurologic disability developed at

the same time I received the series of vaccines so many years ago. One of the questions that the NVICP special master posed was, "You seem to think that your dental fillings predisposed you to injury from the vaccines; is that correct?" I agreed in earnest. "Yes, I do. It's horrible stuff." Despite the admission, I prevailed in court, the ruling exceeding my lawyer's expectations. Now the case is being reviewed by potential expert witnesses.

We needn't continue to use mercury in dentistry now that safer materials are available. The few dollars difference in up-front costs do not compare to the heartbreak of disability and many dollars spent attempting to correct resulting pathology which will vary among individuals depending on life-style and genetic makeup. With emerging epidemics of autism and Alzheimer's on both ends of the age spectrums, we don't have time to ignore

obvious improvements in the delivery of healthcare.

Also, I wish to comment on the recklessness of administering mercury in either vaccine or dentistry in a society deemed increasingly violent in nature, and I'm citing the work of the late Harris L. Coulter, Ph.D., author of "Vaccination, Social Violence and Criminality."

In closing, I would like to say that I have maintained my state licensure as a registered nurse since 1993 and additionally am a certified professional coder employed the past nine years at the Hospital of the University of Pennsylvania, most recently as the Surgical Clinical Nurse Reviewer for the American College of Surgeons' National Surgical Quality Improvement Program. My views are my own. I feel that vaccines are somewhat protected, held sacred from objective scrutiny, but I hope that the winds of change are blowing.

Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony.

Karen Burns and Ms. Koss, please come forward.

COUNCILWOMAN BROWN: Quick question. Please forgive me. I didn't know that you were all finished.

Have you had a chance or any opportunity to share your stories with the ADA or the Pennsylvania Dentistry Association, any one of you at any time?

MS. MOORE-HINES: I've testified in front of the FDA in September. There were two days of public hearings.

COUNCILWOMAN BROWN: And they were hosted by whom?

MS. MOORE-HINES: I'm going to need some help on that.

COUNCILWOMAN BROWN: Where were the hearings?

MS. MOORE-HINES: In the Washington area, Baltimore, Maryland.

It's always interesting to me that the ADA folks and the state folks sort of always walk out and never end up hearing some of the additional information, which I find is not a coincident and unfortunate that they're not informing themselves.

COUNCILWOMAN BROWN: We thank you all for your testimony very much.

COUNCILMAN SAVAGE: Thank you.

MS. BURNS: Hello. I'm Karen Burns, and thank you for having me here today. Where did everybody go? These two, the ADA? They don't have to stay and listen to us?

COUNCILWOMAN BROWN: They do have --

MS. BURNS: I traveled pretty far and it's hard for me to get around.

COUNCILMAN SAVAGE: Yeah. We appreciate your testimony, but we did vote the bill previously. I don't know if you were here earlier.

MS. BURNS: Yeah. I heard

that. So they don't have to listen to anything else? I don't think they want to hear much of what we have to say.

COUNCILMAN SAVAGE: Well, we want to hear what you have to say.

MS. BURNS: Good. Thank you for having me. My name is Karen Burns and I was a dental assistant for 24 years on and off until I became too sick to work. I had a mouth full of fillings too before I started working. I had the vaccinations too that were mandatory for the job.

I worked with the bottle of mercury that the man said that his father had. I wish he was here so I can tell him that his whole office is probably poisoned just from having that bottle of mercury in the building. Because when we used to mix amalgam that way, it would get everywhere. There were no ways of measuring. It just went everywhere.

Remember the days?

We had silver pellets and, like

he said, this bottle of mercury that we would measure out, but it would just spill. Our rings would turn silver. It would get all over the floor. You'd try to vacuum it up with the suction, but vapors were everywhere. And I'm amazed in this day and age, like you asked before, if anyone comes in and actually measures the air quality in these offices. I mean, I just find it amazing in this day and age.

I went to dental school for a year to become a dental assistant, so when I first started getting sick, it took three or four years to get a diagnosis. They thought maybe because I had three children and I was a woman that I was just getting a little crazy, but finally I went to a holistic doctor in Manhattan and he had asked what I did for a living and he decided to test me for heavy metal poisoning, which coincidentally I had very elevated mercury. So we started to work on that.

I had chelation treatment for as long as I could afford it. It's very expensive, like they mentioned before. And for three years I traveled to Brooklyn. I live in New Jersey now. I tried to get workers' compensation to pay for my chelation, but they said there's no proof that I got my mercury poisoning at the dentist. They even asked me if I ate a lot of tuna fish, and I said that I don't have the luxury of eating tuna fish.

Earlier I heard someone saying from over there that they don't believe that 50 percent of the mercury is coming from dental offices. This morning I spoke with the EPA -- the DEP, excuse me, in New Jersey, because I wanted to find out the laws there, and they said 50 percent is coming from dental offices, and by September, late August, dentists in New Jersey have the option of either getting a license to dispense mercury or getting the amalgam separators, and they

believe they're just going to opt for that, because it would be a lot easier. New York, of course, has already passed a law, which I know when I was going to court in Brooklyn.

As far as the FDA, I have a lot of pain issues. I have fibromyalgia, Epstein-Barr virus, chronic fatigue. I was prescribed Vioxx, and, thank God, I didn't wait for the FDA to come up with the truth on Vioxx because I might not be sitting here today testifying to you. I could have been like the other -- I don't know how many hundreds, maybe thousands that died from Vioxx. So as far as waiting for the FDA to pass anything or put their little ruling on anything means nothing to me.

The amalgam separators, I have never met a struggling dentist in my life, and I've worked for about 20 dentists, because they were known not to give raises. Even when I went to work at compensation court, they couldn't believe

how many dentists that I worked for, and I explained to them I couldn't get a raise unless I went to the next dentist and said that I was making more money, and that was the only way that I got raises. So I think they can afford the amalgam separators.

And like doctors, I think they take the same oath too, to do no harm and to do the best for patients. So if they really cared about their patients, they would find ways to get composites into children and not poison them and, like they said before, not have mercury three inches from a developing brain. Right?

I think it's time. I think it's time Philadelphia goes along with the rest of the states, because you need to have clean water for everybody here.

Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony. I appreciate you coming.

Karen Palmer.

5/30/07 - L&I - BILL 040904

MS. PALMER: I'm Karen Palmer. Thank you for your consideration. This is greatly appreciated.

As I said, my name is Karen Palmer and I was a dental assistant for many years until I was diagnosed with heavy metal toxicity from mercury and lead in May of 2004. I experienced a very sudden onset of a combination of stroke and heart attack symptoms, including full body tremors in September 1998 that I now know to be caused from chronic mercury vapor exposure.

After a five-day hospital stay and numerous tests by several specialists, I was given a prescription for the dizziness and released. The explanation I was given for my episode was, We see this sometimes, we really don't know why, and suggested that I get a stress test.

I slowly began to be less dizzy but never really regained the same level of energy I normally possessed, and the

numbness in my arms still persisted.

Then in May 2003, I was struck with pain, numbness, tingling and burning in my lower left jaw, face, mouth and tongue, which eventually spread down the entire left side of my body. While waiting for an appointment to be seen by a neurologist in July 2003, I experienced another sudden onset of symptoms very similar to that in September 1998, except this time the pain in my lower left jaw had radiated to the lower right jaw, face and body. I was seen at another hospital, and they also could not offer any explanation for what I was experiencing and suggested I keep my upcoming appointment with the neurologist.

I finally saw the neurologist, and he believed I had MS due to the sensory disturbances that were apparent during my exam. But after all the negative test findings, he referred me to an MS specialist, who concluded that I

did not have MS, but that my brain was just misfiring and more active on the left side. He suggested I should forget about all what I was feeling and get on with my life. That was January 2004.

Three months later at a visit with my chiropractor she discovered a loss of tendon reflex below my left knee and was also concerned with my B-12 levels, because they were three times that of a normal level. She strongly encouraged me to make an appointment with a doctor specializing in environmental medicine.

I did act upon her recommendation, and after a very comprehensive health history evaluation and testing and after a full year later, I finally had a definitive diagnosis. I was 1,275 percent toxic from total body mercury burden. Chelation therapy, thankfully, has lowered my toxic levels, but the overall damage from being toxic remains.

Many dentists are in denial and lack sufficient knowledge and understanding about the dangers of mercury that they are handling daily, but they are also not medical physicians. One would have great cause to wonder and worry about the safety of all the dental school students working with silver mercury amalgam filling material.

All dental hygienists release vapor from fillings when they scale and scrape teeth with hand or electronic instruments and when they polish with a rubber cup or bristle brush. As dentists drill, even more significant levels of vapor pour off the fillings. The dust and the particles created from the drilling process contaminate the patients, doctors, staff and surrounding countertops, walls and floors.

Much to my discredit, I now know more about mercury toxicity than in all the years I handled it. I knew that the silver amalgam fillings had mercury

in it, hence the MSDS, the Material Safety Data Sheet, enclosed and the hazardous shipping label. I thought I was protected from any harm to me because I wore a mask and gloves, as per ADA and OSHA-stated guidelines. But I was wrong. Mercury vapor goes right through the mask and gloves.

Needless to say, I am outraged to learn this and that there is no safe form or amount of mercury that belongs in the human body. As a cumulative neurotoxin, all are affected negatively, sadly, in some way. Pregnant women, their fetus and children are especially at risk. Now all the miscarriages in the dental staff by dental staff are better understood. So much of the other medical symptoms and conditions witnessed also make better sense.

Current regulations are not always followed or enforced for maximum protection. There is a tremendous need for regular and mandatory testing for

chronic mercury toxicity exposure. Now I know and realize I was slowly poisoned over time from a profession that I gave the best years of my life.

Anyone who has ever filled their car with gasoline has smelled and seen the vapor rising from the pump handle and the posted warnings to avoid inhaling the fumes, unlike mercury vapor, which is odorless, colorless, tasteless and vaporizes at room temperature. How I wish I could have known how damaging this vapor is, but the emphasis and main concern was always on infectious diseases, disinfection control measures and sterilization methods. Optimal evacuation and ventilation devices and equipment are so key for everyone who enters into the dental office.

Patients must be told when they are given a choice of filling material options that each silver filling being placed just inches from their brain contains 50 percent mercury and that

mercury vapor is released when they chew, brush or grind their teeth and also when they eat hot or cold drinks or food. Mandatory informed patient consent is so crucial, because significant levels of mercury vapor can cause permanent damage to the brain and kidneys. I am living proof of that fact.

All the paresthesia, toxic neuropathy and chronic fatigue still plague me today. It never occurred to me where all the mercury-laden scrap fillings and dental wastewater ended up and the eventual devastation to the environment. All dental offices, clinics and schools must install amalgam separators as many states have done across the country from Maine to California.

This Council has a very unique opportunity to have an enormous positive impact on the current and future health and well-being of the people and environment of the City of Philadelphia.

There are approximately 266,000 dental assistants practicing nationwide, nearly 3,000 of them in Philadelphia. I hope and pray they know more about neurotoxicity from mercury vapor than I did, because I can't even begin to express in words how sorry I am to all the trusting patients. We are all "first, to do no harm." Now I can't help but feel to be carrying a huge burden of knowledge, much too late in coming, and the guilt for having directly assisted in the placement and removal of thousands of toxic silver mercury fillings. Now all I can do and must do is anything and everything to help all affected by mercury as a result of modern dentistry at its best.

Concerning mercury, it's all bad. Nothing good about it. In this world and life, sometimes things have to get worse before they can get better. To say the least, it is a gross understatement that many people will be

shocked to hear and learn all there is to know about what's in their mouth. God forgive and help us all.

Thank you.

COUNCILWOMAN BROWN: Thank you for your powerful testimony.

Please, if we could now hear from Freya Koss, please.

MS. KOSS: Thank you very much.

COUNCILWOMAN BROWN: You're welcome.

MS. KOSS: My name is Freya Koss. I'm the Director of the Pennsylvania Coalition for Mercury-Free Dentistry, a grassroots organization dedicated to bringing public awareness about the devastating illnesses and effects from mercury in dental fillings.

In March of 1998, I wasn't aware that my silver fillings were 50 percent mercury. I now know it's a neurotoxin. I learned the hard way. Seven days after having an old amalgam removed and a new one placed, I was

struck with double vision and shortly thereafter diagnosed with multiple sclerosis, lupus and myasthenia gravis, three devastating autoimmune diseases.

When I questioned my doctors about what caused these diseases, they said there was no known etiology. Through my own research of studies and governmental documents, there was no mistake, I was mercury poisoned. And this was supported by a diagnosis of an environmental medical physician who said, You are amalgam poisoned.

I learned through my research that mercury from amalgam fillings is constantly released and is inhaled, where it is inhaled into the brain. It has a 27-year half life in the brain. I still have tons of mercury in my brain, and it will take many years for me to get rid of that, and hopefully I will.

Mercury dental fillings can impair function of the skeletal muscle, compromising the neuromuscular

transmission, often diagnosed as myasthenia gravis.

Mercury in an upper tooth is only ten centimeters from the brain and can cause neurological symptoms related to vision and illnesses such as sclerosis and epilepsy, two more diseases with no known etiology, according to the medical community.

Despite the fact that neurologists told me that I would never recover and be sick for the rest of my life, I had my fillings removed by a specially trained biologic dentist, and I very slowly recovered.

There is no reason to continue to use mercury in the teeth of anyone, particularly pregnant women and children.

I would like to make some comments in deference to some of the statements made by the American Dental Association and the Health Department.

Number one, mercury is not an allergy. Mercury is a poison. It is a

neurotoxin.

Secondly, the American Dental Association -- or it was the Pennsylvania Dental Association was concerned about children, If amalgam fillings are no longer available to children, they won't get any dental treatment. Well, I can tell you that there are pediatric dentists who haven't used amalgam fillings for years, many in this area. Apparently they're successful in treating children with composite fillings. And now we know that 52 percent of the dentists no longer use amalgam fillings. I would assume that they're treating children as well as adults.

I'd like to read something here, a statement by Dr. Harold Loe. He was the Director of the National Institute of Dental Research in 1993. He said, Use new composite materials for children's teeth. Quote, "That first filling is a critical step in the life of a tooth. Using amalgam for the first

filling requires removing a lot of the tooth substance, not only diseased tooth substances but healthy tooth substances as well. So in making the undercut, you sacrifice a lot, and this results in a weakened tooth. And the next thing you know, the tooth breaks off and you need a crown. Then you need to repair the crown. And so it continues to the stage where there is no more to repair and you have to pull the tooth." That's using an amalgam filling. "With the first filling, you should do something that can either restore the tooth or retain more healthy tooth substance. Use new materials for children, composites or materials you can bond to the surface without undercuts. You can do this with little removal of the tooth substance so that the core of the tooth is still there."

This is 1993. We are now 2007 and we're still placing poisonous mercury fillings in children's teeth, for no

reason.

I'd like to make another comment in response to insurance coverage for the poor. The Pennsylvania Department of Welfare pays for white composite fillings. The problem is the decision is left to the discretion of the dentist. The dentist doesn't inform his patient that there is a non-toxic white filling available. Why? I can only assume because he is only given $10 more per filling.

In terms of informed consent, the Pennsylvania Dental Association, along with the American Dental Association in their Code of Ethics stipulates that dentists are to give their patients all the alternative treatments so that the patient can be part of the decision-making process.

So there is no dispute in your bill, Councilwoman. Patients need informed consent and choice and they are supposed to get it, according to the

dental profession.

COUNCILWOMAN BROWN: Do we have copies of your testimony as well?

MS. KOSS: Excuse me?

COUNCILWOMAN BROWN: Do we have a copy of your testimony?

MS. KOSS: Yes. I had ad-libbed a little bit, but you do.

I want to thank you, Councilwoman, for your courage and your commitment to improving the health and quality of life of all Philadelphians. You have always exhibited a true feeling and concern, particularly for women and children, and this certainly will enhance their lives. Thank you very much.

(Applause.)

COUNCILWOMAN BROWN: Thank you for that. I thank you very, very much for that. I've tried to make it my business to be a voice for women and children, even for those of us who are not as enlightened as we think they should be, because we need those types of

voices on this Philadelphia City Council, and this bill is simply another example of why we need to have voices who care about all Philadelphians but are a voice for women and children.

So I thank you very, very much, all of you, for your powerful testimony, and we have some enlightenment to do, but that's why we're here.

MS. KOSS: Could I just say one thing? There are a few people here from the public and we were told that they would be able to make a brief statement. Would that be all right with you?

COUNCILWOMAN BROWN: Yes. We have one final panel. We're more than happy to allow anyone else who cares to put their remarks on the record to do so.

MS. KOSS: Thank you.

COUNCILWOMAN BROWN: Let us please invite up the final panel and then we'll certainly open it up to anyone else who wants to provide testimony. Karen Salient, Carol McFarland, Theresa Mendez,

5/30/07 - L&I - BILL 040904

Frank Baird, Fran Hazam, Lisa Crickem and Steve Marcus. If you are here, you're welcome to come forward and --

MS. KOSS: We only have a few of those people left.

COUNCILWOMAN BROWN: Not a problem. Anyone else remaining, you're welcome now to please move to the witness table and offer your testimony.

Good afternoon, everyone. Please state your full name for the record and then please offer us, if you will, final remarks for this hearing.

MR. BAIRD: My name is Frank Baird. Twenty-six years ago I testified before this Council on behalf of the right to know law. In 1967, I was poisoned at a job working with hot mercury. I have to read this testimony because mercury took away my short-term memory.

I have been disabled and unemployed since 1971. Mercury poisoning is forever. The mercury vapor from both

liquid mercury and dental amalgam accumulates in the pituitary, the thyroid and in the testes. It made me both sterile and impotent. It destroyed my marriage and any hope of having children.

This Material Safety Data Sheet from a manufacturer of dental amalgam says, quote, "2-spill mercury contains 650 milligrams of mercury. Vapor pressure 0.0012 millimeters of mercury at 20 degrees Centigrade." That means at that vapor pressure that it will evaporate to a concentration of 18 million grams per cubic meter. That concentration exceeds the permissible exposure limit determined by the Occupational Safety and Health Administration -- that's OSHA -- by 180 times. Unless they can demonstrate that their amalgam produces 180 times less vapor pressure than their Material Safety Data Sheet states, then OSHA should ban its use in workplaces like dental offices and in the mouths of dental patients. I

have spoken with OSHA about this and they don't want to hear about it.

When the federal government refuses to enforce its own safety standards, then it is up to local government to take the lead. By passing this bill, you will be continuing in the tradition of leadership of the Philadelphia City Council that passed the nation's first right to know bill 26 years ago.

Thank you.

COUNCILWOMAN BROWN: Thank you for your testimony. And we have copies of your testimony as well?

MR. BAIRD: Yes.

COUNCILWOMAN BROWN: Proceed. State your full name for the record.

MS. WRIGHT: My name is Elizabeth Wright and I've come up from Virginia to testify today. I thank you so very much.

I would like to -- I'm going to read a letter that is part of the

submission, but in response to some of the ADA comments earlier today, I'd like to say that four weeks ago today, on May 2nd, I attended a Capitol Hill hearing, a subcommittee hearing, on pediatric dentistry on Medicaid, and one of the reasons why a lot of Medicaid patients don't receive dental care is because they cannot find a dentist that will take them. It's not the cost of the composites. As stated, Medicaid pays -- and I know every state is different in their Medicaid programs, but nationally, Medicaid pays 20 cents on the dollar. So which dentist is going to receive Medicaid patients.

The example that was used to bring this to the issue was within a month, two children in Maryland died from lack of pediatric Medicaid dentistry, but the one that absolutely captured the horror of our metropolitan area was a young man, 12 years old, by the name -- young child by the name of Damante. His

mother tried so very hard for the younger brother. He had six rotten teeth, and the incredible amount of red tape that it took, I'm projecting here -- I'm a former elementary school teacher. I'm projecting that Damante being the middle child didn't want to bother his mother. He never complained about his teeth. For those here that may not know, his dental infection moved to his brain and he died of a brain infection.

So as they were discussing this and they said obviously we are failing our Medicaid patients and our children by not funding this, we need to find more funding for our Medicaid patients. And I would like to say that generally a lot of our Medicaid patients come from cities. They said -- one of the things I wanted to say to the ADA dentists that were testifying that day that were local dentists is, why aren't you having some level of compassion and care in opening the door to help these Medicaid patients?

And I understand it's an economic choice, but for this poor young child -- Representative Diane Watson from Los Angeles was very emphatic and she said, when we get the funding, she's going to see to it to whatever it takes on her behalf that none of that funding will go for mercury amalgams, because there's enough toxicity in our young children. So I would like to state for the record that there are folks in Washington at the national level looking out for our Medicaid patients.

Also, real quick about the frustration or the concern of dentists not investing what I'm hearing anywhere from $700 to $2,000 to install these separators, that's a business expense. They are spending other funds for marketing, et cetera, et cetera, but this is a business expense.

And I'd also like to state for the record that I am -- I've been through my own situation with the mercury

toxicity and, yes, the thousands of dollars to get it out of the body, and it's not all out, but I'd like to say that if I had testified ten years ago, within five minutes three times I'd have to ask you what did I just say. That's one way that mercury affected me. It would just shut off my brain. It was like the light switch had been thrown and I couldn't remember until you jogged my memory. That would be approximately three times every five minutes. And I'm happy to report I'm no longer tripping up stairs, my food is not dropping off my fork. I still have numbness in my hands and feet, but I was pre-diagnosed with MS in 1995 and it took until '99 for me to figure out that it might -- after all the conventional doctors didn't have any answers, I started to go to alternative health -- that mercury was the issue, and that's when I started my recovery, is in '99. And, yes, it's very expensive.

But for the record, I'd like to

read as a response also to the ADA about their going back to the FDA's panel last fall. This was a letter written to the FDA saying that this gentleman would be most glad to go and testify in front of the FDA last fall, but from my understanding, his offer was not received.

This was written by Dr. Benjamin Zander, which some folks may have heard because he's a Professor at the New England Conservatory, Conductor of the Boston Philharmonic and the Youth Philharmonic Orchestra and he's also the author of The Art of Possibility. He's well known. I first learned of him as being a leadership in motivational speaker.

But this was written Wednesday, August 23, 2006 to the FDA committee investigating the risk of mercury fillings. "Dear Sir, I wish to draw your attention to a matter of utmost importance to me. Three years ago, I

developed Meniere's disease, which causes violent bouts of vomiting, vertigo and massive hearing loss. Visits to ear, nose and throat specialists throughout the world yielded no results. Because of the violence of these attacks, I had to counsel or stop in the middle of several performances that I was conducting."

I'd just like to say, remember, Conductor of the Boston Philharmonic Orchestra.

"At the suggestion of a physician at a clinic in St. Gallen, Switzerland, I had all the mercury and nickel removed from 15 teeth. This operation was completed by the distinguished American oral surgeon Dr. John Evans of Groton, Massachusetts. The results of this process were nothing short of extraordinary. All symptoms of the Meniere's disease suddenly disappeared and have not reappeared for 13 months. Amazingly, my dentist, Dr. Roland Karp of Cambridge,

Massachusetts, claims that he had not put any metal of any kind into my teeth during the 35 years that he had had me as a patient, and yet Dr. Evans found vast amounts of these materials.

"I shudder to think what diseases this kind of poison is creating in our population. Indeed, I feel so strongly about this issue that I would be prepared to testify in Washington to the results caused by the removal of this toxic material from my mouth.

"Another less significant by-product of this process has been a sudden and total disappearance of an unsightly and unhealthy fungal condition in my toes that had persisted for the last 15 years in spite of attempts to treat the condition with the extremely expensive drug Lamisil.

"I do not depend for my career on the appearance of my feet the way I do on the effectiveness of my hearing, but I cannot help but consider it an

extraordinary benefit that this condition has completely cleared up without any use of any medication." Signed Dr. Benjamin Zander.

Thank you again for the women and children and others that are affected by mercury that aren't here today. Maybe they can't afford to be here. Maybe they don't know about the issue of mercury, but I want to thank you on their behalf, because too often the people that you stand and advocate for --

COUNCILWOMAN BROWN: Don't have a voice.

MS. WRIGHT: -- don't have a voice, and as a female, I would like to say thank you on their behalf.

COUNCILWOMAN BROWN: You're welcome, very welcome.

Please, your testimony.

DR. BROCKMAN: I'm Dr. Andrea Brockman and I am now President of OraMedica International, which is a consumer education site that educates

people how dentistry connects to overall health. And the only reason that I'm testifying right now, since everybody has just about left the room, is for the record.

As a female dentist, I was exposed to mercury. In dental school in 19 -- I was in dental school from 1975 to 1979 where we did not wear masks. We had no gloves. There were no mercury triturators at that time. We were taking amalgam and squeezing it and squeezed closed in our bare hands. And imagine 300 dentists on a clinic floor drilling out, spilling mercury amalgam all over the floor and no ventilation. It was at that time I had my first panic attack. I had a miscarriage. I thought I had a heart attack and ended up in the hospital. I started getting migraine headaches. I was completely healthy before that.

I was an intensive care nurse prior to being a dentist, and when I had

been on a floor that had broken a thermometer, which is 750 milligrams of mercury, the room was quarantined and we were not permitted to go in. I would venture to say that one spill of mercury is more than 750 milligrams of mercury, and when you're talking 300 dentists drilling out approximately two to three teeth and filling those teeth in several hours' period of time, that the exposure to mercury levels in that dental clinic far exceeded any standards of care, as far as I was concerned.

When it was pointed out that as a female we were exposed to the mercury in amalgams while we were using it, I was told not to go there.

I did not use mercury in my office. However, that was the only filling material that insurance was paying for. Posterior composites didn't even have a code when we started our practice in 1979. We were taken to task by the insurance company for billing for

an amalgam when we were putting in composite resins, only because there was not a code for that, and had to pay back the insurance company thousands of dollars for putting in wrong codes.

At the time -- this was still back in the early '80s. This was before AIDS -- we still weren't wearing masks and gloves, and I was pregnant in 1981 with my first child and I was drilling out a lot of mercury amalgam fillings. Even though I wasn't placing them, I was still drilling out probably several hundred a week, and I was very concerned about my exposure as a dentist and I had called the American Dental Association to find out what my exposure was from drilling out these fillings and if there was any of that aerosol that I was breathing in that was going to my fetus, and they said they would get back to me. That was 26 years ago.

I testified this in front of the FDA, and that testimony was stricken

from the docket. You will not be able to find it if you look it up even though that was addressed at the hearing.

I had first decided that I needed to protect myself, because I was getting ill, and started to do my own research, and at that time, you have to imagine, there was no Internet, so it was not easy to find information. But through the Freedom of Information Act I was able to get a toxicological profile of mercury, and I was absolutely appalled of what not only was I exposed to, we had carpeting in our office, we were dropping mercury all the time, we had drapes, it was getting into our clothes, and we had to find out how we were going to get this mercury vapor out of the air, because OSHA really didn't care about it and obviously there was no standards from the Department of Environmental Protection to take care of mercury vapor or spills in the dental office, let alone what was going down the drain.

At that point, we had had -- I had had a large vile of mercury, probably about four fluid ounces, which is enough to pollute a hundred acre lake, of which we were trying to get rid of. I had had that since dental school, and the Department of Public Health, Department of Environmental Protection and, I believe -- where else did we call? Nobody wanted to take it. They said you could have it hauled away for about $1,500. Finally, one of my dental assistants said that she found it in her house in her apartment when she moved in and the Public Health did pick it up from there.

The point that I was making was that you had asked the question before have you told any of your stories to the American Dental Association, have they listened, PDA. There have been numerous articles that have tried to get into the journals. They are not published. They cannot get in. It seems that the

sponsors of these journals have a lot of clout to be able to pull out their money if articles would get in that would be cancer to their sponsorships.

Dentists are threatened. It is illegal to take out mercury amalgam fillings for health reasons, and so, consequently, dentists are afraid to even discuss this with their patients.

COUNCILWOMAN BROWN: You say it is illegal?

DR. BROCKMAN: Yes. You can take it out for cosmetic reasons, but not for health reasons, because then that would be admitting that there is a problem with mercury amalgam fillings.

COUNCILWOMAN BROWN: I see.

DR. BROCKMAN: And my feelings on mercury amalgams -- and I have to say, I got into being a biological dentist and a mercury-free dentist first because of my own health, because I wanted to protect myself and I wanted to protect my children, who are all mercury toxic, by

the way, and have never had mercury amalgam in their mouth. They've just been exposed through me. And, again, I wanted to be able to protect myself, but because of that, I started coming in with gas masks and protecting myself with -- looking like I was in Iraq, and my patients were saying, Well, what are you doing?

I said, I'm protecting myself.

And they'd say, Well, what about me? So this eventually evolved into a practice where I was actually treating patients who were coming to me who were chronically ill. By the time we had been in our practice -- and I've practiced almost 25 years -- everybody that came to me had some sort of chronic illness, whether it was cancer, MS or chronic fatigue, diabetes, infertility, you name it. That's who we saw. And we really were not there as dentists, but more as health practitioners that could take care of their dental needs because

the physicians didn't know how to work on teeth.

So basically I'm looking at informed consent as well. As a female practitioner, I did not even know or was informed how severely we were being exposed, and I am sure that there are probably thousands of female workers in dental offices in the City of Philadelphia. In my practice alone, over 25 years, we had dental assistants and hygienists and people working at the front desk that had experienced miscarriage, infertility, chronic migraines, depression, drug abuse, breast cancer. I could just go on. And I thought that this was unusual that this was just happening in our office, but it happens in so many dental offices and there's no reason for this to be.

The American Dental Association was here and was arguing that they feel that this should be a filling material, that amalgam should still be there

because it's such a cost-effective material and has great longevity, and I feel that this is something that if they want to continue to promote this product, so be it. Just let people know what's in it and let them choose.

This is -- I would never say to somebody, You got sick because of amalgam and you're not going to get cured by taking it out. However, it's one less thing.

COUNCILWOMAN BROWN: Thank you. Thank you very, very much.

We have testimony from you, from all of you, correct? That would be very important for our next step.

Remaining final witnesses, please. Good afternoon. State your name for the record.

DR. DiLORENZO: Good afternoon. The name is Dr. Vincent DiLorenzo and I had practiced dentistry in Philadelphia for about 25 years, and I had been mercury free for 20 of those years, and I

need to say that a dental practice does not need to have mercury in it and mercury should not be part of it. Dentists can do quite well without it.

Over the years, the things that I have really noticed is that most of the people have never even considered or had no clue whatsoever that those innocuous silver little fillings in their heads had mercury in it at all, no less 50 percent mercury. Nor were they aware or had any kind of understanding that those silver fillings or those mercury fillings emitted mercury vapor continually that they inhaled, that they swallowed, that was absorbed by their body and wound up in cells and tissues of their vital organs. Nor were those people having any kind of clue that the breast milk that they were giving to their infant children was tainted with mercury. Nor did pregnant women recognize that their fetus was a dumping ground for mercury.

You're going to go to the

dentist and people who have been part of these proceedings will wind up going to the dentist, and after they've heard these things, they're saying, Well, maybe I'll do an amalgam or maybe I won't do an amalgam. You have choice. Most people do not have any kind of choice, and that's really what the whole issue turns out to be here.

Mercury should not be used in a dental office anywhere. However, mercury is still going to be an issue. As much as we do not want to hear that, as much as we are working hard against it, unfortunately it's still going to be an issue, and the time to act is now. Now is the time for Council -- and I'm so proud of you for fighting all these groups and all these people to bring this bill to the forefront, because I know there's a lot of pressure on you, I'm sure. We've all felt it. But the idea that perhaps now is the time to take that stand, to follow the fine example of many

of the other municipalities and states that are doing a few things; namely, one being this informed consent issue. I think everybody needs to be aware of those issues, including the amount of mercury, the toxicity issues with women and children, the outgassing of vapors, where does this vapor go. I think people need to know that.

And the watered-down version -- and don't get caught by this -- the American Dental Association and all those powers to be will try to promote the most limited, non-distinct description of this informed consent. Do not let that happen. These must be told truthfully and, excuse the pun, it should have a lot of teeth in it. That's number one.

Secondly, these mercury separators are absolutely essential. Dental offices are dumping inexcusable amounts of mercury into the environment, and here's a way to be able to help that. I mean, if we can take out 99 percent of

whatever amount of mercury they're putting into the environment -- that's debatable how much they're putting in, but even if it's a pound, why not do that? And believe me, the cost to the dentists is not going break the bank. Cost for these mercury amalgam separators, these mercury separators, is going to be about the same cost as you pay for a crown or you pay for a root canal. So put that in perspective in terms of how much they're really putting out.

And in terms of why these should be mandated, because they won't do it. If you give a voluntary program saying, Okay, all you dentists, we recommend that you put mercury separators into your office, you'd be lucky if you get two percent compliance. That's why it's needed. And I liked Dr. Donald Robbins' suggestion of having some kind of way that can be signed so that you know that these people were informed and

they were informed properly.

And, again, thank you for allowing all of us to speak, and I commend you on the work that you're doing, and there's a big battle to continue.

Thank you.

COUNCILWOMAN BROWN: Well, we thank you, Dr. DiLorenzo, and everyone who offered up testimony today. This is Chapter 1 of a couple years of work that we've been working in our office, and for the record, we did move the bill out of Committee with a favorable recommendation for first reading, which will take place tomorrow. So we thank you all very, very much for your important testimony. Please, please, please make sure we have your testimony and a means by which to contact you for our next step.

Thank you.

Mr. Chairman?

COUNCILMAN SAVAGE: Thank you. Is that it for the testimony today?

5/30/07 - L&I - BILL 040904

MS. ALBRIGHT: I just wanted to add a very brief testimony as a mother who lives in Germantown.

COUNCILMAN SAVAGE: Could you state your name for the record, please.

MS. ALBRIGHT: Yes. My name is Pat Albright and I'm a single low-income mom. I have a son who is 15, and he's in the Pennsylvania CHIP program. I also represent the Every Mother is a Working Mother Network, which is a group of mothers, grandmothers and other caregivers who are or have been recipients of welfare and other public benefits and who are organizing for the resources that we need and are entitled to as mothers.

I had not planned on speaking here today, so I appreciate your taking the extra time to hear me, but we feel it's important to register the view of myself and other low-income mothers that we should have the right to know about and to choose against mercury in

so-called silver fillings and how it can negatively affect our children's health.

Also, I don't buy the earlier testimony that was given about concerns that how low-income children will suffer somehow if they do not get the dental care that they need if this legislation is passed. The CHIP program has already paid for my son to get an alternative filling to the mercury. And if other insurances don't pay, then we need to get them to cover it.

My son and I live in the inner City in Germantown, where high levels of lead are already a concern. Our children's health is compromised in many ways already, with high levels of asthma, diabetes, obesity and so on, and that we urgently need this legislation to reduce the risk of our exposure to mercury to our children.

Finally, I just wanted to say that there must not be a double standard here, that those who have the information

and resources can buy out of the mercury exposure and the rest of us cannot. So we very much appreciate your efforts with this legislation.

COUNCILWOMAN BROWN: What is the name of the organization you mentioned again for moms?

MS. ALBRIGHT: The Every Mother is a Working Mother Network.

COUNCILWOMAN BROWN: Can you make sure that Joe Meade of my staff has that contact information as well?

MS. ALBRIGHT: Yes.

COUNCILWOMAN REYNOLDS BROWN: Thank you.

COUNCILMAN SAVAGE: Thank you for your testimony and your time.

This concludes our public meeting and ends our Committee of License and Inspections.

Thank you.

(Committee on Licenses and Inspections adjourned at 4:30 p.m.)

- - -

CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter on May 30, 2007, and that this is a true and correct transcript of same.

_____

MICHELE L. MURPHY

RPR-Notary Public

(The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or supervision of the certifying reporter.)