

Opening Statement
Chairman Dan Burton
Subcommittee on Human Rights and Wellness
Hearing entitled, “Consumer Choice and Implementing Full
Disclosure in Dentistry”
May 8, 2003

The Government Reform Committee began an investigation of mercury in medical and dental devices in 1999. Our early activities focused primarily on Thimerosal in childhood vaccinations, and we quickly recognized a “no win” situation for many children and their families.

Government mandates that children be sent to school.

Government mandates that children get a series of vaccinations before they go to school.

But sometimes things go awry when conscientious families follow those government mandates.

Mercury has been used as a preservative in most childhood vaccinations. As the mandatory number of shots that children had to get before they could attend school increased, more and more mercury got pumped into their little bodies in shot after shot. For an alarming number of children, the consequences were tragic!

Many kids, including my grandson, Christian, got many times the supposedly “safe” dosage of mercury that adults can tolerate from their shots. Christian became profoundly autistic – almost overnight. The tragedy that struck my family gets repeated over and over throughout the United States.

Autism has become an epidemic of outrageous proportions! One child in 10,000 in the United States used to be autistic. Now 1 out 250 is autistic. Some experts place the estimate even lower at 1 out of 150.

And this epidemic is continuing to worsen at an alarming rate – growing between 10 and 17 percent per year.

And what did our Federal health agencies do while the autism epidemic spun out of control? They **delayed**, **denied**, and **alabied**.

Specious arguments were thrown up about “safe” levels of mercury that people should be able to tolerate. Silly mathematics was used to claim that somehow the mercury in a shot is mysteriously absorbed by the body over an extended period of time, such as 180 days, so the theoretical “daily safe” dosage is not violated.

For years, groups that should have been safeguarding our children kept chanting the refrain that:

“There is insufficient evidence to establish a causal relationship, and there is insufficient evidence to disprove a causal relationship. We need to study it – Send more money.”

There was argument after argument about ethyl mercury verses methyl mercury verses elemental mercury. But all of that was bogus.

There are different routes by which mercury gets into the human body. There are different rates of absorption. But all of it accumulates to some extent and all of it hurts us, and it hurts our kids.

Just last week, when talking to a group of Congressional aides in the Dirksen Senate Office building, noted pediatrician Dr. Katherine Shea said:

“All forms of mercury are toxic.”

“It is a poison in all of its forms”

“There is no good mercury”

Most profoundly of all, Dr. Shea emphasized that mercury damage **lasts a lifetime**. She stated:

You can't take a pill and fix it!"

Just last Saturday in Chicago Dr. Mark Geier, M.D., Ph.D., and David Geier announced the results of a search of about 1500 articles on the adverse effects of thimerosal in various medical products. Their conclusion was that:

A causal relationship exists between mercury from thimerosal in childhood vaccines and neuro-developmental disorders."

Our Federal health agencies couldn't find a causal relationship. But the Geiers found **One Thousand Five Hundred articles** that discuss the relationship!

Dr. Boyd Haley, who is here today, also was in Chicago last Saturday. He delivered a well-researched science-based paper laced with common sense. In discussing the sources of heavy metal poisoning that lead to autism and Alzheimer's disease he stated:

"The ones that stood out were mercury from dental amalgams and vaccinations where thimerosal was used as the preservative."

Dr. Haley's mention of Dental Amalgams brings us to today's topic.

Last fall we expanded our investigation to include the mercury-containing dental filling material called Amalgam. Although those fillings typically are called "Silver" because of their color, they contain 50% or more mercury by weight.

In an attempt to lay a solid foundation of fact, we held a hearing on November 14, 2002 entitled, "Mercury in Dental Amalgams: An Examination of the Science." A panel of distinguished scientists and researchers, including Dr. Haley, made a good faith effort to do exactly that – discuss the science -- and we learned a great deal from them.

A representative of the American Dental Association and representatives of two Federal health agencies also appeared. But they seemed more inclined to share anecdotal evidence rather than solid science.

Amazingly, none of those three individuals was aware of a single study that contradicted their oft-repeated refrain that mercury-containing amalgam is “**safe and effective.**” No study pointed to health problems – not one!

But today you will hear testimony from Dr. Maths Berlin from Sweden. Dr. Berlin is the former Chair of the World Health Organization’s International Project on Chemical Safety. He and his colleagues in Sweden identified 936 scientific papers that dealt with the health implications of amalgam. They found that over 700 of those studies were credible!

But as recently as last week – on April 28th to be exact – the ADA hand-delivered a letter to every member of Congress that said:

Amalgam has been the subject of numerous, rigorous scientific studies, and none has revealed any credible evidence that dental amalgams are unsafe.”

Swedish scientists know about hundreds of such studies, but the American Dental Association that represents over 147,000 American dentists, doesn’t know about a single one!

And apparently, their friends at the FDA and the NIH don’t know about one either.

Does something sound familiar here?

Our Federal health agencies can’t make the connection between Thimerosal and autism. But the Geiers found 1,500 articles on the adverse effects of Thimerosal.

Our Federal health agencies can't make the connection between mercury in dental amalgams and any adverse health events. But Swedish scientists found over 700 credible articles.

I hope those of you with a responsibility to safeguard the health of the American people are listening.

You need to know that I'm not going away.

This Subcommittee is not going away.

These issues are not going away – at least until they are properly handled.

We are going to have another science-based discussion today with world-class researchers.

We will delve into whether the ADA believes in full-disclosure and truth in labeling, or whether those who accuse them of imposing a “Gag Rule” that inhibits discussions with patients about mercury are right.

We will hear about another “No Win” situation facing many American children from economically disadvantaged families. With very few exceptions, government health programs will pay only for mercury-containing amalgam fillings. If they get their teeth fixed, they will get mercury in their mouths.

In the future we will investigate the environmental impact of dental office waste and determine whether the dental profession is indeed the biggest mercury polluter in America, as many charge.

We will determine how many amalgam reports have been commissioned by Federal health agencies, how many taxpayer dollars are spent on them, and what happens to studies that report findings that are not to the liking of the funding sources.

We will interview patients who were poisoned by mercury and who experienced major recoveries after removing the source of the poisoning.

We'll check into the health impacts on dental personnel who pursued their profession in good faith, but who were injured because they were not given the correct information about the dangers of certain materials.

After that, we'll start to get serious.

I apologize for taking more time than I should have.

But this array of topics is so important, but so poorly understood by most people, that I felt it important to lay out our research agenda as we carry out the oversight responsibility of the Subcommittee on Human Rights and Wellness.

The organizations that are subject to our oversight now know what to expect, and have an opportunity to put their houses in order.

Dr. Charles V. Chapin who lived from 1856 to 1948 was Harvard educated and renowned for his work in Providence, Rhode Island. Many consider him to be the God Father of the Public Health movement.

When discussing the need to abandon old ways of doing things and embrace the new, he easily could have been talking about the objectives of this hearing. He said:

“Science can never be a closed book. It is like a tree, ever reaching new heights. Occasionally the lower branches, no longer giving nourishment to the tree, slough off. We should not be ashamed to change our methods; rather we should be ashamed never to do so.”

The Chair recognizes the Minority Ranking Member, Congresswoman Diane Watson of California, for her opening statement.

