

**Report to the IAOMT on the Congressional Hearing of July 8, 2008  
Conducted by the Domestic Policy Subcommittee of the House Committee on  
Oversight and Government Reform entitled,**

**“Assessing State and Local Regulations to Reduce Dental Mercury Emissions”**

By John Rowe, Vice President  
Capitol Strategy Consultants, Inc.

**Time and Place**

The Hearing was conducted on Tuesday, July 8, 2008 in room 2154 Rayburn House Office Building in Washington, D.C. 20515

**Chairman Kucinich’s Hearing Announcement**

This hearing will examine existing state and local government initiatives and regulations aimed at reducing dental mercury emissions, evaluate their success, and document the lessons learned. This hearing follows up on concerns raised during the Subcommittee’s first hearing on environmental risks of and regulatory responses to mercury dental fillings, in November 2007.

Elemental mercury and most of its compounds are extremely toxic substances that can cause chronic and acute poisoning in human beings who come into contact with them. Young children and unborn fetuses are particularly susceptible to mercury poisoning. Today, improper disposal of mercury into wastewater by industries and persons who use it has caused dangerously high contamination levels in many of the country’s water bodies.

**Participants**

The hearing was chaired by Congressman Dennis Kucinich (D-OH-10). Also participating were Congresswoman Diane Watson (D-CA-33) and Congressman Dan Burton (R-IN-05).

The witnesses were:

**Mr. Michael Bender**, Director, Mercury Policy Project

**Dr. Rich Fischer**, Former President, International Academy of Oral Medicine and Toxicology and practicing dentist

**Mr. Curt McCormick**, Former Administrator, EPA Region 8, Pretreatment Coordinator

**Mr. William Walsh**, Counsel, American Dental Association

**Ms. Pat Magnusson**, Industrial Waste Investigator, King County, Seattle (Washington State)

**Ms. Ann Farrell**, Director, Central Contra Costa County Sanitary District, Engineering Department (California)

**Dr. Marc Smith**, Deputy Director, Massachusetts Department of Environmental Protection & Co-chair, New England Governors and Eastern Canadian Premiers Mercury Task Force

**Mr. Owen Boyd**, CEO, Solmetex, Inc.

## Lessons Learned

Because of the length of this report, we will place the Lessons Learned section here to accommodate those who do not wish to review the entire report. However, to get the full impact of this important hearing, I recommend that whenever possible readers do review the entire report and also click on the links near the end where they can download the full text of Chairman Kucinich's Opening Statement and of each witness's prepared testimony. Based on each individual's knowledge and experience, no doubt many more lessons can be listed.

Beyond that, a video of the hearing will be linked to the website of the Subcommittee on Domestic Policy at some future time. The video will include the question and answer sessions of the hearing, which in some cases elicited very important information. The Website address is <http://domesticpolicy.oversight.house.gov/>.

The following "lessons learned" are based upon my review of the written testimonies and on observation of the prepared presentations and the often lively question and answer sessions. They pertain only to the subject matter of this hearing, not to the considerable additional body of information on the health and environmental impacts of mercury-containing dental materials.

This hearing focused on environmental concerns. The fact that much of organized dentistry still places a virulent neurotoxin inches from human brains about 60,000,000 times each year is a topic for further study and discussion. In the meantime, HR2101, "The Mercury in Dental Fillings Disclosure and Prohibition Act," also known as the Watson-Burton Bill, is pending in the US House of Representatives and may well be worth your support.

Here are lessons learned during the July 8<sup>th</sup> hearing:

1. Mercury is a basic element, so it always remains mercury even when amalgamated with other materials.
2. Manufacturers ship encapsulated dental amalgam to dental offices with a SKULL AND CROSSBONES pictured next to the words, "POISON, CONTAINS METALLIC MERCURY."
3. Labels in the European also picture a dead tree and the words, "Dangerous for the environment."
4. Dental offices are **a Major source** of mercury emissions into **all** wastewater treatment facilities.
5. Dental offices are **the major source** of mercury emissions into **many, probably most,** wastewater treatment facilities.
6. Wastewater treatment facilities **cannot treat mercury**.
7. Small amounts of mercury escape directly into the water supply from wastewater treatment plants.
8. Most mercury settles into the wastewater sludge.

9. **All of the mercury that enters wastewater treatment facilities returns to the environment** through one route or another -- overflow from storms, or the disposal of sludge via incineration, land filling, or sale as soil amendments.
10. Dental mercury that is discharged into septic tanks may pollute groundwater and nearby wells.
11. Mercury accumulates in dental office plumbing, often in large quantities.
12. Properly installed and maintained amalgam separators are very efficient.
13. Amalgam separator use in Belgium, Finland, France, Germany, Iceland, Netherlands, Norway, Spain, Sweden, Switzerland and the United Kingdom resulted in average **reductions of** dental amalgam into municipal sewerage systems of **at least 95%**.
14. Norway and Sweden have announced bans on mercury-containing amalgam.
15. Denmark announced that it will not provide public insurance to cover mercury in fillings after April 1, 2008.
16. The United States lags far behind many other developed countries in dealing with the environmental damage caused by mercury-containing dental amalgam.
17. Wastewater emissions of mercury fall dramatically in jurisdictions that impose **mandatory** separator requirements.
- 18. Voluntary programs do not work!**
19. Relatively few separators are sold in jurisdictions that do not have mandatory requirements, even where there are extensive outreach and educational efforts.
20. **Most ADA officials** who claim that voluntary programs work **do not have amalgam separators** in their own dental offices, **nor do they plan to acquire them!**
21. The ADA is blatantly incorrect in their claim that the addition of an amalgam separator recommendation to their BMPs has solved the dental mercury problem.
22. The ADA witness attempted to mislead the subcommittee when he testified, "Now, the ADA has gone further and included amalgam separators as part of the BMP's, **resulting in the capture** for recycling of more than 95% of all the waste amalgam." That implies that all dentists nationwide already have complied with that BMP recommendation, when in fact, relatively few have. It is an undisputed fact that even most ADA decision-makers **have not and will not** acquire separators,
23. The ADA's claim that the environmental impact of dental mercury already is very small also is blatantly incorrect.
24. The ADA's attempt to focus the hearing only on surface water was a clumsy attempt at misdirection.

25. Attempts to downplay the importance of elemental mercury because it is not in organic form are another attempt at misdirection. Methylation can and does take place quickly in warm wet circumstances.
26. The EPA seems to have bought the bogus claim that the mere inclusion of amalgam separators in the ADA BMPs solved the problem.
27. The EPA's lack of effectiveness in dealing with the dental mercury problem likely stems from a too-cozy relationship with the ADA.
28. Even when in universal use, amalgam separators are just a **partial answer at best**.
29. If every dental office in America installs an efficient amalgam separator and properly maintains it, **50% of dental mercury still will be released into the environment**.
30. There is no existing technology to capture mercury from air discharges from dental offices, human cadavers (cremated and buried), and human waste.

### **Highlights of the Testimony**

Seven of the eight witnesses testified to the fact that dental sources are a major contributor to mercury in the environment, and most often are the **largest contributor of mercury entering wastewater treatment plants**. They also agreed that such mercury cannot be treated and all of it eventually gets released back into the environment.

The same witnesses also were clear that attempts to gain cooperation from dentists in stopping mercury pollution at the source by installing mercury amalgam separators on a strictly voluntary basis were failures. Incentives must be offered to gain a modest measure of cooperation, and formal government mandates through regulations or laws are required to gain substantial compliance.

The lone dissenting voice was that of Mr. William Walsh, who identified himself as the "ADA Outside Counsel on Amalgam Wastewater Issues." Mr. Walsh tried to narrowly focus the environmental impact discussion only on amalgam's supposedly small contribution to mercury in surface water. However, the panel did not allow him to do so.

Mr. Walsh also tried to make a strong case that voluntary compliance with the American Dental Association's (ADA's) Best Management Practices (BMPs) will take care of the problem and no government intervention is needed. In fact, he implied that it already had solved the problem. Not only did the other 7 witnesses disagree, but the three members of Congress strongly, almost violently disagreed.

On one notable occasion Chairman Kucinich asked whether the ADA's reluctance to face the mercury problem head-on stemmed from a fear of liability such as class action lawsuits. Mr. Walsh replied, "If there were any such discussions within the ADA that would be covered by Attorney/Client confidentiality."

The three participating Members of Congress were extremely well prepared. Each is knowledgeable about the subject of the hearing in their own right, and the staffs of all three did an excellent job of preparing them for the hearing.

I'll include a few highlights of each witness's testimony. For those who want a more in-depth review, clickable links to each witness's prepared testimony appear at the end of this report. I suggest that they be reviewed in their entirety. The reader may pick-up on points that I missed.

Video of the hearing eventually will be posted to the Domestic Policy Subcommittee's web site, but that usually takes several weeks. Too bad! The best part of the hearing was the question and answer period, not the prepared statements.

I must tell you, I have participated in a lot of Congressional Hearings and have observed a lot of others. But I have seldom seen a witness verbally bludgeoned as badly as the ADA's Outside Counsel was in this one. The Members of Congress beat him back and blue! None of the Members were impressed by his prepared testimony, and none of them allowed Mr. Walsh to give overly narrow answers, change the focus, or filibuster to run out the clock on the time allotted for the hearing.

I almost felt sorry for him – almost --until I reminded myself that he was defending the indefensible.

Perhaps the most encouraging part of the hearing came at the end when Chairman Kucinich said, "This Subcommittee will continue to study mercury as an environmental contaminant and as a health hazard." Each of the three Members of Congress reiterated that sentiment in private conversation after the hearing.

#### **Excerpts from the Testimony of Each Witness:**

##### Mr. Michael Bender

Mr. Bender presented the Mercury Policy Project's new report, "[Facing Up to the Hazards of Mercury Tooth Fillings](#)," which lays out the rationale for placing a user fee on the continued use of dental mercury as a means to cover the costs of preventing dental mercury pollution from environmental release. Specifically, the report recommends that a user fee of \$30.00 be assessed on amalgam manufacturers for the production of each mercury tooth filling, payable at time of sale. Funds collected should be placed into a designated account to cover the costs of controlling mercury pollution.

The report also shows the cost-effectiveness of amalgam separators at preventing mercury from getting into the environment and clearly demonstrates that **voluntary programs are not effective** in convincing dentists to install and properly maintain separators.

Mr. Bender quoted the Norwegian Minister of Environment who announced a ban on amalgam in Norway. Minister Erik Solheim said, "Mercury is among the most dangerous environmental toxins. Satisfactory alternatives to mercury in products are available, and it is therefore fitting to introduce a ban. When the environmental toxin mercury is released to the environment it is very harmful, and *inter alia* the development of children may be damaged as a result."

Mr. Bender also pointed out that Sweden has announced a similar ban on amalgam and Denmark has announced that it will not provide public insurance to cover mercury in fillings after April 1, 2008.

He cited the FDA's recently settlement of the lawsuit, their agreement to classify amalgam as a medical device, and to revamp their website.

A powerful part of Mr. Bender's testimony was when he pointed out that amalgam manufacturers ship encapsulated amalgam to dentists' offices with a skull and crossbones pictured next to the words,

“POISON, CONTAINS METALLIC MERCURY.” In the European Union the label also pictures a dead tree and has the words, “Dangerous for the environment.” The manufacturer named Dentsply warns, “Contraindication” [N.B.: “Contraindication is to forbid, not just a “warning”]: “In children 6 and under” and “in expectant mothers.”

My personal reaction is to wonder why the FDA is almost fanatical about warning labels on prescription and over the counter drugs, but hasn’t raised a finger to interfere with the ADA’s policy to conceal the skull and crossbones and the health warnings from dental patients.

There was a lot more meat in Mr. Bender’s testimony, including the ADA’s opposition to state and local efforts to make the use of amalgam separators mandatory. Again, I suggest that you read his testimony in its entirety.

### **Dr. Richard Fischer, DDS, MAIOMT**

Dr. Fischer’s testimony also was factual, thought provoking, and well delivered. His responses to questions were excellent. He represented the IOAMT extremely well.

He described the four major routes by which dental mercury may come into contact with the environment and the annual tonnage of mercury that is deposited via each route. The routes are:

1. Dental Clinic Wastewater (16.5 Tons)
2. Air Discharge (1 ton)
3. Amalgam in human cadavers (3 tons)
4. Human waste (5.7 tons)

Dr. Fischer testified to the fact that dental offices are the largest contributor to mercury entering wastewater treatment facilities and that wastewater treatment plants are not designed to bioremediate heavy metals, so they eventually end up back in the environment.

He discussed amalgam separators and their considerable effectiveness. But he also pointed out major flaws in following only the amalgam separator procedure of protecting the environment.

One flaw was to reinforce what other witnesses said about the ineffectiveness of voluntary compliance. He cited several specific examples of non-compliance with voluntary efforts. The most dramatic example Dr. Fischer cited related to part of the ADA hierarchy. He testified: “When considering whether amalgam separator installation should be voluntary or mandatory, program managers should consider information published in the Fall Edition of the ADA Professional Product Review (2007, 4:1). There it was reported that a **survey of [ADA Clinical Evaluator Panel] members shows that relatively few panel members own an amalgam separator or plan to purchase one.**”

So **the leaders of the organization** that sent the “ADA Outside Counsel on Amalgam Wastewater Issues” with instructions to testify that laws or regulations are not needed because voluntary BMPs work **have no intention of voluntarily complying** themselves! Can you say “hypocrisy”?

Dr. Fischer also testified that the 4 routes of mercury entering the environment combine for **at least 16 tons of mercury annually from dental fillings. Less than half of that total- the 6.5 tons from dental office wastewater - can be captured by Best Management Practices and Amalgam Separators in dental offices - and then only if mandatory.** Of the total mercury currently used in all products in the U.S., our EPA estimates that mercury fillings comprise 55% of that total repository - or over **1,000 tons of mercury implanted in the teeth of Americans nationwide!** Assuming a 10-15 year average durability of those mercury fillings in patients' mouths, this enormous reservoir of mercury will be continuously flushed into the environment for decades to come.

Dr. Fischer concluded with a powerful summary. Among other things he said, "To place a mixture containing 50% mercury - the most neurotoxic element known on earth - within inches of a child's brainstem and assume it to be harmless is **at best** counterintuitive. To release this same pollutant into the environment is irresponsible when simple and available technology exists to reduce that release by over 95%. **But that still leaves more than half of the dental derived mercury that is dumped into the water supply that remains beyond our ability to capture.**"

He cited the story of the Mad Hatter from Alice in Wonderland. This character was based on the fact that hatters used mercury nitrate to shape hats and they frequently suffered from hallucinations and dementia ('madness') due to that mercury exposure. Dr. Fischer declared, "**It is high time for dentistry to stop the madness!**"

Again, I suggest you read his testimony in its entirety.

#### **Mr. Curt McCormick**

Mr. McCormick is the Owner of CWA Consulting Services, LLC and previously was employed by the US Environmental Protection Agency (EPA). He spent 17 years as the Regional Coordinator in the EPA Denver Regional Office (Region 8).

When discussing mercury he pointed out that, "Mercury water quality standards are often in the low parts per trillion. Many critics of mercury regulation liken it to a drop in a swimming pool or some other analogy. **What you should take from those critic's analogies is just how toxic mercury can be.**" He testified that, "...there are many POTWs with mercury levels that exceed permit limits and water quality standards."

He agreed with other witnesses that dental offices are one of the most significant sources of mercury discharge to POTWs, and his estimate was 40% or more. He stated that the POTWs designed BMPs to stop the mercury discharge in the dental offices through the use of mercury amalgam separators. He stated that the ADA was actively opposed to any mandatory requirements for treatment at dental facilities, and it wasn't until late 2007 that the ADA included amalgam separators in its list of BMPs.

Mr. McCormick described the close association between EPA's Office of Water and the ADA. Region 8 wanted mandatory amalgam separators in area served by POTWs that experienced excessive mercury inflows. They felt that because their streams were the headwaters for rivers that flowed through many other states, and because Region 8's fisheries are a valuable resource mercury control is very important. But the ADA strongly opposed Region 8's approach. In 2007 the EPA had intended to issue a final methylmercury water quality criterion document that included the use of amalgam separators. But the EPA still has not issued the final document. Mr. McCormick implied the failure to finalize the document was because of the ADA's influence. He flatly stated that, "**...the high degree of influence of the ADA was common knowledge.**"

Mr. McCormick's testimony helped shed light on the lack of interest and/or competence I have encountered in my personal efforts to find EPA staff that are helpful to our cause. Follow-up discussions with Mr. McCormick are in order.

As with the other witnesses, I recommend a full reading of Mr. McCormick's testimony.

**Mr. William J. Walsh**

As previously stated, Mr. Walsh testified for the ADA. I characterized his colorful but unsuccessful participation in the Summary Section above.

The first paragraph of his prepared text implied that the ADA is cooperative, minimized the importance of the issue, and made a pitch for voluntary cooperation. He went on to further minimize the importance of amalgam's impact on the environment by citing statistics of its declining use, the implication being that any problem that might exist will take care of itself (Mr. Bender already had given testimony which indicated that amalgam's use no longer is in decline).

Mr. Walsh tried to focus on surface water only. He cited testimony at a previous hearing by Benjamin Grumbles, Director, Office of Science and Technology, US EPA, Office of Water. I coordinated the hearing in question on October 8, 2003 while with the Subcommittee on Human Rights and Wellness. The testimony at that hearing reinforced my attitude that the EPA's witness either was content-free or totally disinterested in the mercury pollution problem. Interestingly, that is the same EPA office that Mr. McCormick said had a cozy relationship with the ADA. The pieces of the puzzle are coming together.

Mr. Walsh correctly stated that the use of encapsulated amalgam has greatly reduced mercury spills in dental offices. Then he gave the false impression that the ADA's BMPs had made a big favorable impact on mercury emissions from dental offices. He stubbornly, one might say pig-headedly, clung to the contention that voluntary compliance works and government regulations or laws are unnecessary.

Later he testified, "We want to make it clear to the Committee, even if every dentist installed a separator, it would have little effect on the environment." He then tried to change the focus back to surface water.

Elsewhere he cited a 100% compliance rate of amalgam separator installation during a Minnesota pilot project, but failed to mention that the pilot project was confined to Duluth and the separators all were provided free of charge. The Members of Congress had been briefed on this and called his hand on the attempt at misleading them.

Mr. Walsh seemed to think that once mercury settled into the sludge at the wastewater treatment plants it had been handled and was no longer a factor. But the other witnesses testified that the sludge is scoured out of the settling ponds during storms, is incinerated, sold to farmers as soil amendments, or buried in landfills. In each case, the mercury is returned to the environment.

As previously indicated, in my opinion, Mr. Walsh's testimony was misleading and misbelieved by nearly everyone present. Every negative question raised by the Members of Congress was directed at him. At one point Chairman Kucinich found it appropriate to remind Mr. Walsh that he was under oath.

A link to his full testimony appears at the end of this report.

The next four witnesses all provided solid believable testimony. But from this point forward, I'll provide shorter summaries to avoid redundancy. While their examples were from different geographic areas, their testimonies tended to reinforce one another's.

### **Ms Patricia Magnuson**

Ms Magnuson pointed out that Puget Sound is a sensitive marine waterway and it is extremely important to avoid polluting it. She stated that, “One-Hundred percent of the residual solids from our treatment plants, known as biosolids, are reused beneficially in wheat and hop fields in eastern Washington, on forest lands in the Cascade Mountains, and in composted product available for landscaping.”

So it is very important to keep mercury out of Puget Sound and out of the sludge because all of it is returned to the land.

She was clear that mercury in the biosolids does not go away and it can't be treated. The best solution is to stop the pollutants at the source, which in this case, is in the dental offices.

King County (Seattle) had a 6 year pilot project with vigorous outreach activities in an effort to persuade dentists to install amalgam separators. A lot of time, effort and money were spent on educational efforts. At the end of the 6 years, only 23 dental offices out of approximately 900 had installed separators. After mandatory requirements were enacted the compliance rate soared to 97%. So much for voluntary!

Partially as a result of this initiative, mercury levels in King County biosolids have dropped by 50%. This represents approximately 75 pounds of mercury that are kept out of their biosolids each year.

### **Ann E. Farrell**

Ms Farrell is Director of Engineering for the Central Contra Costa Sanitary District in Martinez, California.

She testified, “While there are many sources of environmental mercury, there are none that represent as significant a contribution to domestic wastewater treatment plants as dental amalgam waste. In 2002 CCCSD conducted a study of the wastewater coming into our plant and found that approximately 50% of the mercury it contained was coming from dental practices.”

Initially they tried an extensive outreach and educational program designed to get dentist to voluntarily install separators. In this case, the local dental board tried to help. But after approximately 2 years of effort only 13 of more than 300 dental offices had installed separators.

So this is another jurisdiction that has to resort to mandatory measures. After their implementation, more than 98% of the area's 314 dental offices have separators, and they expect to reach their goal of 100%.

A targeted monitoring program downstream of two sites where dental practices are concentrated has shown a significant reduction in mercury. In addition, the mercury concentration entering the treatment plant has been reduced by over 70%.

Once again, the take home lessons are that amalgam separators work, but voluntary programs don't.

### **Dr. C. Mark Smith, Ph.D., M.S.**

Dr. Smith has an extremely impressive array of academic and career accomplishments. See his complete testimony for the full details.

The New England states, New York, and the eastern provinces of Canada have been involved in vigorous efforts to reduce mercury pollution from all sources. There has been serious widespread mercury pollution in the area. Over 10,000 lakes, ponds, and reservoirs and over 46,000 river miles listed as impaired for fish consumption due to mercury. So they have taken this problem very seriously.

Efforts to date have been very successful. The region as a whole achieved a 54% reduction by 2003 from a starting point in 1998. The Massachusetts reduction was greater than 70%. These reductions came from stricter controls on all sources of pollution including coal fired utilities, dental offices, and other sources. The estimated reduction in mercury emissions into wastewater treatment plants in Massachusetts ranged from 13% to 79% with a mid-point of 46%.

Reductions of 40% to 50% were reported elsewhere in the region **where mercury separators were mandated**. For example, Toronto reported mercury levels in sludge dropped by more than 50% after the adoption of bylaws that required all dentists to meet stringent mercury discharge limits through the use of amalgam separators.

The quicksilver Caucus (QSC), which is a coalition of state organizations seeking to reduce mercury pollution, agrees that the dental sector is a significant source of controllable mercury releases in many states and likely will remain a significant concern into the future.

Dr Smith stated that, “The QSC reports that 11 states and numerous municipalities have adopted mandatory programs requiring the use of dental mercury amalgam separators...Several of the programs considered in depth in the QSC report started with voluntary efforts to encourage the use of amalgam separators and other best management practices (BMPs). **All of the programs ultimately transitioned to mandatory requirements** either through legislation, regulation or enforcement of wastewater discharge permits.”

Dr. Smith reported that, “By 2007 all states in New England had adopted legislation and/or regulations requiring separators... These programs are estimated to have reduced mercury entering the region’s sewage by many hundreds of pounds each year.” He said that during the period of 2004 through 2006 when amalgam separator use increased to over 75% in Massachusetts, mercury levels in treatment plant sludge decreased by about 48%.

### **Owen Boyd**

Mr. Boyd is the founder and past CEO of SolmeteX, Inc. a company that sells amalgam separators and keeps detailed sales statistics by state and locality.

He testified that the use of separators in several European counties including Belgium, Finland, France, Germany, Iceland, Netherlands, Norway, Spain, Sweden, Switzerland and the United Kingdom resulted in reductions of dental amalgam into municipal sewerage systems of at least 95% in most cases.

The average cost to a dental office of equipment, including installation, is \$1,000. Average annual maintenance costs are \$287.08.

He testified that, “Historically, the Solmetex system sales have been dramatically driven by mandatory regulations.” Only 7% of their sales have been in states with no regulations that require separators. That is 867 units in a country with an estimated 120,000 mercury-using dental clinics.

As indicated before, this hearing was not designed to **discuss the illogical practice of installing a virulent neurotoxin within inches of the human brain.** That is one of the immensely important amalgam-related topics that will continue to be examined via a variety of forums because, to quote Dr. Fischer, **“It is high time for dentistry to stop the madness!”**

**Documents and Links – Click on the name while holding down the control key to bring up the text of each person’s prepared text.**

-  [Chairman Kucinich Opening Statement](#) (24 KB)
-  [Testimony of Mr. Michael Bender](#) (47 KB)
-  [Testimony of Dr. Richard Fischer](#) (59 KB)
-  [Testimony of Mr. Curt McCormick](#) (36 KB)
-  [Testimony of Mr. William Walsh](#) (472 KB)
-  [Testimony of Ms. Patricia Magnuson](#) (62 KB)
-  [Testimony of Ms. Ann Farrell](#) (6 MB)
-  [Testimony of Dr. C. Mark Smith](#) (123 KB)
-  [Testimony of Mr. Owen Boyd](#) (188 KB)

#### **Related Story**

- [Environmental Risks Of And Regulatory Response To Mercury Dental Fillings](#), Domestic Policy Subcommittee hearing of November 14, 2007