

**STATEMENT OF
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VIRGINIA NAACP IMMEDIATE PAST PRESIDENT**

**NAACP SUPPORT OF
H.R. 1680**

**House Government Reform Committee
Human Rights and Wellness Subcommittee
May 8, 2003**

I am Emmitt Carlton, Immediate Past President of the Virginia NAACP. Our national association, the National Association for the Advancement of Colored People, passed a resolution last year endorsing the Watson-Burton bill and similar state bills. We were very concerned that children, all children, not be faced with exposure to mercury through so-called silver fillings. I am honored to appear in front of the lead sponsors of this bill, Chairman Burton and Ranking Member Watson, and we at the NAACP salute you for your national leadership.

This much is known about amalgam dental fillings:

- They are about 50% mercury.
- Mercury is toxic to all living organisms; it is a neurotoxin, it is bioaccumulative, and it is the most volatile heavy metal.
- Mercury in health care is being banned or phased out of almost all other health care uses.
- Mercury fillings are toxic material going into the mouth, and a hazardous waste coming out.
- Toxic mercury vapors emanate from the fillings.
- The Food and Drug Administration has never approved mercury dental fillings as being safe, instead simply grandfathered them into existence.
- The National Institute of Dental and Craniofacial Research never completed a peer-reviewed study showing the fillings are safe.
- The American Dental Association has never conducted a peer-reviewed study showing the fillings are safe.
- Alternative dental materials are available for all uses. Already, between one-fifth and one-third of dentists practice mercury-free dentistry; that is, they no longer place mercury in children, or adults.
- Because mercury is a neurotoxic, the developing brains of children are at particular risk to mercury exposure. Because mercury goes through the placenta to the fetus and through the breast milk to the infant, pregnant women and nursing mothers likewise face particular risks to mercury exposure.
- The government of Canada recommends that children and pregnant women not receive mercury fillings.

One would assume, at the very least, that Americans would have a choice NOT to get mercury fillings. That they would not be forced into a position of exposure to mercury fillings. But such is not the case.

In general, Medicaid requires dentists to put mercury in children's back teeth. So does the Bureau of Indian Affairs. Poor children still get mercury fillings -- or they get no fillings at all.

Is this because about everyone gets mercury fillings? Not anymore. The most common filling material today, according to the American Dental Association, is no longer mercury fillings. It is resin, also known as composite.

Is high cost the reason why our children do not have a choice in dental fillings? Probably not. In ongoing price surveys of 300 cities you can find on www.bracesinfo.com, a pattern is clear. For permanent teeth, one-surface fillings, mercury fillings cost a little MORE than resin fillings. Generally, children only need one-surface fillings; it's adults that need the two- and three-surface fillings. For baby teeth, the cost of mercury fillings is a little less than resin, but we must ask why do we ever allow mercury to go into baby teeth? There is no good reason.

One possible reason for continuing to use mercury fillings may be dental convenience, because the dentist can do the procedure for mercury fillings a little faster. Another possible reason is inertia -- mercury fillings have been the most common filling. Or there may be another reason -- a callous indifference to the poor children of America.

We call on the Center for Medicare and Medicaid Services (CMS) and the states to change their policies and allow Medicaid families to have choices.

The NAACP has long focused on the issue of environmental justice. For example, many Americans think that lead paint problems for children are a thing of the past. Not so -- in the inner cities, the problem persists.

The NAACP adopted a resolution supporting the Watson-Burton bill only after a thorough and deliberative process. My home NAACP branch in Alexandria, Virginia, and the Los Angeles, California branch began the process by adopting similar resolutions and transmitting them to the national NAACP Resolutions Committee. The national NAACP health staff, headed by Willarda Edwards, M.D, reviewed the resolution, gave it a positive recommendation, and forwarded it to be debated in the NAACP Resolution Committee. The Committee endorsed the Resolution, and submitted to NAACP National Convention delegates for a convention vote in Houston. After a robust floor debate, the resolution was adopted. The NAACP Board of Directors gave final approval to the resolution at its meeting two months later. As you can see, the NAACP takes time to consider carefully any policies before adopting them, and has a multi-tiered process before acting.

Action has begun at the state level to end the Medicaid policy of mercury fillings or no fillings. State Representative Karen Johnson, Republican of Arizona, and Assemblyman Jerome Horton, Democrat of California, have both introduced bills to stop their states from dictating that mercury goes into children's mouths. Both bills are progressing; the Johnson bill is awaiting a floor vote in the Arizona House, and the Horton bill cleared the Health Committee in the California Assembly overwhelmingly. We understand that the State of Maine is changing its policies to allow choice, a change prompted by passage of the law written by then Senate president Mike Michaud, a law which gives consumers disclosures about the risks of mercury fillings.

Senate president Michaud is now Congressman Michaud, and it is an honor to sit on the panel with him, as well as with California Dental Board member Chet Yokoyama and consumer advocate Sandy Duffy from Oregon.

I am pleased to inform the Subcommittee that these changes are favored by many in organized dentistry. The National Dental Association, the largest organization of African-American dentists, favors changing Medi-Cal to allow choices for consumers. So does the California Dental Association, the largest state affiliate of the American Dental Association, who testified for the Horton bill in California. So, too, the International Association of Oral Medicine and Toxicology and the American Academy of Biological Dentistry, both national associations of mercury-free dentists. We commend the dental groups and individual dentists who want low-income consumers to have choices that the rest of us have.

Ending the “mercury fillings or no fillings” for the poor should trigger three major steps forward.

First, it will increase the number of dentists who will serve the poor. Mercury-free dentists now account for between one-fifth and one-third of all America’s dentists, according to surveys by the Christiansen Research Institute and Dental Products magazine, and the number is growing fast. These dentists cannot, in conscience, participate, because they won’t put mercury in children’s teeth. Testimony submitted to the California Assembly Health Committee suggests an immediate increase in participation. The American Academy of Biological Dentistry, a national organization of mercury-free dentists, predicted some of their members would start participating, and San Francisco dentist Terecita Dean said she was ready to start participating as soon as she could put non-mercury alternatives into children’s bodies.

Second, by changing Medicaid, the third-party payment system at the bottom economic rung, we can spur changes to the third-party payment system in general, including private insurance and public employee insurance. Moderate-income Americans on limited insurance plans frequently face a situation where they, too, must get mercury fillings for their families. The NAACP resolution endorses changing the third-party payment system on fillings, so consumers have a choice AND so all dentists may participate. It’s time that the insurance companies and government agencies re-evaluate these policies. It’s time to end mercury for the poor and choice for the rich.

I am pleased to note that Rhode Island has taken a major step in that direction. A statute enacted there permits public employees to get non-mercury alternatives.

Third, we will create a system that is more fair to dentists. The time for transition out of mercury fillings is now. We don’t want to punish or straitjacket our dentists; rather, we want a payment mechanism so dentists can fully participate in the transition to mercury alternatives.

Don't leave the poor children behind. Don't saddle them with the burden of mercury toxicity. Don't create a two-tiered system of environmental justice, where we leave the mercury fillings on the Indian reservations, in the inner cities, in the barrios, and in Appalachia. All of America's children deserve what Canada's children, and Sweden's children, and increasingly America's middle-class children get: a mercury-free childhood.

The leading rationale I have heard for using mercury fillings is that they have been used for 150 years, so how harmful can they be? That is no rationale at all -- as a country, we've done other things for 150 years (or more) that are wrong. It's time to offer alternatives to mercury fillings for all Americans, as a first step toward ending their use once and for all.