

Legislative Testimony
HB 5243 An Act Concerning The Use Of Mercury In Dentistry
March 7, 2012
Public Health Committee
Allen Hindin, DDS, MPH

Senator Gerratana, Representative Ritter and Members of the Public Health Committee:

My name is Allen Hindin. I am a privately practicing general dentist from Danbury and Director of Dental Services for United Cerebral Palsy of The Hudson Valley, in Brewster, NY, where I have served patients in our safety net clinical facility for the past 15 years. In this capacity, I have treated patients representing the spectrum of the good and not so good things which happen to human beings during life's journey. I have provided clinical services ranging from implants and bridges to the simplest of treatments and continue to do so full time. I have served as a staff dentist at two Danbury area convalescent homes for more than 25 years, been a member of the Danbury School Based Health Center Board and currently am a member of its school based dentistry advisory group. From 1979 to 1996, I was full time director at Danbury, where its general practice dental residents and staff dentists managed over 20,000 patient visits a year, including in-patients and those admitted for treatment under general anesthesia. From 1975-80, I was project dentist for The Model School Health Program here in Hartford. I served three years as a Captain the US ARMY Dental Corps, where I also completed my residency training in general dentistry. I received an MPH from NY Medical College in May, 2003.

It would be fair to say that I am an expert in providing dental care to a broad spectrum of individual patients, while maintaining a population based perspective. I have used the spectrum of dental materials, including dental amalgam, the subject of today's hearing for more than 45 years.

Let me begin the discussion of dental amalgam with a statement regarding informed consent and duty. As a licensed health professional, I have an inviolable obligation regarding both. I must inform my patients regarding diagnosis, treatment possibilities, risks and benefits and the risks associated with no treatment. I must be truthful (veracity)...scientifically truthful, committed to beneficence, the patient's best interests and non-maleficent, doing no harm. I must know my limits.

I also stand before you as a dental patient, having been treated by dentists since I was a child, over 60 years ago. Growing up in a non-fluoridated era, subjected to the continuous ads for candies and sugared cereal sponsors of Saturday morning kid's shows, along with the treats then freely offered by banks, doctors offices and grand-parents, I was no stranger to dental offices. Throughout this time, I have had dental amalgam in my mouth and continue to this day to have many of my teeth restored with it. Several of these restorations are over 50 years old and continue to function well. I suffer absolutely no ill effects from their existence and have never experienced any side effects from my all too frequent

exposure from handling dental amalgam as a restorative material. I am unaware of any patients who have had any problems with it, and they number in the tens of thousands.

As I have said, I have a duty regarding truthfulness, beneficence and non-maleficence. In this capacity, I offer my patients, first and foremost, the simplest, **most** cost effective means to treat their oral problems, as a first line approach, with dental amalgam commonly prescribed. Anything beyond that follows their decision making based upon informed consent. My patients can choose far more expensive, even cost ineffective treatment, as long as they do so with knowledge of risk/ benefit and I can ethically and competently perform the services. I would never claim that dental amalgam is inferior to plastic “white fillings,” or that its presence by itself represents significant risk, needing removal as a means to treat systemic illnesses or avoid them. In this regard, I am practicing consistent with US Public Health and armed forces, The Institute of Medicine, N.I.H. and the American Dental Association. Even Consumers Reports has studied dental amalgam, urging its readers to beware of dentists who advise them to have their “mercury fillings” removed for health reasons. I will not dwell on what Quackwatch, Consumers Against Health Fraud and other non-professional groups have called dentists and others who advocate removal of amalgam fillings or their ban.

I do not stand before this committee and testify that amalgam is not without risk. What I do state, with certainty, is that the risk is tiny...there are a handful of patients, somewhere in this country of ours, who may be hyper sensitive to it. But then that is true of virtually all dental materials with the exception of gold. The overwhelming majority of the American population benefits from the availability of dental amalgam. It would be very difficult for me to provide effective dental care without it, as it is the least technique sensitive and least expensive of long term restorative materials. For many of my patients who suffer from dry mouths, plastic/composite is a very poor alternative, with a high risk for recurrent dental decay. The same is true for my patients, some of whom do not practice very good oral hygiene, have difficulty cooperating, or who cannot tolerate the longer appointments necessary for appropriate placement of “white fillings” Amalgam, being less technique sensitive and less likely to re-decay, outlasting most everything else, is the best restorative material from a public health perspective.

I have studied claims of “anti-amalgamist” dentists and their supporters for many years. A scientific bases for their beliefs are the essence of “junk science” versus science. Treatment their patients receive does not make them healthier, irrespective of testimonials to the contrary. The placebo effect is well known in health care. If anything, the public would be better served by your investigating claims of those who advocate removal of dental amalgam, as a means to improve health, rather than consider adopting legislation which would ban its use in dentistry.

You will hear from others about how little mercury dentistry contributes to our environment. In this regard, it is important to note that mercury found in amalgam is not methyl mercury, the kind discharged into the atmosphere by coal fired power plants. None the less, I share the public’s concern regarding any mercury in our environment and am

supportive of environment controls which general dental offices have adopted statewide. My family lives here as well.

We live in interesting times. Perhaps we always have. Beliefs clashing with science are nothing new, but for the clearer vision we now have regarding risks and benefits of our actions. Certainly it would be grand to legislate a risk free existence, which is what proponents of HB 5342 seem to believe possible. It is not. Denying the use of dental amalgam will certainly have severe and adverse effects upon patients who benefit from the availability of a highly dependable, relatively low cost restorative option. These matters must be left to doctors and each of our patients.

I urge the committee to reject HB 5243.

Sincerely

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