September 1, 2010

Mr. Peter Silva  
Assistant Administrator, Office of Water  
Ariel Rios Building – Mail Code 4101M  
1200 Pennsylvania Ave., NW  
Washington, DC 20460

Dear Assistant Administrator Silva,

We have recently learned that an EPA decision to establish effluent guidelines for dental discharges of mercury will occur soon. As voluntary programs are clearly not working, we strongly urge EPA to terminate its 2008 memorandum of understanding (MOU) with the American Dental Association (ADA) and establish effluent guidelines for dental mercury discharges.

Dental amalgam is a large source of mercury pollution in the water. Mercury from amalgam waste in sewer lines result in direct discharges of mercury to waterways from combined sewer overflows during high flow storm events. Thousands of miles of sewer pipelines have become the repository of many tons of dental mercury that will contribute to sewage treatment plant influent mercury levels for years to come.

Mercury from amalgams is also a significant source of air emissions when sewage sludge is incinerated, or when it is applied to agricultural land or landfilled. Mercury is also released when corpses containing amalgam fillings are cremated, and these emissions are increasing significantly due to the rapid increase in cremations nationally and the growing number of amalgams per corpse.

Congressional hearings conducted in 2007 and 2008 revealed significant disparities between EPA’s 2002 estimate of mercury releases to air from amalgam compared with more recent estimates. Factoring in air pathways that EPA left out and based on new research, air emissions from dental mercury could be more than six times the EPA estimate.

Based upon congressional findings, it is clear that the MOU between EPA and ADA to voluntarily reduce dental mercury discharges is not working. The 2008 congressional report found that mandatory programs, or voluntary programs backed up with the threat of mandatory programs, are “the most effective model for achieving the desired reduction in mercury releases.” In addition, they found that “…whether local dental offices had six months to meet the provision or four years, most practices rushed to be compliant in the last two months before the compliance deadline.”

Along the same vein, the Environmental Council of the States (ECOS) followed up with similar comments to the EPA Water Docket on March 31, 2010 and to the House Subcommittee on Domestic Policy on May 26, 2010. ECOS reiterated their comments most recently to you in
August 19, 2010 letter\(^1\), specifically referencing their most recent resolution which, in part, states:

“ECOS urges U.S. EPA to include dental facilities under the Health Care Sector for rulemaking in its Effluent Guidelines Program Plan and require adoption of best management practices that reduce mercury discharges to protect the environment. As is widely accepted, best management practices include the proper installation and use of amalgam separator machinery by dentists.”

At least eleven states mandate pollution control requirements (including employment of Best Management Practices (BMPs), and use of amalgam separators) to reduce mercury discharges from dental clinics. Data collected since then indicates mercury reductions of upwards of 50% to municipal waste water treatment plants. The combination of amalgam separators and best management practices can eliminate 95%-99% of dental mercury releases to wastewater.

Therefore, setting a pretreatment requirement for dental offices is an absolute necessity to keep mercury out of our environment. EPA should work with all relevant stakeholders to draft an agreement to achieve significant reductions in dental mercury releases in a timely manner through “goal based” regulatory controls.

The agency should follow the lead of the above-mentioned states and establish effluent guidelines, including installation of amalgam separators and implementation of other BMPs, for dental discharges of amalgam mercury. As with other effluent guidelines, this would assure that a minimum level of treatment is implemented by all covered dental facilities reduce mercury, guaranteeing a level playing field for all dental facilities.

Thank you (in advance) for your timely consideration of our views.

Sincerely,

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