

## **ARTICLE 6**

Gracias Senor Presidente. With regards to the content of Article 6, SafeMinds recognizes the reasons from many regarding a negative list approach and indicates that this gives a more complete starting point for society to address the products and processes containing mercury. Since the negative list would require the producer or user to list their product or process to be compliant and seek any allowable production or use, it allows for greater knowledge to the public and Civil Society in making choices on purchase and use and when seeking any regulatory action.

In Article 6, in addition to other products and processes, SafeMinds feels these negotiations must always prioritize language to eliminate mercury from the health care sector including Pharmaceutical and Personal Care Products and Dental Restorative Materials wherever and whenever possible and not create any open-ended exemptions. Some here would ask why not allow these. I offer the following response: this instrument is about instituting solutions and not perpetuating problems - and every exposure from dental and medical use in the name of protecting health is a problem not only due to the increased exposure, but also due to the dissonance created by the instrument's conflicting goals of preventing mercury exposure to improve health while purposefully exposing people to mercury for the same reason.

When it comes to impacts from mercury exposures, individuals are like a cup. Every exposure adds more mercury to their cup. For some, exposures even before birth can fill their very small cup to its limits. Further, some of these individuals smaller cup shrink even more due to increased sensitivity to mercury from associated issues including genetic predisposition, health or nutritional status.

When negotiating Article 6, governments must refrain from including any language formalizing open-ended exemptions in both this as well as all other articles and annexes. Language should seek to prevent mercury from entering people's exposure cup not only as a goal, but as an obligation in these negotiations.

*Mercury Free Kids Have Safe Minds*

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In the USA, in the European Union and in many other developed countries, childhood preventive care schedules no longer offer mercury-preserved vaccines. Dental offices no longer offer mercury amalgam as a DRM and dental schools no longer teach how to restore teeth using mercury amalgam. For vaccines, alternative delivery methods and other technologies could preclude the use of any preservative. As well, improvements in dental sealants and restoration technologies help eliminate any need for mercury use in health care products.

In addition, government and independent reviews find mercury use in antiseptic products has been eliminated in many areas as these are no longer found in the marketplace due to manufacturers having substituted other ingredients. These products have received the medical community's "Generally Recognized As Safe and Effective" (GRASE) status.

As a result, immediate global transitions to cost-comparable alternatives could be made for many antiseptic uses as well as PPCPs and DRMs. At a minimum, these replacements should be leveraged into instituting a phasedown approach towards development and adoption of safer, lower-cost alternatives for all health care-related products and processes.

In closing, SafeMinds indicates the signal must be sent that the direction favored by governments in these negotiations is to address all mercury sources from the inception of the treaty by prohibiting open-ended exemption language for uses in products or processes and ending the conflict of protecting human health.

I thank you for the opportunity to present this intervention.