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The Need to End Mercury Fillings for Children Now

Analysis by Dr. Joseph Mercola | August 20, 2026

STORY AT-A-GLANCE

- Dental amalgam is approximately 50% mercury by weight, and it releases a vapor that can be inhaled and absorbed, with children's developing neurological systems potentially more sensitive to its effects
- Since 2020, the U.S. Food and Drug Administration (FDA) has advised dentists to avoid mercury fillings in children under 6 and other higher-risk patients, but the recommendation carries no obligation and no penalty for ignoring it
- Access to mercury-free care remains unequal, with low-income children, children of color, indigenous communities, Medicaid patients, service members, and institutionalized people often having fewer choices about the materials used
- Forty-six countries have banned amalgam by law, the European Union (EU) barred it for children under 15 in 2018, and the Minamata Convention set December 31, 2034 as the global end date
- Consumers for Dental Choice is leading the effort to end amalgam use in children, and I will match every donation dollar for dollar through August 22, 2026, up to $150,000

Children sit in a dental chair with little say over the material placed in their mouth. The choice may depend on the dentist they see, what their insurance covers, or which government program pays for the procedure. Parents may simply hear "dental filling" and consent without being told that dental amalgam is made with approximately 50% mercury.

Mercury is the most vaporous of the heavy metals, and dental amalgam releases small amounts of it as a vapor that can be inhaled and absorbed through the lungs. Exposure to high levels of mercury vapor is associated with harmful effects on the brain and kidneys, and developing neurological systems may be more sensitive to mercury's neurotoxic effects.[1] Children are therefore among the last people who should face avoidable mercury exposure.

Policy changes in other countries show that progress is possible, yet amalgam remains available for use in children in the United States and Canada. Consumers for Dental Choice, led by executive director Charlie Brown, has spent decades working to end that unequal system and make mercury-free dentistry available to everyone. As the organization marks its 16th Mercury-Free Dentistry Week, the focus turns to the children and communities still being left behind.

Government Warnings Have Been in Place for Years

The U.S. Food and Drug Administration (FDA) and Health Canada have each addressed children and dental amalgam in official regulatory documents rather than in research of their own. What those documents say, and how much force they carry, determines what a child is offered at an appointment today.

- **The FDA named children as a higher-risk group in 2020 —** On September 24, 2020, the agency released a safety communication[2] identifying seven populations that may face greater risk of harmful effects from mercury vapor released by amalgam fillings, and children, especially those younger than 6 years old, are on it.

  The other groups are pregnant women and their developing fetuses, women planning to become pregnant, nursing mothers and their infants, people with pre-existing neurological disease such as multiple sclerosis, Alzheimer's or Parkinson's, people with impaired kidney function, and people with a known allergy to mercury or the other components of amalgam.

- **The recommendation to dentists carries no obligation —** The FDA recommended that nonmercury materials, including composite resins and glass ionomer cements, be used whenever possible and appropriate in people who may face greater risk. Those qualifiers leave the final decision with the patient and dental provider. The safety communication itself does not prohibit a dentist from placing amalgam in a young child or establish a federal penalty for doing so.

- **Mercury is the largest single ingredient in the filling —** According to the FDA, approximately half of dental amalgam by weight is elemental mercury. The remaining material consists mainly of a powdered alloy containing silver, tin, zinc, and copper. Calling amalgam a "silver filling" emphasizes its appearance while failing to accurately describe its composition, which is why the term is misleading.[3]

- **The agency acknowledges how little is known about young children —** The FDA states that studies involving children under 6 are very limited and that their developing neurological systems may be especially sensitive to mercury vapor exposure. It also maintains that most available evidence does not show harmful effects in the general population, while identifying young children and several other groups as potentially more vulnerable.[4]

- **Health Canada reached the same conclusion about baby teeth in 1996 —** Health Canada's position statement advises that "non-mercury filling materials should be considered for restoring the primary teeth of children where the mechanical properties of the material are suitable."

  The statement was reaffirmed through an updated risk assessment completed in 2020, but the recommendation itself remains conditional and does not prohibit dentists from using amalgam in children's primary teeth.[5]

Six years after the FDA's safety communication and 30 years after Health Canada's, dentists in both countries continue to place amalgam in children. The American Dental Association and the Canadian Dental Association have both continued to defend its use.[6,7]

The Fight to Make Mercury-Free Care Available Regardless of Income

Amalgam remains most difficult to avoid for people who have the least control over where they receive dental care and what treatment their coverage allows. Patients who can choose another dentist or pay for a mercury-free material have options that are often unavailable to people who depend on government programs, institutional systems, or limited insurance networks.

That divide was captured in testimony before Congress by a representative of the National Association for the Advancement of Colored People (NAACP), who described American dentistry as "choice for the rich and mercury for the poor."

- **Government programs still shape who receives amalgam —** Despite the FDA's own safety communication, the single biggest purchaser of dental amalgam in the United States is the federal government, whose dental programs continue to place it in service members, institutionalized people, and families on Medicaid.[8]

- **Children of color and low-income children bear more of the burden —** In the United States, children of color are more likely to receive amalgam than white children, while children in low-income families are more likely to depend on public dental programs that continue to cover the material. Their exposure may therefore be shaped by race, income, and the limits of the system providing their care.[9]

- **Indigenous communities have also been affected —** The Indian Health Service has long provided dental care to American Indian and Alaska Native communities, and its own phase-down plan included measures to stop amalgam use in primary teeth and reduce purchases across its dental programs. The agency has since announced that its facilities will end amalgam use by 2027, showing that government systems can change when policy moves beyond recommendation.[10]

- **The central issue is therefore larger than whether amalgam remains legally available —** The issue is whether every patient has a meaningful choice. As long as mercury-free care depends on income, insurance, or the government program providing treatment, the people with the least power will continue to bear the greatest burden.

Changing that system requires pressure on the government programs, insurers, and dental policies that continue to limit access to mercury-free care. Brown has helped lead that effort through Consumers for Dental Choice and, internationally, through the World Alliance for Mercury-Free Dentistry.

For the 16th consecutive year, I am matching every donation to Consumers for Dental Choice, dollar for dollar, through midnight EST on August 22, 2026, up to a total of $150,000. Your contribution helps the organization continue pressing government programs, insurers, and policymakers to make mercury-free care available to everyone. You may click the button below to donate online:

DONATE TODAY

Other Countries Have Already Moved Beyond Recommendations

While the U.S. and Canada continue to rely largely on guidance, other governments have adopted formal restrictions on amalgam use. Many of these measures specifically protect children and other higher-risk groups, while broader international efforts are moving dentistry toward a complete phaseout.

- **The European Union (EU) restricted amalgam use in children in 2018 after years of organized pressure —** When Brown began working in Brussels in 2011, only two EU countries supported mercury-free dentistry. He assembled advocates from all 27 member nations and worked with Florian Schulze of the European Network for Environmental Medicine to build support for stronger restrictions.

That campaign secured Regulation (EU) 2017/852, which prohibited dental amalgam beginning July 1, 2018, for primary teeth and for children under 15, as well as pregnant and breastfeeding women.[11]

- **Europe has since extended the restriction to phasing out amalgam more broadly —** On April 10, 2024, the European Parliament adopted the law phasing out dental amalgam by 575 votes to 12, with 38 abstentions. Regulation (EU) 2024/1849 bans amalgam for the general EU population from January 1, 2025.

  Member states where low-income individuals would be socio-economically disproportionately affected by the January 1, 2025 date could take an 18-month derogation, moving their phase-out to June 30, 2026. The same regulation also banned amalgam exports from January 1, 2025, and bans its manufacture and import within the EU from July 1, 2026.[12]

- **China adopted similar protections in 2024 —** China's environment ministry issued a measure in October 2024 that places the country among those barring dental amalgam for baby teeth, for patients under 15, and for pregnant or breastfeeding women, subject to a dentist's judgment of medical necessity. China is among the most populous countries to have taken that step.[13]

- **The Minamata Convention turned national action into a global commitment —** At its fourth Conference of the Parties in Bali in March 2022, the convention adopted the Children's Amendment, requiring every member country to take action on amalgam use in children and pregnant or breastfeeding women. The amendment took effect on June 24, 2022, extending that obligation to the 137 countries that were parties at the time.[14]

- **46 countries have already banned dental amalgam by law —** The European Network for Environmental Medicine's global tracker, compiled from countries' own Minamata Convention national reports, counts 46 nations that ban dental amalgam

by law, among them Sweden, Norway, Moldova, Mongolia, Uruguay, Panama, the Philippines, Indonesia, Gabon, Tanzania, Uganda, and the Gulf states of Kuwait, Bahrain, Oman, Qatar, and the United Arab Emirates.

Eleven more have withdrawn it from public programs or banned its import and manufacture, including Japan, Bolivia, Peru, Argentina, Mozambique, Colombia, and Montenegro. Thirteen others report that amalgam is no longer used at all, among them Russia, Kazakhstan, Georgia, Ecuador, the Maldives, Zambia, and Lesotho.

A further 13 ban it specifically for children up to 15 and for pregnant and breastfeeding women, including Brazil, Israel, the United Kingdom, Vietnam, Saudi Arabia, and Tunisia, with Thailand and Mauritius restricting it for younger children.[15]

- **The world now has an end date for dental amalgam —** When the Minamata Convention's parties reconvened in Geneva from November 3 to 7, 2025, the question before them was whether to convert the phase-out of dental amalgam from an aspiration into a legal mandate. Brown led a civil society delegation from 13 nations at the conference of the parties.

  Their coordinated advocacy helped secure the agreement. On November 7, the parties agreed on 2034 as the global phase-out date, and the treaty now states that the manufacture, import, or export of dental amalgam shall not be allowed by December 31, 2034.[16]

  The Minamata Convention's executive secretary, Monika Stankiewicz, noted that amalgam also exposes dental practitioners to mercury, creates costs for safe disposal, and releases mercury emissions from crematoria.[17] The agreement allows limited use when a dentist considers amalgam necessary for an individual patient, giving countries with fewer resources time to expand access to alternatives without abruptly restricting dental care.

Consumers for Dental Choice Is Pressing for Change at Every Level

Changing dental policy in the United States requires action in Washington and in individual states. Consumers for Dental Choice is pursuing both, using state campaigns, industry pressure, and federal petitions to reduce amalgam use from several directions at once.

- **Florida is testing a Medicaid-focused approach —** Working with four national organizations, Consumers for Dental Choice petitioned Tallahassee to end amalgam use in Florida Medicaid, and met by video with State Surgeon General Joseph Ladapo.

  In a Florida Department of Health bulletin issued on August 25, 2025, Ladapo recommended against the use of dental amalgam for routine fillings because of the risk of mercury exposure. The bulletin is guidance rather than a binding rule, so the campaign in Florida continues.

- **Rhode Island is building support across several communities —** The group is developing a grassroots campaign that brings together environmental organizations, racial justice advocates, and dental professionals. The effort is designed to build enough public and professional support for stronger state action.

  In response so far, Rhode Island Medicaid updated its amalgam policy to incorporate the FDA safety communication warning against amalgam use in children, pregnant women, and other high-risk populations.

- **California is focusing on informed consumer choice —** In Alameda County, Consumers for Dental Choice is working with the Consumer Affairs Commission to strengthen patients' ability to understand and choose the materials used in their dental care.

- **The supply side is shrinking —** Dentsply and Envista, two of the largest U.S. dental products manufacturers, have exited the amalgam business. With the major domestic manufacturers now producing only mercury-free filling materials, continued amalgam use depends on a steadily narrowing supply chain.[18]

- **A federal petition seeks an outright FDA ban —** In April 2026, Consumers for Dental Choice, the Alliance of Nurses for Healthy Environments, and the Mercury Policy Project petitioned the FDA to prohibit dental amalgam. The petition argues that the agency has grounds to act for two reasons:
    - Calling amalgam a "silver filling" misleads consumers because mercury is its main component.
    - The material poses an unreasonable and substantial risk of illness or injury.
- **Federal officials have urged every state Medicaid program to act —** In July 2026, the U.S. Department of Health and Human Services (HHS) urged all 50 state Medicaid directors to phase out amalgam by restricting or ending Medicaid reimbursement for mercury-containing fillings.

  HHS Secretary Robert F. Kennedy Jr. and Centers for Medicare & Medicaid Services Administrator Dr. Mehmet Oz emphasized the effect of amalgam policy on children and other patients who depend on publicly funded dental care. This directs attention to one of the most effective ways to reduce amalgam use: Stop using public funds to purchase and reimburse it. As Kennedy explained:

  > *"Mercury has no place in the mouths of our children or in modern American health care. For decades, we have relied on a material that contains one of the world's most toxic heavy metals when safe, effective mercury-free alternatives are widely available ... Taxpayer dollars should support the safest care available — not yesterday's materials ..."*[19]

  The notice does not compel states to change their coverage, and any state is free to set it aside. Even so, it directs attention to one of the most effective ways to reduce amalgam use: stop using public funds to purchase and reimburse it.

Your Support Helps Keep the Campaign Moving

Consumers for Dental Choice is a nonprofit 501(c)(3) organization working to advance mercury-free dentistry in the United States and around the world. Its team of consumer advocates, environmentalists, and health professionals pushes for stronger policies, greater public awareness, and wider access to mercury-free care, especially for children and families who have the fewest choices.

From August 16 through 22, 2026, I will again match every donation to Consumers for Dental Choice, dollar for dollar. Your contribution helps sustain the campaigns that challenge outdated dental policies, support state and federal action, and move more communities toward mercury-free care.

DONATE TODAY

You may also mail a check to:

Consumers for Dental Choice
727 15th St. NW, Suite 701
Washington, DC 20005

Every policy win brings more families closer to having a real choice in the dental chair. Continued public support gives Consumers for Dental Choice the resources to keep pressing for a future in which children are no longer exposed to mercury fillings simply because of their income, insurance, or the program providing their care.

Resources for Finding a Mercury-Free Dentist

You can also support this effort by choosing mercury-free fillings for yourself and your family. The following organizations maintain directories that may help you find a mercury-free dentist in your area:

- Consumers for Dental Choice

- Dental Amalgam Mercury Solutions (DAMS)
- Holistic Dental Association
- International Academy of Biological Dentistry & Medicine (IABDM)
- International Association of Mercury Safe Dentists
- International Academy of Oral Medicine & Toxicology (IAOMT)
- Talk International

Frequently Asked Questions (FAQs) About Dental Amalgam

Q: What is dental amalgam made of?

A: Dental amalgam is made with approximately 50% elemental mercury by weight. The rest consists mainly of a powdered alloy containing metals such as silver, tin, and copper, which is why calling it a "silver filling" does not accurately describe its composition.

Q: Why has the FDA singled out children as a higher-risk group?

A: The FDA says studies involving the use of amalgam in children under 6 are very limited and that their developing neurological systems may be especially sensitive to mercury vapor exposure. For that reason, the agency recommends using nonmercury materials whenever possible and appropriate in children.

Q: Does the FDA ban amalgam use in children?

A: No. The FDA's 2020 safety communication is a recommendation rather than a prohibition, so dentists may still place amalgam in children. The guidance also does not establish a federal penalty for providers who continue using it.

Q: What can dentists use instead of amalgam?

A: The FDA specifically names composite resins and glass ionomer cements as non-mercury options, and recommends they be used whenever possible and appropriate for patients who may face greater risk from mercury vapor. Major American manufacturers including Dentsply and Envista have exited the amalgam business and now produce only mercury-free filling materials.

Q: How can I find a dentist who does not use amalgam?

A: Several organizations maintain directories of mercury-free dentists, including Consumers for Dental Choice, Dental Amalgam Mercury Solutions, the Holistic Dental Association, and the International Academy of Oral Medicine and Toxicology. You can also ask a dental office directly whether it places amalgam and which mercury-free restorative materials it offers.

This article is for informational purposes only and does not constitute medical or dental advice. Consult a qualified health care provider about decisions regarding dental materials and your care.

Sources and References

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