Preface



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It is with great pleasure that I welcome the launch of the "Stay healthy, Stop mercury" report entitled "Stopping the child brain drain: Why we need to tackle global mercury contamination".

Continued use of mercury is highly worrying for human health. A recent report from the European Commission showed that large numbers of people living in Mediterranean and Artic fishing communities have mercury in their bodies at levels that produce clear neurological damage in their offspring.

Fortunately, the European Union has already demonstrated a strong track record on the issue. It has committed to passing a law banning the export of mercury by 2011; it has also banned the use of mercury in non-reusable batteries in Europe. In recent months, a regulation was introduced for co-decision to ban the sale of mercury-containing thermometers and other measuring devices. In addition, the European Food Safety Authority (EFSA) has published guidelines on safety in fish consumption though these could be improved given the need to act with precaution in the face of the child brain drain.

Two European strategies have been developed that are key to further progress. One is the European Action Plan for Environment and Health (2004-2010). My report on this plan, approved by the European Parliament with a large majority in January 2005, recommends a ban on mercury in dental amalgams and in electronic medical measuring devices.

The second is the EU Mercury Strategy published in February 2005. It sets out multiple parallel approaches to the control of mercury emissions and prioritises educational and other measures to protect those groups that are most vulnerable to health damage from mercury.

To increase the sense of urgency about this public health concern, I proposed four amendments to the Parliamentary Report on the European mercury strategy earlier this year. One has already been accepted. The monitoring of mercury levels in vulnerable populations will be included the European Union's bio monitoring programme, which starts in 2007.

The other three proposals include a request for a mercury risk assessment for vulnerable groups to be undertaken by the Scientific Committee on Health and Environmental Risks. So far, the magnitude of the risk from mercury contamination in Europe remains uncertain in its extent and severity. A second proposal recommends that the costs from mercury contamination be assessed, including the reduced intellectual capacity of European children arising from the damaging mercury exposure.

Finally, to further stimulate information about human mercury levels, I have proposed an investigation be made into the option of Member States reporting mercury dietary intake data for vulnerable groups to the European Food Safety Authority.

Legislation also needs to be formulated. A general restriction on all remaining uses of mercury in public and professional products is urgently needed. This should include medical products and should be phased in over a short period of time. Time-limited exemptions should only be permitted in cases where no mercury-free alternatives exist.

At the global level, the key challenge is to achieve a global ban. The European Union is aware that it will not be able to protect its own citizens if it does not play a leading role in the international arena. A United Nations Environment Programme (UNEP) meeting in Nairobi, Kenya in February 2007 provides an excellent opportunity to show leadership in pushing for a global mercury ban.

The contents of this report – produced by two leading non-governmental organisations - will contribute substantially to European advocacy efforts on reducing human exposure to mercury. The hair sample survey has already caused debate among women in several Brussels offices and in groups throughout Europe and beyond. The report's scientific and medical evidence provides concise and important arguments for policy makers seeking to make a difference at both the European and global levels.