

IPEN intervention of Article 20 bis

Thank you Mr. Chair.

Public health is a key component of dealing with mercury pollution. Health measures need to be provided to address the needs of vulnerable population and population at risk. The identification of vulnerable populations and populations at risk should be considered as a prerequisite for the implementation of provisions of the treaty.

Vulnerable groups in different regions face similar problems and their lives are similar in many ways. Indigenous People are particularly vulnerable to mercury exposure. In some regions their traditional diet is sea mammals. A study of mercury exposure in Inuit preschool children living in Nunavut, Canada, found that nearly 60 percent of them ingest mercury in amounts that exceed the provisional tolerable weekly intake level for children established by the World Health Organization in 1998.

As was noted in the intervention made by The Global Indigenous Peoples Caucus, in California for example 11 million pounds of mercury lost in the environment from the gold rush. This exposure adversely affects the traditional fish diet of indigenous peoples in this region.

A number of recent studies have looked at mercury pollution in some inland regions of China where most inhabitants eat little fish but live in areas where considerable mercury is released into the environment. There is a need for more research on the health impacts on pregnant women who are exposed to low doses of methylmercury by eating rice. Related research should be conducted not only in China but also in other countries and regions, such as India, Indonesia, Bangladesh, and the Philippines, that produce a significant percentage of the global rice and where rice is a staple food.

These and other examples state the need to continue monitoring and research on the health impacts of mercury and mercury compounds on human health with the priority given to the vulnerable population and population at risk.

Thus IPEN believes that for the goal of the treaty Article 20 bis should be supported and the following should be considered:

- Vulnerable populations and populations at risk should be identified as a prerequisite for the implementation of provisions of the treaty
- Health-based guidelines relating to the exposure of mercury and mercury compounds should be adopted
- Cumulative impact of mercury on human health and the environment from multiple sources should be assessed
- Financial support should be provided for the implementation of health programs on reducing mercury exposure

Finally, Mr Chair, the ecological impacts of methylmercury pollution have been less well-studied than its human toxicity. We do know, however, that effects of methylmercury exposure on wildlife can include death, reduced fertility, abnormal development that can affect survival.

In addition, the levels of methylmercury found in the environment may alter the endocrine system of fish, and this may impact their development and reproduction. The recent IPEN/BRI report links ecological and health impacts of mercury by providing data on mercury in fish and hair from 14 countries. So

we believe that bringing health and environment ministries into a closer, more collaborative working relationship is beneficial for addressing both environmental and health impacts of mercury.

Thank you Mr. Chair.

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IPEN Co-Chair

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